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PERSON-CENTRED PSYCHOPHARMACOTHERAPY: WHAT IS IT? Each patient is a unique, responsive and responsible subject

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SUMMARY

Modern psychopharmacotherapy is currently in contention both outside and within the field of psychiatry. Conventional psychopharmacology paradigms focusing just on a disease perspective, biological narrative and a "one fits all" treatment are often regarded as inadequate and disjunctive. A significant proportion of psychiatric patients achieve no improvement or only partial improvement in their symptoms, while many of them suffer adverse and even toxic effects of medications. Psychopharmacotherapy as a sole form of treatment may carry the wrong message that patients don't have to change their life style and don't have to learn any new skills, they just have to receive their medication on time because the only problem is in brain chemistry. Evidence-based psychopharmacotherapy and person-centered narrative psychopharmacotherapy are not competitors but a complementuary duality, as intimately connected as brain and soul. Narrative preserves individuality, distinctivenesss and therapeutic context, whereas quantitative methods and evidence-based guidelines offer a solid foundation for what is reliably and generally correct. The purpose of person-centered psychopharmacotherapy is to empower the patients to control their disease, to re-author their problematic life story, to obtain full personal recovery and to regain control over their life.

Key words: *person-centered psychopharmacotherapy – creativity - personal recovery - narrative psychopharmacotherapy*

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INTRODUCTION

> *"There is an emerging image of the mature and experienced clinician of the future, who will have the capacity to integrate narrative and evidence-based perpectives, quantitative and qualitative methods, and have a balanced awareness of the contributions and limitations of both as a sound basis for clinical judgements"*
>
> Roberts 2000

Psychopharmacotherapy today represents the dominant and powerful way of treating severe mental disorders. However, many studies clearly demonstrate that a significant proportion of psychiatric patients achieve only partial improvement or no improvement in their symptoms, while many of them suffer adverse and even toxic effects of drugs. The effectiveness and efficiency of psychopharmacotherapy is currently in contention both outside and within the field of psychiatry. Psychopharmacotherapy is commonly criticizeded to be just a symptomatic treatment, related mainly to placebo response, or an unnecessary medicalization of the living problems, evenmore, a tool for controlling people and their minds by society. Patients are commonly treated just as neurobiological objects that respond neurochemically to medications, but not also as subjects who respond to the meaning that those medications and mental disorders have (see Mintz 2005). Conventional psychopharmacology paradigms focusing just on a disease perspective, biological narrative and a "one fits all" treatment are often regarded as inadequate and disjunctive (Jakovljević 2013c). Simply treating a psychiatric diagnosis or a disease as only a brain disorder, without treating the whole person, has become vitium artis.

Changing treatment philosophy may be a critical step towards overcoming what some view as „therapeutic stagnation in psychiatry" and providing better treatment effectiveness and efficiency for patients benefit. A "paradigm shift" is needed from the mechanistic, formistic and reducionistic way of thinking to contextual and systemic thinking with new treatment holodigm of individualizing and person-centered psychopharmacotherapy (PCPhT). The purpose of PCPhT is to empower the patients to control their disease, to re-author problematic life story, to obtain full personal recovery and to regain control over their life. Wider application of this concept could significantly advance everyday clinical practice and improve treatment effectiveness and efficiency in current psychiatry.

PERSON-CENTERED PSYCHO-PHARMACOTHERAPY: DEFINITION AND FUNDAMENTAL PRINCIPLES

> *"It is more important to know what kind of a patient has a disease than what kind of a disease a patient has"*
>
> William Osler

The concept of PCPhT presented here refers to an art and practice of mental health drug treatment based on medicine of person of Paul Tournier (see Cox et al. 2007), client-centered therapy (Rogers 1951), psychiatry of person (Mezic & Salloum 2008, Christodoulou et al. 2008), transdisciplinary integrative psychiatry (Jakovljevic 2008, 2011), creative psychopharmacology (see Bernstein 1995, Jakovljevic 2013a,b), the fifth learning organization discipline (see Senge 1995), positive and creative psychology (Seligman 1998, 2012). PCPhT integrates a variety of efficacious psychotherapeutic and psychopharmacological principles with disorder-relevant psychopathological processes. Basic components of PCPhT include: 1. building a therapeutic alliance

with the patient; 2. efficacious maintenance of the individually tailored mental health medication; 3. personalized psychoeducation; 4. enhancing personal mastery and creativity; 5. personal recovery orientation. A basic sketch of PCPhT is outlined at table 1.

