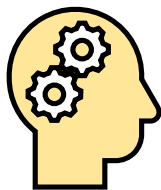




EXERCISE WORKBOOK



**THINK AND COPE
POSITIVELY**



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Introduction

People living with severe mental illness (SMI) are a particularly vulnerable population that suffer grave biopsychosocial disadvantages, not only associated with the psychopathological symptoms, but also the comorbidity with other medical diseases, a shortened life span, cognitive deterioration, psychosocial disability, stigma, and discrimination (Kirkpatrick et al., 2008; Meyer & Nasrallah, 2009).

Traditional psychosocial treatments have tended to focus on improving functioning, compensating for deficits, and potentiating a social and normalized community integration, attributing subjective well-being (SWB) a secondary role (Siegrist et al., 2015; Varga et al., 2018).

However, some studies suggest that individuals with SMI can experience SWB and that SWB is independent of the severity of their psychiatric symptoms (Stanga et al., 2019). In addition, the CHIME framework of mental health recovery, based on a systematic review of 97 studies, found that promoting SWB in affected individuals would enhance their clinical and personal recovery and could promote the construction of a life project and a better quality of life (Leamy et al., 2011; Slade et al., 2012).

Specifically, in this population, there are data suggesting that promoting SWB reduces associated emotional distress (Chakhssi et al., 2018), improves prognosis (Emsley et al., 2011), therapeutic response (Frese et al., 2009; Schennach-Wolff et al., 2010), and is associated with better response to pharmacological treatment (Fenton et al., 1997; Remington et al., 2010). Finally, high levels of SWB are also associated with less isolation and lower levels of loneliness (VanderWeele et al., 2012), with a direct relationship between SWB and the search for social support (Broyd et al., 2016). On the other hand, the role of psychosocial functioning has not been shown to be a determinant of SWB, despite being a common goal in psychosocial rehabilitation (Saperia et al., 2018).

Some factors are directly related to the promotion of SWB in the population, while others are less straightforward. Specifically, studies suggest that high levels of optimism, social support, gratitude, self-compassion, savoring 'good moments', and a solid therapeutic alliance all have a crucial impact on SWB, along with low levels of



associated symptomology such as depression, stress, and positive and negative symptoms (Allott et al., 2020; Brenner et al., 2018; McGuire et al., 2020; Seo & Lim, 2019; Shattock et al., 2018).

When examining the influence of some of these factors, optimism is found to be the factor with the most weight among the theoretical explanations of SWB (Caballero et al., 2021). Optimism reflects the degree to which people have generalized favorable expectations about their future, a variable that is strongly related to SWB in different populations (Carver & Scheier, 2010). One construct related to optimism is openness to the future, defined as a positive affective state that includes the illusion of control, acceptance, strong commitment to life goals and how to achieve them, a positive interpretation of what the future may hold, and self-sufficiency (Botella et al., 2018). In addition to the benefits associated with SWB, optimism has been shown to be positively correlated with positive emotions, perseverance in the face of adversity, leadership, longevity, active coping, problem solving, and happiness (Peterson & Seligman, 2004; Peterson & Steen, 2002; Snyder, 1994; Snyder & López, 2002). On the other hand, it is negatively correlated with depression, suicide, feelings of powerlessness, the likelihood of getting sick and the severity of illness (Carver & Scheier, 2002; Scheier & Carver, 1985). An interesting finding is that although optimism is considered a personality trait, studies show that it is modifiable by interventions aimed at changing thoughts to be more positive, and that these treatments are also beneficial for the general population (Carver & Scheier, 2002; Peters et al., 2010; Seligman et al., 2007). An interesting study by Lyubomirsky et al. (2011), which included a sample size of 355 people from the general population, in which they examined the effect of an intervention based on optimism (visualizing one's best future self) and gratitude (through cards of appreciation) over a period of 8 months, concluded that these exercises, as preparation for an action, increased motivation for the task and gave it meaning, aspects that ultimately improved the performance of the activity as well as the SWB experienced. In this sense, another interesting study showed how goal setting and planning coping mechanisms are directly related to SWB (MacLeod et al., 2008). When optimism has been worked on in mental health contexts, specifically with populations affected by schizophrenia, it has formed part of multicomponent programs based on positive psychology, showing positive



results for SWB (Kasperek-Zimowska et al., 2022). On the same topic, optimism has recently been included in some initiatives in mental health centers to increase SWB through cognitive restructuring of negative thoughts into positive ones, leading to an increase in positive emotions and gratitude towards others (Laranjeira & Querido., 2022). This positive appraisal of the future is closely related to self-compassion (Çutuk, 2021). Self-compassion is understood as a healthy form of self-concept in the presence of difficulties, treating oneself with kindness through a positive dialogue with oneself, recognizing and accepting discomfort (Neff, 2003). Studies conducted on people with schizophrenia suggest that interventions based on self-compassion improve levels of SWB in psychosis because it promotes acceptance, empowerment and post-traumatic growth (Waite y cols., 2015).

Another factor that has been shown to have a strong and direct relationship with SWB is the promotion of positive emotions. Fredrickson (2001) showed how positive emotions, which we will refer to as pleasant emotions, have a beneficial effect on thinking style. Specifically, they improved automatic thoughts, broadened their scope, made them more future-oriented, more flexible and adaptable to change, and more efficient overall. This promotion of pleasant emotions is fundamental to positive affect balance, understood as the predominance of pleasant emotions over unpleasant ones (Bradbrun, 1969). Studies conducted on people with SMI indicate that the presence of positive affect significantly improves negative symptoms and social functioning (Favrod et al., 2019).

One technique that has traditionally been used in the psychosocial rehabilitation of people diagnosed with schizophrenia is the improvement of coping mechanisms. This factor has been shown to be beneficial in reducing stress and improving psychosocial functioning (Meyer, 2001). More recently, studies conducted in this population have shown that training in coping mechanisms would improve SWB, as solving some of these problems would increase SWB, the presence of pleasant emotions, psychosocial functioning, and decrease unpleasant emotions, stress, and positive and negative symptoms (Halverson et al., 2021).

In addition to these variables, we cannot forget the importance of social support for these people, which is a key factor in their recovery and improvement of SWB (Slade



et al., 2017). However, sometimes the family relationships that are formed revolve around the illness, and this creates tension for the patients of rehabilitation services, as it is an obstacle to their life goals (Aldersey & Whitley, 2015). In this regard, an interesting qualitative study of perceived social support among people with SMI found that their social relationships were very disease-focused, revolving around episodes and treatment, but when they began to socialize outside of the disease, people with SMI enhanced their empowerment and personal recovery (McGuire et al., 2020). One form of social support relevant to people with SMI is the therapeutic alliance, defined as a quality relationship between therapist and service patient characterized by trust and shared goals (Wampold, 2001). Specifically, a study involving 144 people affected by their first psychotic episode concluded that therapeutic alliance improved SWB, indicators of the patient's overall recovery, quality of life, and reduced positive and negative symptoms (Browne et al., 2019). The Open Dialogue movement highlights how empathic understanding improves the quality of the therapeutic relationship with people affected by psychosis. This empathic understanding is characterized by reaching a consensus on the conceptualization of the problem, the goals and a shared plan of action. Ultimately, achieving this would have a decisive impact on the recovery and well-being of these people (Pavlovic 2016; Seikkula et al., 2001).

