



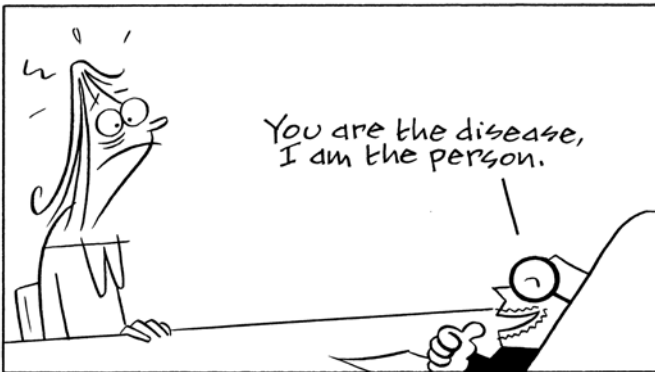
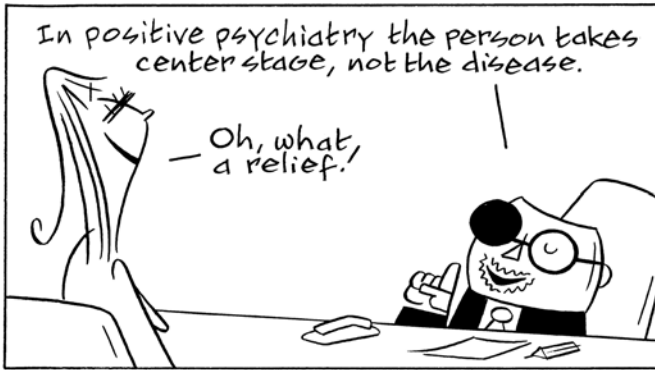
Fredrike Bannink
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With a foreword by
Dilip V. Jeste
(Past President APA)
and Varsha D. Badal

Practicing Positive Psychiatry

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Practicing Positive Psychiatry



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Practicing Positive Psychiatry

Fredrike Bannink

Frenk Peeters



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Contents

Foreword	1
<i>by Dilip V. Jeste and Varsha D. Badal</i>	
Introduction	7
Paradigm Changes	7
For Whom Is This Book Written?	8
Chapter 1: Two Paradigm Changes	11
Paradigm Change 1: People Take Center Stage, Not the Disease	13
Paradigm Change 2: Synthesis in Addition to Analysis	21
Psychiatry of the Future	29
Chapter 2: Positive Psychiatry	31
What Is Positive Psychiatry?	31
Positive Psychology	35
The Solution-Focused Approach	44
Recovery-Oriented Approach	58
Nonspecific Factors	60
Culture Change	66
Chapter 3: Recovery-Oriented Approach	69
<i>by Gerald Jordan and Larry Davidson</i>	
What Is Recovery?	69
What Can Practitioners Do to Promote Recovery?	72
A Recovery-Oriented Model for Mental Health Service Delivery	74
Chapter 4: The Applications	77
A Focus on Strengths	78
Resilience	82
Further Positive Psychology Applications	89
Further Solution-Focused Applications	100
Online Interventions	107

Chapter 5: Reflection	111
Practitioners	111
Positive (Peer) Supervision	115
Feedback by Patients	117
Future Vision	119
Chapter 6: Frequently Asked Questions	125
Epilogue	143
Lists of Stories, Cases, Applications, Tables, Boxes, & Figures	145
References	151
Online Resources	167
Subject Index	169
Author Index	175
Acknowledgments	183
About the Authors	185
Peer Commentaries	186

Foreword

The current times present unprecedented challenges to individual and societal well-being. We are experiencing behavioral pandemics of suicides, opioid abuse, and loneliness on a scale that was never seen in human history, and they are severely and adversely impacting human well-being, health, and even longevity (Jeste, Lee, & Cacioppo, 2020). The rapidly increasing pace and demands of life, the competitive environment faced from early age, and the ever-changing nature of technology leave little time for meaningful pursuits but ample opportunities for failure. The breakdown of family and community structure not only damages the safety net, but it also denies access to conventional wisdom. Fueled additionally by obesity and sedentary lifestyle, the mental health pandemics are manifestations of these stressors. Loneliness, once experienced only by the abandoned old and possibly by young immigrants, is now an everyday reality for large swaths of the society (Lee et al., 2019). The COVID-19 pandemic has made the already dire situation worse.

