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Positive Psychology and Hope as Means to Recovery from Mental Illness

Jinhee Park
Roy K. Chen

Abstract -- *The field of psychiatric rehabilitation has seen a paradigm shift in its perceptions of symptom reduction, recovery, and restoration of personal-growth and -development. Recovery is subjective in nature, as no two individuals achieve identical rehabilitation outcomes; the process is dynamic and influenced by an array of personal and environmental factors, all of which can facilitate a deeply personal, unique progression that changes one's attitudes, values, feelings, goals, skills, and roles. The concept of positive psychology is relevant to the perception from mental illness. Positive psychology seeks to understand what makes life worth living and encourages the use of mental strengths that reside in every human to confront challenges and create meaningful life experiences. Among the constructs of positive psychology, hope is one the most important concerning recovery, as it is directly tied to whether one believes that one's recovery is feasible. Having a sense of hope can enhance one's motivation to engage in the recovery process. The application of positive psychology, especially the concept of hope and recovery-oriented interventions in real-life rehabilitation settings can enormously benefit the well-being of people with mental illness.*

Keywords: *psychiatric rehabilitation, positive psychology, recovery, hope*

In the United States, improving mental health treatment has been an important issue. In a national face-to-face diagnostic survey of 9,282 English-speaking Americans 18 years of age and older, researchers found that 26% of respondents had been diagnosed with either a single or comorbid category of mental illness (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). In fact, only about 41% of people with mental illness received any type of treatment in the past 12 months, according to the National Comorbidity Survey Replication (Wang, Lane, Olfson, Pincus, Wells, & Kessler, 2005). Mental illness left untreated can have lingering adverse effects on many aspects of a person's life. Studies using the Rehabilitation Services Administration 911 data sets have shown that only 25% of people with psychotic disorders and 28% of those with affective disorders achieved competitive employment between 2005 and 2007 (Salzer, Baron, Brusilovskiy, Lawer, & Mandell, 2011). The combination of sluggish global economic growth and poor rehabilitation outcomes has made many with mental illness feel hopeless about their prospects for recovery, and as a consequence they have become pessimistic about their futures.

In recent decades, the concept of recovery has evolved markedly in the field of psychiatric rehabilitation. Previously, rehabilitation professionals emphasized reducing clinical symptoms and restoring normal functional abilities, but they now increasingly value personal growth and development (Schrank & Slade, 2007). The concept of recovery originated in the 1970s as the independent living movement took hold within the disability communities, especially for persons with physical disabilities (Anthony, 1993). The rise of disability rights and demands for self-determination gave people with mental illness hope that they could live independently in their community despite having an existing psychiatric disability and functional limitations (Farkas, 2007). Rehabilitation professionals and their clients share a goal in that they seek a recovery characterized not only by normal functionality, but also a reclaimed control over one's life. This philosophy is critical to restoring a sense of normalcy, serendipity, and transcendence during the course of an individual's personal journey in life (Deegan, 1996).

The concept of positive psychology in the field of psychology has emerged, parallel to the concept of recovery in psychiatric rehabilitation (Anthony, Rogers, &

Farkas, 2003; Farkas, 2007). Positive psychology, which draws on a host of strengths from an individual's positive traits, experiences, personal growth, accomplishments, quality of life, and happiness, is believed to be beneficial to the process of recovery mental illness (Seligman & Csikszentmihalyi, 2000). In particular, hope is considered an indispensable factor in facilitating recovery for this population (Perry, Taylor, & Shaw, 2007). Hope is a future-oriented attitude (Martz, 2004) that motivates someone with mental illness to overcome his or her negative symptoms by redefining the personal sense of purpose and meaning in life. Hope, therefore, is seen as a quintessential prerequisite for recovery (Schrank, Hayward, Stanghellini, & Davidson, 2011). The purpose of this paper is to provide a succinct overview of the concepts of recovery and positive psychology currently espoused in the field of psychiatric rehabilitation. The paper aims to help rehabilitation professionals and researchers understand the promising potential and impact that positive psychology, and especially hope, can have on the process of recovery from mental illnesses. Furthermore, it provides suggestions for ways to apply these concepts in rehabilitation settings and recommends directions for future research.

The Concept of Recovery in Contemporary Psychiatric Rehabilitation Practice

The development of the concept of recovery dates back to the 1960s and 1970s (Anthony, 1993; Young & Ensing, 1999). In response to the conventional approach to treating mental illness, which was characterized by confinement to psychiatric facilities, largely ineffective, and hence oft-criticized, the proponents of the deinstitutionalization movement pushed for more humane interventions in which this population could receive much needed services and support within a community setting. The Community Support Programs placed strong emphasis of the importance of providing more comprehensive community-based services (Corrigan, Mueser, Bond, Drake, & Solomon, 2008; Young & Ensing, 1999). The early vision of recovery in psychiatric rehabilitation, however, tended to focus more on symptom alleviation and a return to the levels of functionality a client experienced before the onset of the illness (Young & Ensing, 1999). Recovery research in the context of traditional mental health rehabilitation has largely focused on attaining quantifiable objectives and producing concrete outcomes such as reduced hospitalization or symptom remission through medication or rehabilitation techniques (Lehman & Steinwachs, 1998). Although these criteria are frequently used to measure a successful recovery process, recovery itself is a rather complex and multifaceted undertaking that cannot always be explicated by simple, predetermined objectives and tangible factors. Some rehabilitation researchers and those who have recovered from mental illness have both voiced their concerns over how best to conceptualize a new meaning for *recovery* (Young & Ensing, 1999). To them, recovery is a subjective and dynamic process that involves various personal and environmental

variables, and should therefore be seen from a more holistic perspective (Mancini, Hardiman, & Lawson, 2005).

