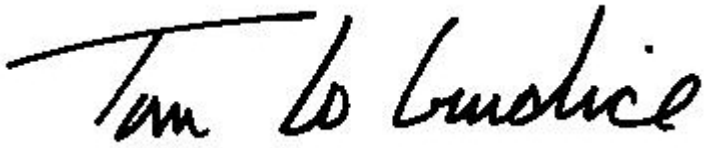
Medication vs. Therapeutic Relationships: Biology and Psychology

Approved:  5-13-09

MEDICATION VS. THERAPEUTIC RELATIONSHIPS: BIOLOGY AND PSYCHOLOGY

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Abstract

The issue in this research paper was to examine the impact of psychotropic medication and the rights, privileges and implementation of forced treatments vs. the impact of psychotherapy, the biological revolution and the pressures of the pharmaceutical companies. A brief review of literature on the history of mental illness, the treatment needed and the revolution of psychiatric treatment was conducted. A second review of literature was conducted that was relative to the psychoanalytic perspective and the understanding of prescribing psychotropic medications, along with an understanding of the psychotherapeutic perspective. Through the review of literature, the impact of the pharmaceutical companies and the division of responsibilities from the psychiatrist to the psychotherapist are closely studied. It is apparent that medication can help the mentally, but it can also be a barrier to recovery, and there is a decrease in psychotherapy for the mentally ill and an increase forced medication being prescribed from the psychiatrist and many times the primary care physician.

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CHAPTER 1

INTRODUCTION

1. The history of mental disorders has been an extensive progression of trial and error that has been greatly influenced by medical theory and public attitudes. For example, as psychiatric medications revolutionized, psychosurgery was only used for specific indications. The first psychiatric medications were available for the treatment of mental illness, in the mid-1950s. Newly developed muscle relaxants and antidepressants were being used to treat depression. Medications such as chlorpromazine provided a new way for the severely mentally ill to be a part of normal society. Coming from a history of electroconvulsive therapy and frontal lobotomy, scientific theories and attitudes toward mental ill persons have changed greatly, indeed a great revolution for psychiatric treatment.

Medication has proven to be very helpful, yet, it can also be hurtful. Many individuals that are seriously mentally ill are over medicated and find it hard to function. Psychotropic medications have side effects such as excessive fatigue. The seriously mentally ill are not the only people that are affected by the biological revolution, as there is a medication for almost everything. Medication can help, but it does not give the client the therapeutic value they may need to unmask the possible underlying issues. There are countless factors that take part in the war of biology vs. psychology. Many therapist and psychological researchers have identified various factors that play an important role in the war of biology vs. psychology.

1. The first factor is a lack of effective treatment partnerships, i.e. the team approach between doctor and patient.

2. A second common factor is the popular subject of *chemical imbalance*. Clients are given the wrong idea when they are told that their problems are just biochemical. By substituting medications for therapy, people are being deprived of the opportunity to adapt. Medications start working sooner but stop working fairly abruptly after discontinuation. Therapy, on the other hand, is slower to take effect but seems to work even beyond its discontinuation (Bailey, 2002).

3. The third common factor is the thriving business of healthcare. The pharmaceutical companies do not market the importance of having a healthy therapeutic relationship. The pharmaceutical companies raise awareness about illnesses for various disorders caused by some sort of chemical imbalance, and they happen to have the cure. It is unfortunate that so many children are medicated on Ritalin and other medications to help them focus due to bad behavior at school or expressing their anger.

Medication and therapeutic treatment needs to be an equal partnership, to give the patient the best outcome. A client that has an extensive history of sexual abuse will have a better chance of truly healing if they are in cognitive therapy, rather than covering up the real problem with antidepressants. The antidepressant may help, but not heal.

Statement of the Problem

Chemical imbalance has become a very popular phrase used by many clinicians and physicians over the past decade. The biological revolution has taken the world of psychology by storm. Many individuals suffering with mental illness are medicated and in many cases overmedicated, and under treated. Several consumers would prefer medication as a quick fix, instead of dealing with the underlying issues, and various clinicians consent to this quick fix. Countless clients with chronic mental illness, by law, may have no voice when it comes to their

medication, even if they are so medicated that they can barely function. Are mentally ill clients being heard? What does it benefit to individuals that are receiving high doses of medication and not enough therapy?