At the same time, there are silver linings on the horizon. There is growing scientific literature on wisdom, a positive personality trait associated with well-being and health. A number of randomized controlled trials are being conducted to enhance components of wisdom like compassion, emotional regulation, and spirituality, as well as resilience and overall wisdom (Lee et al., 2020, Treichler et al., 2020). This is positive psychiatry. The origin of psychiatry is rooted in medicine's goal of alleviating mental illnesses, the diseases being its original and natural focus. Over recent decades, however, psychiatry, hand-in-hand with psychology, has undergone several changes in its perspective, shaped by behaviorism, existentialist and humanistic psychology, and, of course, biology which is at the core of medicine. Martin Seligman, following his earlier work on learned helplessness and pessimism developed an interest in quite the opposite: strength and optimism, the positive side of psychology. It was one of those ideas that aged well, it grew upon innate validity. The principles of positive psychology can be witnessed in action elsewhere – it propels the markets for self-help literature and motivational talks. Yet, it has taken centuries for organized medicine and psychiatry to accept the notions

of positive personality traits as targets of intervention, and well-being and happiness as outcomes. The first papers with positive psychiatry in their title were published in 2013 and 2015 (Jeste, 2013; Jeste & Palmer, 2013) and the first book on that topic in 2015 (Jeste & Palmer, 2015). Since then, the positive psychiatry movement has been spreading internationally (Machado & Matsumoto 2020; Messiah, Peseschkian, & Cagande, 2020).

It is, therefore, with great enthusiasm that we welcome *Practicing Positive Psychiatry* by Fredrike P. Bannink and Frenk P.M.L. Peeters. This book is a slightly modified English translation of the first book on positive psychiatry in Dutch published earlier this year. The authors aim at shifting the focus of psychiatry from reducing distress and surviving to successful living and flourishing. They combine the medical model in psychiatry with the synthesis paradigm or functional approach. We were struck by a beautiful sentence in the Introduction: “With this book, we invite you to apply positive psychiatry to not only repair the worst, but also to create the best in your patients, your colleagues, and yourself.” The intent to go beyond treating diseases and disabilities and expanding the mission to bringing out the best not only in the patients but also in the therapists (and readers from all walks of life) is laudable and noteworthy.

The authors have achieved professional eminence and have authored several other important books in the field. Fredrike Bannink, MDR, is a clinical psychologist and lawyer, whereas Frenk Peeters is a psychiatrist and Professor of Clinical Psychology at the Maastricht University in the Netherlands. They have adopted and adapted the ideas from our and others’ work (Jeste, Palmer, Rettew, & Boardman, 2015), shaping them with their valuable first-hand experience.

The book is very well written and the concepts are conveyed very clearly, making it accessible even to lay readers. For those who are interested in research, the book is interspersed with important references to the larger body of work they draw from. The book is structured into five well thought out chapters following the Introduction. The first chapter discusses two paradigm shifts in the field: moving the focus from the disease to the person and adding synthesis to analysis. The second chapter explains the various constructs involved in positive psychiatry. By increasing patients’ intrinsic motivation, the proposed solution-focused model enables shorter interventions, greater autonomy for patients, and less burnout among professionals. The third chapter describes the recovery-oriented approach. The fourth chapter describes various applications. The authors discuss 41 applications, which are summarized at the end of the book. The remarkable fifth chapter titled “Reflection” is a fascinating discourse on professionals’ reflection along with feedback from patients, and a presentation of future vision. Finally, there is a chapter with 31 FAQs.

The authors make a strong case that nothing short of a profound paradigm shift is warranted to successfully practice positive psychiatry. A focus on the patient must also be accompanied by a synthesis that involves patient participation. The book starts out by laying a strong groundwork explaining the envisioned paradigm shift to the intended audience of practitioners who seek better outcomes for their patients. The book is replete with stories, applications, and case studies, written in easily understandable language. The provided applications have considerable utility for the practitioner. These are templates for practitioner–patient dialog. They include specific questions, often open-ended and always nudging toward the desired synthesis. The “Taxi Driver” application is foundational, highlighting the fact that where you are headed is relevant, not where you are coming from. Stories provide a meta commentary illustrating key ideas, often borrowing from a wider context, sometimes examples from very different fields, our favorite being “Lessons From the Bamboo”. The case studies are in third person and intended to provide a perspective, connecting applications with patients, while taking care that the patient is never objectified and a disease is not the long-term focus, fitting with the overall paradigm of positive psychiatry.

