

Positive psychotherapy for psychosis – a new approach in the rehabilitation of patients suffering from schizophrenia

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Summary

This paper describes the positive psychotherapy for psychosis (PPP) – a new approach for psychiatric rehabilitation for patients with chronic schizophrenia. Unlike some traditional methods of psychotherapy, PPP focuses on positives rather than on problems. PPP was shown in the context of other therapeutic approaches used in psychiatric rehabilitation and a mechanism of changes in the functioning and thinking of patients using this approach was described. PPP strengthens the patients' resources, including positive emotions, positive features of character, sense of life, positive relationships, and internal motivation. PPP does not suggest that other approaches are inappropriate and it is not intended to replace well-established treatments. A program of 13 PPP sessions adapted for patients with schizophrenia was also described. PPP sessions were divided into 3 thematic groups and according to the degree of difficulty: "the easiest" (savoring, positive things – sessions 1–4), "medium" (strong character traits, recognition of strengths in oneself, perceiving strengths in other people, positive communication – sessions 5–7) and "the most difficult" (bad vs. good memories, gratitude, forgiveness, hope, optimism and posttraumatic growth – sessions 8–13). The PPP has been introduced in the Day Care Department of Psychiatric Rehabilitation of the Institute of Psychiatry and Neurology in Warsaw. After 13 weeks, the initial observations were collected. They indicated that PPP can be successfully used in psychiatric rehabilitation.

Key words: positive psychotherapy, schizophrenia

Introduction

The latest approach to the rehabilitation of schizophrenia is the positive psychotherapy for psychosis (PPP). It originates from humanistic psychology and its main subject of interest is the subjectivity of the human individual, building and accepting

one's identity, developing opportunities and talents (self-realization), understanding life experiences and emotions. Humanistic psychology refers to such important values in human life as: creativity, love, autonomy, and mental health. Positive psychology, which is part of humanistic psychology, emphasizes positive aspects of existence such as: positive emotions, strengths of human character, positive experiences of everyday life, inspiring hope, building relationships and enjoying them, and taking care of mental health. Innovation of a positive approach consists in highlighting the positive side of life but without overcoming difficulties. Positive psychology was initially associated with scientific research on optimal human functioning and focused on diverting attention away from diseases and turning it towards recovery and well-being. The current approach towards positive psychology has significantly expanded and it is used to treat people with mental disorders [1].

The methodology of work in positive psychotherapy is based on the behavioral-cognitive paradigm of psychology. It uses work techniques such as: positive reinforcements, repetition, training new skills, grading difficulties. Therefore, it refers to a positive approach resulting from the behavioral-cognitive paradigm assuming that a person has the ability to learn new things, preserve them and change unfavorable behaviors and ways of thinking.

It is worth noting that a positive approach to helping people with mental disorders is manifested in many schools of psychotherapy (such as the already mentioned humanistic approach and derivatives of this trend, existential psychotherapy with the subject of suffering and volatility of human existence). However, there is no structured therapeutic program based primarily on the positive perception of human life and the use of positive interventions.

In the current approach to treatment and therapy of mental disorders, the main focus was on removing or minimizing the symptoms of mental disorders, eliminating deficits, relieving suffering, and minimizing disability. So far, the focus has been on the negative aspects of the experiences and functioning of a person with mental disorders. It was based on the resources of the ill individual, which is indispensable in therapy and treatment, but it was not formulated directly as it is included in PPP.