Anthony (1993) defined recovery as:

“... a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness” (p. 527).

Simply put, recovery is the paramount goal of people with mental illness (Deegan, 1988; 1996). Likewise, Spaniol, Koehler, and Hutchinson (1994) also stated recovery as “a process of developing or rebuilding personal, social, environmental aspects of one's life as well as confront the devastating effects of stigma through empowerment” (p. 1). During the recovery process, people with mental illnesses strive to achieve such meaningful goals as securing employment, finding housing, attending school, developing supportive social networks, adjusting to disabilities, overcoming stigmas, and rejuvenating their sense of well-being (Anthony 1993; Mancini et al., 2005). Therefore, a person's recovery process should be understood through the lens of one's unique personal experiences, rather than as a benchmark based on factors important to others (Mancini et al., 2005).

Recovery-oriented principles are reflected in the provision of rehabilitation counseling services (Anthony & Mizock, 2014). For instance, the first-person accounts (i.e., people with mental illnesses are respected as a person rather than being considered as a patient or an illness), empowerment and self-determination in the recovery process (Farkas, 2007; Young & Ensing, 1999) are some examples of key tenets incorporated into the process of rehabilitation counseling. By focusing on these values, rehabilitation professionals can help their clients take control of their own lives despite existing functional limitations and challenges, and hence be able to lead meaningful lives (Anthony & Mizock, 2014).

There is an abundant call in the rehabilitation literature for rehabilitation professionals to be more receptive to subjective variables that actually contribute to recovery from mental illness. These variables include hope for change, social support and connection, quality of life, self-esteem, development of self-awareness and insight, empowerment, satisfaction, and well-being (Anthony et al., 2003; Jacobson & Greenley, 2001; Mancini, Hardiman, & Lawson, 2005). Because these recovery-promoting factors facilitate change and growth, they should be implemented and evaluated when rehabilitation professionals deliver evidence-based rehabilitation services (Anthony & Mizock, 2014; Solomon & Stanhope, 2004).

Positive Psychology

Treating all people, regardless of the presence of a severe disability, with respect, dignity, worthiness and encouragement embodies the core spirit of the rehabilitation profession (Wright, 1972, 1983 as cited in Chou, Chan, Chan, Phillips, Ditchman, & Kaseroff, 2013). Rather than concentrating on the deficits that a person with a disability might have, or seeing a disability as the central aspect of the individual, the constructivist views of lives of people with disabilities focus on the positive values and assets that people with disabilities possess, and they are regarded as active participants in their own lives (Wright, 1980). Such a shift of emphasis to human strengths in rehabilitation characterizes the positive psychology movement (Chou et al., 2013; Dunn & Dougherty, 2005).

In the mental health field of post-World War II America, a disease model for treatment proliferated, particularly in the assessment, diagnosis, and treatment of mental illness (Duckworth, Steen, & Seligman, 2005; Seligman & Csikszentmihalyi, 2000). With much of the research devoted to studying of negative impacts of illness, such as pathology, deficits, limitations, damage, and the search for solutions to cure or relieve symptoms, rehabilitation professionals inadvertently overlooked the promising potential of alternative prevention and treatment modalities. These modalities include treatments that incorporate positive emotions, lucid insights, personal strengths and cogent reasoning (Seligman & Csikszentmihalyi, 2000). Adapted from the eclecticism of the humanistic psychology theorists and researchers such as Maslow, Menninger, Wright, and Bandura (Chan & Chronister, 2009), in 1998 Seligman advanced the concept of positive psychology, which is a scientific study of positive emotions, positive character traits, and positive institutions (Seligman, Steen, Park, & Peterson, 2005).

Positive psychology aims to broaden the understanding of psychology from correcting the faulty beliefs of many individuals that they suffer from the most unfortunate circumstances to instilling in them positive qualities through actualization and transcendence. Positive psychology stresses human strengths and virtues (Sheldon & King, 2001) and maximizes human functioning with the purpose of discovering and promoting factors that would allow individuals, communities, and societies to thrive and flourish (Sheldon, Frederickson, Rathunde, Csikszentmihalyi, & Haidt, 2000).

Positive psychology addresses three levels of human experience: the subjective, individual, and group or societal (Seligman & Csikszentmihalyi, 2000). On the subjective level, an individual finds personal inner strength via regulating one's subjective positive emotions and cognition, such as well-being, satisfaction, joy, pleasure, happiness, hope, and optimism. In the rehabilitation process, clients' subjective appraisals of their own emotional and mental strengths can play a productive role in helping regain stability and tranquility after traumatic events or the onset of disability (Dunn & Dougherty, 2005; Elliott,

Kurylo, & Rivera, 2002). The individual level emphasizes positive personal traits, including the capacity to love and work, personal courage, interpersonal skills, aesthetic sensibilities, perseverance, forgiveness, originality, future-mindedness, spirituality, high talent, and wisdom. These individual traits are closely tied to human strengths that rehabilitation professionals must help their clients identify when they receive rehabilitation services to maximize the clients' recovery process (Dunn & Dougherty, 2005; Gillham & Seligman, 1999). On the group or societal level, institutions foster civic virtues that can move individuals toward better citizenship. Such virtues include responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Compton, 2005; Seligman & Csikszentmihalyi, 2000).

