

Seeds that bloom on stony ground – Concept paper of the future perspectives of the unexploited capacities of positive clinical psychology in Hungary

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Positive psychology has fully examined the flourishing among healthy people but neglected to understand how “optimal human functioning” can apply to the life experiences of a vulnerable person. Considering methodological issues, this article gives a brief overview on how the conceptualization of mental health and mental disorders affects the consideration of strengths along with the presence of dysfunction with the emergence of positive psychology. First, we summarize the shortcomings of the applicability of clinical positive psychology, focusing especially on Hungarian clinical practice. Second, we discuss the problems with the conceptualization of mental health in positive psychological framework. Third, we propose a model, the Maintainable Positive Mental Health Theory based on capacities and competences. Finally, we conclude with methodological questions and present a research protocol. The key finding of our review is that the opportunity exists for psychiatrists and psychologists to embrace disability as part of human experiences and to show how people with vulnerabilities can be supported to recover.

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APPROACH FROM VULNERABILITY TO ABILITY

Since the history of psychology and before that of medicine and psychiatry, mental disorders have been conceptualized in a pathological approach. In addition to the forerunners of positive psychology (Adler, Maslow, Rogers, and Csíkszentmihályi), multiple factors and events coalesced since the second half of the 20th century that opened gates for people with vulnerabilities to break free from the discrimination, stigma and stereotypes that limited their autonomy, self-determination and their chance of recovery. It has been only in the past two decades since that positive psychology has emerged that conceptualizations of mental disorders allowed for consideration of strengths along with the presence of dysfunction (Dunn & Dougherty, 2005; Seligman & Peterson, 2003; Wood & Tarrier, 2010).

The mission of the psychological trend of the new millennium (Csíkszentmihályi & Seligman, 2000) is to counterbalance the dominating psychopathological focus. Positive psychology often defines itself as the science of happiness and human strengths (Carr, 2013). It has fully examined the flourishing among healthy people but neglected to understand how “optimal human functioning” can apply to the life experiences of a vulnerable person (Wehmeyer, 2021), such as a person with mental disorder or a neurodivergent person.

Several challenges hinder the progress of applying positive psychology in disability contexts, ranging from the siloed nature of academic and clinical disciplines to limited funding for research in this area (Wehmeyer, 2021). In case of mental disorders, the approach that focuses on pathology does not realize that damage and vulnerability can also be associated with certain strengths, which the person either already had, or developed to overcome their difficulties (e.g. resilience). It was confirmed by a recent systematic review (Chakhssi et al., 2018) involving thirty studies and a total of 1864 patients with clinical disorders. The study indicated that positive psychological interventions (PPIs) showed significant, small effect size for well-being (Hedges' $g=0.24$) and depression ($g=0.23$) and moderate for anxiety ($g=0.36$) compared to control conditions. Effect sizes for stress and for the follow-up (8–12 weeks) were not significant. Quality of the studies was

low to moderate. The study summarized that more high-quality research is warranted as to determine the effectiveness of PPIs in clinical samples.

Needless to say, post-traumatic growth and resilience are well-known aspects, but they are rather neglected in the clinic practice. Furthermore, the controlling approach and the perception and treatment of the patient in an incompetent status remain in different type of mental health care facilities. For example, if more attention is paid to strengths during rehabilitation, it will have an impact on the stigma associated with mental illness (Dubreucq et al., 2022) and, ultimately, on the severity of the symptoms of the illnesses. Sartorius' (1978) emblematic examination must be mentioned here which indicated that the clinical diagnosis on initial evaluation appeared to be a good predictor of subsequent symptomatology. A recent study showed (Dubreucq et al., 2022) that stigma resistance is associated with advanced stages of personal recovery in serious mental illness patients. Challenging stigma through activism was associated with fewer depressive symptoms (Marcussen et al., 2021).