These findings lead us to the possible benefits of improving SWB in this population through an integral program that considers the promotion of positive affect, optimism, self-compassion and coping mechanisms in a shared space with the therapist and family. In this regard, there are studies that have examined the effectiveness of multicomponent programs based on positive psychology for people with SMI, such as Positive Living by Meyer et al. (2012) and WELLFOCUS by Schrank et al. (2016).

Recently, a multicomponent program based on positive psychology (*Felizmente*) has been implemented by Valiente et al. (2021) and has demonstrated an increase in aspects related to SWB, including self-acceptance and control over the environment. The present protocol is a continuation of this project and aims to add new components that the bibliography indicates are favorable for SWB (a cognitive module focused on optimism, a module on coping, and the inclusion of a significant person in the group). Another differentiating aspect would be the working methodology, as the homework

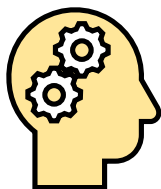


tasks have been simplified and the exercises in the sessions aim at greater ecological reliability, working with the experiences of other patients with a profile like their own, to facilitate cohesion and comprehension of the information.

The aim of this applied treatment is to implement an integrated intervention protocol that combines modules based on third-generation therapies with modules based on the cognitive-behavioral model (Think and Cope Positively program (PA+) in order to improve the well-being of people with SMI.



PROGRAM



THINK AND COPE POSITIVELY



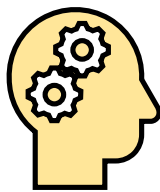
Hello,

Welcome to the program.

This material corresponds to the program journal, remember to bring it to each session.

In these worksheets you will find specific information for each session about:

WHAT ARE WE GOING TO DO?	INFORMATION SHEETS	WORKSHEETS	AT-HOME EXERCISES
A brief description of what will be addressed in each session.	Information related to the topic being discussed that session.	Exercises to be carried out during the session.	Suggestions of exercises to keep working on throughout the week.



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Session 1

Presentation and welcome

What are we going to do?

- ✓ Learn about the program and the work to be developed during these sessions.
- ✓ Get to know the people who will participate in the group.
- ✓ Learn about the group norms, structure, and materials.
- ✓ Define our individual goals.

Content for the session



- ✓ Information sheet 1.1. Group Standards and Structure
- ✓ Information sheet 1.2. Our goal: Increasing well-being.
- ✓ Information sheet 1.3. Group goals and strategies

INFORMATION SHEET 1.1: Group Standards and Structure

- **Confidentiality:** All group members agree to keep confidential what is discussed and shared in the group.
- **Regular attendance:** Barring exceptional circumstances, we commit to attending the group weekly during the 13 weeks of the program. If you are unable to attend a session, please let us know in advance.
- **Punctuality:** Out of respect for other members and to avoid disrupting the exercises at the beginning of each session, we commit to arriving on time for the weekly sessions.
- **Participation:** Participation in group activities and completion of exercises is important, as it is difficult to achieve change without practice.
- **Mutual respect:** We commit to treating group members with respect, respecting the turn to speak and different opinions that may arise, without interrupting when another member is sharing their opinion. Remember that you can disagree with an opinion and still respect the other person. We want the group to be a place where everyone can feel comfortable without feeling judged.

Turn off or mute mobile phones. Have fun and enjoy yourselves!

STRUCTURE ALL THINK AND COPE POSITIVELY + SESSIONS

All the sessions follow the same structure:

1. Welcome
2. Weekly review.



3. Session-specific exercises.
4. Closing with a group song.

INFORMATION SHEET 1.2. Our goal: Increasing well-being.

The first thing we need to understand is what well-being is. Psychological approaches consider well-being in terms of two concepts:

- **Emotional:** For example, feeling satisfied with life, positive affect and happiness. This type is called hedonic well-being. These pleasant emotions are very important for well-being, but they have been shown to be "short-lived" and people do not become truly happy with this component of well-being alone.

- **Associated with overall personal fulfilment:** This is called eudaimonic well-being. Experts say this component is harder to achieve, but ultimately more powerful for a person's well-being. To achieve it, a person must value these areas of their life positively:

- o Autonomy
- o Self-acceptance
- o Environmental mastery
- o Meaning in life
- o Positive relationships
- o Personal growth

Therefore, our goal with this group is to improve well-being by first increasing our pleasurable emotions and then working to overcome the barriers that prevent us from addressing the components of eudaimonic well-being. Finally, we will focus on personal relationships as they are essential for people with mental health problems, with social support and future orientation being crucial aspects of this journey.



INFORMATION SHEET 1.3. Group goals and strategies

The objectives we will work on in this group to improve wellbeing are:

- Identify and feel more pleasurable emotions.
- Increase pleasant emotions.
- Identify automatic negative thoughts (complaining, pessimism, self-stigma).
- Learn to think more positively and realistically.
- Identify communication with oneself.
- Learn to be kinder to yourself.
- Identify a life project with my therapist, strengthening my relationship with my therapist.
- Identify faulty coping strategies that hinder my life project (avoidance and escape).
- Learn to cope with present and future situations with greater well-being.
- Adapt coping strategies to my "wellbeing life project".
- Feel better with others by improving personal relationships.
- Get my environment to know and support my life project.



To work on our goals during the program, we will train a series of strategies that we will develop during the sessions.

- **Session 1:** Introduction and welcome
- **Session 2:** Identifying pleasurable emotions
- **Session 3:** Experiencing pleasurable emotions
- **Session 4:** Identifying negative "trap" thoughts
- **Session 5:** Transforming my negative thoughts into positive ones
- **Session 6:** Experiencing positive thinking
- **Session 7:** Experiencing positive thinking II
- **Session 8:** Learning to be kinder to ourselves
- **Session 9:** Creating a life project
- **Session 10:** Identifying Coping Strategies I
- **Session 11:** Identifying Coping Strategies II
- **Session 12:** Identifying Adaptive Coping Strategies
- **Session 13:** Building my life purpose with my environment
- **Session 14:** Will you help me build my life project?



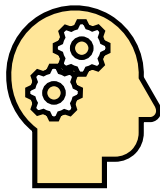
- **Session 15:** Multi-family session, farewell and closure

SECTION 1: INCREASE MY POSITIVE EMOTIONS

This section aims to increase the identification and experience of pleasant emotions based on the Broaden-and-Build Theory, which posits that experiencing pleasant emotions would lead to more of them, like a spiral, generating greater creativity or flexibility, ultimately leading to the building of physical, intellectual, and social resources (Fredrickson, 2001).

Fredrickson (2001) suggested that pleasant emotions have a positive effect on thinking style. Specifically, they improve automatic thinking by broadening its scope, making it future-oriented, more flexible and adaptable to change, and ultimately more efficient (Fredrickson, 2001). It is also proposed that pleasant emotions influence motor behavior and promote a broad and adaptive repertoire of coping behaviors, whereas unpleasant emotions such as fear, or anger generate avoidance or escape responses and maladaptive coping responses.

This module is covered in two sessions that focus on identifying and understanding the range of pleasant emotions and experiencing them through the exercise of "savoring".



THINK AND COPE POSITIVELY

Session 2

Identifying Pleasant Emotions

What will we do?

- Recognize emotions and their function
- Learn to connect to the present moment
- Recognize the differences between pleasant and unpleasant emotions
- Explore the messages of pleasant emotions

Session Content



- Information sheet 2.1: Pleasant and unpleasant emotions
- Worksheet 2.2: Pleasant emotions and their messages
- Homework assignment 2.3: "Let's capture an emotion".