The core concept of positive psychology and the philosophy of rehabilitation counseling share important values. Such similarities make the integration of positive psychology into rehabilitation services highly feasible and pragmatic (Chou et al., 2013; Dunn & Dougherty, 2005). Interventions that promote psychosocial adjustment are vital to enhance recovery and rehabilitation outcomes, especially for people with mental illness (Chou & Chronister, 2012; Kramers-Olen, 2014). The versatility of positive psychology is therefore relevant to facilitating the process of recovery from mental illness. Positive psychology seeks to understand what factors lead people to believe that life is worth living and what strengths encourage individuals to confront challenges and to create meaningful life experiences (Seligman, 2002). Likewise, recovery is the process of helping people with mental illnesses to search for productive and meaningful lives through activities of their own choosing (Resnick & Rosenheck, 2006). For people with mental illness, recovery and positive psychology both focus on enhancing what is good in one's life rather than what is bad, and these two concepts therefore share the goal of improving the quality of life (Resnick & Rosenheck, 2006).

The progression of positive psychology is evidenced by its gradual de-emphasizing of the study of mental and emotional pathologies (Seligman & Csikszentmihalyi, 2000). Although considerable research has involved only people without severe mental illness, that is, those with mild or moderate disorders such as depression and anxiety (Slade, 2010), Resnick and Rosenheck (2006) stated that severe mental illness is not a synonym for cognitive deficits, weakness, and damage, and that the use of positive psychology to overcome adversity would benefit people both with and without mental illness. Thus, positive psychology can be a useful framework for providing recovery-oriented rehabilitation services to people with mental illness (Resnick & Rosenheck, 2006).

To gain acceptance by rehabilitation professionals, appropriate intervention strategies could be utilized to develop, promote, and evaluate the key constructs of positive psychology. Suggested current research relevant to these positive psychology constructs includes studies on psychological well-being (Sin & Lyubomirsky, 2009), human strengths and virtues (Peterson & Seligman, 2004), flour-

ishing and resilience (Ryff & Singer, 2003), coping (Stanton, Parsa, & Austenfeld, 2005), authentic happiness (Seligman, 2002), optimism (Peterson, 2000), and hope (Snyder, 2002). In particular, hope is one of the most significant concepts for people with mental illness, since it is directly connected to an individual's belief that recovery is feasible. Having a sense of hope enhances one's motivation to engage in one's own recovery process with enthusiasm and optimism (Andresen et al., 2003; Jacobson & Greenley, 2001; Mancini et al., 2005; Schrank & Slade, 2007; Young & Ensing, 1999). The following section will provide a more detail review of this construct.

Hope

Hope plays a crucial role in the recovery process of people with mental illness. Hope not only initiates an individual's recovery process but also sustains it (Schrank & Slade, 2007). Understanding how people with mental illness remain hopeful when facing difficult circumstances, and how rehabilitation professionals can best instill positive and hopeful input to their clients might be keys to facilitating effective rehabilitation services (Ruscinova, 1999). Although those with mental illness and rehabilitation professionals are both in agreement on this concept's important implications for rehabilitation outcomes, there has been scant attention paid to examining the impact of hope in the recovery process (Schrank et al., 2011).

Researchers have postulated conceptually distinctive variants of hope. Dufault and Martocchio (1985) referred to hope as an expectation that one can achieve a future goal, which is realistic as well as personally significant. Such researchers have classified hope into two categories: generalized and particularized. Generalized hope is the expectation that something is beneficial, but it is not linked to any concrete goals and it will occur in the near future, while particularized hope is related to valued outcomes or goals (Dufault & Martocchio, 1985).

Snyder, Irving, and Anderson (1991) defined hope as "a positive motivational state based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (p. 287). More precisely, hope has three interrelated components: goals, pathway thoughts, and agency thoughts (Snyder, 2002). A goal could be an outcome or target that an individual wants to achieve eventually (Snyder, 2002). The individual with high-hope thinking tends to specify his or her goals clearly (Snyder, Lehman, Kluck, & Monsson, 2006). There are two types of goals: approach goals and avoidance goals. Approach goals include targets that one wishes to achieve. In contrast, avoidance goals represent an individual's attempts to prevent undesirable outcomes (Snyder et al., 2006). Pathways-thinking is related to an individual's belief that he or she can construct mental routes or pathways that will lead to desired goals (Snyder et al., 2006). Snyder (2002) posited that people with high hope are more flexible when it comes to generating their own pathways to achieving goals, and can switch to alternatives if previously held goals turn out to be ineffective and unattainable. Lastly,

agency thought refers to an individual's motivation or cognitive effort to use a selected pathway to pursue a goal (Snyder et al., 2006). The belief that a chosen pathway will work when it enables an individual to function as an active agent in pursuing certain objectives underlies agency thinking (Snyder et al., 2006).

Hope theory can effectively be infused into clinical practices within rehabilitation settings. Hope can facilitate goal-directed thinking as it is well aligned with the cognitive process. Such a way of thinking can further enhance an individual's active participation in a rehabilitation plan or in the development of coping strategies (Snyder et al., 2006). Ultimately, people with high hope are more likely to have positive thoughts and expectations for the future, and to have a sense that they can achieve their desired outcome (Snyder et al., 1991). Thus, hope will help people with mental illness boost positive emotions and maintain constructive behaviors (Snyder et al., 2006).

