

Strengths in patients with schizophrenia and healthy people – similarities and differences

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Treatment is not just fixing what is broken; it is nurturing what is best.

(M.E.P. Seligman, M. Csikszentmihalyi [1])

Summary

Aim. The aim of the study was to assess the character strengths of people with schizophrenia and their importance in building life satisfaction, and also to identify differences and similarities in the character strengths between people with schizophrenia and healthy people.

Methods. 40 people with diagnosed schizophrenia and 40 healthy people participated in the study. Each participant was examined with the following tools: Socio-Demographic Data Questionnaire, Satisfaction with Life Scale (SWLS), International Personality Item Pool – Values in Action (IPIP-VIA).

Results. People with schizophrenia achieved significantly lower scores than those in the control group in terms of such strengths of character like: hope, humor, self-regulation, citizenship, leadership, capacity for love, kindness, social/emotional intelligence, bravery, industry, integrity, zest, curiosity, love of learning, perspective/wisdom. People with schizophrenia are also different from healthy people in terms of experiencing life satisfaction. At the same time, they do not differ in such strengths of character as: originality, judgment, fairness, forgiveness/mercy, modesty/humility, prudence, appreciation for beauty, gratitude, spirituality. The character strengths of people in the clinical group (more often than in the control group) are associated with the sense of life satisfaction. In older people suffering from schizophrenia, many strengths of their character are reduced.

Conclusions. People with schizophrenia are different from those in the control group in terms of 15 strengths. They are also less satisfied with their lives. Experiencing life satisfaction of people with schizophrenia is associated with a complex configuration of strengths.

Key words: schizophrenia, satisfaction with life, strengths

Introduction

Positive clinical psychology is formed as a field of positive psychology which grew out of dissatisfaction with the theory and practice of the deficit as the central concept of clinical psychology. It is also a response to the reported research that showed that focusing just on the treatment of mental disorders can only alleviate the symptoms of the pathology, however, does not lead to improvement of psychological well-being of the mentally ill [2].

Accents put within the framework of traditional psychiatry refer to abnormal and unwanted aspects of human functioning with a mental disorder, which led to the affirmation of the disability in the form of stigmatization of mental illness. Treating disability as authentic and natural elements of life has led to disregarding of positive qualities of people with mental disorders, despite the fact that they are perceived. The perceived characteristics of the mentally ill, such as unselfishness, playfulness and integrity are often described in the language of psychopathology and defense mechanisms and, as a consequence, they are not included in the therapeutic plan and rehabilitation because simply there is no space for them in patients' and professionals' minds. Moreover, in the long term, focusing on the weaknesses and problems does not lead to improvement of mental health of people with disorders despite good symptomatic remission and leaving the hospital. Thus, two important recovery mechanisms are inhibited: post-traumatic growth and patients' own disagreement with stigma of mental illness.

Leamy et al. [3], analyzing the research literature on the factors relevant to the process of recovery of the mentally ill, has created a list which coincides with what in psychology is called character strengths. At the same time he noted that the concept of recovery is close to concepts such as 'good life' and 'well-being', namely, those that are the basis of considerations of positive psychology. The researchers emphasize that well-being and good life of the mentally ill should always be considered as variable phenomena related to, e.g., duration of illness, while taking into account certain constant and universal factors [4, 5]. The following factors are constant: positive emotions, no symptoms, interpersonal bonds, hope, self-esteem, inner strength [6].

For this reason, the aim of this study was to evaluate character strengths in people with schizophrenia and their importance in building life satisfaction. Research questions, which we tried to get the answer for, were as follows:

1. What are the similarities and differences in character strengths between patients with schizophrenia and healthy controls?
2. Which strengths of healthy individuals and patients with schizophrenia are associated with their satisfaction with life?

Material and method

The study involved: 40 people diagnosed with schizophrenia (according to ICD-10) and 40 healthy people who agreed to participate. Exclusion criteria were as follows:

abuse of alcohol and other psychoactive substances, intellectual disability. The study of people suffering from schizophrenia took place in the psychiatric day rehabilitation ward. They were people in a stable mental state assessed during the qualification to the department, where the symptomatic remission is required, which allows participation in intensive rehabilitation and therapeutic activities. These people cooperated highly in treatment and remained in a long-term therapeutic contact. The type of drug and its dose remained unchanged for at least two weeks before the study. Patients received first-generation antipsychotics: clopixol, perazine, and second-generation drugs: amisulpride, aripiprazole, risperidone, olanzapine, and quetiapine.