INFORMATION SHEET 2.1: Pleasant and unpleasant emotions.

All emotions have a function. For example, they can help us adapt, communicate, socialize, etc.

We generate unpleasant emotions to cope with critical situations (danger, emotional loss, etc.) and to resolve them as quickly as possible. They have been developed during our evolution for survival. When we experience unpleasant emotions, the brain focuses on the threat and concentrates on resolving the situation. However, pleasant emotions are NOT the opposite of unpleasant ones; they produce multiple effects:

- They promote open-mindedness. For example, they can increase our ability to perceive and learn, expand our skills, promote creativity, etc.
- Help us to be more constructive. For example, they can help us improve our physical, mental, and social resources.
- Promote growth, resilience, and the generation of more pleasurable emotions.

DIFFERENCES BETWEEN PLEASANT AND UNPLEASANT EMOTIONS

PLEASANT	UNPLEASANT
More subtle	Easier to distinguish.



More common but harder to identify	We tend to focus on them more, so they seem more frequent.
More diffuse in the body	More concretely located in a part of the body.
Once experienced, they last less time, so we must work to increase their duration	Once experienced, they last longer.
Open the range of possibilities, allow us to be more creative, and build resources and strengths	Prepare us for threats, confrontation, avoidance, escape, etc.

**WORKSHEET 2.2: Pleasant emotions and their messages**

Below is a blank table (with an example) for you to think about and note examples of pleasant emotions and the situations in which they help us in our daily lives:

EMOTION	WHAT DOES IT HELP US DO?
Example: JOY	Helps us explore, want to do things, and learn new skills. It is possible that when you started in your rehabilitation resource, if you felt joy, you wanted to learn more about the resource, meet people, join groups...

QUESTIONS FOR YOU TO THINK ABOUT:

- Did you identify many? Was it difficult?
- Now think of some unpleasant emotions that are probably easier for you to identify. For example, sadness, fear, anger... Do you find them easier to identify? Do you feel them more in your body?

People with mental health problems, given the associated suffering they experience as a result of symptoms and stigma (among other things), spend much more time feeling unpleasant emotions than pleasant ones. Therefore, it is VERY IMPORTANT to make time and effort to "make room" for the pleasant ones. We can learn to "look the other way" for at least part of the day.

**SOLUTION:**

Read through the emotions and try to think of a time when you felt each pleasant emotion.

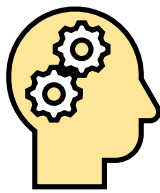
	EMOTION	ASSOCIATED SENSATIONS	FUNCTION
	JOY	Satisfaction Pleasure	It helps us explore and learn new skills
	GRATITUDE	Being thankful Feeling recognized	It facilitates creating social experiences
	SERENITY	Security Tranquility	It helps us appreciate and savor the pleasant moment
	INTEREST	Curiosity	It helps us explore and learn new skills
	HOPE	Confidence	Increases creativity and resilience
	PRIDE	Satisfaction Dignity	It helps us appreciate past accomplishments and achieve future ones
	HAVING FUN	Joy Entertainment	Increases well-being, relationships with others and creativity
	INSPIRED	Enthusiasm Creativity	Improve your ability to create and work in different and more efficient ways
	AMAZEMENT	Admiration Fascination	Helps us appreciate the complexity and diversity of our world
	LOVE	Affection Tenderness	It helps us share with and take care of each other



- HOMEWORK ASSIGNMENT 2.3: "Let's capture an emotion".

THE 5 SENSES: Sometimes isolation, apathy, side effects, or negative symptoms make it difficult for us to notice our pleasurable feelings. We are going to play a little game: Let's find an activity that we like and that produces a pleasant emotion for the next week and take a picture of it with our cell phone (and those of us who don't have a cell phone can draw it or write it down on a piece of paper or notebook). For example, with taste, we can photograph a cookie we like before we eat it, or with sight, a sunset that makes us smile... In this way we can identify something with sight, sound, taste, smell and touch. We bring it to the group and share it with our companions.

If we also manage to "name" our emotion (with the emoji table), that would be great!



THINK AND COPE POSITIVELY

Session 3

Experiencing Pleasant Emotions

What are we going to do?

- Introduce the concept of enjoyment
- Amplify our pleasurable experiences
- Create pleasant experiences through the senses

Session content

- Information sheet 3.1: Savoring
- Homework Activity 3.2: Savoring

**INFORMATIVE SHEET 3.1: Savoring. What is savoring?**

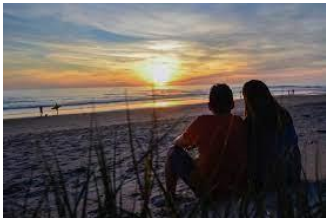
"Savoring" is a behavior we can engage in directly to "become aware" of and prolong the enjoyment of a pleasurable experience with all five senses. It means savoring a moment, devoting time to it, and focusing on it. Imagine that you love sunsets. Because it's something ordinary, we sometimes notice the time of day and catch a fleeting glimpse of it from a window or while walking down the street. But imagine sitting on a bench to watch it, observing the different colors of the sky, the clouds, following the sun until it sets... concentrating on the slight drop in temperature, listening to the surrounding sounds (birds, distant conversations of people...) Do you think you would enjoy the sunset more in your daily routine or by savoring it?

Moreover, studies conducted on people with mental health problems have concluded that savoring these experiences and recording them in some way (in a small diary, photos in your mobile gallery) allow individuals to improve their well-being and reduce moments of anxiety and sadness. When we have problems, using this tool will help us to capture gratifying experiences in our environment, becoming a way to reduce stress and discomfort.

Remember the moments you photographed last week; the idea would be to continue doing this every week at some point. Sometimes we move very fast in our daily lives, and we need to stop and enjoy the small pleasures of life.



Some ideas about things within our reach that we can savor:

Sunset or sunrise	
Showering with a scented gel	
A favorite food	
A song	
Slowly touching beans	
Gently massaging your head	



A hug	
-------	--

✓ Select others that you can record for your daily life or for future moments when you need a boost to your well-being:

✓ **Homework Exercise 3.2: Savoring**

Choose others to record for your daily life or for future moments when you need to increase your well-being:

• • • • • • •



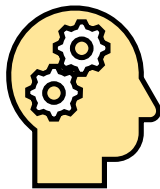
SECTION 2: CHANGING MY NEGATIVE THOUGHTS

According to Ellis' theory (1994), thoughts about stressful situations are the most serious causes of unpleasant feelings.

Irrational thoughts are defined as those that are unlikely to have an objective empirical basis, are not pragmatic, and generally reflect demands. Rational thoughts are defined as those that are likely to have an objective empirical basis, are pragmatic, and express preferences rather than demands.

People affected by severe mental health problems tend to experience irrational thinking based on pessimism, complaining, and inability. It is necessary to reflect with our patients on the usefulness of this thinking style in order to learn to replace it with a more adaptive one.

This section is covered in two sessions that focus on identifying their irrational and automatic thinking style through the experience of another patient who may have lived similar situations.



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Session 4

Session 4 Identifying My Negative "Trap" Thoughts

What are we going to do?