Delimitations of the Research

The research was conducted through the Gateway Technical College (Racine, WI) and Karmann libraries (University of Wisconsin-Platteville). Primary search engines included EBSCO Host, ERIC, Academic Search Elite, Mental Measurements Yearbook, Psych Articles, Psych Info and Medline. Key search topics included "mental illness," "medication," and "treatment." The review of literature was conducted to find reputable resources to support the assumption on which the paper is based.

Definition of Terms

The **Diagnostic and Statistical Manual of Mental Disorders** (**DSM**) a handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them, according to the publishing organization the American Psychiatric Association. It is used in the United States and in varying degrees around the world, by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies and policy makers

Clinician. A term used to describe medical professionals, including veterinary medicines who are engaged in actual patient care as opposed to researchers and academicians

Mental illness. A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture

Psychoanalysis. A body of knowledge developed by Sigmund Freud and his followers, devoted to the study of human psychological functioning and behavior. It has three applications: 1) a method of investigation of the mind; 2) a systematized body of knowledge about human behavior; and 3) a method of treatment of psychological or emotional illness

Psychotropic substance. A chemical substance that acts primarily upon the central nervous system where it alters brain function, resulting in temporary changes in perception, mood, consciousness and behavior. These drugs may be used recreationally to purposefully alter one's consciousness, as entheogens for ritual or spiritual purposes, as a tool for studying or augmenting the mind, or therapeutically as medication

Psychopharmacology. The study of drug-induced changes in mood, sensation, thinking, and behavior

Retention. Persistence in adult learning for a period long enough to attain personal, educational, or work-related goals

Psychotherapy. An interpersonal, relational intervention used by trained psychotherapists to aid clients in problems of living. This usually includes increasing individual sense of well being and reducing subjective discomforting experience. Psychotherapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change and that are designed to improve the mental health of a client or patient, or to improve group relationships (such as in a family)

CHAPTER 2

REVIEW OF THE LITERATURE

Psychoanalytic Perspectives

During the past 50 years, psychotropic medication has been used widespread by psychiatrists who use neurobiological agents to treat symptoms of chronic mental illness. The issue of medication and therapeutic treatment dealing with mental illness has been an extremely controversial subject for many years. The division of responsibility between psychiatrist and psychotherapist has caused a matrix of issues dealing with the use of medication for the mentally ill. In contemporary practice, psychiatrists prescribe needed medication for the patients of nonmedical psychotherapists. Medication has psychological meaning and acquires additional mental representation, and the pharmacotherapy interventions may obscure the differentiation between direct effects of medication on patients and neurotic conflicts in patients. (Nevins, 1990).

According to the natural science model, the patient is the sole object of study when it comes to psychopharmacological treatment. To a considerable extent the clinician is left out of the equation. The clinician assesses the indications for medication and monitors the patient's condition. The clinician also monitors the patient's pharmacological side effects, and symptom response. According to the psychoanalyst perspective, there are particular factors that are implicated in the decision to prescribe medication. The decision to use psychotropic medication, which is a dramatic, substantive, and powerful therapeutic modality, requires careful consideration. According to Nevins, there are at least five specific factors that are involved in the decision: (1) the context of the initial contact between clinician and patient, (2) the evocative influence of the patient on the clinician, (3) the paradigm that guides the clinician, (4) the natural

science model, and (5) clinicians' views of their own and their patients' roles in treatment. The clinician's decision to medicate could also be influenced by legal and social pressures. By using the biomedical model, clinicians gain much respect and recognition. The patient's complaints, expressions, wishes, and motivations also play a large part in the clinician's decision to medicate.

The needs and wants of patients can influence the clinician's readiness to medicate or modify treatment. This recognition by the clinician can be either conscious or unconscious identification with the patient. Clinicians may offer the patients a solution for their unpleasant distress and pain. There is also the possibility that a clinician may experience fear, danger or discomfort with a patient and would rather relieve both themselves and the patient of their unpleasant emotions. Clinicians also find comfort in the models that explain the beneficial effects of medication. There are many influences and decisions that support the psychoanalytic perspective. Understanding theoretical models that explain and support the needs of medication is very important when dealing with the role of clinician and patient in the field of mental illness. Psychiatry has struggled for many years to be accepted and respected by the insurers and administrators that fund them. It has been the biological revolution that has legitimized and allowed the field of psychiatry to take a seat in the pantheon of hard sciences (Nevins, 1990).