In the control group there were healthy people who did not declare any mental illness and did not complain about any psychiatric disorders. These were people matched to the group of patients in terms of age and gender. Each person participating in the study was tested once using the following research tools:

1. *Socio-Demographic Data Questionnaire* was drawn for the purpose of research and concerned: gender, age, education, psychiatric diagnosis, patient's family, and whether the participant lives alone.
2. *Satisfaction with Life Scale* (SWLS, authors: E. Diener, R.A. Emmons, R.J. Larson, S. Griffin) measures individual evaluation of satisfaction with their achievements and living conditions. Individuals assesses on a 7-point scale to what extent each of the terms relates to their life. The higher the overall score, the higher the level of satisfaction with life. The scale reliability indicator is satisfactory, Cronbach's $\alpha = 0.81$ [7].
3. *International Personality Item Pool – Values in Action* (IPIP-VIA, author: L.R. Goldberg, Polish adaptation: M. Najderska, Ciecuch J.) [8]. It is a tool to measure character strengths grouped in six categories of virtues based on a Peterson and Seligman's concept [9]. Virtues are the basic characteristics of humans valued by moral philosophers and religious thinkers throughout the centuries, they are common and universal. These are: wisdom, courage, humanitarian, justice, temperance, and transcendence. Psychological indicators of virtues, which are perceived and measurable, are character strengths. Strengths manifest themselves in thoughts, feelings and behavior of human and provide a basis for achieving a good and happy life [8–10]. The following list presents a summary of strengths with virtues to which they are assigned:
 - Wisdom: originality/creativity, curiosity, judgement/open-mindedness, love of learning, perspective/wisdom.
 - Courage: valor/bravery, industry/perseverance/persistence, integrity/honesty/authenticity, zest/enthusiasm/vitality.
 - Humanitarian: capacity for love, kindness/generosity, social/personal/emotional intelligence.
 - Justice: citizenship/teamwork, equality/fairness, leadership.
 - Temperance: forgiveness/mercy, modesty/humility, prudence, self-regulation/self-control.

- Transcendence: appreciation for beauty, gratitude, hope/optimism, humor/playfulness, spirituality/religiousness.

The IPIP-VIA questionnaire consists of 213 items (from 7 to 11 statements in each scale). The participants respond to the statements directly, such as: 'Do not hesitate to express an unpopular opinion.' (scale of valor/bravery/courage) and to reverse statements, e.g., 'Do not see the need to acknowledge others who are good to me' (scale of gratitude); giving answers on a 5-point scale from 1 – 'I strongly disagree' to: 5 – 'I strongly agree'. Reliability of the Polish adaptation of the scale is satisfactory: Cronbach's $\alpha > 0.60$ for 7 scales (hope/optimism, prudence, self-regulation/self-control, citizenship/teamwork, social/personal/emotional intelligence, valor/bravery, industry/perseverance) and Cronbach's $\alpha > 0.70$ for other 17 scales [8].

Data collected using these methods and research procedures were subjected to statistical analyses. The descriptive statistics of mean, frequency and percentage were used. The significance of differences between means was tested using Student's *t*-test, and the effect size of differences using Cohen's *d*. The correlations between the selected variables were calculated with Pearson's *r*. The level of significance was $p = 0.05$. The SPSS 21 software was used for analyses.

Results

The results of the conducted analyzes showed that the examined groups of healthy and mentally ill people were similar in terms of variables describing their social functioning and demographic variables. None of the mentally ill have worked for at least several months, while all healthy people were employed. There was no statistically significant difference ($t = 0.54$; $p = 0.59$) between the mean age of schizophrenic patients ($M = 45.15$; $SD = 9.98$) and the mean age of people in the control group ($M = 43.92$; $SD = 10.04$).

Analyzes of socio-demographic variables showed that all people in the control group live with others, in the clinical group this result is 62.5%. In the clinical group, 42.5% have higher education, secondary education: 52.5% and 5% – primary education. In the control group, these values are: 57.5% for higher education and 42.5% for secondary education.

The principal tool of this study was the IPIP-VIA questionnaire for measuring character strengths classified under 6 virtue categories. Virtues and strengths form the basis of comparisons between healthy people and those with experience of mental disorders, also in the context of the perceived satisfaction with life. Details are presented in Table 1.