- Identify negative "trap" thoughts
- Understand their influence

Content of the session

- Informative Sheet 4.1: What is a Negative "Trap" Thought?
- Informative Sheet 4.2: Types of "Trap" Thoughts



INTRODUCTION

In the previous sessions, we learned to identify and increase our pleasurable emotions. This focus on pleasurable emotions helps and prepares us to:

- **Increase other pleasurable emotions**, like a spiral that motivates us to change. Emotions like hope, joy, and passion allow us to put on a "superhero" suit that makes us emotionally want and need to move forward in our lives.
- This emotional state also promotes **more flexible and creative thinking**. When we are angry, sad, or afraid, it is easier for "life" to seem boring and negative, and for us to evaluate daily demands as difficult or to anticipate a bad outcome: I can't, it won't work, it's not worth it, it's boring... On the other hand, when we are happy, this energy allows us to consider other neutral or even positive options. We can see different points of view, put ourselves in other people's shoes, and ultimately see possibilities where we once saw mountains.

Finally, this emotional state, accompanied by more action-oriented thinking, prepares us to solve everyday problems. When we feel bad, we isolate ourselves, talk less, stop doing things... but when we feel better, we try to fight, solve, and improve our daily lives.

For this reason, the result of well-being is related to the emotions, thoughts and behaviors that we put into action. The goal of this new block is to identify, adjust, and improve our thoughts to think more productively and effectively.



What is a Negative "Trap" Thought?

David is a 28-year-old man who has been advised to go to a rehabilitation facility to help with his mental health problem, although he doesn't have much faith that it will help him. He has spent over six years at home with little contact with anyone. His high school friends have moved on with their lives, and he preferred to stay home where he feels more comfortable. He says he spends his life in his room with his cell phone, watching YouTube and sometimes taking the dog out or seeing his psychiatrist. He has just started going to the center. He likes the professionals, and the people seem nice. The other day, a professional invited him to have breakfast with a group of people from the center.

🔍 *What might David think about the possibility of having breakfast with other people at the center as a newcomer?*

- It's better to say something and not go... it's too sudden.
- Maybe I can try, people seem nice.
- What a nuisance! I won't go!
- It's going to be a very awkward moment... I hardly know anyone, how embarrassing!
- So I get out of the house and do something else, nothing to lose by trying.
- I won't know what to talk about.



- They will not like me because I will be quiet.
- People know each other from what I see at the door and are comfortable with each other, but I will seem stupid for not knowing how to join in their conversations.
- Surely, they are boring people, better not go.

INFORMATIVE SHEET 4.1: What is a Negative "Trap" Thought?

It is a rigid and unrealistic belief, often deeply rooted in consciousness, that is part of our identity and core values. From this definition, let us consider

- Can repeated experiences of distress and stigma make negative thoughts more deeply ingrained? For example, thoughts like "I can't", "it won't work", "my illness won't allow it"... The answer is YES. People with a long history of mental health problems have more negative and rigid thoughts. One way to identify them is through *COMPLAINTS*, *SELF-CRITICISM* and *CRITICISM* of others.
- Can this thought sometimes be so automatic that we don't leave room for an alternative thought? The answer is YES. People with mental health problems are more likely to "come up with negative thoughts" even before they calmly assess the situation and see other options. It's like "blinking," sometimes they don't even realize it.

Finally, it's important to note that these thoughts often contain content about us, other things ("People can't be trusted, people will hurt me"), life, and the world.



INFORMATIVE SHEET 4.2: Types of "Trap" Thoughts

The most common are:

- Complaining, sometimes with the same repeated thought (such as: It's so hot! So boring! I can't take it anymore! etc.)
- Thoughts associated with stigma or self-stigma (such as the illness won't let me, I can't because of the illness, I have to go to the psychiatrist and I don't have time for anything, I'm in treatment and I can't, etc.).
- Externalizing the problem: Refers to thinking that "others" or issues beyond my control are the cause of what is happening to me, leaving no room for a solution (e.g: The medication won't let me, my family doesn't want me to work, companies don't hire people with mental health problems so why try, girls don't want a partner with mental health problems, etc.).
- Making assumptions without data: Drawing conclusions when we lack information about things that haven't happened yet. For example, thinking that a group won't help us because there were few people in the first few days, or because we didn't fully connect with what was being worked on.

These thoughts are so common that some authors have categorized them:

o Filtering or selective abstraction: Considering only a part of something, usually resulting in an overall negative evaluation. For example: The medicine has an



annoying side effect, and I judge that it doesn't help, ignoring the good aspects of taking it.

o **Polarized thinking:** "Either black or white." Considering the extremes of options without thinking about intermediate options. For example: Yesterday I was at the center, went to groups and they were good, had a nice meal with my family, but in the afternoon, I had an antigen test because I had a sore throat, and I think "everything is going wrong."

o **Overgeneralization:** Thinking that something specific that happened will be the general case from now on. For example: I sent out resumes and didn't get a call for a month, so I think I'll never get a job.

o **Mind reading:** Thinking we know what others are thinking without having any data. For example: Being in a group and when someone makes a gesture, interpreting that they were thinking... (whatever it is). Without really knowing or having data.

o **Catastrophizing:** Thinking that something very negative could or will happen to the person. For example: Someone is going to fly and thinks they will have an accident.

o **Control fallacy:** Thinking that what happens depends on the person's control. For example: A mother thinks her son failed his exams because she wasn't paying attention.

o **Fairness fallacy:** Thinking that what doesn't happen the way you want it to happen is unfair. For example: Arriving early for an appointment with a professional, and if you don't show up right away, thinking it's unfair that sometimes others are seen early, and you aren't (without knowing why you couldn't be seen right away).

o **Emotional thinking:** Thinking that things are or have to do with the emotion being felt. For example: First day of meeting with my psychologist, if I am happy



that day, slept well, and we connected on something, it means the therapy and my process will go super well.

o Change fallacy: Thinking that personal stability depends solely on the actions of others. For example: In a relationship, thinking that things will get better if your partner tries to change.

o Global labeling: Putting something or someone in the same box because of certain characteristics. For example: Stigma would be the result of global labels or thinking that all Andalusians are friendly.

o Blame: Thinking that everything that happens is up to the person. For example: If the person plays in a soccer league and his team loses, he thinks the result is because he played badly, and it is his fault.

o Should statements: Being under strict and demanding rules about how things should happen. For example: Someone who starts attending the rehabilitation center and thinks that to do the treatment well, they have to be very punctual and do all the assignments without exception.

o Being right: Thinking they are always right without listening to or considering the arguments of others. It is recognized by phrases such as: I told you; you don't listen to me.

o Divine Reward Fallacy: Thinking that something divine and external to the person will solve a problem. For example: Taking an exam and thinking that you will only pass if God wills it.

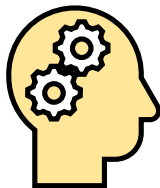


SECTION 3: FOCUS MY THOUGHTS ON AN OPPORTUNITY

Optimism reflects the extent to which people have generalized favorable expectations about the future and is strongly related to SWB in different populations (Carver & Scheier, 2017). A construct related to optimism is openness to the future, defined as a positive affective state that includes hope, control, acceptance, high commitment to life goals and ways to achieve them, a positive interpretation of what the future will bring, and self-efficacy (Botella et al., 2018).