The Biological Revolution

The advancement of science is a major factor in the biological revolution, along with the booming business of healthcare. Drug companies have created the mythology of pills as cure-alls and *chemical imbalance* has become the most popular catch phrase over the past twenty

years, and is still on the rise. Patients have also learned to shape their problems in the form of the *Diagnostic and Statistical Manual of Mental Disorders (DSM).* When patients visit their clinicians they speak more about their symptoms, rather than any underlying issues. Patients are learning to go to the clinician and tell them that they are having racing thoughts, fatigue, and other symptoms. Mental disorders are common in the United States and internationally. Mental disorders are the leading cause of disability in the U.S. and Canada for the ages of 15-44. An estimated 26.2 percent of Americans ages 18 and older, about 1 in 4 adults, suffer from a diagnosable mental disorder each given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people (www.nimh.nih.gov).

The business of healthcare and the pharmaceutical companies has played an enormous factor in the biological revolution. The National Alliance for the Mentally Ill (NAMI) promotes a program of in home forced drug treatment called the Program of Assertive Community Treatment (PACT) that delivers drugs to patients' doorsteps and living rooms. The forced drug treatment has to be backed by a court order. The pharmaceutical companies are reaping profits from the drugs that the patients are forced to take. There are many patients that are very angry with the forced drug treatment and on the other hand there are some patients that would rather have medication that they believe will work much faster than therapy. According to the pharmaceutical statistics of 2002, the percentage of Americans who use at least one prescription drug daily is 46%. The average number of prescriptions per U.S. resident, annually in 2001 was 11. The total number of prescription in the U.S. in 2001 was 3.1 billion and the cost was $132 billion. The projected cost of prescriptions in the U.S. in the year 2014 is $414 billion (www.namiscc.org). The promise of a quick fix is very appealing and needed in a culture where

everything from the internet, tivo and cell phones offer little capacity for delayed gratification. Many clinicians have lost the distinction between what patients want and what they need.

There are numerous factors that play a large part in the growing business of healthcare. According to Bailey (2002), insurance companies are loath to reimburse for an hour's weekly psychotherapy when medication follow-ups take half an hour (or less) once a month (or less). Also, pharmaceutical companies, in their haste to "raise awareness" about illnesses for which they purport to have the cure, stand to gain greatly if nonpharmacological interventions are marginalized. The number of Americans, annually, who request and receive a prescription for a specific drug after seeing a commercial advertisement, is estimated at 8.5 million. The amount spent to advertise prescription drugs directly to consumers in 2001 was $2.7 billion (www.namiscc.org). The pharmaceutical companies are reaping enormous profits. The American Pharmaceutical firms were reaping a profit rate of 18.5% in 1998, and the rate has increased vastly over the years.

In recent years, it has been reported that, in part because of fiscal pressures, there has been a decline in the amount of outpatient psychotherapy provided by psychiatrists and an increase in the use of psychotropic medications (Harpaz, 2006). Little attention has been given to comparing prescribing practices of psychiatrist and primary care physicians. A recent study found that the majority of youths in the United States that have been treated with antidepressants had no contact at all with a mental health specialist. Many primary care physicians are prescribing antidepressants to patients without therapy. Due to fiscal pressures, there has been a decline in the amount of outpatient psychotherapy provided by psychiatrist and an increase in the use of psychotropic medications (Harpaz, 2006). The lack of psychotherapy has caused a substantial increase in the biological revolution. Amphetamine-type drugs such as Ritalin,

Adderall and Dexedrine and the Selective Serotonin Reuptake Inhibitors (SSRI), such as Prozac, Zoloft, Paxil, Luvox and norepinephrine reuptake inhibitors can cause serious side effects. Some of the side effects can include seizures and cardiac problems such as arrhythmias, hypertension, heart failure and even death. These drugs can also cause emotional symptoms such as psychosis, agitation, aggression, hostility, anxiety and hallucinations. The pharmaceutical companies also offer drugs to take care of some of the side effects listed. A psychiatrist may prescribe a client a drug that has a side effect of salivation of the mouth, and then prescribe a drug to help with the effect. If the patient has multiple diagnoses, they most likely will be on numerous medications. The unpleasant side effects and the medication to fix the side effects, continues to make the pharmaceutical companies even wealthier. The number of Paxil prescriptions in 2001, was 26 million (www.namiscc.org).