Table 1. Character strengths and satisfaction with life in the group of people with mental disorders (clinical group) and healthy people (control group) – mean values and differences between them

CHARACTER STRENGTHS	CLINICAL GROUP		CONTROL GROUP		STATISTIC	p	Cohen's d
	M	SD	M	SD			
Gratitude	3.7	0.64	3.9	0.54	$t = -1.8$	0.07	
Hope	3.36	0.71	3.95	0.54	$t = -2.8$	0.007	0.63
Humor	3.3	0.6	3.6	0.59	$t = -2.13$	0.03	0.48
Spirituality	3.6	0.93	3.3	0.92	$t = 1.47$	0.14	
Appreciation for beauty	3.7	0.61	3.7	0.52	$t = -1.3$	0.19	
Forgiveness/mercy	3.4	0.5	3.4	0.49	$t = 0.06$	0.9	
Modesty/humility	3.3	0.5	3.3	0.51	$t = -.012$	0.9	
Prudence	3.6	0.55	3.6	0.43	$t = 0.52$	0.6	
Self-regulation	2.9	0.53	3.27	0.6	$t = -2.53$	0.013	0.57
Citizenship	3.33	0.53	3.7	0.63	$t = -3.36$	0.001	0.76
Equality	3.8	0.49	4.0	0.44	$t = -1.76$	0.08	
Leadership	3.11	0.76	3.73	0.57	$t = -4.08$	0.000	0.92
Capacity for love	3.43	0.68	4.1	0.47	$t = -5.11$	0.000	1.16
Kindness	3.57	0.53	3.98	0.42	$t = -3.83$	0.000	0.87
Social/emotional Intelligence	3.2	0.57	3.58	0.43	$t = -3.27$	0.002	0.74
Valor	3.04	0.49	3.43	0.47	$t = -3.57$	0.001	0.81
Industry	3.37	0.67	3.77	0.46	$t = -3.08$	0.003	0.7
Integrity	3.8	0.52	4.14	0.38	$t = -3.19$	0.002	0.72
Zest	3.23	0.76	3.54	0.51	$t = -2.08$	0.04	0.47
Originality	3.2	0.67	3.3	0.6	$t = -0.59$	0.55	
Curiosity	3.5	0.7	4.00	0.44	$t = -3.7$	0.00	0.84
Judgment	3.5	0.56	3.7	0.41	$t = -1.27$	0.20	
Love of learning	3.37	0.68	3.86	0.51	$t = -3.55$	0.001	0.81
Perspective/wisdom	3.47	0.601	3.74	0.38	$t = -2.36$	0.002	0.54
Satisfaction with life	16.9	5.6	22.37	3.9	$t = -5.06$	0.000	1.15

As shown in Table 1, character strengths that significantly differentiate people with schizophrenia from healthy subjects are: hope, humor, self-regulation, citizenship, leadership, capacity for love, kindness, social/personal/emotional intelligence, valor, industry, integrity, zest, curiosity, love of learning, and perspective/wisdom. A marked

difference between the two groups in terms of the strengths, such as capacity for love, leadership, kindness, curiosity, valor, and love of learning was observed. People with schizophrenia also differ significantly from healthy individuals in life satisfaction. At the same time they do not differ in such strengths as originality, judgement, fairness, forgiveness and mercy, modesty and humility, prudence, appreciation for beauty, gratitude, spirituality.

The results also show that character strengths are often associated with life satisfaction among people with psychiatric disorders and change with the age of the respondents. Details are presented in Table 2.

Table 2. Correlations between characters strengths, life satisfaction and age of people with mental disorders and healthy subjects

STRENGTHS	CLINICAL GROUP				CONTROL GROUP			
	Satisfaction with life		Age		Satisfaction with life		Age	
	r	p	r	p	r	p	r	p
Gratitude	r = 0.52	0.001						
Hope	r = 0.53	0.000			r = 0.35	0.027		
Humor	r = 0.47	0.002						
Spirituality	r = 0.38	0.015						
Self-regulation	r = 0.51	0.001						
Capacity for love	r = 0.44	0.005			r = 0.36	0.023		
Social/emotional intelligence	r = 0.49	0.001						
Valor	r = 0.37	0.017						
Zest	r = 0.65	0.000	r = -0.36	0.002				
Originality	r = 0.43	0.006						
Curiosity	r = 0.44	0.005	r = -0.37	0.018				
Judgement	r = 0.4	0.001						
Perspective/wisdom	r = 0.47	0.002						
Leadership			r = -0.32	0.045				
Love of learning			r = -0.41	0.009				
Integrity							r = -0.41	0.008

Significant relationships with life satisfaction have been reported in patients with schizophrenia for: gratitude, hope, humor, spirituality, self-regulation, capacity for love, social/emotional intelligence, valor, zest, originality, curiosity, judgement, and perspective/wisdom. In the group of healthy subjects the significant relationships concerned only: hope and capacity for love. The age of patients with schizophrenia was significantly associated with such strengths of character as: zest, curiosity, lead-

ership, and love of learning. At the same time in the group of healthy people the age was significantly associated only with integrity.