Past research examined the effects of hope on mental health. For example, a number of studies have found that higher levels of hope are related to lowered distress, depression, and anxiety (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Chang & DeSimone, 2001; Lecci, Karoly, Briggs, & Kuhn, 1994). In addition, recent studies have also provided evidence of a relationship between hope and recovery among people with mental illness. In a study of 74 participants enrolled in supported employment, Waynor, Gao, Dolce, Haytas, and Reilly (2012) assessed this relationship and found that higher hope was related to fewer symptoms, and hopelessness was related to symptom severity. In a study of 248 Australian mental health workers in private and public sectors, participants reported having improved their skills and knowledge for working patients as they were made aware the relationships between levels of hope and stages of recovery (Copic, Deane, Crowe, & Oades, 2011). There seems to be a significant relationship among the levels of hope, stages of recovery, meaning, and personal confidence. In addition, Lysaker, Campbell, and Johannesen (2005) examined the relationships among hope, illness awareness, and coping mechanisms among people with schizophrenia spectrum disorders. The authors found a statistically significant relationship between high levels of hope and insight about illness. Moreover, participants with clear insight preferred to use positive adaptive coping strategies. In contrast, participants with vague insight and low levels of hope seemed to adopt more negative adaptive coping strategies. In summary, these studies suggest that hope could play a significant role in the journey to recovery for people with mental illness. Yet, more research evidence is still needed to confirm the importance of hope in the recovery process.

Implications for Rehabilitation Practice

Rehabilitation counseling plays a crucial role in the recovery process of helping people with mental illness achieve meaningful goals, such as employment and independent living. The strength-based philosophy of positive psychology is ideally suited for the rehabilitation practice

(Chou et al., 2013), especially when providing recovery-oriented services for clients with mental illness. In the following section, this paper will suggest several ways to enhance the outcomes of recovery-oriented, strengths-based, and hope-inspiring rehabilitation approaches when working with people with mental illness.

Utilization of Measures

An accurate understanding of the client's hopefulness and recovery status can furnish valuable information about the prospect of rehabilitation (Coduti & Schoen, 2014); such objectives can be achieved through scientifically sound measures to explore these constructs. The Trait Hope Scale (Snyder, Harris, et al., 1991) is a reliable and valid measure of hope, specifically designed to assess agency thought (e.g., "I meet the goals that I set for myself") and pathways thinking (e.g., "I can think of many ways to get out of a jam"). The range of scores on this scale helps rehabilitation professionals determine what interventions would be suitable for client to build the skills necessary for attaining their goals (Coduti & Schoen, 2014). For instance, rehabilitation professionals could consider using motivational interviewing as a treatment option if a client with mental illness has had low scores on agency thinking, which indicates a lack of motivation. Such assessments can lead to identifying routes to reach the client's goals (Schrank, Hayward, Stanghellini, & Davidson, 2011). The Recovery Assessment Scale-short (RAS-short; Corrigan, Salzer, Ralph, Sangster, & Keck, 2004) is another widely used instrument; it examines five aspects of recovery: (1) personal confidence and hope (e.g., "I am hopeful about my future"), (2) willingness to ask for help (e.g., "I ask for help when I need it"), (3) goal and success orientation (e.g., "I have goals in life I want to achieve"), (4) reliance on others (e.g., "I have people I can count on"), and (5) no domination by symptoms (e.g., "coping with my mental illness is no longer the main focus of my life"). RSA-short provides valuable information about the status of the client's recovery process and suggests what additional supports and resources might be provided to promote his or her recovery and positive rehabilitation outcomes.

The Application of Positive Psychology Interventions

Humans by nature have an ingrained proclivity to pursue happiness in life, but dealing with a life-altering event such as acquiring a disability or developing a chronic illness can cause some people feel pessimistic about their futures. Positive psychology interventions are a promising evidence-based approach that helps rehabilitation clients cope with their disabilities and negative emotions (Duckworth et al., 2005). Positive psychology interventions call for exploration of positive emotions, engagement with inner personal strengths, and search for new life meanings, rather than for negative symptoms (Seligman, Rashid, & Parks, 2006). Research has demonstrated the effective-

ness of positive psychology interventions. Sin and Lyubomirsky (2009) conducted meta-analysis on the topic, and its results showed that positive psychology interventions were effective in helping clients alleviate depressive symptoms and in boosting their physical well-being. Using a group-based positive psychotherapy program to treat students with mild and moderate depression, Seligman and his colleagues (2006) found that participants had significantly decreased depressive symptoms compared with a control group.