Table 1. Person-centred psychopharmacotherapy: What is it?

1. It is more than a single approach
2. It is mindful practice (mindfullness-informed therapy and mindfullness-based therapy) with openness, acceptance, and curiosity
3. It is therapeutic journey divided into the three distinct phases: the acute phase (symptomatic or clinical remision), stabilization phase (functional or social remission) and preventive phase (personal remission).
4. It is associated with optimal individually tailored mental health medication treatment regime in terms of drug selection, dosage and duration
5. It is meaning, contextual and relational therapy
6. It is narrative therapy related to finding lost stories of strength, meaning and love
7. It is placebo increasing and nocebo decreasing practice
8. It is an art and practice of learning organization
9. It is an art of healing and curing based on science, experience and relationship
10. It is patients' creativity-enhancing practice
11. It is transculturally sensitive practice
12. It is patients' preference respecting practice based on shared decision making
13. It is quality of life and personal recovery focused practice
14. It is a holistic practice based on transdisciplinary integrative approach
15. It is asssociated with the concept of free will, self-determination and responsibility as personal capacities

PCPhT is not a competitor to traditional, evidence-based psychopharmacotherapy. They are a complementuary duality, as intimately connected as brain and soul (see table 2). While the psychiatrist is an expert with specialized knowledge about drug treatments, the patient is the expert on his or her life, and the best evaluater of the treatment outcome. Patients always bring into treatment unique life stories and specific personal characteristics related to their vulnerability, resilience and potential for personal growth. According to the dialectical model of mental disorders there is an active interplay between the person as a mentalizing and self-interpreting agent, story-telling and goal-directed being on one side and his or her basic abnormal experiences and psychopathological syndromes on the other side (Stanghellini et al. 2013). With regards to the relationship between the person and the mental disorder 4 groups of patients can be recognized: 1. patients who objectify their own sufferings and conceive them as symptoms of some disease or illness; 2. patients who are passive and incapable of any reaction; 3. patients who engage in a fight against their pathological experiences, 4.patients who are exalted by the novelty experience of their mental disorder which acquires for them a supreme meaning (Stangellini et al. 2013). So PCPhT is basicaly a personal recovery oriented treatment. Disease has to be cured, but the person of the suffering patient has also to be met, helped and healed. Patients need to learn specific skills of positive psychology: how to have more positive thinking and emotions, more novelty seeking and engament, more gratitude, love and sense of life, more accomplishment, and better human relations (see Seligman 2012). Personalized psycho-education provides didactic information about the mental disorder and its treatment to patients and their families in order to empower them to creatively take part in the treatment.

PCPhT includes always an individualized approach because each patient is a unique individual comprised of body, mind and spirit. Responsivity and sensitivity to different medications varies from one individual to another. When starting with psychopharmacotherapy, it is important to choose medications that 1. treat all important symptoms/syndromes, 2. treat comorbid conditions present, 3. have no a particular side-effect, 4. do not complicate a medical condition, 5. have no a negative interaction with another medications, 6. have side-effects that may be to the patient's benefit, 7. are preferred and acceptable by the patient, 8. have been effective in a close relatives of the patient, 9. are affordable for the patient (Doran 2003, Jakovljevic 2009). Each patient should get highly specific and individually adjusted drug treatment in given circumstances (Jakovljevic et al. 2010).

Active participation of patients in their treatment is an essential part of PCPhT. Patients are not only carrier of symptoms, disease or illness, they are primarily human beings, persons and personalities with their power, autonomy, needs, values, desires and life goals. Shared decisions and shared vision of therapeutic goals made in collaboration and alliance when patients assume that they are respected and valued as a person will facilitate patients' commitment to treatment goals and continued improvement. PCPhT should be pateints' creativity-enhancing treatment (see Jakovljevic 2013c). The effect of mental health medications on patients' creativity is an essential component of a proper medication treatment choice. Creative thinking helps us see an opportunity in every adversity. Research confirmed that creative activities can have a healing and protective effect on mental health and resilience by promoting self-expression, boosting the immune system and reducing distress. Psychiatric medications may alter, preserve, foster or damage creativity of patients in ways that significantly influence quality of life and personal recovery. Patients often discontinue medication complaining on creativity diminution and cognitive impairments caused by drug treatment. Creativity asserts life, frees the human spirit, improves self-esteem, motivation, self-actualization and achievement and so helps conquer mental disorders.