THE STATE OF KNOWLEDGE AND PRACTICE OF POSITIVE CLINICAL PSYCHOLOGY IN HUNGARY

Hungarian clinical psychology also has shortcoming in treating patient with an integrated and equally weighted focus on both positive and negative functioning. To the best of our knowledge, no previous study has focused on the application of positive clinical psychology in Hungary. One study (Chang et al., 2017) sought to examine the role of positive psychological processes in suicide risk, although not in clinical setting but among Hungarian college students. Despite the underutilization of positive clinical psychology, fortunately, the investigation of stigma and shame began under the leadership of Vizin and Szócs (see e.g. Szócs et al., 2022). In one of their studies (Szócs et al., 2021), they found that higher stigmatization can contribute to a decrease in psychological well-being with the mediating role of shame. Taking together, a responsible overarching obstacle to progress in the field of recovery may be that notions of mental vulnerability in society in general, and in psychology and related disciplines continue to remain mired in pathology-based conceptualizations.

PROBLEMS WITH THE CONCEPTUALIZATION OF MENTAL HEALTH IN POSITIVE PSYCHOLOGICAL FRAMEWORK

One responsible reason maybe that despite the fact that the field of research examining well-being and mental health has gained more and more space in recent years, it must face consistency problems (Linton et al., 2016; Proctor et al., 2009; Warren & Donaldson, 2017). Measuring well-being and mental health have proven to be a complex task (van de Weijer et al., 2018). The question of precisely defining well-being remains largely unanswered (Dodge et al., 2012) resulting in vague and overly broad definitions (Forgeard et al., 2011). It is therefore not always clear what kind of constructs denote similar concepts (e.g.: well-being, subjective well-being, mental well-being, mental health, happiness) (van de Weijer et al., 2018). As a result, the well-being and mental health models cannot be clearly separated from each other based on their own explained variance. However, due to the growing interest in measuring mental health and well-being, there is a growing need to clarify what these models and their measuring instruments measure and how to interpret the obtained data in order to make valid and correct measurements (Dodge et al., 2012). All of this is especially true if we want to accurately understand flourishing among vulnerable people in addition to the healthy people examined so far.

Zábó, Oláh and Vargha (in preparation) conducted a systematic search, thematic analysis, and narrative synthesis on positive psychological well-being and mental health measurement tools to date. The positive psychological assessments measures (PPAMs) were selected that are developed to adults (≥ 18 years), are generally applicable (i.e. not disease- or context-specific) and are available in an English version. They concluded, that measurement tools of positive mental health (Bech et al., 1996; Diener et al., 2009; Lamers et al., 2011; Huppert & So, 2013; Butler & Kern, 2016; Lukat et al., 2016; Oláh et al., 2020) to date have been focusing primarily on the components of well-being, without taking into account all the aspects of mental health referred to in the World Health Organization (WHO) definition and in classical theories of mental health. The WHO defines mental health as “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social

roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium” (Galderisi et al., 2015). Consequently, the measurement of mental health should go beyond the operationalizations that define this concept with observable characteristics of well-being or with characteristics listed as the mirror opposite of mental disorders.

A NEW COMPETENCY AND CAPACITY-BASED MENTAL HEALTH MODEL

We argue that the clarification of the concept of well-being, the theoretical and empirical analysis of the relationship between well-being and mental health, and the rehabilitation of classical interpretations of mental health can lead to an integrative concept of the positive realm of mental health. Such a concept would treat all theoretically and empirically identified components of well-being as a set of symptoms of mental health, reflecting the presence and proper functioning of the psychological abilities necessary to ensure and maintain positive mental health.

The concept of Maintainable Positive Mental Health Theory (MPMHT, Zábó et al., 2022) emphasizes that mental health is a function of individual capacities (resilience, creative and executive competencies) by means of which the individual can work up an equilibrium with the outside world, promoting his/her development, creating a steady state for within-person functioning (self-regulation), and an equilibrium of positive and negative emotions (coping, savoring). The existence and efficient functioning of these elements may lead to the global well-being, a multifaceted component of positive mental health. Summarizing, in our suggested definition mental health is a high level of global well-being which goes together with psychological, social, and spiritual well-functioning, resilience, efficient creative and executive functioning, coping and savoring capacities, all pillars insuring the maintainability of mental health. According to this new model, the level of well-being depends on the presence or absence of the abilities and psychological resources necessary to ensure positive mental health, and the ability to exploit these abilities. The self-reported, 17-item Mental Health Test (MHT, Zábó et al., 2022) designed for adults can provide a comprehensive picture of mental health in terms of MPMHT. One of the key promising benefits of MPMHT is that there are competencies behind the

different components of mental health. This result implies that these competences could be trained, improved, and strengthened by their nature.

