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Philosophy and Psychiatry: Philosophical Reflections on New Foundations of Mental Health (The Personality Modulation Clinic)

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Abstract

To date, of essential goals in psychiatry and establishment of future medical centers is creating therapeutic environments with the aim of improving clinical outcomes, preventing the progression of personality difficulties to serious psychiatric disorders, increasing self-satisfaction in society, facilitating personal growth and actualization, as well as reducing high medical costs. In this regard, the Personality Modulation Clinic in 2016 in Tabriz University of Medical Sciences was established, with the aim of providing appropriate mental health services for clients who do not fulfill criteria for a specific mental disorder, in the traditional classifications; nevertheless, desiring to eliminate inner obstacles towards mental growth, self-actualization, spirituality and the proper well-being they lack. The services in this clinic provide clients with support in order to seek innovative growth opportunities within themselves, by removing inner obstacles towards personality development. These obstacles are roughly equivalent to the diagnosis of "personality difficulty" in the 11th edition of the International Classification of Diseases (ICD-11). Moreover, the therapeutic foundation of this clinic is an emerging medical paradigm known as Cosmetic Psychiatry. At the beginning of any new scientific establishment, as usually happens, and was true for this clinic as well, the bond of philosophical concepts are unveiled, and this is the irreversible and undeniable link between science and philosophy. Thereby, important questions appeared, which were approached philosophically. Questions including: "Who should we treat?", "Is mental growth a necessity for the human race? "," When should treatment begin? "," Duality of medication and psychotherapy "," What are the appropriate treatments for people who are literally healthy but feel difficulty? "What are medications and what could their role be in mental growth? And" How could a medication affect existential capacities?

Keywords: Personality development, mental health, personality difficulty, positive psychiatry

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Introduction

In recent years, mental illness has often been recognized by many psychotherapists as a sign of blockages and obstacles in the way of mental growth. These therapists consider human being as a creature with a basic tendency for growth, aware of their personality and well-being, who might be in need of support for identifying impedings of growth (Kramer, 1997).

The modern individual, has reached beyond morality, where questions come up, about identity, meaning, free will and choices. We now often encounter patients who seek help but are unable to accurately describe their problems. They are more frustrated than anxious, struggling with purpose rather than guilt, having dilemmas rather than suppressions, facing empty meaninglessness rather than sadness, commonly unable to learn from experiences, repeating maladaptive behaviors over and over again (Sadock, Sadock, & Ruiz, 2017).

In line with this, most personality models describe inter-personal differences rather than addressing the intra-psychic processes, by which a person can thrive towards mental growth and well-being. As a result, most classification systems are stigmatizing and are not beneficent for describing positive psychology and personality development (Snyder & Lopez, 2001).

Therefore, in response to the shortcomings of previous classification systems, the 11th revision of the International Classification of Diseases (ICD-11) for personality disorders introduces major changes in the psychiatric approach: First, the diagnostic classification has converted into a dimensional one. Second, the severity of the disease is determined by the severity of the individual's presentations in the context of interpersonal relationships as well as in social roles including occupation, and the extent of harms to oneself and others. Third, instead of a diagnosis based upon categorical classifications, a profile is concluded containing five domains of "negative affectivity", "detachment", "dissociality", "lack of control or disinhibition" and "anankastia". Another point distinguishing the chapter on personality disorders in the ICD-11 from previous ones, is the determination of the diagnosis of "personality difficulty" as one of the intermediate diagnoses between the absence of personality disorder and mild personality disorder (ICD).

Personality difficulty is not a psychological disorder in itself, but it can be used for clinical benefit in approximately normal individuals, being included in the Z-scores of the International Classification of Diseases for Non-Patients (see Appendices). This classification aims at describing people who are not typically ill, but are associated with problems in life management and performance management, not severe enough to cause significant disruption of social, occupational, and interpersonal issues, and may only affect relationships, or be limited to specific situations (ICD).

Optimal psychiatric treatment would essentially target an individual's demand for a higher quality of life, in a hopeful and humane way; rather than just working on symptoms and risks. A psychiatrist should be aware of positive mental health in the

same way of reducing negative and harmful symptoms of the disorders. This style of psychiatric treatment is known as "Cosmetic Psychiatry" (Jagawat, 2008), slowly gaining a valued position in the field of psychiatry. Cosmetic psychiatry refers to psychoanalysis, empowerment and strengthening of cognitive, behavioral and emotional processes of people who do not suffer from a specific disorder; in other words, the aim of this treatment is to improve an individual's mental state in the absence of a clinical disorder (Chiang, 2009).