When optimism has been worked on in mental health contexts, specifically with populations affected by schizophrenia, it has been included in multicomponent programs based on positive psychology, showing positive results on SWB (Kasperek-Zimowska et al., 2022). Similarly, optimism has recently been included in some mental health resource initiatives to increase SWB through the cognitive restructuring of negative thoughts into positive ones, resulting in increased positive affect and gratitude toward others (Laranjeira & Querido, 2022).

This section includes three sessions that work with Seligman's exercises to teach our patients to think more productively and focus on opportunities.



THINK AND COPE POSITIVELY

Session 5

Transforming My Automatic Thoughts into Positive Ones

What are we going to do?

- Learn what optimism is and is not
- Reflect on the benefits of more optimistic thinking
- Implement keys to changing automatic thoughts into more future-oriented ones



Session Content

- Information sheet 5.1: Definition of optimism
- Information sheet 5.2: Benefits of optimism
- Information Sheet 5.3: How can I try to change my trap thoughts?
- Homework Exercise 5.4: The Three Good Things

INFORMATION SHEET 5.1: Definition of optimism

It is the tendency of some people to have generalized positive expectations for the future: "thinking that good things will usually happen in our lives." "An optimist sees an opportunity in every calamity, a pessimist sees a calamity in every opportunity." (Winston Churchill)

However, optimism is NOT seeing everything through rose-colored glasses, ignoring difficulties, and pretending that everything is wonderful.

It is an attitude or tendency to WANT TO SEEK the positive aspects of a situation, focusing on them. As well as identifying the ACTION MECHANISMS that will lead us to that result, committing to change.

One of the scholars on this topic (Carver, 1997) explained that: "Optimism does not imply the denial of reality... Studies have shown that the coping strategies used by optimists are precisely those aimed at facing them, while pessimists tend to avoid them."

As we mentioned in the previous session, the natural tendency in people with a long-term mental health problem is automatic negative thoughts. Therefore, becoming optimistic is something we must work on.



Automatic Negative Thinking -> Optimism

Optimistic thinking is directly related to well-being and is the factor that MOST influences the well-being of people with severe mental health problems.

INFORMATIVE SHEET 5.2: Benefits of Optimism

- Improves our mood by focusing on the future rather than the past (guilt, obsession, sadness).
- Allows us to set personal goals.
- Gives us light when thinking about possible solutions to a problem.
- Helps us to be more flexible and open to other concepts and experiences.
- Creates persistence in achieving goals despite difficulties or setbacks.
- Increases adherence to treatment because the person firmly believes that effort will be rewarded in recovery.
- Increases self-awareness and allows acceptance of one's reality.
- Develops courage and boldness in facing difficult situations.
- Helps us focus on opportunities rather than threats.
- Increases feelings of confidence.
- Allows us to develop a sense of security and control over things.

In short, Optimism keeps us HOPING for the future and prepares us to act to achieve our well-being through PERSONAL REALIZATION.



Informative Sheet 5.3: How Can I Try to Change My Trap Thoughts?

Transforming automatic negative thoughts into more adaptive and future-oriented ones has spawned numerous workbooks over the decades. Let's look at the main keys.

- **Goal 1:** Consider whether we want to give ourselves the opportunity to change beliefs. Identify some beliefs that we believe are holding us back.
- **Goal 2:** Identify them. Write down the belief. Evaluate whether this belief is
 - o Rigid.
 - o A complaint.
 - o Self-criticism.
 - o Criticism of others or the world.
 - o An expectation without data.

If the answer is YES, let's work on it!

- **Goal 3:** Verbally argue with the thought. Search for alternatives.

o Look for less rigid alternative ways to evaluate yourself, others, or the world in relation to the belief. Write them down.

Example: David in the previous session, faced with the possibility of having breakfast with his colleagues at the rehab center, thought:

- Belief = I won't know what to talk about.



Does this fit the characteristics? Yes, because it is a rigid, self-critical thought and it anticipates something without data (we can't predict the future).

Possible alternatives:

- It's true that I don't know them well yet, and it may be normal to feel nervous at first, but I will think of topics I could bring up to participate in the conversation.

- I know them by sight from the door, which is something, they are not complete strangers.

- They were new once, too, and will understand if it is a little difficult for me to talk at first.

- One of the educators from the group is going, so I guess they can help if something goes wrong.

- Maybe I will have a good time and finally meet people after so long.

- Maybe they will be nice and friendly people that I will have a good time with and feel comfortable bringing up topics as we go along.

- **Goal 4:** Stay with the statements that reassure me the most and with which I agree the most.

- o I can also think in terms of percentages based on the real evidence I have to support something.

For example, I could stick with: You too have started somewhere and will understand if it is a bit difficult for me to talk at first.

- **Goal 5:** Choose an optimistic alternative thought.

- o For example, I could stay with: I might have a good time and finally start meeting people after such a long time.



HOMEWORK EXERCISE 5.4: The Three Good Things

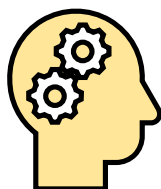
Write down three good things that have happened in your life and think about the reasons why these things happened.

For example:

What positive thing happened?	Why do I think it happened?
- Meeting wonderful people at the rehab center:	- o Because I trusted my psychiatrist when he suggested the referral and I accepted. - o Because I went to the center and thought it might be an opportunity for me. - o Because I tried to attend groups, to say hello at the door, to listen to others, to be friendly... - o Because I stayed at the center and participated and enjoyed many activities with them.
- To have a mother I love very much and to spend great times with her:	- o I didn't choose this, but every time she's with me, I make an effort to accompany her, help her, and nurture the relationship. - o When I feel more cheerful, I try to take care of her and suggest that we watch Netflix series together for a fun time. - o I hug her and tell her I love her.



- Enrollment in adult education:	- o Because I realized that I wanted to continue studying after having to stop when I started with my mental health problem. - o I asked my social worker and relied on professionals. - o I organize myself and go to my support group and individual appointments with my educator every week to understand the issues. - o I have met more people like me who have resumed their studies later and I feel very good with them. - o The teachers help me.
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THINK AND COPE POSITIVELY

Session 6

Cultivating Optimism I

What are we going to do?

- Learn specific techniques for fostering optimism



Session Content

- Information sheet 6.1: ABCDE Exercise
- Factsheet 6.2: Self-instructions that promote optimism

INFORMATIVE SHEET 6.1: ABCDE Exercise

This method can be used any time we notice a pessimistic thought that seems unrealistic or exaggerated. Write down the following steps.

1. Adversity:

Describe the mistake, failure, or adversity that triggered pessimism: *I applied for a job and just received a letter of rejection. They didn't even call me for an interview.*

2. Beliefs:

Notice the beliefs that were triggered by this situation: *They must have laughed at my resume. I have always been a disaster. I am not good at anything. I will never work in the field I love.*

3. Consequences:

Notice the consequences of these beliefs: *I feel depressed and humiliated. I have no desire to apply for another job.*

4. Disputation:



Question the thought and look for evidence. Reject your own beliefs firmly and creatively. Look for possible flaws in your reasoning and alternative explanations. Doubt anything that can be doubted: *Maybe I'm exaggerating. Maybe they didn't appreciate my talents and skills. Maybe it wasn't the right job for me. Maybe it was a very competitive process with so many applicants that they didn't have time to see all the candidates. It's not true that I'm good for nothing-I've worked elsewhere, and my bosses valued my work. I'm sure I'll find the job I want sooner or later. It's just a matter of time and patience.* The point is not to live in a fictional and illusory world, but rather to sow reasonable doubt about often ill-founded beliefs.

