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Positive Psychiatry for Schizophrenia and Other Psychotic Disorders

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Defining positive psychiatry

Psychiatry has traditionally focused on reducing the symptoms caused by mental and behavioral disorders. This approach has led to important advances in the characterization and assessment of psychopathology and treatment of psychiatric symptoms. However, traditional psychiatry has often overlooked broader aspects of well-being among individuals with psychiatric disorders. Positive psychiatry is an approach to mental health that attempts to expand the scope of psychiatry to the promotion of well-being in the population at large. Positive psychiatry may be defined as the “science and practice of psychiatry that seeks to understand and promote well-being through assessments and interventions aimed at enhancing positive psychosocial factors among people who have or are at high risk for developing mental and physical illnesses” ([1], p. 2–3). Relevant positive psychosocial factors in positive psychiatry include resilience, optimism, social engagement, wisdom, post-traumatic growth, hope, and personal mastery, among others. As a branch of medicine, positive psychiatry is focused on discerning the biological substrates of these traits, including their neurocircuitry, neurochemistry, and genetic basis, as well as developing biomarkers of these positive factors [2,3]. Importantly, positive psychiatry is not intended to replace traditional psychiatry but rather to complement it. This is accomplished by shifting the focus from treating pathology to maintaining health and from treating symptoms to enhancing well-being.

Historical background

While a relatively new subfield, positive psychiatry can be traced back to some of the earliest researchers in psychology. As early as 1906, William James argued for a new approach to research and clinical practice that was guided by the healing power of positive emotions and beliefs – the so-called “mind cure” [4]. The importance of positive psychological capacities was further emphasized in the mid-twentieth century through the development of humanistic psychology by Abraham Maslow and colleagues. Probably the most important and immediate precursor to positive psychiatry, however, was the positive psychology movement of the late 1990s, pioneered by Martin Seligman. This movement was focused on elucidating factors that foster positive human functioning and flourishing [5]. Positive psychiatry built upon this knowledge and expanded the focus to studies of biology of positive traits and outcomes, as well as promotion of well-being

among people with or at risk for mental or physical illnesses. The first ever book on positive psychiatry was published in 2015 [1].

The importance of positive psychiatry to schizophrenia was underappreciated until recently due to long-standing notions about the course of this illness. Traditionally, schizophrenia was assumed to be an intractable illness with an inevitably poor prognosis. Research during the latter part of the twentieth century, however, began to call these pessimistic assumptions into question. Starting with Manfred Bleuler, studies in this era documented a wide range of positive outcomes several decades after initial hospitalization among many individuals with schizophrenia [6].

Positive mental health outcomes in schizophrenia

Research has shown that there is a divergence of trajectories of physical, cognitive, and psychosocial functioning with aging in persons with schizophrenia [7]. Thus, physical health declines faster in these patients than in the general population, cognitive functioning is impaired, but the age-related rate of decline is similar to that in people without schizophrenia, and psychosocial functioning tends to improve with aging. Older adults with schizophrenia living in the community generally exhibit improved mental-health-related quality of life [8,9], greater acceptance and self-management abilities with respect to their symptoms, improved medication adherence, a reduction in positive symptoms, and a decreased rate of psychotic relapse and hospitalization [10,11]. A possible explanation for the better functioning in older persons with schizophrenia is “survivor bias” – i.e., the sickest individuals die young (from suicide or physical illnesses) and only the healthiest survive into old age. However, several longitudinal follow-up studies have shown progressive improvement in functioning among adults with schizophrenia. Indeed, a small percentage of patients (approximately 10%) exhibit sustained functional recovery in late life [12]. The 2001 movie “A Beautiful Mind,” which won the Academy Award for the Best Picture, told the true story of John Nash, a Nobel Laureate, who had suffered from schizophrenia since his youth, but began functioning better in later life and went back to productive research and teaching after nearly three decades of severe psychosocial disability.

