Editorial: The Principle of Personhood: The Field's Transcendent Principle
William A. Anthony

As one who has done his share of suggesting principles to guide our efforts in serving people with severe mental illnesses, I was thinking about the fact that I could not remember all the principles my colleagues and I have suggested over the years.

Some of the names of these principles that come immediately to mind are such principles as person involvement, growth orientation, hope, self-determination and choice. My next problem was I could not perfectly recall the definitions of the several principles that I could remember! If I could not remember all these important principles and their definitions, then how could these principles serve as my ready guide?

My just diagnosed deficit in “remembering key principles” had me thinking further. Is there not just one simple principle that transcends all these others, a superordinate principle from which all other principles emanate? I think there is, and it is the principle of personhood. The personhood principle is defined simply as, “people with severe mental illnesses are people.” I know what some of you are saying to yourself. “Duh—this is too simple and obvious… and besides we already know about applying this principle to what we do.”

I think not. Recently I was reading an excellent article in this Journal and a certain sentence grabbed at my throat. “What may be particularly striking about the findings of this study is that Aristotle's insight about the necessity of friendship appears just as relevant to those of us with psychiatric disabilities as to anyone else” (Davidson et al., 2001, p. 290). What is even more striking to me is that more than 2000 years after Aristotle's comments, our field finds this notion a revelation! A revelation not unlike the surprise when we learned that many people with severe mental illnesses wanted to work, or set their own goals, or fall in love.

If we as a field are guided by the principle of personhood, then all these other principles fall into place. Of course people want to self-determine their own goals, be involved in their own lives, believe in their own capacity to grow, and have hope. These are the ingredients of human nature, and once we see people with severe mental illnesses as humans, we will be more likely to abide naturally by all these other principles. It must no longer be striking when we find out that people with psychiatric disabilities want the same things that most people want, i.e., meaningful work, a decent place to live, and friendship. If the principle of personhood can transcend all of our research, training, and services, good things will follow.