Table 2. Comparison of traditional and person-centered psychopharmacotherapy

Traditional psychopharmacotherapy	*Person-centered psychopharmacotherapy*
▪ Standardized, based on knowledge and research, impersonal and dismissive of individuality.	▪ Pluralistic, based on wisdom, research and practice, personal and respective of individuality.
▪ Epidemiological and more scientific (modern science).	▪ Individualistic and more humanistic (postmodern science).
▪ Based on linear and mechanistic thinking and deductive logic.	▪ Based on lateral thinking, imagination and inductive logic.
▪ Self-determination of patients reduced.	▪ Self-determination of patients is promoted.
▪ Patients' compliance is expected or requested.	▪ Alliance is much more than compliance. Patients' active participation and personal mastery is essential.
▪ Only psychiatrists have access to information (e.g., drug treatment plans, assessments, records, etc.).	▪ Patients and their families have also access to the information. Doctors and patients together know the best. Shared decisions.
▪ Doctors know the best.	▪ Patients are best experts on their life.
▪ Focus is on pathology (disease or illness), weakness and disadvantages.	▪ Focus on self-actualization, health and quality of life, strengths and advantages.
▪ Symptoms, dysfunctions, disabilities, deficits drive treatment.	▪ Therapeutic goals drive treatment.
▪ Patients are more objects of treatment.	▪ Patients are more subjects, active participants and stars of treatment.
▪ Clinical (symptomatic and functional) remission/recovery is valued.	▪ In addition to clinical and personal recovery is valued.
▪ Drug treatment is defined by treatment guideline.	▪ Drug treatment is rooted in creative and systematic thinking.
▪ Avoidance of risk ("Primum non nocere"). Protection of patient and community.	▪ Responsible risk-taking and personal growth. Avoid risk, whenever is possible.
▪ Evidence-based practice.	▪ In addition to evidence-, value- and narrative-based practice.

CREATING FAVORABLE TREATMENT CONTEXT IS FUNDAMENTAL: PERSON-CENTRED NARRATIVES OF THERAPEUTIC BENEFIT

„The stories people tell about themselves not only describe themselves but also shape their lives"

Bradley Lewis 2011

In addition to the optimal treatment regime in terms of drug selection, dosage and duration, creating specific favorable treatment context for each patients individually is an essential part of PCPhT. The fact is that in addition to physical world, we also live in the world of ideas, symbols, stories and meanings. The patient's beliefs concerning the origin of symptoms and mental health medicines action may contribute positively (placebo) or negatively (nocebo) to drug treatment response. In addition to their pharmacodynamic mechanisms, mental health medications work also on account of meanings, expectations, and relationships. Hence, treatment effectiveness depends on 1.what psychiatrists and patients believe how medications work, 2.quality of a physician-patient relationship including rapport (mutual trust and respect) and patient's confidence in the psychiatry as a whole, 3.characteristics of the treatment (color, shape, smell, taste and name of medications, method and place of application, etc.); 4.communication and emotional expressiveness within the patient's family, 5.respect for patients' human rights. Always we should have in mind that "pharmakon", which means both "remedy" and "poison" is closely related to "pharmakos", which means "scapegoat" and to "pharmakeus", "magician" or "sorcerer" (see Derrida 1982, Pakman 2003). Positive beliefs and good human relations may be "ariston pharmakon", "most effective remedy", whereas negative and wrong beliefs and bad human relations may be scapegoating.

Psychiatry has a longstanding interest in the nature of narratives and individual differences because one of the best way for understanding the person in health and illness is through narration. According to narrative theory mental health is in some way related to one's ability to create a coherent, self-actualizing story of one's life. A life story is an internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future in order to provide a life with a sense of unity and purpose (McAdams 2009). Many people grew up with life-denying meanings and destructive attributions and became hostage to toxic stories that adversely define and constrain their identity and self-concept. Narrative psychiatry, established on the logic of narrative, life stories and narrative self, help patients to transform psychological suffering and experience of mental disorders into an active process of self-reflection, a source of meaning, and an opportunity for psychological and spiritual growth.