Discussion

The results obtained in the study show that individuals with an experience of chronic mental disorders, repeatedly hospitalized, being pensioners and having a certificate of mental disability differ from healthy individuals in terms of character strengths, which may explain their difficulties in social functioning. It should be noted that people with mental disorders were significantly different from healthy subjects and achieved lower scores in terms of strengths such as: curiosity, love of learning, perspective/wisdom, valor, industry, perseverance, integrity, vitality, capacity for love, kindness, social/personal/emotional intelligence, citizenship, leadership, self-control, hope, optimism, sense of humor.

The observed properties were also reported in other studies. Gruszczy and Tsigotis [11, 12], studying people suffering from schizophrenia, noted that comparing to the healthy subjects they have 'a low drive in life'. This 'low drive' consists of: low level of hedonistic aspirations, low activity and expansion, and higher levels of passivity. At the same time they have low motivation for achievement and need for success. An important observation of the authors is also the fact that people with schizophrenia have low self-centered, personal, competency and individual needs, and the need of doing something important, celebrating pleasure and having a life full of experiences [11, 12]. The compared study differs from our result on such characteristics in people with schizophrenia as creativity and open-mindedness. In another study the authors note that people with schizophrenia pay less attention to such values as work or institutional forms of social life [13].

Peterson et al. [14] also found that individuals with psychological disorders showed decreased character strengths and life satisfaction comparing to those without disorders and to those who had experienced psychological problems in the past but fully recovered. The study involved people suffering from: depression, bipolar disorder, addictions, eating disorders, schizophrenia. It is interesting that recovered individuals showed more elevated strengths of appreciation of beauty, love of learning, originality, curiosity, and gratitude than those who had never had a disorder. Appreciation of beauty and love of learning were also associated with a return of life satisfaction after recovery. The authors suggest that increasing these character strengths may help people flourish after major psychological health crisis.

In our study patients with schizophrenia did not differ from healthy individuals in terms of appreciation of beauty, gratitude and originality of thinking and action. These are the potential features of people with schizophrenia that can be used during conscious experiencing satisfaction with various life events. The arousing of positive emotions results in positive consequences in the area of psychological and physiological functioning [15]. These data are reflected in existing therapeutic programs, in which

patients are trained in the skills of: looking for a situation that gives contentment, enjoying the sensations coming from different senses (savoring), deriving satisfaction from their memories, building positive self-esteem [16, 17]. These trainings are aimed at contributing to the recovery process of people with schizophrenia.

Many researchers highlight the differences in the functioning of mentally ill and healthy people. We suggest replacing it with a different perspective on the issue of character strengths. It is a kind of response to the proposal of Maddux, Snyder and Lopez from 2004 which suggests breaking up with a pessimistic attitude toward schizophrenia and assumes the inclusion of welfare to the characteristics of the mentally ill [18]. In our study we analyze similarities that exists between the two groups. People with schizophrenia differ from healthy subjects in fifteen traits and they do not differ in nine traits which include:

- Wisdom. The manifestation of the virtue of wisdom which connect mentally ill and healthy people is the originality of thinking and action which can be observed in the pursuit of creating. Another strength in the wisdom category is the open-mindedness manifested as a tendency for a thorough consideration and examination of issues from many sides and to weight the arguments for and against.
- Justice. The indications of the virtue of justice observed in both groups in a similar intensity are equity and fairness. This means treating people the same, according to the principles of justice and equality. It also means not being guided by personal sentiments while issuing judgments and giving everyone a fair chance.
- Temperance. In the area of this virtue people with mental disorders did not differ from healthy individuals in terms of ability to forgive and show mercy to others. These skills are used towards other people when they make mistakes or are imperfect in different situations. In this case, people who are ill and the healthy ones behave similarly. They tend to give others a second chance, and as often as healthy individuals are not vengeful. Another character strength undifferentiating healthy and mentally ill people was modesty and humility that is not boasting about their achievements, not soliciting attention and accuracy in self-esteem and a sense of their own uniqueness. The mentally ill and the healthy people alike are prudent and careful while making their choices, avoid undue risk as well as say and do things that might not later be regretted.
- Transcendence. This is a virtue that joins the healthy and the mentally ill in three out of five dimensions. The first important character strength that does not differ two groups is similarly experienced appreciation for beauty. The ill people as well as the healthy ones appreciate the excellence and skills in other people and in all areas of life (arts, mathematics, nature and everyday life). Another strength is feeling of gratitude, meaning the perception and appreciation of the good things experienced by people from both groups.