These heterogeneous and sometimes remitting courses raised the question of what factors promote positive outcomes in schizophrenia. A number of studies have begun to address this question. Contrary to traditional pessimistic views, studies in first-episode schizophrenia have found comparable levels of happiness and satisfaction with life among first-episode schizophrenia patients and non-psychiatric controls, despite significant functional impairments in the former group [13]. In general, individuals with schizophrenia report lower levels of happiness and satisfaction with life than non-psychiatric comparison subjects, suggesting a possible decline in subjective well-being shortly after the first episode. Nonetheless, there is substantial heterogeneity in happiness among these patients, with a sizable minority of the patients with schizophrenia reporting levels similar to those of non-psychiatric individuals [14,15]. Happiness and satisfaction with life are associated with lower levels of depressive symptoms and higher levels of motivation [15,16].

Positive psychosocial factors in schizophrenia

Edmonds et al. [17] further explored levels of resilience and optimism, in addition to happiness and perceived stress, among individuals with schizophrenia. Similar to the

forementioned studies, while individuals with schizophrenia reported lower mean levels of these positive psychosocial factors relative to an age-comparable non-psychiatric group, they exhibited considerable variation, with over one-third of schizophrenia participants reporting values similar to those of their non-psychiatric counterparts. Of particular importance, these positive psychosocial factors were also associated with lower levels of biomarkers of inflammation and insulin resistance, especially among individuals with schizophrenia. Taken together, this research suggests that positive psychosocial factors, generally lower in schizophrenia, may be viable treatment targets and have the potential to improve these individuals' well-being and even physical/biological health. The role of family and social support in improving the likelihood of positive outcomes in schizophrenia has been well established [6].

A recently published study involved qualitative interviews of 20 high functioning individuals with schizophrenia who had reached a level of recovery defined by their occupational status [18]. Eight categories of coping strategies were identified: avoidance behavior, utilizing supportive others, taking medications, enacting cognitive strategies, controlling the environment, engaging spirituality, focusing on well-being, and being employed or continuing their education. These strategies were used flexibly in a preventive fashion, and in varied combinations, depending on the context. They seemed to support these high-functioning individuals in achieving their occupational goals.

Positive psychiatry interventions in schizophrenia

Several recent positive psychotherapeutic interventions have directly targeted quality of life and functional improvement in schizophrenia – instead of just symptom relief – with promising results. Cognitive behavioral social skills training (CBSST) involves challenging thoughts and misinterpretations of experiences, as well as developing social skills in order to pursue meaningful goals identified by the patient. This intervention has been shown to improve cognitive insight and mastery of core cognitive-behavioral and social skills among adults with schizophrenia. More importantly, individuals with schizophrenia who participated in CBSST reported improvements in self-esteem and life satisfaction, as well as a reduction of amotivation, a core feature of schizophrenia, especially among persons with defeatist or pessimistic attitudes at baseline [19].

Individual Placement and Support (IPS) is a manualized supported employment intervention that emphasizes competitive work, integrated mental health, and supported employment services. Relative to a conventional vocational rehabilitation program, individuals who participated in IPS exhibited higher rates of gainful employment, weeks worked, and wages earned [20].

Treatment of persons with schizophrenia must involve promotion of a healthy lifestyle – i.e., regular physical exercise, cognitive activity, appropriate socialization, healthy diet, a focus on stress reduction, sleep hygiene, avoidance (or at least, reduction) of smoking, abstinence from substances of abuse, and a positive attitude.

Conclusion

Positive psychiatry has a great potential to improve the lives of individuals with schizophrenia and other psychotic disorders. Current research in this area is at an early stage. Further investigations are needed to develop and validate measures of positive psychosocial factors with adequate psychometric properties, to explore the biological and

cognitive underpinnings of these factors, and to elucidate their longitudinal course and impact on physical, mental, and cognitive health outcomes. A positive, albeit realistic, attitude toward schizophrenia and other serious mental illnesses is essential among treating clinicians. Only then can we encourage our patients and their caregivers to adopt an optimistic perspective that there can be a light at the end of even a very long tunnel.

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