The knowledge and practices of clinical psychopharmacology are also composed of different stories with different underlying values that can be adapted more or less successfully to the patient's values and preferencies (Hamkins 2014). The narrative psychopharmacotherapy puts together narrative and biological understanding of human suffering, mental disorders, treatment and well being. It is based on compassionate connection with patients, understanding that human beings live their lives in relationships and connect with one another through the stories they tell (Hamkins 2014). All therapies, regardless of their specific orientation, contain a therapeutic narrative which involves metaphor, plot, character and point of view. In

victimic plots, patients have lost power to change their lives, while in agentic plots patients may actively shape their life in spite of mental disorders. All therapies begin with listening to the stories patients tell and then using 'therapeutic narratives' to help patients to put themselves in a new perspective on their situation and new tools for coping with their problems (Lewis 2011b). Through illness narratives patients form their own explanations about the causes of their illnesses. Therapeutic narrative refers to explanations how mental health medications work as well as in decisions about using them all the way through therapeutic journey. Mental health medicaments have both physical and rhetorical effects. In addition to their pharmacodynamic mechanisms, they work also on account of meanings, expectations, and relationships. Treatment response depends on the medicine's biological effects and on the meanings the patient ascribes to the medicine and its effects. Psychiatric patients are much more than a collection of biological mechanisms and neurochemical objects. They come to the clinics with intensely personal life stories of suffering, despair and failure to tell (Lewis 2011). Deconstructing narratives that fuel mental health problems and developing stories of strength and meaning can be cultivated and nurtured into narratives that are resources for personal recovery. Narrative psychopharmacology combines the resources of re-authoring conversations and mental health medications. It seeks to understand the relationships among the body, the mind, well-being, and medicine, and stories about the body, the mind, well-being, and medicine (Hamkins 2014).

The purpose of psychopharmacotherapy is to empower the patients to control their disease, to obtain full personal recovery and to regain control over their life. However, medications in general are often not enough for full treatment success. Psychopharmacotherapy is one essential external support, alongside a whole range of other type of resilience-promoting supports, skills and strengths. The goals of medication treatment are not only to decrease psychopathology and prevent relapse, but also to improve neuroplasticity and help patients learn new ways of thinking, emotional response and behaviour to get more love, freedom, power, joy and sense of life. Establishing a personal relationship with the patient should help the patient to find a new self as a person with a mental disorder who can recover from that disorder with a new perspective on life. Main focus is on the person, not on the symptoms and problems. This approach allows the patient to reconnect with his or her true healthy self. Finding a new self is associated with a re-authoring life-story, personal growth, self-actualization and reaching one's full potential. Person-centred psychopharmacotherapy supports self-actualization and self-directed growth focused on patients' strengths and resources

PERSONAL RECOVERY FOCUSED PSYCHOPHARMACOTHERAPY

Recovery is a way of living satisfying, hopeful, and contributing life even with the limitations caused by illness
Antony 1993

Person-centred treatment has been regarded as a crucial factor of personal recovery. Personal recovery in serious mental disorders involves incorporation of one's illness within the context of a sense of hopefulness about one's future, particularly about one's ability to rebuild a positive sense of self and social identity. Concept of PCPhT supports a shift from impersonal disease model and demoralizing prognostic skepticism towards optimism and personal recovery broadening treatment goals beyond symptom reduction and elimination. Due to the present psychopharmacological arsenal, achieving personal recovery has become a real strategic goal. Recovery-orientation has become a guiding principle in many countries, while recovery-oriented services promote a new culture of care and therapeutic relationships (see Amering 2012). Lack of hope has detrimental consequences in terms of non-adherence with treatment and prevalence of nocebo responses. Creation and fostering hope, meaning, personal responsibility, spirit of optimism and commitment can significantly contribute to overall positive response to pharmacotherapy, but in the other way round drug treatment can contribute to creation and fostering hope, meaning, personal responsibility, spirit of optimism and commitment. Hope, which includes perceived external and internal resources and positive expectations, is recognized as the starting point for personal recovery. Patients with high hope are more likely to cope successfully with future adversity. Recognizing or finding meaning in life is fundamental issue for everybody, with or without mental disorder, and it is associated with making sense of experience and generating a story. The story is a natural framework for a very different conclusion about how we live and what we do; and what is the meaning of everything. Personal recovery is associated with the cognitive rebuilding of a viable assumptive world view which integrates the realms of vulnerability, resilience, meaning and self-esteem in order to create a better new life story. The message is this: psychopharmacotherapy may help setting the stage for beneficial changes and personal growth. In other words, personal recovery is related to the potential for spiritual and psychological growth what means that episodes of mental disorders, although clearly distressing and disabling, may be also developmental and educative experiences. Patients who want to live healthy must reformulate their inner values and deep beliefs, shift their identities and develop a dominant life-oriented illness perspective instead a disease-oriented illness perspective. In addition to disease demotion, treatment should be oriented to wellness promotion (Table 3).