The concept of MPMHT goes parallel with the goal of positive psychology that it does not aim to replace traditional psychology but rather to complement it (Duckworth et al., 2005). The application of this approach in clinical practice would have many positive benefits because it contributes to the treatment of the patient with an integrated and equally weighted focus on both positive and negative functioning.

TWO-FACTOR DEFINITION OF MENTAL HEALTH AND MENTAL DISORDERS

Keyes' (2007) Complete Mental Health Model harps on the differentiation and interrelation of the measurable symptoms of these two functions. The mental health dimension representing the presence or absence of mental health, and mental illness dimension representing the presence or absence of mental illness are two separate, but somewhat dependent ($r=0.53$, Keyes, 2007) factors. This two-continuum model of mental health (Keyes, 2002) is based on the basic premise of health psychology, that health (mental health) is not the same as the absence of illness (mental illness), and nor is the absence of mental health the same as the state of mental illness. Therefore, it is worth considering mental health as a complete state that includes not only the absence of mental illness, but also the presence of mental health (Keyes, 2005). Keyes' (2005) research indicated that the quality of mental health differs not only in the functioning of mentally healthy adults, but also in the psychological functioning of those with mental illness.

Individuals with a high level of mental health but with a diagnosis of mental illness function better (e.g., fewer missed days of work) than those with moderate mental health with a similar mental illness status. On the other hand, the latter group has healthier personality functioning than people diagnosed with a mental illness in a state of languishing mental health (Keyes, 2005, Keyes et al., 2012). The results of the model have been replicated in American adolescents (12–18-year-olds, Keyes, 2006), Dutch adults (Westerhof & Keyes, 2010) and South African adults (Keyes et al., 2008). Several other research – using other measuring instruments – ended up to a similar conclusion and confirmed the validity of the two-dimensional concept (Compton et al., 1996; Greenspoon & Saklofske, 2001; Headey et al., 1993; Masse et al., 1998; Suldo & Shaffer, 2008).

FUTURE PERSPECTIVES OF THE CONCEPTUALIZATION AND OF THE ASSESSMENT OF POSITIVE MENTAL HEALTH

If we conceptualize mental health in terms of continuums, should we think reductively, in categories? Based on all above, the question is rational, that where is the border / limit of mental illness?/whether we can draw an exact line between mental illnesses and healthy mental status. In fact, it appears in Diagnostic and Statistical Manual of Mental Disorders (DSM), that a mental phenomenon becomes an illness when it causes a blockage in a person's life. This could be logically linked to the assessment of functioning on a spectrum by the Global Assessment of Functioning (GAF, Aas, 2010) in the DSM-IV, which could be expanded by the approach of the Maintainable Positive Mental Health Theory (Zábó et al., 2022).

With the development of research methodology, new statistical measurement procedures offer practical implications for measuring mental health. Llewellyn and Klooster (2022) argue that psychometrics evaluation of PPAMs has shown that various instruments produce inconsistent factor structures between groups / contexts / times frames, thus their predictive validity is questionable. Although there are sound theoretical arguments as to how the three profiles of Keyes' model should and could be estimated (Keyes, 2002, 2007), reducing the factor structure to languishing, moderately mentally healthy and flourishing with a confirmatory factor analytic approach, poses various analytical challenges (Masyn, 2013). We must go beyond the previous reductive operationalizations of mental health and an exploratory, non-variable-centric approach is required to empirically investigate the presence of different mental health profiles. Latent profile analysis (LPA) is a promising alternative to overcome some of these barriers (van Zyl et al., 2020; Oberski, 2016) by focusing on determining patterns of shared variance. In other words, this method aims to identify homogenous subgroups of individuals that pose similar or unique attributes, which is practically different from other subgroups (Berlin et al., 2014; Oberski, 2016).