Given the effectiveness of positive psychology interventions for mild and moderate depression, some positive psychology intervention strategies might be equally applicable to the recovery process for people with severe mental illness. Such intervention strategies include: identifying signature strengths (e.g., thinking about inner and outer strengths and discussing situations in which these strengths helped previously); gratitude and forgiveness exercises (e.g., writing thankfulness and forgiveness letters); instilling hope and practicing optimistic thinking (e.g., writing negative thoughts, feelings, and events that make pessimistic or frustrated, and find an alternative, and realistic way to change the situation more positive and optimistic [Seligman, 1991]); planning pleasurable and satisfying activities, and replaying positive experiences (Seligman et al., 2006). Applying these activities could sometimes seem challenging in rehabilitation settings, because rehabilitation professionals often must devote an enormous amount of time to deliver a host of diverse services to address the immediate needs of clients with mental illness, many of whom face difficult living situations (Chou et al., 2013). Nevertheless, rehabilitation professionals are encouraged to implement a strength-focused and hope-inspiring approach to help people with mental illness improve their psychological and physical well-being and actively participate in their own rehabilitation plans (Chou et al., 2013). Rather than using these positive psychology activities as a single treatment strategy, rehabilitation professionals could combine them with other kinds of rehabilitation services. For example, rehabilitation professionals could embolden clients with mental illnesses to look on the happy and positive aspects of life when they feel frustrated with setbacks while receiving rehabilitation services (e.g., job placement service). One example of this is the "Three Good Things", in which clients with mental illness are encouraged to write down three good things that happened today or this week (Slade, 2010).

Hope-Inspiring Interventions

To facilitate the strength-based approach, rehabilitation professionals can infuse hope theory into their service delivery so that clients with mental illness might increase hopeful thinking and goal-pursuit activities (Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Schrank et al., 2011). Utilizing hope-inspiring strategies to counseling may assist the clients to enhance their belief that they have a capacity to find successful means of achieving

desired life goals (Snyder, Ilardi, Michael, & Cheavens, 2000). Rehabilitation professionals can show clients with mental illness how to recognize concrete and specific goals that are important and meaningful to themselves. They can also suggest multiple pathways to accomplish the goals, identify sources of motivation to follow the pathways, and monitor progress and modify their goals and pathways if necessary (Cheavens et al., 2006). More specifically, following example activities could be utilized in the hope inspiring rehabilitation counseling process: asking clients to make a list of goals and choose a goal that is more valued (Snyder et al., 2006); breaking a goal into several more manageable and easily attained sub-goals if the initial goal identified is difficult to obtain (Snyder et al., 2000); generating a visual scenario of supposed future paths that can lead to desired goals (Snyder et al., 2006); developing plans of action to achieve goals and explore pros and cons of each plan; identifying barriers to goal progress and figure out best solutions (MacLeod, Coates, & Hetherington, 2008); teaching positive self-talk (i.e., positive self-supportive dialogue with "I think I can" or "I am capable of this" statements) that can enable clients to assess their competencies more realistically (Cheavens et al., 2006; Snyder et al., 2006). These hope inspiring approaches are both useful and practical strategies, since goal setting is an important aspect within rehabilitation counseling discipline (Coduti & Schoen, 2014).

Recovery-Oriented Service Approach

Seeing the vast potential benefits afford people with mental illnesses, rehabilitation professionals and mental health clinicians have begun implementing evidenced-based interventions when treating their clients. Spaniol, Koehler, and Hutchinson (2009) introduced a "recovery workbook" program to help people with severe mental illnesses achieve successful recovery. This intervention program incorporates such strategies as increasing recovery awareness and illness knowledge and control, heightening awareness of the importance and nature of stress, enhancing personal meaning and purposes, building personal support networks, and developing goals and plans (Spaniol et al., 2009). Through the intercession of positive psychology, people with mental illnesses are taught to rely on their inner strengths thus empowering themselves by taking responsibility for decision on their recoveries and lives (Barbic, Krupa, & Armstrong, 2009). Barbic et al. (2009) used a randomized controlled trial to examine the effectiveness of the Spaniol et al.'s "recovery workbook" intervention program. Their findings showed that the program was effective in raising the sense of hope, empowerment and recovery among people with severe mental illnesses.

Spaniol et al.'s intervention program can be easily and effectively implemented in the rehabilitation setting (Barbic et al., 2009). Researchers have pointed out strategies utilized in this program, for instance, increased awareness of illness and symptom management, learning how to

deal with stress, developing coping techniques, and building and maintaining social support. These intervention strategies are closely related to successfully achieving rehabilitation outcomes, such as independent living and employment (Dunn, Wewiorski, & Rogers, 2010; Henry & Lucca, 2004). Moreover, clients with mental illnesses in many cases might not have clear picture of their own journey to recovery, and therefore they might need additional support and clarification to define their own "recovery" (Spaniol et al., 2009). In this sense, "recovery workbook" intervention could be provided to clients with mental illnesses as an additional training option during the early phase of rehabilitation process, either in individual sessions or group sessions format (Spaniol et al., 2009).

Developing Positive Attitudes and Supportive Relationships

The importance of the role that rehabilitation professionals play in guiding their clients with mental illnesses in the recovery process cannot be overstated. How rehabilitation professionals view clients with mental illnesses can have a substantial impact on treatment outcomes and client quality of life (Gray, 2002; Sartorius, 2002). When rehabilitation professionals hold positive views of potential recovery, they inspire hope in their clients and empower them to actively participate in the recovery process (Sowers, 2005). Hope, derived from positive and supportive experiences with others, such as family members, friends, and rehabilitation professionals, can help people with mental illnesses concentrate more on confidence building, personal strengths, and new opportunities for change (Ruscinova, 1999).

