Call for Papers for a special issue of the Journal of Humanistic Psychology.
First-Person Psychopharmacology (1PPP): putting the psyche back into psychiatric pharmacology

When attempting to understand the action of psychiatric medication, is it best to focus on neurobiological changes or should we take into account first-person data about conscious experience? Can we study the subjective states caused by the drugs in order to better understand how medications work and how to use them? Would that then enable psychiatrists to use the medications in a safer and more helpful way? How might we do this?

The ongoing "psychedelic renaissance" highlights some of the problems inherent in the current paradigm of studying drug action and effectiveness within the mental health field. The problems, among others, include lack of control groups, spin, outcome switching, multiple testing, financial conflicts of interest, lack of proper reporting standards for adverse events, small samples, lack of long-term outcomes, breaking blind and placebo effect. Methodological and measurement problems are also aggravated by the fact that the therapeutic mechanisms of these drugs are poorly understood (van Elk & Fried, 2023). The reliance on symptom scales, both in terms of conceptualizing and assessing disorders as well as treatment effects, may be also problematic (Le Moigne, 2023; Stupak & Dobroczyński, 2021).

These problems are pertinent in the area of psychedelic research, but they are also present with regards to other psychotropic drugs. What is perhaps even more important, this paradigm of research shapes clinical practice and indirectly the perception and attitudes towards different clinical phenomena as well as people thought to be “mentally ill” and has considerable social and cultural consequences. Despite increasing access to treatment and use of psychiatric drugs in the last decades, the outcomes are not getting better and may even be getting worse (Jääskeläinen et al., 2013; Jorm et al., 2017; Ormel et al., 2022; Saha et al., 2007). Thinking in terms of biological abnormalities and matching the “right” DSM or ICD diagnosis with the “right” medication as the paradigm underlying most of contemporary research projects and practice may be hampering clinical progress (Campolonghi & Orrù, 2023; Dumas-Mallet & Gonon, 2020; Ghaemi, 2022; Van Os & Guloksuz, 2022; Belmaker & Lichtenberg, 2023).

Part of the difficulty may reside in the confusion between mind and body. Psychiatry exists to ameliorate the subjective distress of individuals: people feel pain, not brains. Diagnosis can only be on the level of feeling and behavior (Stier, 2013). Yet when we prescribe a pill, we are (amongst other things) making a direct intervention vis a vis the brain. Does the pharmacological effect simply percolate up? Are subjective changes merely desirable epiphenomena resulting from tinkering with the hardware of the brain? Or might our mind be the locus of the therapeutic change, and where we need to be looking to understand the medication’s effect? The mind-body connection remains a riddle, but we need to be clear about the level at which we intervene and the level at which we produce therapeutic effects. This does not necessarily imply dualism, but may be thought of as a “top-down” versus a “bottom-up” conceptualization.

As with psychotropic medication, research in the area of the therapeutic mechanism of psychedelic drugs tends to reduce the action of psychedelics to the neurobiological level only (Deacon, 2013; Vollenweider & Smallridge, 2022). However, the prominence of the psychoactive effects induced by these drugs suggests alternative models of explanation of drug action, mostly related to what was traditionally termed "set and setting". These various contemporary conceptualizations of therapeutic effects stress the importance, or even the primary role, of experiences produced by drugs in relation to the context they are used in (Schenberg, 2018; Stupak, 2021). But it remains unclear whether to understand the mechanisms of therapeutic change, we need to be examining fMRIs or analyzing detailed phenomenological interviews with the patient.

Stressing “set and setting”, and considering subjectivity, which seem clearly justified for psychedelics, could also transform the perception of other drugs used in psychiatry and the way they are studied. It could allow for an inclusion of a first-person or phenomenological perspective of service users in drug research in order to give it a proper recognition in the design and evaluation of treatment interventions.

A First-Person Psychopharmacology (1PPP) will focus on the subjective experiences of taking psychotropic drugs and the quality of their psychoactive effects as they relate to their potential clinical utility. It will also examine the influence of different factors, internal and external, personal, situational, cultural and cross-cultural, influencing these effects. 1PPP can facilitate a real turn towards a personalized, person centered approach to mental health care and drug prescription. A proper recognition of the perspectives of service users with lived experience may also allow for a better reporting of adverse effects of drugs or withdrawal effects and development of effective ways of supporting people in these kinds of circumstances.

Putting the psyche back into psychopharmacology could mean understanding the drugs which psychiatrists prescribe as psychoactive substances which exert their influence through changing subjective states of the mind in a process mediated by personal and situational circumstances, and not primarily via their action on the biology of a person. It could also mean rethinking how drugs are used. Still, such an approach faces many difficult conceptual problems and may be difficult to integrate within the discourse of Evidence Based Medicine. There is no doubt that drugs may be helpful or even necessary in some circumstances. Can 1PPP help us gain insights into the clinical effects, beneficial and/or iatrogenic, of psychotropic medication?

While not representing an exhaustive list, for this special issue of The Journal of Humanistic Psychology, we are seeking papers trying to address questions such as:

1. Can the study of subjective experiences of taking medication inform clinical practice? How?
2. Are there similarities in experiences or symptoms of illness and effects of drugs? How can we disentangle them? Should we? Can “pathological” states be “therapeutic” (as in e.g. psychotomimetic qualities of psychedelics, or “emotional numbing” in relation to antidepressants)?
3. Can "set and setting" be studied in relation to so-called antidepressants, antipsychotics, mood-stabilizers and other drugs used in psychiatry? Can we think of alternatives to scales relying on “symptoms”?
4. What are the methodological challenges and solutions to studying subjective experiences in this clinical context?
5. What are the perspectives of service users with lived experience regarding psychiatric drug use and their effects?
6. What do we know about the phenomenology of withdrawal and adverse effects of drugs?
7. How do we address epistemological injustice and power imbalances in the study of psychiatric drugs?
8. What are different philosophical and/or conceptual models of drug action in relation to the first-person perspective in mental health?

We are looking for contributions from practitioners and researchers on various stages of their careers, including early-career scholars, and coming from diverse theoretical and practical backgrounds, such as psychiatry, psychotherapy, counselling, psychology, medical humanities, philosophy, sociology and others. We are also interested in perspectives of service users.

Important dates:
30. 4. 2024 – submission of extended abstracts (500-1000 words plus references).
16. 5. 2024 – selected authors will be invited to complete a final manuscript.
31. 10. 2024 – deadline for final manuscripts.

We are gratified to announce that the list of contributors to this special issue will include:
Adele Framer (survivingantidepressants.org, International Institute for Psychiatric Drug Withdrawal),
Phoebe Friesen (McGill University),
Justin Garson (Hunter College, CUNY Graduate Center),
Tehseen Noorani (Durham University, University of Auckland),
Luca Fasciolo Maschião and Guilherme Messas (Santa Casa de Sao Paulo School of Medical Sciences),
Joanna Moncrieff (UCL).

Guest editors:
Pesach Lichtenberg, MD (Hebrew University of Jerusalem)
Radosław Stupak, PhD (University of the National Education Commission, Krakow)

Abstracts and informal queries can be directed to: 1PPP.JoHP@gmail.com

Contributions will be peer-reviewed according to the Journal of Humanistic Psychology policy.
Manuscripts should not exceed 5000 words (20 APA pages) plus references.
Submission guidelines can be found at: https://journals.sagepub.com/author-instructions/jhp

Papers will be published on an ongoing basis as online-first when accepted, before the publication of the whole special issue.

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