The indicator of well-being

The initial goal of positive attitude researchers in the therapy of people with schizophrenia was to find an indicator/measure of positive changes. Positive therapy has been successfully used to treat depression, bipolar disorder, addictions, and anxiety disorders, and has not been used in the treatment of people with schizophrenia [2, 3]. This approach has changed recently, and a team of researchers from the United Kingdom has developed a therapeutic program based on positive therapy ready for use in the rehabilitation of people suffering from schizophrenia. These researchers compiled the results of the therapy with the indicator of mental well-being (quality of life) of patients. It turned

out that people suffering from mental illness can experience good mental well-being. Research indicates that psychological well-being can coexist with mental illness. For example, a cross-sectional survey of 3,032 adults in the United States showed that only 7% of the population of this group experienced mental illness and simultaneous mental breakdown (poor mental health), while 15% of the population experienced mental illness and moderate mental health, and 1% of people who have experienced mental illness and at the same time developed a strong feeling of well-being (strong mental health) [4]. There is also an empirical relationship between well-being and better functioning, greater mental resilience and life satisfaction [5]. Evidence suggests that psychological well-being plays a protective role against the onset or re-occurrence of a mental illness [6]. Therefore you can be mentally ill and enjoy life.

Positive psychotherapy for psychosis in the rehabilitation of schizophrenia

Unlike social skills trainings, which were previously the basic method of work tailored to the needs of patients and served primarily to eliminate deficits arising as a result of schizophrenia, the positive psychotherapy for psychosis (PPP) involves a positive area of patient's life. The aim of previous trainings was to develop or teach social skills, lost or limited by illness, but very necessary to return to society, and most importantly: to everyday functioning. Social skills training focused on the illness, that is, symptoms and compensation for deficits, as well as coping with the illness on a daily basis [7–9]. One of the techniques of working as part of the training approach is to provide positive reinforcements by the leaders and the patients to each other. In PPP, the positive approach goes deeper because it is based on the development of the patient's resources, such as their life experiences, ways of dealing with people, getting satisfaction and pleasure with life.

PPP is a psychological therapy focusing on the strengths of the individual and their positive experiences aimed at improving well-being. Unlike some traditional methods of therapy, PPP focuses on positives rather than on problems. However, PPP touches areas such as negative memories and the ability to forgive, but in a way that allows you to see them also from the positive side (benefits). Exercises in PPP emphasize conscious focusing on pleasant moments and life experiences: experiencing good things, active and constructive reaction in social relations, identifying personal strengths and using them in activities alone or with others [1, 10]. Focusing on positive events and memories, forgiveness and gratitude can emphasize personal efforts that can lead to an increasing spiral of positive development and continuous improvement of well-being. A similar effect of mutual coupled influence occurs in the behavioral-cognitive paradigm of psychology, where positive thinking stimulates the occurrence of joy, satisfaction, hope, and willingness to be active, while positive results generate positive thinking about themselves and other people, which in turn counteracts the harmful effects of negative emotions and contributes to better mental health [11].

The onset of the illness is very often a caesura in the lives of the majority of patients. They often divide their lives into “before” and “after” the onset of the illness. The other half is perceived negatively. An image of themselves, their own skills, capabilities and making decisions about the future are negated. Positive therapy can be a bridge between “two lives”, “before” and “after”. Integration takes place by strengthening the patient’s self in various aspects: personal, social, and even an attempt to see the positive sides of the emergence of the illness.

The study conducted by Meyer et al. [10] showed that the process of improving mental well-being in people with psychosis was strongly associated with strengthening their sense of self. It was dependent on three factors: personality, memories and broadly understood health. The improvement of mental well-being has been described as a dynamic process in which the current sense of one’s own self changes into an enhanced sense of self.

As already mentioned above, PPP is a form of therapeutic intervention based on resources and strengths, not on deficits or problems. Therefore, it contains exercises that are used to identify and develop the strengths of the individual, to see and remember positive experiences and to focus on experiencing gratitude and forgiveness (as a release from the psychological tension). In addition, the PPP program provides practical tips to help understand each issue and helps maintain the new skills that participants acquired throughout the entire program [1].