Yet, not all rehabilitation professionals harbor positive attitudes toward people with mental illnesses; in fact, many are pessimistic about the odds of full recovery (Sowers, 2005). These negative feelings, laden with hopelessness and helplessness, as well as invalidation of people with mental illnesses, could inadvertently morph into problematic obstacles that hinder treatment (Ruscinova, 1999). The pernicious effects of rehabilitation professionals' negative emotions can lead clients to internalize their feelings of hopelessness and helplessness and, hence become stuck in an abyss of despair and pessimism. Current and future rehabilitation professionals must therefore carefully guard their own prejudice and biases towards people with mental illnesses. Additionally, workshops, educational courses, and training programs emphasizing hope should be offered to prepare these professionals to work in the rehabilitation field.

Moreover, Ruscinova (1999) discusses in great detail the importance of rehabilitation professionals' conveying feelings of hope for recovery. In other words, effective rehabilitation professionals must develop hope-inspiring competencies and skills, such as enhancing open-minded attitudes and expectations for positive outcomes and future for people with mental illnesses, dealing with uncertainties that arise from the impacts of existing symptoms, possess-

Conclusion

ing motivations to help clients with mental illnesses achieve successful recoveries, and being knowledgeable about available resources and hope-inspiring strategies to facilitate recoveries. Imparting accurate information about available resources can prevent clients from developing false hope and setting unrealistic rehabilitation goals (Russinova, 1999).

Suggestions for Future Research

Although research on the concept of positive psychology for people with mental illness has been growing and much research has been done of recovery oriented approach, more efforts should be made to effectively implement these concepts in rehabilitation settings. This section provides several suggestions for future research in the rehabilitation field.

First of all, this paper discusses several intervention strategies utilizing positive psychology model, hope theory, and a recovery-oriented intervention such as "recovery workbook" program. Intervention related studies should be conducted to identify the efficacy and effectiveness of strength-based, hope-inspiring, and recovery-oriented intervention strategies in rehabilitation process when serving clients with mental illnesses. Considering the paucity in the rehabilitation field of experimental or quasi-experimental studies (Saunders, Leahy, McGlynn, & Estrada-Hernandez, 2006), findings and results accumulated from more intervention studies will provide justification for the need to develop or modify interventions that directly apply the concept of recovery or positive psychology for people with mental illnesses in the rehabilitation settings. Series of these intervention studies will provide support for evidence-based practice for people with mental illnesses to enhance successful rehabilitation outcomes (Chou & Chronister, 2012). In addition, studies regarding the effects of rehabilitation professionals' positive views about their clients' recovery and high hope on the clients' rehabilitation outcomes could be beneficial as well. Future research examining the effectiveness of professionals training on enhancing their attitudes and hopefulness toward rehabilitation clients' recovery would provide valuable information of the need for applying such type of training for professional development.

Second, although much research has embraced recovery as a legitimate outcome measure, future research needs to include the constructs of positive psychology, including hope, as important variables and examine the impact of these constructs on the recovery of people with mental illnesses. In addition, studying positive traits and hope of people with mental illnesses in different phases of rehabilitation process could lead to a better understanding of the mediating and moderating roles of these constructs play in the various intervention stages.

Lastly, given the fact that it would be difficult to measure subjective constructs of recovery, it is crucial to develop more comprehensive and validated measures specific to the people with mental illnesses in rehabilitation settings.

This paper provides an overview of the concept of positive psychology, especially focusing on hope in the recovery process for people with mental illness. The concept of recovery in the psychiatric rehabilitation field has evolved from a focus on symptom reduction and restoration of normal functioning to an emphasis on personal growth and development. The interpretation of recovery can be quite subjective, as it is a dynamic process that is heavily influenced by both personal and environmental factors. The concept of positive psychology is parallel to the concept of recovery among people with mental illnesses, which can be effectively applied when providing rehabilitation services. Positive psychology centers on the understanding of what makes people believe life is worth living and comprehending how they confront challenges and adversity to create unique meaningful life experiences. Simply put, hope is an influential variable in the recovery process, which is directly connected to an individual's belief that recovery from mental illnesses is possible. Application of positive psychology and recovery-oriented interventions in the real-life rehabilitation situations can certainly benefit people from mental illnesses. Further research is hence needed to examine the efficacy and effectiveness of these interventions for this population within rehabilitation settings.

References

- Anderson, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: Towards an empirically validated stage model. *Australian and New Zealand Journal of Psychiatry*, 37(5), 586-594. doi:10.1046/j.1440-1614.2003.01234.x
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11-23.
- Anthony, W. A., & Mizock, L. (2014). Evidence-based processes in an era of recovery: Implications for rehabilitation counseling and research. *Rehabilitation Counseling Bulletin*, 57(4), 219-227. doi: 10.1177/0034355213507979
- Anthony, W., Rogers, E. S., & Farkas, M. (2003). Research on evidence-based practices: Future directions in an era of recovery. *Community Mental Health Journal*, 39(2), 101-114.
- Arnau, R., Rosen, D., Finch, J., Rhudy, J., & Fortunato, V. (2007). Longitudinal effects of hope on anxiety and depression: A latent variable analysis. *Journal of Personality*, 75(1), 43-64. doi: 10.1111/j.1467-6494.2006.00432.x
- Barbic, S., Krupa, T., & Armstrong, I. (2009). A randomized controlled trial of the effectiveness of a modified Recovery Workbook program: Preliminary findings. *Psychiatric Services*, 60(4), 491-497. doi: 10.1176/appi.ps.60.4.491
- Chan, F., & Chronister, J. A. (2009). *Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation*. New York, NY: Springer Publishing Company.
- Chang, E. C., & DeSimone, S. L. (2001). The influence of hope on appraisals, coping, and dysphoria: A test of hope theory. *Journal of Social and Clinical Psychology*, 20(2), 117-129. doi: 10.1521/jscp.20.2.117.22262
- Cheavens, J. S., Feldman, D. B., Gum, A., Michael, S. T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research*, 77(1), 61-78.
- Chou, C. C., Chan, F., Chan, J. Y. C., Phillips, B., Ditchman, N., & Kaseroff, A. (2013). Positive psychology theory, research, and