5. Energizing:

Notice the energy released by this internal struggle: *I feel calmer and more encouraged. I have more hope of finding my way. I have even resumed my search for new opportunities in the trade press.*

In-Session Task: "Helping David"

David finally went to breakfast with the group from the center. He liked where they were going and being with the people. It was a little difficult for him to talk, but at least he felt good because he was able to follow all the conversations, listen to everyone and smile occasionally. He said goodbye to everyone when he left and felt satisfied. In addition, the educator, Lola, was very nice and sometimes brought up topics of conversation that seemed to help the group. He noticed that other people were quieter than he was. He tried to go more often and was added to the group's WhatsApp for future outings. Gradually, he felt more included, which made him happier in his daily life and gradually built positive relationships.

After a few months, he gained some confidence with his companions. There was a girl, Lucia, who seemed to him to be loving and special. David and Lucia live near each other and sometimes go to the center together. David likes Lucia a little. It's the first time in years that he walks with a girl and has some confidence. She has told him about her family, her psychiatrist, her medication... and he has done the same. What David likes most is that they gradually talk about more things than just the disease: it turns out

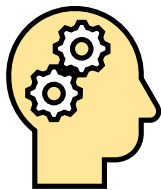


that she loves animals and the countryside, just like him. She follows a TikToker who uploads funny videos of his dog, and they watch them together. Some days, on the way home, they sit on a bench to watch them and laugh together.

David decided to ask Lucia to have lunch with him after the center one day. She smiled, but then blushed and said she couldn't because she was eating at home with her parents. David went home discouraged and with a pessimistic thought....

How can we help David in his process? What do you think happens at each stage?

Adversity: I asked Lucia to have lunch with me and she turned me down.
Belief: I will never find a partner; people reject me. I should stop trying or go to the center next week, how embarrassing!
Consequences:
Disputation:
Energization:



THINK AND COPE POSITIVELY

Session 7

Fostering Optimism II

What are we going to do?

- Review the ABCDE exercise

Session content

- Information sheet 7.1: Self-instructions that promote optimism



INFORMATIVE SHEET 7.1: Self-Instructions that Foster Optimism

When "wise" people about optimism reflect on the types of thoughts that can help us change trap thoughts to more optimistic ones, they suggest:



DO NOT use clichéd phrases such as "Everything will work out" or "Life is wonderful," as this leads to unrealistic optimism. Unrealistic optimism, also called illusory optimism, refers to the general tendency of people to believe that they have a higher chance of experiencing positive events than the average person. Not only does this type of thinking NOT help the person, but it can also be harmful because it denies reality (sometimes harshly) and does not prepare the person to consider other options or seek solutions.



- **DO** use phrases that allow us to STOP and identify an automatic thought. For example, some phrases that can help us are:

o Am I being carried away by pessimism? I will reevaluate what I am thinking.

o Right now I am very sad (or angry, disappointed, frustrated...) and I realize that I am not thinking clearly. I will "quarantine" my negative thought, and when I feel better (tomorrow...) I will think about it again.



- DO use thoughts that help connect and understand my thinking style:

o It is a rigid, anticipatory, critical thought resulting from the discomfort this situation has caused. Perhaps I am not being objective. I will think about this more slowly. This is the first time I have tried this.

- Use thoughts that help to accept the situation and reduce demand and fear.

Accept my loss/failure: It is normal for disappointment to lead to such thoughts. Relax. I will let a few days go by, because now I may be giving it too much importance, and then I will probably think about it differently.

Regarding David's situation, thoughts might be:

- We really have a good time walking and talking (this is real); we can maintain this relationship, and in time we will see.

- I have feelings for Lucia, and she may have different feelings, but we can enjoy our relationship in the center.

- Use thoughts that allow us to think of a plan of action to actively deal with the situation.

o What things depend on me to deal with this situation, to take care of myself and others?

What can I do to improve this situation?

- DO use closing thoughts related to the situation, consistent with the previous points. In David's case:

o When I go to the center, I will enjoy being with my group, and I can walk and talk with Lucia if possible, letting things flow naturally.

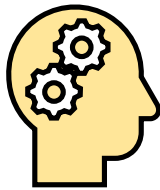


SECTION 4: LEARNING TO TALK TO MYSELF MORE KINDLY

Self-compassion refers to an attitude of kindness, understanding, and acceptance toward oneself, especially in the face of difficult situations, personal failures, or perceived inadequacies (Neff, 2003). Neff's (2003) model consists of three components: self-kindness versus self-judgment, a sense of shared humanity versus isolation, and mindfulness versus over-identification.

Studies conducted with individuals with schizophrenia suggest that interventions based on self-compassion improve SWB in psychosis by promoting acceptance, empowerment, and posttraumatic growth (Waite et al., 2015).

This section includes three sessions that introduce self-compassion through various exercises.



THINK AND COPE POSITIVELY

Session 8

Self-compassion: Learning to Be More Kind to Ourselves

What are we going to do?

- Introducing the concept of self-compassion
- Reflect on our inner dialog



- Practice kindness towards ourselves

Session Content

- Information sheet 8.1: What is self-compassion?
- Worksheet 8.2: My Internal Dialogue
- Homework Task 8.3: A Letter from a Friend

INFORMATIVE SHEET 8.1: What is Self-Compassion?

Self-compassion is an attitude of kindness, understanding, and acceptance toward oneself, especially in the face of difficult situations, personal failures, or perceived inadequacies. It has three components:

- **Self-kindness vs. self-judgment:** Being gentle with yourself rather than harshly critical. For example, when you make a mistake, treat yourself with kindness and understanding rather than harsh self-criticism.
- **Shared humanity vs. isolation:** Recognizing that suffering and personal inadequacy are part of the common human experience, rather than feeling isolated by them. For example, understanding that everyone goes through difficult times and that it's part of being human.
- **Mindfulness vs. over-identification:** Keeping one's painful thoughts and feelings in balanced awareness rather than ignoring or exaggerating them. For example, being aware of one's thoughts and feelings without being overwhelmed by them.

Self-compassion is NOT:

- **Indulgence:** It doesn't mean letting yourself off the hook for bad behavior or avoiding responsibility.



- **Self-pity:** It's not about feeling sorry for yourself, it's about showing yourself the same kindness and care you would show a good friend.

Why is it important?

- Reduces stress and anxiety.
- Improves emotional resilience.
- Increases well-being and life satisfaction.

WORK SHEET 8.2: My Internal Dialogue

Think about how you talk to yourself. Write down some examples of self-critical thoughts you have had and how you can change them to self-compassionate thoughts.

Example of self-critical thinking:

- I made a mistake at work; I am so stupid.

Shift to self-compassionate thought:

- Everyone makes mistakes; I can learn from this experience and do better next time.

First, think about times when a close friend is feeling bad about themselves or is having some kind of difficulty. How would you respond to your friend in this situation (especially when you are on your best behavior)? Write down what you usually do, what you say, and the tone in which you usually speak to your friends.



Now think about the times when you feel bad about yourself or have difficulties. How do you usually react to yourself in these situations? Write down what you usually do, what you say, and the tone in which you talk to yourself.

Have you noticed a difference? If so, ask yourself why. What factors or fears come into play that cause you to treat yourself and others differently?

