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Editorial

Bridging Positive and Negative Aspects of Human Functioning: Shifting the Agenda of Clinical Psychology

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EDITORIAL

Anxiety and depression are two of the most common mental disorders in the general population. During 2010, major depressive and anxiety disorders were,respectively,the second and the sixth leading cause of disability in terms of total years lost [1,2]. The World HealthOrganization estimates that, between 1990 and 2013, the number of people suffering from depression and/or anxiety increased from 416 million to 615 million worldwide [3]. In general, depression and anxiety disorders are chronic and disabling conditions, impairing health and quality of life of individuals. They cause significant disruption in daily living, and are associated with increased economic costs due to reduced productivity and high health service use. This call for more studies on factors that predict negative emotions, to effectively prevent and treat psychopathology, to improve individuals' health-related quality of life, and also to lower health care use and costs.

During XX century, psychologists have focused on illness more than health. Using a similar method than that used by Myers [4], a literature search of *Psychological Abstracts* from 1887 to 1999 and from 2000 to 2015 was conducted to identify studies on negative and positive emotions. From 1887 to 1999, this search yielded 53,149 articles on anxiety, 58,665 on depression, and 8,222 on anger, but only 3,148 on life satisfaction, 3.127 on happiness, and 1.218 on joy. Considering this period of time, articles examining negative states outnumbered those examining positive states by a ratio of 16:1. From 2000 to 2015, the literature search yielded 93,994 articles on anxiety, 125,205 on depression, and 14,686 on anger, and 10,005 on life satisfaction, 7,538 on happiness, and 2,488 on joy. Although the ratio of negative/positive emotions studies has become about 11.5, there is still a greater scientific emphasis on the negative side of human functioning.

The seminal work of Marie Jahoda contributed to question the disease model by stating that the absence of disease, although necessary, was not sufficient for defining positive mental health [5]. Indeed, the study of weaknesses and vulnerabilities led to important progress in understanding the etiology of mental disorder, and treating psychopathology. But a question arises as to whether, in dealing with mental illness, an approach based on "building-what's-strong" may integrate one based on "fixing-what's-wrong" [6]. For decades, the main focus of clinical psychologists has been on the assessment and understanding of distress and dysfunctions, and the development of treatment interventions that led to symptom reduction. This perspective stems from a narrow view of the human experience [7]. Troubled persons care about experiencing more positive emotions, not just relieving a symptom. Removing the suffering does not lead to automatically experience positive states [6]. In fact, even when traditional psychological treatment reduces negative emotions, individuals continue to have a substantial residual symptomatology, which lead to further distress and dysfunction [8].Moreover, the main task of clinical researchers and clinicians is not only to reduce psychological distress, but also to promote psychological well-being [7]. Having adopted a disease model, clinical psychology and - to a more extent - psychiatry have restricted their own research area to a narrow definition of health and well-being, based solely on the absence of dysfunction and distress [6-7].

Only in the mid-1980s a different mode of thinking emerged in social sciences. Instead of asking about shortcomings of individuals that led to disease, some social scientists began to focus on the potentials of individuals, namely the positive features such as human strengths and virtues that make life worth living [9]. Beside the studies focused on the negative predictors of disease outcomes, such as depression and anxiety, clinical psychology has expanded to include the positive factors that may lead to health outcomes. In particular, the assessment of positive functioning has been assimilated into ongoing clinical interventions as a means of expanding the assessment of treatment outcomes [7]. Studies have shown that the absence of positive psychological resources (e.g., quality of life, psychological well-being, parental emotional support, tenacity and flexibility) is a risk factor for depression [10-15]. Instead, the presence of positive functioning (e.g., optimism, environmental mastery, optimal sleeping, gratitude, positive social comparison) is a protective factor for depression or anxiety to the extent that it inhibits negative experience [16-22].

According to the salutogenic perspective [23,24], health and disease should be viewed as a continuum, in which health is an adaptive state for the person at one hand, and disease a maladaptive state at the other hand, namely a movement away from health. Many studies demonstrated the efficacy of positive psychology interventions – based on hope, life review, human strengths, well-being, forgiveness, patience, and humor – not only to promote well-being but also to reduce anxiety and depression symptom levels, both in clinical groups and in the general population [25-35]. For example, individuals in the positive psychotherapy condition showed greater reduction of depressive symptoms and higher rates of complete remission of depressive symptomatology than did responders in the treatment-as-usual and treatment-as-usual plus antidepressant medication conditions. These studies suggested that positive interventions facilitate the transition along the continuum from illness to well-being. Therefore, clinical psychology can benefit from this perspective, in so far as positive interventions are emerging as potentially valuable aspects of an effective clinical research and practice.

In sum, integrating positive and clinical psychology is a necessary step to focus the attention of research and interventions on a more balanced and theoretically rich view of human experience [36-38]. A number of existing positive psychology interventions show potential to decrease psychological distress and enhance positive aspects of individuals' life. Not only the absence of well-being creates conditionsof vulnerability to illness, but understanding and intervening on positive factors can lead to reduce psychological distress. In fact, developing human strengths and bringing about positive beliefs, feelings and behaviors promote psychological well-being and, in turn, alleviate symptoms of anxiety and depression [39,40]. Therefore, the inclusion of measures of positive functioning in ongoing clinical research and practice are beneficial for health and well-being of individuals.

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