While the paradigm and procedures are described in earlier chapters, the true spirit of positive psychiatry is captured by the chapter titled “Recovery-Oriented Approach”. The possibility of recovery is first introduced to the practitioner while making her or him aware that it goes well beyond symptom relief and must include leading a meaningful life. This foundational paradigm shift is captured by a key sentence and highly resonates with our philosophy: *“One important recovery-oriented practice involves structuring the ethos and culture of mental health services around the premise that persons who experience mental illness can indeed recover.”*

The final chapter includes FAQs, an essential companion to the applications provided throughout the book. The FAQs handle exceptions to scripted applications and often link back to the subject matter. What we particularly appreciated in this chapter is the emphasis on pragmatics rather than on high philosophy. For example, regarding a question on the role of diagnostics in positive psychiatry, the authors write that “The role of diagnostics is important, but diagnostics should not only be about problems, symptoms, disorders, and what is wrong in the patient’s life, but also about their strengths, resources, and what is going well.” We also applaud the authors’ list of “What if” questions from the perspective of patients as well as treating clinicians. One rarely encounters a book with such varied scenarios accompanied by appropriate “how to” responses. This reflects on the authors’ decades of thoughtful clinical experience and expertise.

We have long held the view that psychiatry is defined by the skill set possessed by mental healthcare providers (Jeste et al., 2015). These skills are shaped by expectations of outcomes held by psychiatrists and other practitioners. Pessimism on outcomes by a practitioner will certainly limit what can be achieved for the patients. The efficacy of psychosocial factors in enhancing patient well-being, including alleviation of today's greatest challenges such as obesity and hypertension, to promote health and longevity is well acknowledged (Diener & Chan, 2011; Schutte, Palanisamy, & McFarlane, 2016; Wiley, Bei, Bower, & Stanton, 2017). By shifting the focus away from disease and by inviting the patient to envision a desirable future, we can set up a gradual but positive trajectory for the outcomes reinforced by focusing on health and biology and refined over the course of the treatment. This promotion of positive psychosocial factors like resilience, optimism, social-engagement, and wisdom is the essential skill defining positive psychiatry.

This is indeed a timely book, and we are delighted and honored to write this Foreword. We congratulate the authors on having done an outstanding job in packaging a subject matter that we share as the core of psychiatry practice and research. It is our belief that positive psychiatry and a focus on wellness can produce lasting results, augmented by psychopharmacology and various other treatments. We also hope that this approach replaces less effective and limiting approaches. Since the days of William James, an educator and the father of American psychology, not only has psychiatry come a long way, but at many points, reset the direction of the field. This book defines a critical time point in the evolution of psychiatry.

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Introduction

From what's wrong to what's strong

Applying positive psychiatry in our daily practice – in times where we see standardized treatments and confection instead of customization – requires two paradigm changes as well as a culture change, and we are convinced it will undoubtedly enhance the quality and effectiveness of our treatments. With this book, we invite you to apply positive psychiatry to not only repair the worst, but also to create the best in your patients, your colleagues, and yourself. In doing so, we have high hopes that positive psychiatry may become a firm element of the psychiatry of the future.

Paradigm Changes

Until recently (mental) healthcare concentrated on reducing (psycho)pathology. Treatment providers focused primarily on treating diseases and were not, or virtually not, knowledgeable about promoting well-being. They were not used to looking beyond the imperfections of life. Fortunately, today we see two paradigm changes.

The *first paradigm change* places people at the center stage, instead of the disease. Mental healthcare should no longer be the place where only problems and disorders are discussed and treated, but also be the place where the focus is on what works in the lives of our patients, where their competences and resilience are discovered and developed, where positive emotions are strengthened, and where hope, gratitude, and optimism are nourished.

If we want to flourish and if we want to have well-being, we must indeed minimize our misery; but in addition, we must have positive emotion, meaning, accomplishment and positive relationships. The skills and exercises that build these are entirely different from the skills that minimize our suffering. Seligman, cofounder of the positive psychology movement (2011, p. 53).

Today, competence-based work is integral in (mental) healthcare. It is a methodology that seeks to match the existing competences of patients, focusing on the discovery and expansion of their skills. *Competence* means patients have sufficient skills to be able to perform their daily tasks in an adequate manner. Basic principles of the competence model are to:

- connect with the strengths of patients and encourage them in the realization of their goals;
- listen to their needs, wishes, limitations, and norms – and take these seriously; and
- focus on creating new opportunities.

The *second paradigm change* is the addition of the synthesis paradigm to the analysis paradigm. In the philosophy of science, we can discern two ways of understanding the world and our lives: the analysis paradigm and the synthesis paradigm.

The reductionistic medical model (the analysis paradigm) can be complemented with the functional solution-focused approach (the synthesis paradigm), which involves designing an outcome that was not there before. This outcome is about our patients' new and better life. You can compare working from the medical model to the work of an archaeologist and working from the solution-focused approach to the work of an architect.