Table 3. The main domains of personal recovery (Slade 2009, modified)

Vision of hope
- The key questions: What will be with me? What is my future?
- Mental disorder is commonly associated with loosing hope for a good future. Loss of hope leads to giving up and withdrawal.
- Shared vision of treatment goals: A future-oriented expectation of attaining personally valued goals, relationships or spirituality which give meaning to life and are subjectively desired and accepted.

Identity and life mission
- Key questions: Who am I? What is my mission and life goals?
- Mental disorder undermines sense of self, personal and social identity as well as roles and life goals. Loss of a sense of self is followed by forming an identity as a psychiatric patients or mentally disordered person.

Meaning of illness
- Key questions: What has happened? What does this mean for me?
- Mental disorder is both profoundly meaningful and simultaneously meaningless. It is commonly associated with alienation and loss of meaning, such as through personal, professional and social roles.
- Experience of mental disorder requires a personally satisfactory explanation. Treatment requires re-evaluation of values and personally meaningful life goals.

Personal Mastery
- Key questions: What about my responsibilities and capabilities? What can I do?
- Mental disorder is commonly associated with loosing power involving agency, freedom of choice and personal values what can all undermine one's ability to be responsible for his or her own life.
- Person-centered narratives of therapeutic benefit: Finding lost stories of personal mastery, meaning and love.

Personal recovery involves a journey from disengagement to engagement, from surviving to living and growing, it has many routes and each patient's journey is unique with taking back control over own life and finding hope for a better future (see Slade 2011). Love (attachment, connecting, belonging), freedom (choice, independence, autonomy), power (learning, achievement, control), joy (fun, play, pleasure, enjoyment), and purpose (meaning, sense of life) are important components of personal recovery. Loss of a sense of self which is replaced by a role or identity as a mental patient, loss of power and freedom, including agency, choice and personal values, loss of meaning, such as through loss of valued social roles and loss of hope, leading to give up and withdrawal are commonly associated with mental disorders (Spaniol et al. 1997 according to Slade 2011). Developing a positive identity, re-authoring destructive life story, framing the 'mental illness', self-managing the mental illness, developing valued social roles, puting into practice more love and meaning are important tasks of personal recovery oriented treatment. Personal recovery is related to working towards better mental health, regardless of the presence of mental disorders. It is closely associated with stress coping skills, self-care and self-management (Slade 2011). Self-care refers to the practice of activities that patients initiate and perform on their own behalf in maintaining life, health, and well-being; whereas self-management refers to activities which patients perform to live well with mental disorder managing illness and utilizing resources. A normal life can be achieved through various self-management strategies focusing on life perspective („increase wellness, decrease illness concept"). When patients learn to live with mental disorders, they strive to reconstruct life as normal. They are "actively engaged in working away from Floundering (through hope-supporting relationships) and Languishing (by developing positive identity and new life story), and towards Struggling (through framing and self-managing mental illness), and Flourishing (by developing valued social roles)" - (Slade 2011). Stress-coping and problem-solving skills, self-management and self-care in addition to psychopharmacotherapy may significantly influence therapeutic outcome, leading to better functional ability, life-satisfaction, fewer symptoms, and fewer complications.

CONCLUSIONS

Psychiatric medication alone is generally insufficient for achieving complete recovery because the healing process is more than chemical equilibration related to mental health drugs bioavailability in the blood and brain. Patients are not only carrier of symptoms, disease or illness, they are primarily human beings, persons and personalities with their power, autonomy, needs, values, desires and purpose of life. Evidence-based psychiatry and person-centered narrative psychiatry are not in competition but represent a complementuary duality, as intimately connected as brain and soul. With available mental health medications, it is possible to achieve a more positive impact and better treatment effectiveness and efficiency. Psychopharmacotherapy may help setting the stage for beneficial changes and personal growth. Each patient

should get highly specific and individually adjusted drug treatment in given circumstances. Person centered narrative psychopharmacotherapy is the corner-stone of more successful holistic and integrating treatment of mental disorders rolling on the psychiatric horizon.

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