

PERSON CENTERED PSYCHIATRY – A CHALLENGE FOR THE FUTURE

Prof. Dr. Vasile CHIRIȚĂ

If we look at the dynamics of psychiatric nosology over the past few years, we can see that the issues of mental disorders are subjected to various attempts of abstraction at different levels, although we claim to be searching for an *non-theoretical* basis, objectively descriptive, although we claim to be pursuing social-humanitarian goals. The diagnostic manual represents now the closest approximation to a benchmark for the profession. A document, in widespread clinical use that practitioners could be referring to is needed. "It establishes the standard language for diagnosis, for reimbursement, for forensic use, for colleague shoptalk, for research, for education, for treatment selection, for informed consent, for (perhaps most importantly) public consensus about what mental illness is." (J.Z. Sadler, 2005) Despite this holistic argument, there is, however, a continuous attempt to do things better (DSM V, ICD 11), probably because psychiatry has to keep a value-commitment regardless of old and new diagnoses that are still vague and insufficiently founded from a validated scientific point of view. The importance of a diagnose, no matter how good instrument that could be, is surpassed by the importance of considering one's individuality and personal history, key aspects that were mentioned long time ago, beginning with the existential philosophers (*daseinweise*) and continuing with the phenomenological current. In 1957, Juan-Jose Lopez Ibor was organizing, at the second World Psychiatry Congress, a symposium about schizophrenia, where Jacob Wyrsh held a conference about "the person of the schizophrenic". The echoes of the existential philosophy were found in 1950, in a WPA program regarding *the psychiatry for the person*, which derived from *psychiatry of the person*.



Among the research conducted in last years in this direction, the personality of professor Juan E. Mezzich is highlighted, as a promoter of a psychiatry based on understanding, centered on the person. Since 1977, he coordinated or was consultant on the committees designated by WPA-WHO at the International Classification and Diagnostic System. In 2003, professor Juan E. Mezzich initiates and coordinates the diagnose system centered on the person IGDA (International Guidelines for Diagnostic Assessment), system that was later developed by several work groups. At the WPA World Congress in Prague, professor Juan E. Mezzich, who was the President of World Psychiatric Association, endorsed the implementation of Person-Centered Psychiatry. The initiative of promoting *the person* in its whole context and in the center of the clinical act is sustained in conferences and editorials in well known specialty publications. The priorities assumed by professor Juan E. Mezzich are including the development of Person Centered Integrative Diagnosis (PID), which is also reflected by the introduction of the multi-axial system in ICD 11. Also, a group of *clinical care person-centered guides* and the establishment of a *curricula* for the psychiatrists and other mental healthcare specialists training **person-centered psychiatry** are foreshadowed.

The desired psychiatric diagnose is **formulation** and **process**, using relevant instruments (categorization, rating, narrative) in a multi-level structure – "a psychiatry **of** the person, **by** the person, **for** the person and **with** the person" (Juan E. Mezzich, 2009).

*Vasile CHIRIȚĂ, MD, PhD, Academician, Professor,
University of Medicine and Pharmacy "Gr. T. Popa" Iași,
Member of Scientists Academy, Iași*