While the main author is a member of the working group for revising the chapter of personality disorders in the World Health Organization (WHO) since 2016, the "Personality Modulation Clinic" has been set up in line with the goals stated in the current article, with the approval of the Psychiatry Department of Tabriz University of Medical Sciences. This was a mission to provide services for people who are not ill, seeking more aspects of their development through treatment, as well as more fundamental changes in their individual experience of the universe and their individual performance.

In applying the techniques of psychiatric diagnosis and treatment and then modifying them for this clinic, important fundamental issues raised. In order to address these issues, applying philosophical methods was necessary. Issues such as "Who should we treat?", "Is mental growth a necessity for the human race?", "When does treatment begin?", "Duality of medication and psychotherapy", "What is the proper treatment for people who are traditionally healthy but feel difficulty?", "What is medication and what is its role in treatment?" And "How does medication effect existential capacities?" This article, is an attempt to give appropriate answers to these philosophical questions by reliable references.

Who should we treat?

The first question is, "Who should we treat?" The answer is simple in the category of common treatments. The one who needs to be treated is the patient. A patient is someone who has an disorder: both physically or mentally! To define disorder, the World Health Organization (WHO) and some reputable scientific sources (such as the American Psychiatric Association- APA) have specific definitions and criteria that differentiate disorder from health. A dualistic view exists about the state of the individual as either healthy or ill. The same is true in many medical disciplines. For example, in a heart attack or stroke, the artery is either open or closed, in infectious diseases, the pathogen (microbe) is either present or absent. But in the case of mental health, the issue is a bit more complicated. Often, the disorder is on the extreme side of a spectrum in which well-being is at the other end. For example, the worry and caution of the individual are on one side of the spectrum, but where this condition becomes an anxiety disorder is debatable. Extreme psychiatric illnesses are often normal states being excessive, yet it is difficult to consider an absolute cut point. Similarly, in the case of personality issues, there is a gray zone between normality and

disorder; in many cases, a person's personality traits deviate from normal but do not enter abnormality.

The Personality Modulation Clinic deals with people whose problems are in this gray zone. Clients do not have a specific disorder with predetermined criteria. The indication for the entry into the treatment process in this clinic is dissatisfaction with cognitive, emotional and behavioral patterns of dealing with situations, preventing the individual from adapting as effectively as possible. In other words, the person is uncomfortable in the gray zone.

In this regard, in order to establish a new therapeutic discipline, it is necessary to have a clear model of the basic definitions of the scientific field. In the modern psychiatry, there are seven models of normality (defining disease vs. health). These seven models are (Sadock, Sadock, & Ruiz, 2017):

- Model A: Mental health as above normal
- Model B: Mental health as positive psychology
- Model C: Mental health as maturity
- Model D: Mental health as resilience
- Model E: Mental health as socio-emotional intelligence
- Model F: Mental health as subjective wellbeing
- Model G: Mental health as positive or spiritual emotions

In the above-mentioned clinic, models B and C have been selected as the dominant models. The philosophy behind this model is "the best possible". In other words, this model emphasizes on increasing above the average of society, and growth is the main basis of any treatment process. It means trying to reach the highest level of mental development, not just matching the norm of society! Obviously, it would not be easy to go beyond the norm of society and reach the ideal level of growth that is inherent in the individual. (Being inherent here, means registration and presence in the individual's genes) Naturally, the person is constantly pushed towards lining with the norm of the society. In fact, a dual conflict is formed, between being in line with the community or responding to the deepest demands of the individual for growth and transcendence, reaching the inherent level and self-actualization!

Many people at this point choose to be in line with society. Generally, these people enjoy adequate social support, which makes it difficult for them to leave positions, and they do not show a desire to satisfy their deep inner demands. But another group that cannot ignore the demand of forces on the inner tendency of growth and development, are those for whom the personality modulation clinic has been established.

Is mental development a necessity for humans?

There are at least two philosophers in the history who consider mental development and transcendence to be necessary; Georg Wilhelm Friedersch Hegel and Mulla Sadra!

Hegel considered the growth of self-awareness, both at the individual level and at the global level, to be the obvious and the most important driving force in history. For Hegel, when consciousness begins to become self-aware, human two-dimensional consciousness becomes three-dimensional consciousness. Hegel considers the turning point of the universal evolution as the time of "consciousness" becoming aware of itself as a subjectivity, reaching the stage of self-awareness (Hegel, 2017). Mulla Sadra also considered the conscious soul to come from the human body (the physical body of existence, the spirituality of survival). In his view, primarily, soul arises from the body and depends on it, but gradually, with the evolution of the soul, it is the body that relies its stability on the soul and its evolution (Mulla Sadra, 1410). The ultimate growth of the soul is its complete independence and, as a result, its abstraction from the body, which is death. Therefore, from Mulla Sadra's point of view, the process of mental development continues until the last minutes of life (Burrell, 2009; Farnam, Deljou, & Farzin).