Positive psychotherapy for psychosis – program of classes

PPP was created for patients diagnosed with psychosis. It is used in group therapy and for rehabilitation in a hospital setting. PPP sessions were divided into three clusters, according to the perceived degree of difficulty: “the easiest” (savoring, positive things – sessions 1–4), “medium” (strong character traits, recognition of strengths in oneself, perceiving strengths in other people, positive communication – sessions 5–7) and “the most difficult” (bad vs. good memories, gratitude, forgiveness, hope, optimism, and posttraumatic growth – sessions 8–13) [1].

Exercises as part of the classes are personal, empirical and interactive. They are used to stimulate involvement among participants. All, even the smallest positive reactions of the participants are noticed, and a positive feedback from the therapist is given to each of the group participants. The basic doctrine of PPP is to avoid dividing ‘us’ and ‘them’ as defining participants and leaders, and focusing on equality and partnership at work. The key to success is the active involvement of the leaders in all the exercises: warming up, proper classes as well as a summary of progress during individual sessions. This is to open up the participants and help to improve the mental well-being of everyone, and therefore not only participants who have experienced psychosis but also therapists.

Conducting positive therapy classes requires the use of many auxiliary elements, including a “box of good things”, a diary of activities, tasting of food, drinks, listening

to music (counteracts anhedonia, develops confidence in one's own senses), which enhances the course of classes. The involvement of therapists includes to share their own experiences in forgiving others, experiencing resentment and working through it; gratitude to others. Leaders must ensure that their examples are brief and informative so that the participants' experiences remain the focus of attention during the session.

Sessions

Session 1 – Introduction

It provides an introduction to positive psychotherapy for psychoses. Within it the emphasis is put particularly on the way negative emotions and negative experiences will be expressed because patients often reveal difficulties in expressing and sharing such experiences. In order to get to know each other participants, exercises for 'breaking the ice' are proposed. The goal is to build a group relationship at the very beginning of the work and create the conditions to share insights, experiences and emotions. Concerns, especially anxiety in social situations, are openly named and normalized, as are difficulties with motivation and difficulties with concentration or drive, which are often found in this group of participants.

Session 2 – Positive experiences

The main goal of this session is to practice a positive response and a habit of responding in an active and constructive way to good news from friends and family. Research shows that positive response (also known as active, constructive response) is beneficial to both sides of interaction. Positive reply brings out a positive response from the interlocutor. This creates positive emotions in both people and can build a better relationship. The idea of sharing good life experiences is to reach out to patients' strengths of character, life values, joy and skills in which they feel strong, and make patients share them with others. It increases the feeling of value and by raising self-esteem positively affects the mood.

Session 3 – Pleasure/Savoring

This session is devoted to the technique of "savoring". Savoring is the conscious and active enjoyment of experiences and activities. This technique, like mindfulness, initially consists in focusing on positive experiences from the past, and then on current and future ones, in order to concentrate only on present experiences. Research shows that perceiving and thinking about positive experiences in life increases the amount of positive emotions, well-being and leads to optimistic looking into the future. Researchers claim that in the state of relaxation (focusing on here and now), the human mind works in a deeper and richer mode. Savoring allows you to 'switch gear' and slow

down. As a result, one can consciously feel satisfaction with the activity in which he/she participates. Relaxation slows down one's heartbeat, slows one's breathing rate, and lowers one's cortisol levels. It can improve concentration and mood as well as learning achievements.

Session 4 – Good things

PPP focuses on the positive achievements that participants understand as being acquired by them. Owing to this, such depressive emotions as hopelessness and helplessness can be reduced and give the participant a sense of their own independence. Understanding that they have actively participated in doing something positive can affect a greater sense of internal control and motivation to act (even if it is just getting out of bed). The motivation to take up activity is very important for people with psychosis and severe negative symptoms.