The biological revolution is continuing to escalate and increase more and more everyday. According to the pharmaceutical statistics, the amount invested annually in new drug development is $30 billion. The projected cost of prescriptions in the United States in 2014 is $414 billion. The American pharmaceutical firms are making a very large profit from this growing revolution.

Freedom to Refuse

There are very strong opinions and much bias concerning the forced administration of mind-altering substances such as psychotropic medications, and their impact on equal-rights protection under the law. Psychotropic medications are interventions that can alter the way a person thinks. Adherence to treatment is a continuing problem for those working with the seriously mentally ill. Treatment with antipsychotic medications may contribute to stigma experienced by individuals

with serious mental illnesses such as schizophrenia, schizoaffective disorder or bipolar disorder. While newer antipsychotic drugs may have fewer or different side effects compared to older neuroleptic agents, stigma may remain a substantial influence on medication adherence (Sajatovic, 2007).

Failure to take prescribed antipsychotic medication has been associated with relapse, re-hospitalization, and suicide of patients with schizophrenia (Trauer, 2005). Practitioners may have good intentions and positive assumptions when they prescribe psychoactive drugs. According to Bassmann, psychoactive drugs are prescribed with the intention of enabling people to exercise better judgment in dealing with their problems, to alleviate emotional pain, to regulate impulses better, to relieve unpleasant symptoms and other forms of discomfort, and to help people feel better about themselves and their lives. The benevolence of these intentions is set against the use of drugs and other forced interventions to control behavior while minimizing the unintended and unwanted consequences. Bassmann (2005) recognized that forcing people to take psychoactive drugs relies on the following underlying assumptions:

- The drugs will be effective in addressing targeted problems, including impaired judgment, incapacity to make important decisions, safely concerns regarding the patient and community, other troubling symptoms, and barriers to recovery.
- The patients' behaviors are dangerous to themselves and/or others, and the drugs will control undesirable to behavior.
- The benefits exceed the risks.
- Alternative strategies are not effective for people with serious mental illness.
- People with serious mental illness who are noncompliant are noncompliant because they are not aware that they are mentally ill.
- The drugs are the first step toward, and the foundation for, enabling a person to live outside an institutional setting (Bassman, 2005).

Along with the assumptions for forced individuals, allowing patients a choice in psychoactive drug use relies on the following assumptions:

- Choice is an important component of recovery.
- Forced treatment is a discriminatory violation of one's civil rights.

- The threat of force will discourage a person from seeking treatment.
- The patients' negative experiences taking drugs often determine their rejection of drug treatment, and the patients' subjective cost-benefit ratio assessment may be different than that of the drug prescriber.
- The drugs seldom do what they are supposed to do, and the side effects have been responsible for creating irreversible neurological damage (Bassman, 2005).

Allowing patients a choice in their treatment plan or in the decision to use psychoactive medication is an important part of recovery. It is very important that psychotherapy be apart of the treatment plan, because drugs can be a barrier to recovery.

If a person is judged to be dangerous to themselves or others, and diagnosed with a severe mental illness, they can be legally forced to undergo various treatments against their will. The mentally ill are automatically believed to be incapable of making decisions for them, whether they are bad decisions or good. The general public has a fear of those who are different in behavior, appearance, or ability. The public's bias and the government sanction have permitted the forced treatment of the mentally ill. Many individuals that are diagnosed with a serious mental illness usually have requirements and rules they have to abide by, that differ from the norm in cognitive and mental abilities. Many of the mentally ill have to comply with the rules in a supported group living facility. Usually in a supported living facility the mentally ill are not allowed to handle there own money or even how they spend their day. Many clients are forced to attend an all day treatment program. Due to a global bias of the mentally ill, psychotropic drugs has been easily accepted by many. Among most mental health professionals, the value of psychoactive drugs has been accepted as a foregone conclusion. Even nonmedical clinicians defer to the primacy of drug treatments when confronted with illogical, disordered thinking and behavior that is beyond their comfort zone. The continuation of this trend may

result in future clinicians getting little if any exposure to nontraditional perspectives during their formal education (Truer, 1998).