- practice: A primer for rehabilitation counseling professionals. *Rehabilitation Research, Policy, and Education*, 27(3), 131-153.
- Chou, C. C., & Chronister, J. A. (2012). Social tie characteristics and psychiatric rehabilitation outcomes among adults with serious mental illness. *Rehabilitation Counseling Bulletin*, 55(2), 92-102. doi: 10.1177/0034355211413139
- Coduti, W. A., & Schoen, B. (2014). Hope model: A method of goal attainment with rehabilitation services clients. *Journal of Rehabilitation*, 80(2), 30-40.
- Compton, W. C. (2005). *Introduction to positive psychology*. Belmont, CA: Thomson Wadsworth.
- Copic, V., Deane, F. P., Crowe, T. P., & Oades, L. G. (2011). Hope, meaning and responsibility across stages of recovery for individuals living with an enduring mental illness. *Australian Journal of Rehabilitation Counseling*, 17(2), 61-73.
- Corrigan, P. W., Mueser, K. T., Bond, G. R., Drake, R. E., & Solomon, O. (2008). *Principles and practice of psychiatric rehabilitation: An empirical approach*. New York, NY: Guilford Press.
- Corrigan, P. W., Salzer, M., Ralph, R. O., Sangster, Y., & Keck, L. (2004). Examining the factor structure of the Recovery Assessment Scale. *Schizophrenia Bulletin*, 30(4), 1035-1041.
- Deegan, P. E. (1996). Recovery as a journey of the heart. *Psychosocial Rehabilitation Journal*, 19(3), 91-97.
- Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4), 11-19.
- Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1, 629-651. doi: 10.1146/annurev.clinpsy.1.102803.144154
- Dufault, K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *Nursing Clinics of North America*, 20(2), 379-391.
- Dunn, D. S., & Dougherty, S. B. (2005). Prospects for a positive psychology of rehabilitation. *Rehabilitation Psychology*, 50(3), 305-311. doi: 10.1037/0090-5550.50.3.305
- Dunn, E. C., Wewiorski, N. J., & Rogers, E. S. (2010). A qualitative investigation of individual and contextual factors associated with vocational recovery among people with serious mental illness. *American Journal of Orthopsychiatry*, 80(2), 185-194.
- Elliott, T. R., Kurylo, M., & Rivera, P. (2002). Positive growth following acquired physical disability. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 687-699). New York: Oxford University Press.
- Farkas, M. (2007). The vision of recovery today: What it is and what it means for services. *World Psychiatry*, 6(2), 68-74.
- Gillham, J. E., & Seligman, M. E. P. (1999). Footsteps on the road to a positive psychology. *Behaviour Research and Therapy*, 37, S163-S173.
- Gray, A. J. (2002). Stigma in psychiatry. *Journal of the Royal Society of Medicine*, 95(2), 72-76.
- Henry, A. D., & Lucca, A. M. (2004). Facilitators and barriers to employment: The perspectives of people with psychiatric disabilities and employment service providers. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 22(3), 169-182.
- Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482-485. doi: 10.1176/appi.ps.52.4.482
- Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6), 617-627.
- Kramers-Olen, A. L. (2014). Psychosocial rehabilitation and chronic mental illness: International trends and South African issues. *South African Journal of Psychology*, 44(4), 498-513.
- Lecci, L., Karoly, P., Briggs, C., & Kuhn, K. (1994). Specificity and generality of motivational components in depression: A personal projects analysis. *Journal of Abnormal Psychology*, 103(2), 404-408.
- Lehman, A. F., & Steinwachs, D. M. (1998). Translating research into practice: The schizophrenia patient outcomes research team (PORT) treatment recommendations. *Schizophrenia Bulletin*, 24(1), 1-10.
- Lysaker, P. H., Campbell, K., & Johannesen, J. K. (2005). Hope, awareness of illness, and coping in schizophrenia spectrum disorders evidence of an interaction. *Journal of Nervous and Mental Disease*, 193(5), 287-292.
- MacLeod, A. K., Coates, E., & Hetherington, J. (2008). Increasing well-being through teaching goal-setting and planning skills: Results of a brief intervention. *Journal of Happiness Studies*, 9(2), 185-196. doi: 10.1007/s10902-007-9057-2
- Mancini, M. A., Hardiman, E. R., Lawson, H. A. (2005). Making sense of it all: Consumer providers' theories about factors facilitating and impeding recovery from psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 29(1), 48-55. doi: 10.2975/29.2005.48.55
- Martz, E. (2004). Do reactions of adaptation to disability influence the fluctuation of future time orientation among individuals with spinal cord injuries? *Rehabilitation Counseling Bulletin*, 47(2), 86-95. doi: 10.1177/00343552030470020301
- Perry, B. M., Taylor, D., & Shaw, S. K. (2007). "You've got to have a positive state of mind": An interpretative phenomenological analysis of hope and first episode psychosis. *Journal of Mental Health*, 16(6), 781-793. doi: 10.1080/09638230701496360
- Peterson, C. (2000). The future of optimism. *American Psychologist*, 55(1), 44-55. doi: 10.1037/0003-066X.55.1.44
- Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: American Psychological Association. New York, NY: Oxford University Press, USA.
- Resnick, S. G., & Rosenheck, R. A. (2006). Recovery and positive psychology: Parallel themes and potential synergies. *Psychiatric Services*, 57(1), 120-122. doi: 10.1176/appi.ps.57.1.120
- Russinova, Z. (1999). Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. *Journal of Rehabilitation*, 16(4), 50-57.
- Ryff, C. D., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 15-36). Washington, DC: American Psychological Association.
- Salzer, M. S., Baron, R. C., Brusilovskiy, E., Lawer, L. J., & Mandell, D. S. (2011). Access and outcomes for persons with psychotic and affective disorders receiving vocational rehabilitation services. *Psychiatric Services*, 62(7), 796-799.
- Sartorius, N. (2002). Iatrogenic stigma of mental illness. *British Medical Journal*, 324(7352), 1470-1471. doi: 10.1136/bmj.324.7352.1470
- Saunders, J. L., Leahy, M. J., McGlynn, C., & Estrada-Hernandez, N. (2006). Predictors of employment outcomes for persons with disabilities: An integrative review of potential evidenced-based factors. *Journal of Applied Rehabilitation Counseling*, 37(2), 3-20.
- Schrank, B., Hayward, M., Stanghellini, G., & Davidson, L. (2011). Hope in psychiatry. *Advances in Psychiatric Treatment*, 17(3), 227-235. doi: 10.1192/apt.bp.109.007286
- Schrank, B., & Slade, M. (2007). Recovery in psychiatry. *Psychiatric Bulletin*, 31(9), 321-325. doi: 10.1192/pb.bp.106.013425
- Seligman, M. E. (1991). *Learned optimism*. New York: Alfred A. Knopf.
- Seligman, M. E. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi: 10.1037/0003-066X.55.1.5
- Seligman, M. E., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774-788. doi: 10.1037/0003-066X.61.8.774
- Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410-421. doi: 10.1037/0003-066X.60.5.410