Symptom reduction does not work well when the complexity of a system increases, as is the case in a number of mental health issues; well-being is the result of a very large number of factors with interdependent interactions, which cannot be achieved purely by analyzing the individual parts.

In sum: A system is a whole that cannot be understood by analysis only. We also need the synthesis paradigm to be able to use the best of both worlds. We describe both paradigm changes in more detail in Chapter 1.

For Whom Is This Book Written?

Increasingly more psychiatrists and other practitioners working with psychiatric patients and the patients themselves are discovering the possibilities of employing a (more) positive focus. This focus is shaped by positive psychology, with an emphasis on patients' strengths; by the solution-focused approach, with an emphasis on their preferred futures and what works in their lives; and by the recovery-oriented approach, aimed at maximizing (remaining) possibilities.

This is the first book in which the analysis paradigm (the medical model) in psychiatry is supplemented by the synthesis paradigm (the solution-focused approach). It is also the first book where we address not only the *what*, but also the *how* of positive psychiatry, which led us to title this book *Practicing Positive Psychiatry*.

It is intended for all practitioners who are dissatisfied with the one-sided focus on psychopathology and would like to focus (more) on competences, possibilities, and what works in the lives of their patients. It is also aimed at all practitioners who wish to expand their repertoire of therapeutic techniques and wish to collaborate optimally with their patients. They will discover an approach that can significantly increase patient motivation and cocreate preferred outcomes as well as finding pathways to achieve this.

In addition to a description of positive mental healthcare and positive psychiatry, this book describes 41 applications; a list of the applications is included at the end of the book. Chapter 6 includes 31 frequently asked questions. We do not pretend to have all the right answers, but we hope you will find them useful. The 22 stories and 21 cases illustrate how positive psychiatry can be employed and how the use of a positive focus may make our work better, faster, lighter, and, yes, more fun. Not only for our patients, but also for ourselves.

Psychiatrist: After focusing nearly 20 years on everything that is wrong in the lives of my patients and in the organization, this approach feels like a breath of fresh air.

We think our field is ready to embrace positive psychiatry. Are you as well?

*Fredrike Bannink, clinical psychologist and lawyer
Frenk Peeters, psychiatrist and psychotherapist*

Chapter 1

Two Paradigm Changes

Ask not what disease the person has, but rather what person the disease has.

William Osler

In this chapter we describe two recent paradigm changes, which are not only found in (mental) healthcare, but also in education, organizations, and society as a whole. Let us start by explaining what exactly we mean by *paradigm*.

The term *paradigm* refers to models and theories within a scientific discipline that form the framework of that which is being analyzed and described. We no longer consciously perceive paradigms that have been longer in existence: They are self-evident from what we have learned, by adherence to professional guidelines, and by our way of working together.

Science philosopher Kuhn suggests successive paradigms are mutually equivalent: Variances – or inferiority – of paradigms do not exist; they are only different. Kuhn is particularly known for his book *The Structure of Scientific Revolutions* (1962), in which he describes that science is not always a gradual evolution; paradigm shifts sometimes create abrupt dramatic changes. The Internet is an example of a technological development that resulted in a rapid, dramatic paradigm change. After each change in paradigm, the world looks incomparably different. Perhaps the greatest barrier to a paradigm shift is the reality of *paradigm paralysis*: the inability or refusal to see beyond the current models of thinking.

Story 1. Paradigm Paralysis

New paradigms tend to be most dramatic in sciences that appear to be stable and mature, as in physics at the end of the 19th century. As an example, physicist Kelvin claimed: “There is nothing new to be discovered in physics now. All that remains is more and more precise measurement.”

Five years later, Einstein published his paper on special relativity, which challenged the set of rules that had been used to describe force and motion for over 200 years.

In the first paradigm change in healthcare that we propose people take center stage, not the disease. The concept of *positive health* is an innovative concept that is derived from a renewed and general characterization of health that aims to solve the limitations of the current World Health Organization (WHO) definition of health (Huber et al., 2011; 2016). The resulting positive (mental) healthcare is described by Delleman (2009), Bannink (2009), Bannink and Jansen (2017), and Bannink and Peeters (2018). This positive view on health may lead to significant innovations and subsequent cost savings in healthcare.

The second paradigm change in healthcare adds *synthesis* (the functional model) to regular *analysis* (the medical model). The synthesis paradigm is especially useful when problems or diseases are complex and rapidly changing.

Finally, in this chapter we describe – and more extensively in Chapter 5 – how positive psychiatry may well become a crucial element of the psychiatry of the future, and what this means for practitioners, medical specialists, their training, and the organizations in which they work.