In addition to philosophers, important psychological and psychiatric theories have emphasized the development of human psychology and personality. There are at least four theories based on the step-by-step development of human personality structures, which are called theories of epigenetic personality development. Epigenetic theories include the psychosexual theories of Sigmund Freud, the cognitive development of Jean Piaget, the psychosocial theories of Eric Erickson, and the coherence of Claude Robert Cloninger. Except Freud's psycho-sexual theory, all others point to continued growth throughout life. Even in the case of Freud's psychosexual theory, whose nominal duration was limited to early adulthood, Erickson extended the theory to the end of life by changing the theory from a fundamental point of view to a psychosocial theory.

Epigenesis was first proposed by Aristotle to define the scheduled growth of the fetus. In the book "On the Generation of Animals", Aristotle saw the physical development of animals as a timed process in which each stage flourished gradually and at a specific time (Henry, 2009). Regarding human physical growth, it is said that about two decades of continuous growth occurs, then three to four decades of stunted growth and ultimately physical decline. Human physical growth occurs in a limited time and later the growth process gradually stops and reverses. But mental development is a phenomenon that should last a lifetime (Sadock, Sadock, & Ruiz, 2017). In the case of Emmanuel Kant, who is said to have been the greatest philosopher in the history of philosophy after Socrates, it is said that when he died after a long life (at the age of 81 years), he regretted leaving the world while he has just found the right way to think (Kant, 1949). However, the prevailing view in modern psychiatry is that mental development, and especially the development of human self-awareness, in contrast to physical development, continues until the last days of life. The philosophical approach of Personality Modulation Clinic follows the ideas of Hegel and Mulla Sadra, considering growth to be obvious in psychology. Therefore, the mission of therapists

is not producing improvement, but removing obstacles, which prevent the display of growth. In other words, the job of the clinicians is not to build the personality like a carpenter, but rather pruning mind like a gardener.

When does the treatment begin?

Initiation of treatment depends on the request of the client; A person who feels no ground for growth, exaltation and well-being despite the continuation of a normal life. Human beings has long been searching for joy, happiness and well-being; however, this is different from the concept of pleasure. Pleasure is a transient feeling that is obtained by the rhythmic stimulation of the five senses, but well-being is continuous, and in Hegel's view, is intertwined with the intuitive appreciation of beauty, truth, and goodness. According to Hegel, spiritual goodness is virtue and emotional goodness is well-being! Therefore, in order to achieve well-being, there must be a coherent comprehension of self, beauty, truth and goodness (Hegel, 2007). The initiation point of treatment is the time when the way towards growth and exaltation (leading to virtue) is obstructed or there is no lasting feeling of well-being. It is obvious that with this indication, many people could be candidates for treatment. But the point is that treatment begins for those who are aware about this deficiency of exaltation and well-being; no will, no treatment! It is not possible to force a person to receive treatment simply because he or she is not mature enough (Cloninger, 2004).

Well-being means a sustained good feeling created from self-satisfaction as a result of mental growth and personality development in three domains of interactions with oneself, with others and with universe and being in general. Interaction with oneself, ultimately leads to more and more "self-direction and self-government", interaction with others, leads to the mastery of interpersonal relationship and ultimately the growth of "cooperativeness". Finally, interaction with existence which is the spiritual aspect of life, to redefine relationship with existence, to understand the hidden processes of existence and to receive the deep forces that shape the flow of existence. As a result, the mature person is in control of oneself and life with a correct understanding of the requirements of time and environment, with pro-active plans and reliance. Similarly, maturity leads to regulation of interpersonal relationships, desirable and persuasive relationships with enjoyable communication with others, positively and constructively impacting on their lives. Ultimately, the mature person owns a correct understanding of existence, world-hood, oneself as a "part" and their intertwined relations with the whole. Growth in these three domain will lead to authentic well-being, distict from mere pleasure (Cloninger, 2004).

In this Personality Clinic, the aim is not to treat those who do not enjoy or win the race for money and power. The aim is rather healing those who see life beyond transient pleasures but do not find the path to exaltation and well-being.