Bassman (2005) examined the question the Sell petition presented to the U. S. Supreme Court. The Sell v. United States (2003) case asked the Supreme Court of the United States to rule on a challenge to a common treatment practice for mental illness. The question presented is whether the Constitution permits the Government to administer antipsychotic drugs involuntarily to a mentally ill criminal defendant—in order to render that defendant competent to stand trial for serious, but nonviolent crimes. Sell was a dentist who was originally charged with 63 counts of Medicaid fraud. It was determined by a psychiatric evaluation that Sell was incompetent to stand trial. Psychoactive drugs were recommended by the government psychiatrists to restore competency. Like many others, Sell experienced negative reactions to psychoactive drugs in the past and he refused the medication. As a result, he was incarcerated in a forensic mental institution for a longer period of time. The Justices concluded that the Constitution allows the Government to administer drugs, even against the defendant's will, in limited circumstances, that is, upon satisfaction of conditions that we shall describe. Because the Court of Appeals did not find that the requisite circumstances existed in this case, we vacate its judgment. This case did not resolve the issue of forced treatment, but it did provide a forum for those that oppose forced treatment. This case was an eye opener and a reality check for consumers, survivors, practitioners, policy makers, family members, and everyone that is affected by forced treatment (Bassman, 2005)

Psychotropic drugs have radically changed the treatment of the mentally ill. Patients that use psychotropic drugs suffer significant unwanted side effects. This revolution has come at substantial cost, inviting the use of drugs for purposes other than treatment such as restraint,

punishment, and hospital staff safety. Many individuals with mental illness have refused to take these medications and have sought to give force to their objections through litigations and legislation (Clayton, 1987). The desires of health practitioners and the desires of patients have caused a big problem of refusal and issues with medication compliance for those in the mental health field. The choice of treatment and what kind of treatment has been taken away from the mentally ill patient and instead they are to do what the medical professional feels is the best decision. Clinicians focus on the benefits of the medication, yet, the benefits of psychotropic medication is often achieved only at the cost of significant side effects.

Therapeutic Techniques

The integration of pharmacology and psychotherapy is very important for those that have mental illness. Patients are more prone to stay compliant with their medications and treatment if they are being helped by a psychotherapist that is intervening and helping the client to understand their medications and condition. "Going crazy" is a common worry for patients. The important point for clinicians to remember is that some patients have this fear even when their symptoms have nothing to do with psychosis. Unaccustomed feelings of anxiety or panic, for example, are enough to make some individuals believe that they are losing control of their minds Left unexamined, such worries may undermine treatment through their negative effects on medication compliance. Unless clinicians proactively acknowledge these concerns as normal and understandable, patients may never volunteer their ambivalence about following through with a proposed treatment (Kahn, 2003). It is very important for the therapist to help the patients become responsible contributors to their own mental health process. Therapeutic interventions

can help the patient to accept their medications and remain compliant with treatment. Burgess (1993) described three psychotherapeutic interventions that he developed from long-term and time-limited psychotherapy. The interventions were based on therapeutic work within the family system (family systems process), on reinforcing patients' appropriate behavior, control, and mastery (role modeling mental health), and also therapist observation and interpretation of internal transference reactions and affect states (transference interpretation).

The contributions of family members being involved in the pharmacotherapy is a very important part of successful treatment. The physician should be willing to modify details of the treatment plan in response to family consensus. Burgess felt that, reframing the contributions of family members toward a successful treatment outcome occurs as the therapist insists on a search for alternative interactions that preserve the needs of the family members, while allowing the patient to recover.

As with role modeling, honesty is the key. It is important for patients to be exposed to nonjudgmental, empathic, and honest cognitive and behavioral responses from the therapist. This behavior is an example of Burgess second intervention. A therapist should be true and honest with their clients, yet necessary for the therapist to screen any material that will be confusing or nontherapeutic for the patient. The patient should have a safe opportunity for the building personal mastery. A very good therapeutic technique is to make simple comments about reactions or obvious events that may happen during the session that can pave the way for more complex transference material later in therapy.

Therapists are attuned to their own affective reactions to the patient during the therapy session. The third intervention which reflects transference interpretation also has honesty as a key feature. While observing the actions of the patient while in session, the therapist must reflect

an honest interpersonal reaction back to the patient. Reflecting honest reactions to the client can be very therapeutic for the patient. The knowledge that one has correctly understood another person's responses provides a reinforcing mastery experience, encourages further exploration, and dispels fantasies of omnipotence or malevolence on the part of the therapist (Burgess, 1993). Actively listening, showing concern and understanding of the patients issues will provide a wealth of interpersonal material that will be very therapeutic for the patient.