Also, the subjects attach similar attention to expressing thanks. The third strength is spirituality. People with mental disorders and healthy individuals do not differ from each other in terms of having coherent beliefs about the purpose and meaning of the universe and the meaning of life. At the same time, both groups similarly treated their religious beliefs as a source of relief and comfort in difficult moments of life [8, 19].

The results also show how the configuration of complex psychological characteristics among people with mental disorders is important for feeling satisfaction with their lives. This is even more striking while comparing with only two factors that are associated with life satisfaction of healthy individuals. To be satisfied with life mentally ill people should have a virtue of wisdom, which presents itself as: perspective, ability to look at the world in a way that makes sense to oneself and to others, curiosity, a large dose of judgement, and originality in thinking and action. At the same time, they should be characterized by courage manifested by valor and zest. Humanitary, as a desirable virtue for both healthy and mentally ill people, is essential in creating relationships. Therefore, capacity for love is essential in people's action and experience. Capacity for love is accompanied by social/emotional intelligence as another factor that builds life satisfaction in this category. Another important feature affecting life satisfaction in patients is the ability of self-regulation and self-control manifesting itself in different areas of functioning. Most strengths of people with mental disorders, which affect the well-being, are manifestations of transcendence: hope and optimistic approach to life, gratitude, sense of humor, general playfulness, and spirituality also regarded as a celebration of religious life.

At the same time, it should be noted that in both groups only the age of the respondents have little to do with the existence and the experience of strengths. In healthy people integrity decreases with age and in mentally ill individuals there is a decrease in character strengths like: zest, striving for leadership, love of learning, and curiosity.

Presented analyses referred to people with mental disorders who have experienced mental disability as a result of illness and the length of its duration as well as repeated hospitalizations. Suffering from schizophrenia is a crisis experience and can be associated with lowered self-esteem, loss of meaning, plans and purpose of life, a sense of stigmatization and lowered quality of life [20]. However – as shown by studies focused on 'recovery' – the breaking of the life line does not apply to all patients and in this case time is an important ally. Many people with schizophrenia achieve significant symptomatic improvement and improve their functioning over time [21]. Recovery involves many elements, and one of the most important is changing the way people think about themselves and their personal properties. This change concerns: finding hope and the meaning of life in line with own philosophy, rebuilding positive identity, building responsibility for one's own fate and well-being [22]. Elements of the recovery process described from the patients' perspective are: interpersonal bonds, hope and optimism about the future, sense of identity and meaning of one's own life [3, 23].

What is the conclusion? It can be seen that those people have quite a lot of skills and attitudes which can become the basis for a good life in the environment where they live and return after relapse and where they can also look for support in difficult situations when they need it (ability to forgive, gratitude, modesty, prudence, honesty). People with mental disorders differ from healthy people not only because of the mental illness present in their life but also because of the consequences of it. However, according to research there is a number of important strengths which are used by healthy individuals in coping with the difficulties and building of well-being and which can also be used by people with mental disorders. These properties are also described as important in the process of recovery. The question that ought to be asked at this point should concern the reasons why people who are mentally ill do not take advantage of their abilities in their lives – despite their objective existence and recording in the self-awareness of ill people. Are the strengths that differentiate between healthy and schizophrenic people more important in building life satisfaction than those that are similar?

Conclusions

The study involved 40 people with schizophrenia who are in symptomatic remission and 40 healthy people. On the basis of the conducted analyses it can be concluded that:

1. People with schizophrenia differ from healthy people in terms of strengths such as curiosity, love of learning, perspective, valor, industry and perseverance, integrity, vitality, capacity for love, kindness, social/personal/emotional intelligence, citizenship, leadership, self-control, hope and optimism, sense of humor and playfulness.
2. People with schizophrenia do not differ from healthy people in the level of such strengths as originality of thinking, judgement and open-mindedness, the need for equity and fairness, forgiveness and showing mercy, modesty and humility, prudence, appreciation for beauty, gratitude, spirituality and religiousness.
3. People with schizophrenia have a lower sense of satisfaction with life than healthy individuals.
4. Character strengths in people with schizophrenia are more often associated with their life satisfaction than among healthy subjects.
5. The age of people suffering from schizophrenia is negatively correlated with such character strengths as: zest, curiosity, leadership, love of learning.

The applied method causes some limitations in the interpretation of results. The study was based on self-report measures, and the clinical trial was small. The correlative nature of the research makes it impossible to draw conclusions unequivocally. The presented research also served to formulate further research questions that cannot be answered at this stage.

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