Duality of medication and psychotherapy

Since the time of Descartes, when the Cartesian dualism separated mind and body, the ground for differentiating treatment into two categories of physical therapy (medication and other biologic therapies) and mental/psychological therapy (psychotherapy) was established (Baker & Morris, 2005). Medication and other biologic therapies such as electroconvulsive therapy (ECT), neurofeedback and biofeedback affect the body physically. But psychotherapy is a therapy that affects the human mind and psyche with no direct effect on the body. Cartesian dualism of body and mind has had such a profound effect on psychiatry that since the early initiation of psychiatry in the late 19th century, two major therapies, biomedical and psychosocial, have emerged separately and in parallel.

Advocates of each school pose a different view of branches of Cartesian dualism, about mind and body (here: soul and brain). Advocates of biomedical therapies see psychiatric issues as the result of physical dysfunction at the molecular level, and advocates of psychosocial therapies view treatment in terms of mind and the affecting environment. Yet, to be considered that Cartesian dualism has not been the attitude of all philosophers. The philosophical school, known as positivist philosophy or empirical positive philosophy, followed by great contemplators such as Spinoza, Hegel, Schelling, and others, do not see mind and body as separate categories (Magee, 2000). In their view, mind and body are different determinations of a single substance; just similar to the new quantum theory which does not distinguish subatomic particles from waves, but considers particles to be waves that are determined by observers for a fraction of a second (Comte, 1988). Hence, modern approaches in psychiatry, rely on quantum theory, denying the separation of mind and body, and determinations are being continued.

In this clinic, there is no prejudice about preferring one of the two types of biomedical or psychosocial therapies. Therefore, for mental growth and character development of clients with personality difficulties, both biomedical therapies (medications and other organic therapies) as well as psychosocial therapies are applied, especially psychodynamic and existential psychotherapies! Psychodynamic psychotherapy is based upon Freud's theories and existential psychotherapy is based upon Heidegger's theories (Sadock, Sadock, & Ruiz, 2017). In this clinic, an attempt has been made to eliminate temperamental turbulence that is rooted in the imbalance at the molecular level related to neurotransmitters, using pharmacotherapy and organic therapies, so that the abstract psychodynamic processes can be self-fulfilled. In other words, psychodynamic processes such as thinking, inference, judgment, and emotion can lead to mental harmony and flourish.

What is the proper treatment for people who are traditionally healthy but feel difficulty?

Considering the view described above, the appropriate mental treatment in fact calms mind from turbulences, to facilitate the flow of growth. In other words, proper treatment ought to untie the knots that hinder the normal growth, thereby removing the related obstacles. These nodes and obstacles include biological, psychological as well as sociological nodes. At the core of treatment is transcendence by conflict resolution. These conflicts can be biological conflicts such as extreme degrees of personality elements of Harm Avoidance, Novelty Seeking, Self-Directedness, or Persistence (Cloninger, 2004), all of which have molecular and material roots, or can be conflicts of psychological origin. In the category of temperament which is material and relatively physical, the goal is to moderate the elements of temperament; for example, when the score of Novelty Seeking is extremely high or low, in both cases there could be obstacle for growth while high scores of novelty seeking induces restlessness and mental disturbance that prevents deep comprehension of experiences, while low scores inhibit exploration with a sort of disgust and fear towards change, obstructing mental growth.

In this clinic, for personality modification the most important ways to treat temperament are medications and organic therapies. But in the case of psychological issues, the method used is to discover the conflict behind the difficulty according to the Cloninger Conflict categorization. This categorization is a 25-dimension matrix of conflicts related to personality layers or planes of being, including 5*5 dimensions of Sexual, Material, Emotional, Intellectual and Spiritual dimensions. There are various methods of psychotherapy to overcome a conflict of each dimension.

What is medication and what is its role in treatment?

The philosophy of psychiatric pharmacotherapy is based upon the principle that medication is an agent taking us back to our true state. In other words, the task of medication is not to add to existential capacities, yet to modify inner balance in situations taking away one's true state. Therefore, proper medication has no role in abnormally increasing mental and emotional abilities (Stein, 2012). As an example, the well-known and stigmatic pharmacologic agent Ritalin is effective merely in those who have some degree of impaired concentration. Or anti-depressant agents related to selective serotonin reuptake inhibitors (SSRIs) eliminate sadness but do not play a role in adding happiness. This is a big mistake to make: delaying medication because of worry about hiding true self by agents, desiring to be oneself, despite weaknesses. This is not the case! Medications return us to our existential foundations and do not add anything to our existence. Elevations beyond innate abilities does not occur by medication but by abused substances (Greely et al., 2008). Heroin can induce pleasure with no equivalent in natural life. Cocaine can give strength and indefatigability beyond one's existential capacities.