Session 5 – Personal strengths

The ability to see own strengths can help people develop a positive perception of themselves. It helps in separating themselves from negative events. Ultimately, the awareness of strengths allows people to set goals that are in line with their own capabilities and thus better manage in the future. Research shows that strengths enable people to behave in a way that promotes their well-being and the well-being of others. The strengths of character are qualities like: courtesy, cooperation, sense of humor, and not talents or skills, such as physical fitness, photographic memory, manual skills or dexterity. Raising awareness of own strengths leads to better achievement at work (it increases your adaptation to it) and helps individuals make better use of their skills. Owing to this, it is easier to engage in tasks that have a chance of success, and it also has a good effect on well-being.

Session 6 – Personal strengths activity

The aim of this session is to try out strengths in action. Participants learn to put them into practice because it is designed to strengthen their sense of self-confidence and bring benefits. Research conducted by Seligman [12] shows that patients who used the five chosen strengths of their character in a new way felt very good for six months. Mitchel et al. [13] in a similar study demonstrated the positive effects of using strengths on well-being that lasted for three months compared to no effects in the placebo group.

Session 7 – At my best

This session serves to repeat and try out what has already been identified and practiced, it begins the third and most difficult stage, which is a connector of all parts of the therapy. The cognitive deficits of persons with psychosis revealed during these activities allow the therapist to choose the scope of material and exercises to be repeated during the session and at home. In order to provide participants with the opportunity to keep improving, the therapist should make sure that they can talk about exercises paying attention to their anxieties. During the session, participants should be shown how they can use the strengths to build positive strategies and achieve the desired results despite encountered negative experiences, disappointments or difficulties. This is a difficult task for both participants and those who conduct therapy.

Session 8 – One door closes, another door opens

The purpose of this session is to reformulate personal matters and experiences by perceiving their positive sides. This will strengthen the participants and encourage them to face the self-accusation trend, which is often a serious obstacle to recovery. Pointing to the good side of negative events helps the participants to notice that difficult situations appearing in life are not their fault.

Sessions 9, 10 – Forgiveness

Sessions 9 and 10 are a prelude to the entire forgiveness process and can only reveal the potential benefits of forgiveness. They will not solve the problems of people with deep traumas or a strong sense of great injustice. Owing to these sessions, patients will have extra time to work through them and start working on them again. In the process of forgiveness, several attempts are often needed. It is possible to work on this field with individual therapists. During these sessions, the work consists in recognizing feelings of bitterness and anger and then replacing them with neutral or positive feelings. The sessions also deal with difficulties related to forgiveness (forgiveness is not the same as obedience, surrender, reconciliation or liking or getting closer to someone).

Session 11 – Gratitude

The session aims to teach participants how to express gratitude. It turns out that gratitude is highly correlated with mental health and life satisfaction, and even with optimism, hope or compassion. People who experience gratitude have a higher level of positive emotions: joy, enthusiasm, love, pride, satisfaction, and optimism in general [14]. It has even been proven that gratitude functions as a safeguard against experienc-

ing negative emotions such as jealousy, resentment and greed. In traumatic situations people experiencing gratitude deal with their stress better, recover faster, show greater resilience. Research confirms that gratitude does not coincide with negative feelings [15]. Gratitude can also protect against mental illness. People who regularly filled in their “gratitude diary” reported less physical symptoms, felt better, were more optimistic about upcoming events, compared to the group who reported trouble or neutral situations in the diary [16].

Session 12 – Looking back, moving forward

This session allows participants to think about the progress they have made during the past weeks and to consider how to maintain the current development. It is important to remember that the work started should be continued outside the sessions and after the end of the therapy. Unfortunately, the obtained results are often not maintained after the end of the course because patients do not continue their work.

Session 13 – Celebration

Session 13 allows participants to think about what they have learned, to feel satisfaction with the entire training, and to strengthen the key achievements in therapy. The goal is to make the participants aware of their achievements. Patients receive a certificate of the completed course and congratulations, which may affect the consolidation of positive thinking about themselves, strengthening the sense of value, and faith in their own abilities. Therapists write a letter to each participant, highlighting their achievements and progress. The letter is a personal reminder of participation in sessions and acquired knowledge and skills.

