Positive psychiatry: An introduction

How enhancing positive psychosocial factors can promote patient well-being and health

Historically, psychology and psychiatry have mostly focused on negative emotions and pathological states. However, during the last few decades, new developments in both disciplines have created novel vistas for a more comprehensive understanding of human behavior. These developments have taken on the names of positive psychology and positive psychiatry, respectively. Positive psychiatry is the science and practice of psychiatry that focuses on psycho-bio-social study and promotion of well-being and health through enhancement of positive psychosocial factors (e.g., resilience, optimism, wisdom, social support) in people with illnesses or disabilities as well as in the community at large.

This new perspective is aimed at enhancing and enriching psychiatric practice and research rather than replacing our stated aim of providing reliable and valid diagnostic categories along with effective therapeutic interventions.

In this issue of Current Psychiatry, we introduce a new type of article series, Trending Topics. The inaugural series consists of 4 articles that demonstrate the growth of the field of positive psychiatry and its more recent developments. The 4 parts of this series will be published in consecutive issues.

In Part 1 (page 17), Boardman et al describe positive psychiatry tools to enhance clinical practice through positive interventions in several categories: adopting a positive orientation, harnessing strengths, mobilizing values, cultivating social connections, and optimizing health habits. The authors show how positive psychiatry aims to create a balance between pathogenesis (the study and understanding of diseases) and salutogenesis (the study and creation of health).

In Part 2, Rettew discusses applying positive psychiatry principles and practices when working with children, adolescents, and their...
families. The author demonstrates how the principles and practices associated with positive psychiatry represent a natural and highly needed extension of the traditional work within child and adolescent psychiatry, and not a radical transformation of thought or effort. Rettew provides a case example in which he compares traditional and positive psychiatry approaches.

In Part 3, Oughli et al describe resilience in older adults with late-life depression, its clinical and neurocognitive correlates, and associated neurobiological and immunological biomarkers. The authors also narrate resilience-building interventions such as mind-body therapies, which have been reported to enhance resilience through promoting positive perceptions of various experiences and challenges. Evidence suggests that stress reduction, decreased inflammation, and improved emotional regulation may have direct neuroplastic effects on the brain, resulting in greater resilience.

Finally, in Part 4, Hamid Peseschkian summarizes the ideas and practices of positive psychotherapy (PPT) as practiced in Germany since its introduction by Nossrat Peseschkian in 1977. Based on a resource-oriented conception of human beings, PPT combines humanistic, systemic, psychodynamic, and cognitive-behavioral aspects. This short-term method can be readily understood by patients from diverse cultures and social backgrounds.

Taken together, these articles present recent advances in positive psychiatry, especially from an intervention perspective. This is a timely development in view of the evidence of rising global rates of suicide, substance use, anxiety, depression, and perceived stress. By uniting a positive perspective, along with studying its neurobiological underpinnings, and taking a life-long approach, we can now apply these innovations to children, young adults, and older adults, thus providing clinicians with tools to enhance well-being and promote mental health in people with and without mental or physical illnesses.

References