Planned psychotherapy along with pharmacologic treatment can enhance a patient's overall response to treatment and recovery. Ongoing therapy for patients who come for the prescription and a follow-up for psychiatric medication have a better chance of effective treatment, rather than a patient just receiving medication and no consistent follow up. Therapeutic interventions such as addressing family systems process, identifying transference reactions, and role modeling mental health are easily and effectively made, without being threatening to patients with severe mental illness.

Recovery with Mental Illness

It has been difficult to talk credibly about the idea of recovery for the mentally ill. Clients and families are often waiting for their illness to be cured, or just go away. Many times the families, patients, and the professionals become hopeless and burned out. Some medical professionals describe some patients as being "treatment resistant," and they refuse to treat the chronically mentally ill. The result of this becomes hopelessness and deterioration that we see around us. For the chronically mentally ill the conditions are likely to persist in some form, yet it is not an incurable illness. Schizophrenics in third world countries are regularly reported to have better outcomes and recoveries than individuals in developed countries. In underdeveloped

countries such as Nigeria or India, nearly two-thirds of schizophrenia patients are doing fairly well five years after initial diagnosis, and 40% have basically recovered (Whitaker, 2002). Third world countries cannot afford the psychotropic medication like the developed countries and they do not have the powerhouse pharmaceutical companies like the U.S.

The movie A Beautiful Mind, which was nominated for eight Academy Awards, brought attention to the fact that people can recover from Schizophrenia. John Nash was a mathematician who received a Nobel Prize, and was diagnosed with schizophrenia. The brilliant mathematician stopped taking antipsychotic drugs in 1970 and slowly recovered over a period of two decades. After refusing the antipsychotic drugs and slowly recovering, he was able to return back to being a mathematician. Nash believed the effects of the medication would have made it impossible for Nash to return to his career and passion. Antipsychotic medications can also make the illness worse. In 1998, the University of Pennsylvania investigators reported that standard antipsychotic medications cause a specific area of the brain to become abnormally enlarged and that the drug induced enlargement is associated with a worsening of the symptoms. In 1987, psychologist Courtney Harding reported that a third of chronic schizophrenic patients were released from Vermont State Hospital in the late 1950s completely recovered (Whitaker, 2002). The link between John Nash and the patients released from Vermont Hospital is that they all were weaned off of antipsychotic medications. Along with curative treatment efforts, it is the patient themselves who is the object of recovery efforts. It is very important for individuals to take some responsibility in their own recovery process, along with a healthy therapeutic relationship. In Finland, doctors treat newly diagnosed schizophrenia patients with comprehensive care, such as, counseling, social-support services and the selective use of antipsychotic medications. Some patients do better on low doses of medication, and some

without it. They reported that a majority of patients remain free of psychotic symptoms for extended periods and hold down jobs (www.namiscc.org). Medication can help, but without therapeutic relationships, it can be more harmful. The abandonment, neglect, deterioration, and hopelessness of the mentally ill can decrease if more families, patients, and medical professionals would focus more on the therapeutic perspective rather than antipsychotic drugs that sedates and covers up the issue within.

CHAPTER 3

CONCLUSIONS AND RECOMMENDATIONS

Through the review of this literature, it is clear that it is extremely important for the mentally ill to have a healthy therapeutic relationship, rather than just receiving prescribed psychotropic medication. The medical model tends to define recovery in negative terms. The opposite outcomes of treatment for individuals that are mentally ill in a third world country compared to those in developed countries should be an eye-opener for the medical professionals, families, and patients. It has been proven that therapeutic interventions can help patients to become compliant with their mediations, when they have an understanding of their treatment plan and also a client-centered therapist. The three therapeutic interventions mentioned in this literature review are life changing interventions for the therapeutic process. The importance of the family process throughout therapy, role modeling mental health, and the transference interpretation are interventions that will make a positive difference in the therapeutic process.

The helping relationship is very different from the medical model which tends to define recovery in negative terms. It is important that the client accept having a chronic illness without guilt or shame, without fault or blame. The patient should participate in ongoing support system. Changing many aspects of their lives such as their interpersonal relationships, spirituality, emotions, etc, to accommodate their illness and grow through overcoming it.

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