- Sheldon, K. M., Fredrickson, B., Rathunde, K., Csikszentmihalyi, M., & Haidt, J. (2000). Positive psychology manifesto. Retrieved from www.positivepsychology.org/akumalmanifesto.htm
- Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist*, 56(3), 216-217. doi: 10.1037/0003-066X.56.3.216
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology: In Session*, 65(5), 467-487.
- Slade, M. (2010). Mental illness and well-being: The central importance of positive psychology and recovery approaches. *BMC Health Services Research*, 10(1), 26-39. doi:10.1186/1472-6963-10-26
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249-275. doi: 10.1207/S15327965PLI1304_01
- Snyder, C. R., Harter, S., Michael, S., & Cheavens, J. (2000). Hope theory: Updating a common process for psychological change. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change: Psychotherapy processes and practices for the 21st century* (pp. 128-153). New York: Wiley.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570-585. doi: 10.1037/0022-3514.60.4.570
- Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. In D. R. Forsyth & C. R. Snyder (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285-305). Elmsford, NY: Pergamon Press.
- Snyder, C. R., Lehman, K. A., Kluck, B., & Monsson, Y. (2006). Hope for rehabilitation and vice versa. *Rehabilitation Psychology*, 51(2), 89-112. doi: 10.1037/0090-5550.51.2.89
- Solomon, P., & Stanhope, V. (2004). Recovery: Expanding the vision of evidence-based practice. *Brief Treatment and Crisis Intervention*, 4(4), 311-321.
- Sowers, W. (2005). Transforming systems of care: The American association of community psychiatrists guidelines for recovery oriented services. *Community Mental Health Journal*, 41(6), 757-774. doi: 10.1007/s10597-005-6433-4
- Spaniol, L., Koehler, M., & Hutchinson, D. (1994). *The recovery workbook: Practical coping and empowerment strategies for people with psychiatric disabilities*. Center for Psychiatric Rehabilitation, Boston University: College of Health and Rehabilitation Sciences.
- Stanton, A. L., Parsa, A., & Austenfeld, J. L. (2005). The adaptive potential of coping through emotional approach. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 148-158). New York: Oxford University Press.
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the national comorbidity survey replication. *Archives General Psychiatry*, 62(6), 629-640.
- Waynor, W. R., Gao, N., Dolce, J. N., Haytas, L. A., & Reilly, A. (2012). The relationship between hope and symptoms. *Psychiatric Rehabilitation Journal*, 35(4), 345-348. doi: 10.2975/35.4.2012.345.348
- Wright, B. A. (1972). Value-laden beliefs and principles for rehabilitation psychology. *Rehabilitation Psychology*, 19(1), 38-45. doi: 10.1037/h0090869
- Wright, B. A. (1980). Developing constructive views of life with a disability. *Rehabilitation Literature*, 41(11-12), 274-279.
- Wright, B. A. (1983). *Physical disability: A psychosocial approach* (2nd ed.). New York, NY: Harper & Row.
- Young, S. L., & Ensing, D. S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 22(3), 219-231. doi: 10.1037/h0095240

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