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The link between happiness and psychopathology

Why happiness?

Health is a dynamic “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. It is a basic human right, not seen as the final goal of human existence, but a resource for living a full life in society. Most of the scientific approaches adheres to the “disease model” of the mind, focusing on what makes human beings unhealthy. On the other hand, “Positive psychology” turned attention to qualities of optimal experience, including happiness¹. The pursuit of happiness has been considered an essential human right since antiquity and its importance is not a new concept in anthropological sciences. The pursuit of happiness has been confined as an object of philosophical investigation until the 50s of the last century. During those years an array of humanist scholars underwent empirical studies that emphasized happiness as an important issue within the concept of health, since it helps produce wellbeing that fits the WHO definition of health. Moreover, happiness is recognized as an important concern in global public policy. Given that the objective of governments is to improve people’s well-being, experts in education, development and economy stated that happiness, or related indices of wellbeing, might represent a more efficient and holistic indicator of quality of life and social progress than Gross Domestic Product (GDP). GDP relates just to the economic aspect of life; subjective well-being, in contrast, takes into account both economic and noneconomic concerns, including health, family, community and work. Although wealth and happiness were found to be correlated², the relation is not linear. Social inequality seems to lead to differences in quality of life and health more than income in itself. Depression is supposed to be the most disabling disease in the world in 2030, leading to higher rates of mortality and lost productivity per person. Turning the question on its head, might it be more useful to promote health by promoting happiness, instead of treating depression?

What is happiness?

Happiness can be defined as a fundamental lasting affect characterized by preponderance of positive over negative emotions and presence of life satisfaction, social engagement, and objectives in life. The concept encompasses three elements: evaluative, hedonic, and eudaimonic³. The first concerns wellbeing-life satisfaction. The hedonic aspect focuses on seeking positive feelings and avoidance of the negative ones. The eudaimonic feature is about having a sense of meaning and purpose in life. The pursuit of happiness guides human behavior and enhances the development of personal resources useful for living in harmony with the surrounding environment. Happier people show to have habits connected to close relationships, kindness, physical wellbeing, experience of “flow”, spiritual engagement, virtues and positive mindset¹. Among exponents of Positive psychology, Abraham Maslow¹ defined the “hierarchy of needs”, a hierarchical list of basic human needs that had to be fulfilled for maximum psychological health and for increasing life satisfac-

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tion. On the top of the pyramid there are morality, creativity, spontaneity, problem solving, lack of prejudice and acceptance of facts. Below those, he put needs connected to esteem, love, safety and survival. Martin Seligman¹⁴ postulated the stages of happiness: the pleasant life, the good life and the meaningful life. In the final stage, personal strengths and virtues are mobilized for a purpose much greater than the self. He classified, through cross-cultural studies, six virtues, that are wisdom, courage, humanity, justice, temperance and transcendence, and twenty-four human strengths which are the “route” through which individuals achieve virtues in their life. Ed Diener¹⁴ coined the expression “subjective well-being” (SWB) as the aspect of happiness that can be empirically measured. The three major components of SWB are pleasurable and painful feelings (affective component) and life satisfaction (cognitive component). He argued for a strong genetic component to happiness. His researches found that social relationships are highly correlated with happiness, supporting the notion that unhappy people can raise their level significantly by closely interacting with good friends and family.

From “being happy” to “being healthy”

Scientific research confirmed that happiness is closely related with health⁵. This link is bidirectional: happier population show lower rates of chronic illnesses and live longer; at the same time, negative emotions and depression are frequent sequelae of these diseases^{6,7}. Happiness has been found to have both direct and indirect effect on the body, involving changes in the neuroendocrine, immune and cardiovascular systems^{6,7}. It is pretty obvious that “feeling good” promote positive emotions. There are several reasons that make happiness a good marker of mental health: above all, it concerns the affective domain of the psyche, especially the balance between positive and negative emotions. Positive emotions have been confirmed to increase prosocial outcomes and enhance affiliations⁸. Reduced amounts of negative emotions have also been associated with reduced risk for certain mental disorders like anxiety, depression and borderline personality disorder⁸. In fact, happier people

score lower on psychopathology scales⁴. Furthermore, happiness deals with some important factors for psychiatry, like the concepts of resources, resilience, and social network. Especially, it is conceivable that resilience may be fostered by the presence of lasting positive affects and, in turn, work as a protective factor against stressful life events. In this sense, it may explain the pathway to positive mental health outcomes. Unhappiness also leads to risky or maladaptive behaviors, as some studies found: people who feel unhappy tend to engage in smoking, high alcohol or drugs consumption or physical inactivity^{7,9}. Interpersonal violence might be another negative outcome: lower levels of happiness seems to be related to a lower self-control and to a propensity to physical and verbal aggression¹⁰. The relationship between violence and happiness appears to be relevant in terms of outcome, given the strong impact that violence has on world public health^{11,12}. Given all of the above, identifying “what makes happy people happy” instead of focusing on “what makes depressed people depressed” might be the next challenge for psychiatry. According to a bio-psychosocial model, determinants of subjective wellbeing include personal and environmental factors. Some studies invoke psychological features like personality, both the aspects of temperament and character such as self-direction^{6,13}. These features may mediate the relation between life events and response. Basic human values could be involved in this link as well, having individualistic and collectivist values a different impact¹⁴.

Conclusions

The science of happiness gives prominence to human strengths, leaving the “problem-based” focus in favor of the “resources-based” focus. Being happy may make an impact on mental and physical health through biopsychosocial mechanisms. Since a more holistic approach to promote health is desirable and possible, psychiatry may walk the pathway of promoting mental health through the promotion of happiness. As Seligman said, treatment is not just fixing what is broken; rather, it involves nurturing what is best within ourselves.

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