Write down how you think things would change if you responded to yourself in the same way, you usually respond to a close friend when you are hurting.

Why don't you try treating yourself like a good friend and see what happens?

Self-Compassion Pause

Think about a situation in your life that is difficult, that is causing you stress. Remember the situation and see if you can feel the stress and emotional discomfort in your body.

Now say to yourself, "This is a time of suffering". Other possibilities are:

"Other people feel this way".

"I am not alone".

"We all struggle in our lives".

Now place your hands on your heart and feel the warmth of your hands and the soft touch of your hands on your chest.

Say to yourself, "What do I need to hear right now to express kindness to myself?" For example: "May I be patient," "May I forgive myself," "May this pass".

This practice can be done at any time of the day or night.

Exploring Self-Compassion Through Writing

Part One: What imperfections make you feel inadequate?

Everyone has something about themselves that they don't like; something that makes them feel ashamed, insecure, or not "good enough. Being imperfect is the human condition, and feelings of failure and inadequacy are part of the experience of living a



human life. Try to write about an issue that makes you feel inadequate or bad about yourself (physical appearance, work or relationship problems...) What emotions arise when you think about this aspect of yourself? Try to feel your emotions as they are, no more, no less, and then write about them.

Part Two: Write a letter to yourself from the perspective of an imaginary friend who loves you unconditionally.

Now think of an imaginary friend who loves you unconditionally, who accepts you, who is kind and compassionate. Imagine that this friend can see all your strengths and all your weaknesses, including the aspect of yourself you just wrote about. Think about how this friend feels about you and how he loves and accepts you exactly as you are, with all your very human imperfections. This friend recognizes the limitations of human nature and is kind and forgiving to you. In his great wisdom, this friend understands your life story and the millions of things that have happened in your life to create you as you are now. Your inadequacy is related to many things you did not necessarily choose: your genes, your family history, your circumstances, things beyond your control.

Write a letter to yourself from the perspective of this imaginary friend, focusing on the perceived shortcoming for which you tend to judge yourself.

What would this friend tell you about your "shortcoming" from the perspective of infinite compassion? How would this friend convey the deep compassion he feels for you, especially the pain you feel when you judge yourself so harshly? What would this friend write to remind you that you are only human, that all people have both strengths and weaknesses? And if you think this friend would suggest possible changes for you to make, how would these suggestions embody feelings of unconditional understanding and compassion? As you write to yourself from the perspective of this imaginary friend, try to infuse your letter with a strong sense of his or her acceptance, kindness, care, and desire for your health and happiness.

Part Three: Feeling Compassion as It Soothes and Comforts You

After writing the letter, let it sit for a while. Then read it again and let the words sink in.



SECTION 5: REFLECTING ON MY LIFE PROJECT

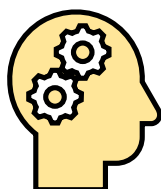
The search for meaning in life is one of the classic and most important issues a person faces in emerging adulthood. This period usually coincides with the beginning of a first episode, an aspect that interrupts the vital plans of our patients.

This traumatic experience collides head-on with the possibility of answering the questions "Who am I? What do I want to do? What can I do with my life? What is the purpose of my life?"



These questions are sometimes resolved thanks to the psychosocial rehabilitative approach that our patients receive in the facilities that are linked to mental health services for this purpose, but in other cases they are not resolved.

For this reason, it is important to incorporate this work through a session that works on "The Garden" of ACT for the reflection of personal values, linking them to vital goals, intending to complement what is already being worked on by the centers in this aspect.



THINK AND COPE POSITIVELY

Session 9

(Individual session)

55



Building a Life Project

What are we going to do?

- Reflect on our values and goals
- Developing a vision for our life project

Content of the session

- Information sheet 9.1: Identifying my values
- Task 9.2: My goals and steps
- Task 9.3: My Life Project

INFORMATIVE SHEET 9.1: Identifying My Values

Values are the principles that guide our actions and decisions in life. They represent what is important to us and can help us find direction and purpose.

Examples of values:

- Family: Prioritizing family relationships and responsibilities.
 - Health: Valuing physical and mental well-being.
 - Career: Striving for professional growth and achievement.
 - Creativity: Valuing artistic expression and innovation.
 - Community: Contributing to and supporting the community.
- ✓ Reflection Questions:
- What are my core values?



- How do these values influence my choices and actions?
- Are there any values that I want to make more of a priority in my life?

TASK 9.2: My goals and steps

- ✓ My goals and steps:

Set specific goals that align with your values and outline the steps needed to achieve them.

Example with a specific goal:

- Make more friends.
- To do this, I consider
- Go to the center's recreational activities.
- Chat or at least greet colleagues at the center door.
- Don't leave as soon as the groups or appointments end and stay a little longer at the door with the people.

Developing a life purpose can help us feel good because we are doing what we have decided and want to do, and so, connect with our values. On the other hand, if we do not create this life purpose, we end up doing what "others tell us" to do.

One of the moments when the search for life's purpose is most important is in the early stages of adulthood, when a person prepares to separate from his or her parents and begin a new life by answering the question: Who do I want to be? What do I want to do with my life?

A mental health problem can interrupt these plans and make it harder to think about the future. On the other hand, when we begin treatment in a center to recover our life, to improve our mental health problem through psychosocial rehabilitation, the reflection on a life project becomes very important again.

This will allow us to:



- Rebuild.
- Focus on the future and not on the past (traumas, suffering, losses...).
- Give meaning to our present and future life with all that has happened to us.

Questionnaire for identifying important areas

On a scale of 1 to 10, mark how important each of the following areas is to you. It is important to keep in mind that these areas are not equally important to everyone, and the value that each person places on each of these areas is very personal. The important thing is that you rate each one based on the importance that it has for you personally.



MAIN TOPIC	Nothing important									Very important
Physical care	1	2	3	4	5	6	7	8	9	10
Mental health	1	2	3	4	5	6	7	8	9	10
Family	1	2	3	4	5	6	7	8	9	10
Couple, intimate relations	1	2	3	4	5	6	7	8	9	10
Friends	1	2	3	4	5	6	7	8	9	10
Learning/Training	1	2	3	4	5	6	7	8	9	10
Work	1	2	3	4	5	6	7	8	9	10
Leisure/Fun	1	2	3	4	5	6	7	8	9	10
Spirituality (religious belief, meditation, etc.)	1	2	3	4	5	6	7	8	9	10
Citizenship (volunteering, neighborhood activity)	1	2	3	4	5	6	7	8	9	10

TASK 9.3: My Life Project

Next, you will find different areas that are present in our lives. Each of them corresponds to a plant, because just as we take care of a plant, we need to take care of the areas that we consider most important in our life. On the right side, try to identify the goals you want to achieve in each of these areas and the actions you can take to achieve them (water the plant). In addition, we will sometimes find actions that we do



that do not help us achieve our goals (like a bird not caring for a plant). If you identify an action that prevents you from taking care of your valued area, write it down as well.

Remember, you can write down as many goals as you like and choose the areas you want to work on. You do not have to include every area. A blank template is also provided so you can add any other areas that are important to you.



PHYSICAL CARE

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



MENTAL HEALTH

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



FAMILY

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



**COUPLE, INTIMATE
RELATIONS**

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



**LEARNING /
TRAINING**

Aim:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



WORK

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



LEISURE/FUN

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



SPIRITUALITY

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



CITIZENSHIP

Aims:

“Activities to water the crop”:

“Birds or weeds that may be neglecting the plant”:



SECTION 6: HOW CAN I FACE MY LIFE CHALLENGE?

