

Positive clinical psychology

Monica Guzman, Victoria Francis

Guzman M, Francis V. Positive clinical psychology. *J Clin Psychol Cogn Sci.* 2022; 6(4):32-34.

ABSTRACT

In all areas of study and practice, this review advocates for the establishment of Positive Clinical Psychology, which has an integrated and equally weighted focus on both positive and negative functioning. Pleasant traits (such as thankfulness, adaptability, and positive emotions) can predict disorder independently of the presence of negative characteristics, as well as cushion the impact of bad life events, thereby averting disorder. Increased research on these traits can help clinical psychologists quickly extend their knowledge base and use promising new therapies to cure disorder by enhancing the positive. Furthermore, positive and negative characteristics cannot be studied or changed in isolation because (a)

they interact to predict clinical outcomes, (b) characteristics are neither "positive" nor "negative," with outcomes based on the specific situation and concomitant goals and motivations, and (c) positive and negative well-being frequently exist on the same continuum. In response to criticisms of the Positive Psychology movement, we propose that clinical psychology evolve into a more integrative discipline, rather than studying positive functioning as a separate field of research. Conceptualizing well-being, creating deeper relationships with allied disciplines, rigorously analyzing innovative positive therapies, and contemplating a role for clinical psychologists in promoting well-being as well as treating are all on the research and practice agenda.

Key Words: *Psychology; Psychological distress; Clinical psychology*

INTRODUCTION

We propose the creation of a Positive Clinical Psychology in which clinical levels of distress are understood and treated with a balanced and equally weighted focus on the positive and negative aspects of life. Positive characteristics (1) can predict disorder beyond the predictive power of negative characteristics, (2) buffer the impact of negative life events on distress, potentially preventing the development of the disorder, (3) can be promoted in non-clinical populations to promote resilience, and (4) can be fostered to treat clinical disorders [1].

Previous positive psychology research (which has major implications for understanding suffering) and the now decade-old positive psychology movement are distinguished. Positive psychology research, we believe, may have the greatest impact on psychology's scientific knowledge base and be used to improve people's lives if it avoids becoming enmeshed in a movement and instead becomes fully integrated with mainstream disciplines' daily research and practice (so that positive functioning is included alongside negative functioning in research designs, and increasing the positive is as important a focus of therapy as decreasing the negative). Clinical psychology is in a unique position to both benefit from this integration and contribute to psychological science and practice as a vehicle for positive psychology research [2,3].

Clinical psychology has the infrastructure that the positive psychology movement needed, and it can achieve an integrated focus on both the positive and negative in a way that the positive psychology movement couldn't since it was solely focused on the good. By emphasising the positive, the positive psychology movement has made a significant contribution to psychology. However, if the movement's influence is to be sustained, the second wave of study and practice is required to address the movement's critics. Clinical psychology is well-positioned to implement the second wave, and we propose a specific strategy for doing so [4].

We base our decision on the excellent contributions to this special issue, which have highlighted the importance of positive emotions, positive affect, psychological flexibility, optimism, and gratitude in clinical psychology, as well as how positive functioning can be conceptualised, measured, and assessed. Such research is at the cutting edge of the study of positive functioning and clinical distress, and it provides a solid foundation for Positive Clinical Psychology. Positive Clinical Psychology, we suggest, has five major advantages. First, a more balanced research area with a better knowledge of clinical dysfunction and distress would be required. Second, the field would be able to foresee, explain, and conceptualise disorder to a greater extent. The lack of positive qualities has been demonstrated to be a strong predictor of distress, with longitudinal evidence suggesting that this association is causal [5].

Editorial Office, *Journal of Clinical Psychology and Cognitive Science*, Windsor, Berkshire, England

Correspondence: Monica Guzman, Editorial Office, *Journal of Clinical Psychology and Cognitive Science*, Windsor, Berkshire, England, e-mail clinicalpsychology@emedicalscience.com

Received: 05 July 2022, Manuscript No. *puljpcps-22-4769*; Editor assigned: 07 July 2022, PreQC No. *puljpcps-22-4769(PQ)*; Reviewed: 17 July 2022, QC No. *puljpcps-22-4769(Q)*; Revised: 19 July 2022, Manuscript No. *puljpcps-22-4769(R)*; Published: 26 July 2022, DOI: [10.37532/puljpcps.22.6\(4\).32-34](https://doi.org/10.37532/puljpcps.22.6(4).32-34)



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com

The goal of basic psychedelic research is to better understand mental functions and their connections to neural processes in the brain. Clinical research focuses on improving symptom measures in the treatment of diagnosed patients (e.g., the Clinician-Administered PTSD Scale (CAPS) in trauma patients or depression scores), with psychedelics and entactogens primarily expected to provide valuable pharmacological tools to augment psychotherapy. Pathologies thought to be generated by or linked with the usage of these substances, such as memory impairment, psychotic episodes, or substance use disorders, are largely studied in non-clinical populations. Clinical settings overseen by medical professionals and psychotherapists have been found to provide safe contexts for the administration of psychedelics and entactogens with just a small chance of serious side effects [6].