As already mentioned, a change leading to a positive perception of the surrounding reality by patients with schizophrenia may result in strengthening the sense of own self. The diagram presents therapeutic interventions in positive psychotherapy for psychoses that trigger these changes. Therapeutic interventions such as defining and strengthening strengths as well as strengthening positive relationships involve participants in tasks during the session. The interventions also cause patients to see the benefits of taking up tasks and motivate them to perform tasks outside of the therapeutic session and evaluate them positively. As a result, it is expected to trigger positive emotions in patients, reduce depressive symptoms, raise hope, sense of bond with other people, and increase self-esteem.

Previous studies confirm that PPP interventions may be particularly useful in reducing the overall severity of schizophrenic/psychotic symptoms, especially symptoms of depression. The coexistence of depression, which often accompanies psychoses, is a big obstacle to their treatment, especially since it affects about 40% of people at risk of psychosis [17] and about 50% of people with schizophrenia [18].

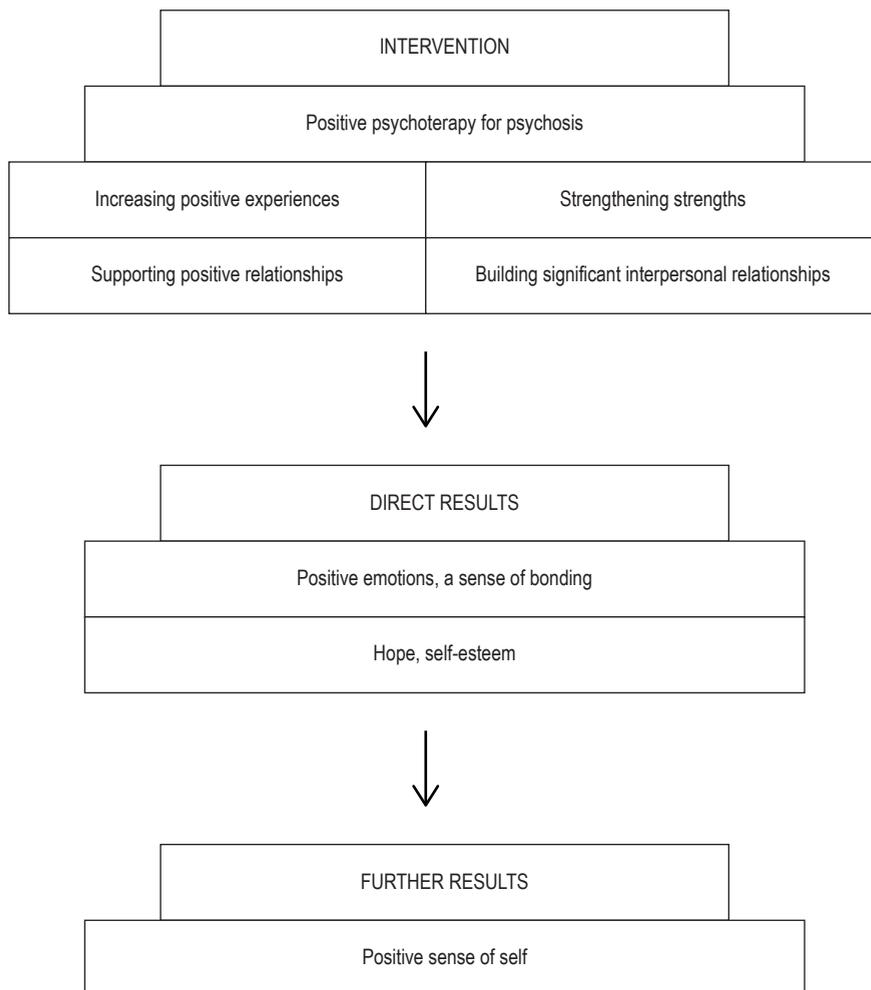


Figure 1. **Model and mechanism of changes in positive psychotherapy for psychosis. Own modification based on positive psychotherapy for psychosis [1]**