Consequently, in this clinic, the difference between modulating personality and existential capacity is of the most important issues to be considered. In this clinic, the goal is to return the person to his normal existential capacities, because the existential capacities of the person make the destiny, and any change in the existential capacities can be considered as a manipulation of the process of destiny. It should also be noted that some agents are medications for some purposes and abused substances for other purposes. Ritalin, for example, is used to modulate concentration, but if used to increase vitality or physical strength or reduce sleep, it is considered an abused substance.

How does medications affect existential capacities?

One of the most important concerns for people starting psychiatric medications is the possibility of it affecting a person's existential capacity. In other words, they worry that the pharmacologic agents (drugs) will increase the person's existential capacity too much and give the person too much ability which suddenly disappears when the medication is stopped. They are worried that they will no longer be natural and real by taking medicine. In fact, the image of the drug in people's minds is more in line with something called "substance" (Stein, 2012). The important thing to keep in mind is that medications bring us back to our normal state, not giving anything beyond our capacity. For example, antidepressants normalize our mood, and do not make us happier than normal. What takes us to a level beyond ourselves is not medication but substance. It gives us happiness, vitality, energy or concentration, etc. that are beyond normal (Di Pietro, Navarrini, & Spagnolo, 2004). Drugs actually make us normal, not supernormal!

Conclusion

At the beginning of any new scientific establishment, as usually happens, concepts must be redefined based upon philosophical principles, and this is an example of the irreversible and undeniable link between science and philosophy. At the beginning of the personality modulation clinic, important questions appeared, which were approached philosophically. Briefly, to answer these questions, personality modulation clinic ought to be considered with an innovative approach to mental health, incorporating particular clients. These target clients do not fulfill criteria for a specific mental disorder in the traditional classifications; nevertheless, feeling that he or she has not achieved optimum growth and the proper happiness in life. They desire to eliminate inner obstacles towards mental growth and self-actualization. These clients initiate the therapy by confronting and redefining fundamental concepts, reached merely through philosophical views.

Therefore, personality modulation clinic does not rely on classified diagnostic systems, but factors affecting personality development, including self-directedness, cooperativeness and self-transcendence. The aim would be therapies elevating these

character factors as well as modulating temperament factors in order to prepare the mental biologic background. Psychobiological therapies are performed in line with the above aims.

Also, psychological development is an essential issue for the human race, which prominent philosophers such as Hegel, Kant and Mulla Sadra emphasized on the dynamics of the human psyche and its continuous growth. Therefore, it can be concluded that wherever human mental development has stopped, a problem has occurred that is in contradiction with the humiliation of human life, and this problem raises the need for treatment. In fact, the personality adjustment clinic is a response to this demand. When we start treatment depends on the individual; when a person feels that despite the continuation of a normal life, there is no ground for growth and exaltation or a good feeling for life. In other words, the individual's own will plays a pivotal role here, and treatment cannot be initiated by medical diagnosis alone and against the individual's own will. In this dual clinic, drug therapy and psychotherapy have been abandoned or the most modern monistic theories based on the same view of the soul and mind and avoiding the Cartesian separation between body and mind, modern methods for growth-based therapy have been used. Therapies have been based on medication, psychotherapy and modern therapies based on neuroscience. In the case of drug therapy, it has been emphasized that the main task of the drug is to return the person to a normal and basic condition, not to over-increase the drug therapy's ability to modify and restore the individual's mental condition to its optimal state! In other words, both medication and psychotherapy have been an attempt to remove barriers to growth and development, not to push the individual to increase abilities! Ultimately, drugs are factors that bring us back to our true and natural state, not give us anything beyond our capacity. And what takes us to a level beyond ourselves is not medicine but substance. It gives us happiness, vitality, energy or concentration, etc., which is beyond normal.

Appendix;

6D10 Personality disorder
6D10.0 mild Personality disorder
6D10.1 moderate Personality disorder
6D10.2 sever Personality disorder

The five severity levels of personality disturbance proposed in ICD-11

No personality disorder
No personality disturbance

Personality difficulty
Some personality problems in certain situations but not universally

Personality disorder
Definite well-demarcated personality problems across a range of situations

Complex personality disorder
Definite personality problems usually covering several personality domains and across all situations

Severe personality disorder

As for complex disorder with personality problems leading to significant risk of self or others

General diagnostic requirements

●An enduring disturbance characterized by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships).

●The disturbance has persisted over an extended period of time (> 2 years).

●The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behavior that are maladaptive (e.g., inflexible or poorly regulated).

●The disturbance is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles), though it may be consistently evoked by particular types of circumstances but not others.

●The patterns of behavior characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict.

●The symptoms are not due to the direct effects of a medication or substance, including withdrawal effects, and are not better explained by another Mental and Behavioral Disorder, a Disease of the Nervous System, or another health condition.

●The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

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