To the best of our knowledge, no results have been produced on a Hungarian sample that examined the relationship between mental health and mental illnesses? in the two-continuum design to date, and the original foreign study is also based on data collected in 1995. Supplemented with some novelties, the approach examining the (non)linear

relationship between the two continuums can allow for the examination of the range of the five pillars of positive mental health according to the MPMHT with different severity levels of mental disorders. Considering the approaches opened by new statistical analyses, like LPA, it would be worthwhile to analyze profiles of flourishing individuals? that include both healthy and dysfunctional functioning and do not treat them in two separate dimensions.

RESEARCH PROTOCOL OF AN ONGOING STUDY

In our ongoing research (<https://osf.io/uth6w>; ethical permission number: IV/2423- 3 /2022/EKU) we aim to validate the operationalization of the MPMHT, the Mental Health Test on a clinical sample. In addition, we would like to verify the two-continuum mental health model on a clinical and a non-clinical sample in the light of the MPMHT. Our further goal is to examine the interrelation between positive mental health and mental disorder in various groups of mental disorder at different severity level in the framework of MPMHT. Moreover, we would like to calculate and compare the prevalence of the diagnostic categories of the Complete Mental Health Model in the light of MPMHT. Finally, we aim to discover mental health profiles and its correlates on a Hungarian sample.

The results will enable a more accurate approach to the treatment of people living with mental disorders, because it will turn out which aspects of mental health should be supported at different levels of severity of different mental disorders. Adaptive intervention methods based on these findings are recommended to be used in the areas of counseling, individual and group therapy, couple therapy, family therapy, school psychology and career counseling in addition to clinical practice. Our results are expected to be useful from the point of view of overall societal mental health, as they help to protect mental health and maintain psychological well-being both on an individual and community level. Furthermore, they can be creating and strengthening opportunities for all layers of Hungarian society.

CONCLUSION

The conclusion of our review is that the opportunity exists for psychiatrists and psychologists to embrace disability as part of the continuum of human experiences and to show how people with vulnerabilities can be supported to recover.

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LIST OF ABBREVIATIONS

ANCOVA: analysis of variance
CFA: confirmatory factor analysis
DSM: Diagnostic and Statistical Manual of Mental Disorders
EFA: exploratory factor analysis
GAF: Global Assessment of Functioning
LPA: latent profile analysis
MPMHT: Maintainable Positive Mental Health Theory
MHT: Mental Health Test
PPAM: positive psychological assessments measure
PPI: positive psychological intervention
WHO: World Health Organization

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Kövek közt is virágzó mag – Összefoglaló a pozitív klinikai pszichológia kihasználatlan magyarországi kapacitásainak jövőbeli perspektíváiról

A pozitív pszichológia már alaposan megvizsgálta sine morbo populáción a virágzó mentális egészség jellemzőit, viszont elmulasztotta annak a megértését, hogy a diszfunkcióval élő személy élettapasztalatai között milyen lehetőségek rejlenek a pozitív mentális egészség működésre. Jelen tanulmány a módszertan adottságaiból eredő limitációkat figyelembe véve egy rövid áttekintést nyújt arról, hogy a pozitív pszichológia megjelenésével a mentális egészség és a mentális zavarok konceptualizálása hogyan befolyásolta a diszfunkciók mellett jelen lévő erősségek értelmezését. Először összefoglaljuk az eddig alkalmazott klinikai pozitív pszichológia hiányosságait, különös tekintettel a hazai klinikai gyakorlatra. Ezután áttekintjük a mentális egészség konceptualizációjának problémáit. Megoldásképp bemutatunk egy új, kapacitásokon és kompetenciákon alapuló modellt, a Fenntartható Pozitív Mentális Egészség Elméletet. A módszertani kérdések után egy kutatási protokollt ismertetésével zárunk. Áttekintésünk kulcsfontosságú megállapítása az, hogy a pszichiáterek és pszichológusok számára lehetőség van arra, hogy a sebezhetőséget az emberi tapasztalatok részeként kezeljék, és megmutassák, hogyan lehet segíteni a diszfunkciókkal élő személyek felépülésében.

Kulcsszavak: mentális egészség, mentális zavar, Fenntartható Pozitív Mentális Egészség Elmélet, pozitív pszichológia, pozitív pszichológiai mérőeszközök, klinikai pozitív pszichológia