There are several potential mechanisms of change resulting from PPP:

1. PPP broadens the patient’s perspective by engaging them in actions generating positive emotions. Positive emotions help patients create new ideas and facilitate reinterpreting the bitter memories of the past. This extension takes place at the cognitive, affective and behavioral level. Therefore, positive emotions in PPP are not just indicators of joy or happiness, but more importantly, they cause cognitive, behavioral and emotional changes.

2. PPP exercises help patients open up to negative memories and make a careful re-assessment using the specific strategies described above. The goal is to increase behavioral, cognitive and emotional flexibility. Usually this is done after the patients pass the introductory stage and identify their strengths through the exercises.
3. Patients at the beginning of therapy often do not know about the existence of their particular strengths. In contrast to hedonistic activities that are short-term, PPP exercises are intentional, time-consuming activities. In comparison with sensory pleasure, which quickly disappears, these activities last longer, require thought and interpretation. Patients from the beginning of the therapy are informed that happiness does not occur by itself, but rather it should be strived for. PPP exercises are arranged and constructed in such a way that each of the strengths of the patient is identified and used in everyday life.
4. PPP exercises, such as positive evaluation and the use of strengths to solve problems, can ultimately help patients learn how to function with the inevitable and uncomfortable aspects of their personality or environment. Moreover, the systematic identification of strengths allows patients to analyze deeper their positive traits. If thinking about weaknesses can create a feeling of danger, then thinking about strengths in a realistic way will probably increase self-confidence and prepare people to deal effectively with problems.
5. Finally, the overarching mechanism that helps patients change their attitude is a change in the focus of their attention. Most patients present tendencies to think negatively and to exaggerate unpleasant life experiences. Part of the PPP exercises are designed to redirect attention from negative and catastrophic viewpoints towards positive and hopeful ones.

Initial own observations

The Day Care Department of Psychiatric Rehabilitation, Institute of Psychiatry and Neurology, Warsaw has many years of experience in dealing with the rehabilitation and treatment of people with chronic schizophrenia. The Department's program has so far mainly consisted of the activities of the "first" and "second wave" of psychiatric rehabilitation. The full cycle of rehabilitation intervention is a four-month continuous duration of therapeutic interventions. Patients participate in group training, group and individual therapy as well as psychoeducation and bibliotherapy as well as movement therapy. In July 2018, additional PPP classes were introduced. The inclusion of PPP was the expansion of previous therapeutic measures by stressing the positive aspects of patients' lives, not illnesses.

Initially, 28 people applied for participation in new classes, which accounted for 80% of patients in the department (the number of patients in the department – 35 people). The participants were currently hospitalized patients diagnosed with schizophrenia with many years of psychosis experience, including double diagnosis.

Before the introduction of PPP, the therapists' concerns were raised by the subject of the classes and especially the therapeutic work that could be too deep ("something will be opened and not closed", the risk of relapse). In addition, concerns were raised regarding the duration of classes (2 x 45 minutes with a 10-minute break) and the associated problem of efficiency of concentration of participants' attention. Further doubts arose from the recruitment method and the size of the group. Due to the fact that the course lasts for 13 weeks and new patients are admitted to the ward, the problem of a closed or open therapeutic group has arisen. The last reported comments concerned the possibility of cooperation between two therapists conducting classes and the doubt about the therapist's exposure.

The first observations of therapists after the first cycle of classes showed that the introduction of music to savor – before verbal communication – resulted in the participants' focus on the 'here and now'. It also turned out (unlike expected) that not only classical music but also jazz and ethnic music are perfect for savoring. It also turned out that the large size of the group (up to 20 people) enriches the classes with different points of view. When the same participants take part in subsequent cycles of classes, they are able to savor with the help of other senses than taste. Despite the fact that the participants were deeply involved in the subject of forgiveness and gratitude, they did not experience a relapse of psychosis. The participation in classes of the Day Care Department and individual support and contact with the therapist might be the protection factor here. There was no control group.