Recreational use of psychedelics and entactogens in the context of parties, festivals, rituals, or private houses, on the other hand, has long been seen as dangerous - not to mention the fact that using, possessing, or selling these substances is illegal in almost every country. There are few standardised and comparable reporting systems for drug-related occurrences and deaths in the world. Nonetheless, MDMA-related deaths are on the rise in a number of nations (ibid). Hyperthermia, dehydration, drug interactions, hyponatremia, and overdose are all common concerns linked with recreational MDMA use. The number of ecstasy-related deaths in the United States was believed to be around 50 per year in research completed before MDMA's increase in media popularity [7]. It is unknown how many people have died as a result of direct LSD poisoning. Anxiety and panic attacks, the emergence or exacerbation of the psychotic disease, and hallucinogenic persistence in perception abnormalities are all major dangers connected with the recreational use of traditional psychedelics. The toxicity of LSD, ayahuasca, psilocybin, and DMT is generally thought to be low. Several contemporary psychedelics have been connected to serious hospitalizations and fatalities as a result of the emergence of new psychoactive drugs like the NBOME compounds.

By critically examining the present research literature, we evaluate the hypothesis that psychedelics and entactogens may provide acute and long-term favourable consequences in healthy mental functioning in both clinical and healthy populations. We looked at how beneficial effects were conceptualised and empirically measured in this research, as well as their methodological flaws. Up to November 1st, 2017, an exhaustive literature search and critical review was undertaken, which included publications. We looked for papers that used positive psychology principles in clinical and epidemiological research on psychedelics and entactogens in the electronic databases MEDLINE (PubMed), Cochrane Library, and PsycINFO. (1) Randomized controlled clinical and neurological research with transparency in addressing potential biases and rigour in reporting features were part of our procedure. (2) Cohort studies, case-control studies, cross-sectional studies, and follow-up studies were included in the observational field. Qualitative research, case reports, opinion papers, field studies, and therapy or pre-clinical trials that were not controlled and randomised, employed only pathological metrics (such symptom scales), or only screened for worsening were all eliminated from our procedure [8]. Acute mood and psychological well-being changes have been documented as a result of using traditional psychedelics like psilocybin, including altered brain responses to negative or frightening stimuli. Following LSD administration, there was a reduction in

frontolimbic neuronal activation as well as changed emotional processing of unpleasant or negative valenced stimuli. This is consistent with the theory that under the effect of MDMA, self-reported mood and self-esteem are influenced less by social rejection. Two weeks following LSD administration, neural markers of increased brain entropy as well as the sense of ego-dissolution were especially predictive of improvements in the personality characteristic openness [9]. The methods and study designs used in the studies discussed above differ significantly. More randomised controlled research with specific hypotheses is needed to further corroborate this preliminary data about the beneficial effects of serotonergic psychedelics and empathogens on healthy human functioning. Within-subject designs were utilised in the majority of reported investigations, perhaps because they are more resource-efficient. Many studies struggle to generalise their findings due to small sample sizes and the use of handy samples. The majority of the designs are correlational, making causal inferences impossible. The majority of study participants had prior exposure to psychedelic substances for ethical reasons, which further limits the generalizability of the findings. A greater number of the research reported very precise convenient samples, which included people who were well experienced [10].

CONCLUSION

Based on the findings of this study, we conclude that psychedelics and entactogens are 1) useful pharmacological instruments for assessing psychological states or behaviours that help researchers better understand brain function and mental processes. 2) The efficacy of psychedelics and entactogens in reducing pathological symptoms is linked to positive psychological measures, and 3) there is preliminary evidence that psychedelics and entactogens sustain and enhance healthy human functioning, including emotional responsiveness, cognitive and social abilities, and psychospiritual practises like mindfulness, for a portion of the population. However, due to selection biases in observational research, these findings cannot be extended to the entire population, and more longitudinal or controlled study designs are needed to thoroughly analyse the benefit-risk ratio to guide drug policy and regulations.

REFERENCES

1. Wood AM, Froh JJ, Geraghty AW. Gratitude and well-being: A review and theoretical intergration. *Clin Psychol Rev.* 2010; 30(7): 890-05
2. Wisco BE. Depressive cognition: Self-reference and depth of processing. *Clin Psychol Rev.* 2009; 29(4):382-92.
3. D. Watson et al. On the specificity of positive emotional dysfunction in psychopathology: Evidence from the mood and anxiety disorders and schizophrenia/schizotypy. *Clin Psychol Rev.* 2010; 30(7): 839-48.
4. Taylor PJ, Wood AM, Gooding P, et al. Are defeat and entrapment best defined as a single construct? *Personality and Individual Differences.* 2009; 47(7): 795-97.
5. Taylor PJ, Gooding PA, Wood AM, et al. Defeat and entrapment in schizophrenia: The relationship with suicidal ideation and positive psychotic symptoms. *Psychiatry Research.* 2010; 178(2): 244-48.
6. Rosen GM, Lilienfeld SO. Posttraumatic stress disorder: An empirical evaluation of core assumptions. *Clin Psychol Rev.* 2008; 28(5): 837-68.

7. Panagioti M, Gooding P, Tarrier N. Post-traumatic stress disorder and suicidal behavior: A narrative review. *Clinical Psychology Review*. 2009; 29(6): 471-82.
8. Maltby J, Wood AM, Day L, et al. Personality predictors of levels of forgiveness two and a half years after the transgression. *J Res Pers*. 2008; 42(4): 1088-94.
9. Kashdan TB, Uswatte G, Julian T. Gratitude and hedonic and eudaimonic well-being in Vietnam War veterans. *Behav Res Ther*. 2006; 44(2): 177-99
10. Kashdan TB, Rottenberg J. Psychological flexibility as a fundamental aspect of health. *Clin Psychol Rev*. 2010; 30(7): 865-78.