A few people discovered important things for themselves, for one of the participants it was a "box of good things", for another – showing gratitude, for another – savoring music and buying their own CD with classical music. One participant who has not been in the pool for 6 years decided to go to the pool, while another participant found that one can enjoy contacts with other people.

Patients' comments focused on the possibility of concentration, some of them reported excessive sleepiness associated with drugs, others had difficulty in throwing the ball. Participants expected from each other greater spontaneity in speech and intensity in the activities. They rated the "box of good things" very high and expressed great satisfaction that "these were classes during which we do not talk about illness".

Individual PPP exercises, such as: savoring life with all senses, positive response to other people, appreciating your strengths and using them, gathering in memory own positive experiences (in the form of "reminders" collected in a "box of good things"), forgiveness to others and oneself, gratitude and the ability to celebrate, they all stimulated the curiosity and motivation of patients to work to a different degree. During the classes, it often turned out that participants in the past spontaneously created "boxes of good things" and diaries, so that good things from their lives would not be forgotten.

Every day, most patients do not see good things that happen to them or do not see their strengths. It may be related to dividing life into “before” and “after” the illness, where the outbreak of the illness is a kind of a caesura. Most participants expected spectacular positive events. Raising awareness and paying attention to small, everyday positive things improved the participants’ mood. It was observed that for the participants who were struggling with addiction or had a history of substance abuse, it was more difficult to accept and notice positives in their own lives and they appreciated the benefits of the classes less often.

Recapitulation

The training approach is the so-called first wave in the rehabilitation of schizophrenia, the “second wave” is an approach based on the processes of mentalization, that is shaping the skills of social cognition and neurocognition, while the “third wave” is positive psychotherapy for psychosis. In the assumptions of the so-called third wave terms such as ‘illness’, ‘deficiencies’, ‘deficit’ or ‘disorder’ are reinterpreted. Owing to this, building of a positive self is stimulated and strengthened.

PPP systematically strengthens the recipient’s resources, including positive emotions, strengths, meaning of life, positive relationships, and internal motivations. PPP does not diminish the value of other psychotherapies, nor does it suggest that they are inappropriate, nor is it intended to replace well-established treatments, but rather attempts to supplement them. PPP tries to pay attention to the elements of the therapeutic process that have been omitted so far without revolutionizing the existing treatment regimes. It is neither a change nor an attempt to undermine the paradigm. It is simply a broader and richer approach that focuses attention on both positive and negative events occurring in human life.

PPP is a psychological therapy focusing on strengths and positive experiences in order to promote well-being. Exercises in PPP concentrate on conscious tasting of pleasant moments or experiences, active and constructive reaction in social contacts, identifying strengths and using them in activities performed alone or with others. They focus on positive events or memories, or concepts such as ‘forgiveness’ and ‘gratitude’. In this way, patients are encouraged to develop a key strength – mental flexibility. Kashdan and Rottenberg [19] define the mental flexibility as the ability to adapt to changing situations, find strengths and balance between competing desires, needs and domains of life. It has also been proven that despite the illness, patients diagnosed with psychosis can enjoy life and be happy with it (which is a measure of the increase in the mental well-being).

Despite the growing evidence base on the effectiveness of PPP and the desire to include more positive approaches in the process of improving mental health, positive psychology methods are not yet widely sought by relevant healthcare providers.

The results obtained with PPP require reliable research carried out on groups of patients by different therapeutic centers. The study of the effectiveness of PPP, launched in July 2018 in the Day Care Department of Psychiatric Rehabilitation, Institute of Psychiatry and Neurology, Warsaw, will be developed and published after collecting the appropriate number of results.

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