People with a greater psychopathological burden have higher levels of experiential avoidance (Hayes et al., 2004). This trend has created the need to include this area of work regularly and centrally in rehabilitation equipment.



Coping, another of the factors with the greatest impact on well-being, is defined as the behavioral and cognitive actions people take in response to external and internal demands that they perceive to exceed their resources (Lazarus and Folkman, 1984). Coping always refers to efforts to manage adaptive demands and the resulting emotions, and therefore coping can be considered an integral feature of the emotional process.

Strategies focused on primary and secondary control are systematically associated with greater emotional well-being (Folkman, 2008; Sanjuán and Magallares, 2014). Primary control involves changing the situation, i.e. solving the problem, and includes both action-oriented strategies (active coping) and decision-making strategies (planning). Secondary control does not involve changing the situation, but rather changing oneself, i.e., changing one's perception of the situation, or in other words, engaging in positive cognitive restructuring of the situation (e.g., positive reappraisal or acceptance). On the other hand, strategies that focus on avoiding the situation have been consistently associated with emotional distress (Litman and Lunsford, 2009; Sanjuán and Magallares, 2015).

Regarding coping strategies based on seeking social support, although they have been associated with well-being (Greenglass and Fiksenbaum, 2009), the relationships are not as consistent. This may be because while instrumental support may contribute to problem solving through direct help or advice, emotional support may become a mere venting of emotions, which would place it within strategies based on avoidance (Carver et al., 1989).



THINK AND COPE POSITIVELY

Sessions 10 and 11

Identify coping strategies

What are we going to do?

- Know the repertoire of existing coping strategies
- Identify adaptive strategies associated with well-being as well as maladaptive strategies associated with discomfort.

Session content

- Information sheet 10.1 What are coping strategies?
- Information sheet 10.2 Types of coping strategies

INFORMATIVE SHEET 10.1: Coping Strategies



Coping is the cognitive and behavioral efforts developed to manage the specific internal or external demands of daily life that are judged to be excessive because they overwhelm the person's resources.

This definition implies that

- Implementing a coping strategy requires effort.
- The demands or problems may be internal or external: An internal demand or problem could be, for example, a worrying thought that goes through my head telling me that it is better not to go to the interview for the course they are going to choose because it does not suit me. An external one, for example, would be going to a new place by public transportation without knowing the way.
- Sometimes the demands are mixed, that is, when I am confronted with something external (taking public transportation to an unknown place), something internal appears to me (fear or a negative thought).
- I consider them excessive: The person thinks and feels at that moment that he does not have the resources to solve this problem.
- It overwhelms the person's resources: Discomfort appears in the person.

The way we resolve these situations can decrease the stress to improve and we calm down because we are able to solve the problem partially or completely, or the stress to increase because we do not know what to do and the problem increases, or we finally accept some problems and try to adapt to the problem if we do not. We find an effective solution because we can't do anything.

Authors who have studied this topic in depth believe that coping strategies are used whether the result is effective or not, we always do something. Furthermore, there are not universally good or bad coping processes; it depends on many factors such as the person, the nature of the problem, etc.



INFORMATION SHEET 10.2 Types of coping strategies.

We will use a classification of 14 coping strategies:

1. Active Coping: Initiating direct action to increase one's efforts to eliminate or reduce the stressor.

Example: It bothers me that the house is messy and dirty, so I start cleaning and organizing.

2. Planning: Think about how to deal with the stressor. Plan action strategies, the steps to be taken, and the direction of the effort to be made.

Example: Tomorrow, I must go to a new address that I don't know. I think and look at the subway map how to get there, which stations to go to, where to change, how long it will take, which exit to take...

3. Instrumental support: Seek help, advice, information from people who are competent about what you should do.

Example: I have been called for a job interview. I make an appointment with my professionals to rehearse the interview and see how I can do it well.

4. Use emotional support: Receive emotional support of sympathy and understanding.

Example: I didn't sleep well because they changed my medication and I'm worried about doing well. I talk to my family about my stress and calm myself down.

5. Self-Distraction: Focusing on other projects, trying to distract yourself with other activities, trying not to focus on the stressor.

Example: Next week I must start a training course and I'm worried about what people will be there, whether it will be very difficult... Since all I can do is wait, I distract myself by doing word searches, watching Tik Tok, taking a walk with my family...

6. Venting: Increased awareness of one's own emotional discomfort, accompanied by a tendency to express or release those feelings.



Example: I feel sad because someone I like is ignoring me. I think about it a lot. I meet a colleague from the center for a walk and tell her in detail why I feel this way.

7. Behavioral disengagement: Reducing efforts to deal with the stressor, even abandoning efforts to achieve the goals that the stressor interferes with. It would be like "giving up the fight" partially or completely.

Example: I've been trying to talk to my mother for days because I don't think it's right that she asks me so much what I'm going to do and makes me leave the room. Every time I talk to her, we argue, and it doesn't seem like she's going to accept me hanging out in my room. I decide not to talk about it for a few days, maybe I need to think of another interim strategy like negotiating times when I can be alone in my room.

8. Positive Reframing: Look for the positive and favorable side of the problem and try to improve or grow from the situation.

Example: Public Employment Services called me to take a course that I had listed as a third option, and I don't really feel like it and I feel overwhelmed. After seeing the content of the course, I thought I could learn something and maybe it would help me when I look for a job later.

9. Denial: Denying the reality of the stressful event.

Example: My psychiatrist told me that I will probably have to take one of the medications for many years to be well and stable. I think, "He's wrong, that happens to other people, not me."

10. Acceptance: Accept the fact that what is happening is real.

Example: The boy I like dumps me on WhatsApp. I have tried writing to him at different times and in different ways (saying hello, with a joke, asking him a question about something...) but nothing... Maybe I should give it some time and stop writing to him and accept that at least this way we will not meet and let the relationship flow with what arises.

11. Religion: The tendency to turn to religion in times of stress, increasing participation in religious activities. I go to the church.



Example: My mother is sick and in the hospital. I am very worried that something bad will happen to her.

12. Substance use (alcohol, unprescribed drugs, or misuse of prescribed drugs): This means using alcohol or other substances to feel good or to cope with a stressor.

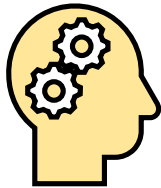
Example: I've been arguing with my father because he thinks I'm not working because I don't feel like it, like I'm lazy. I feel anger and a lot of rage about it. I go to the corner store and buy a few cans of beer.

13. Humor: Making jokes about the stressor or laughing about stressful situations, making fun of them.

Example: I was embarrassed because I tripped leaving the center and I think they saw me. I wonder what people were thinking. I come home and do a laughter exercise or try to make a joke when I tell it at home so we can all laugh.

14. Self-blame: Criticizing and blaming oneself for what has happened.

Example: We went to spend the afternoon with my cousins because it was my aunt's birthday. I wasn't very talkative because I wasn't having a good day. When my parents and I returned by car, my mother said that she liked seeing her cousins, but that she was a little bored. I think he got bored because I was quiet, so it's my fault.



THINK AND COPE POSITIVELY

Session 12

Identifying adaptive coping strategies

What are we going to do?

- Knowing which strategies are adaptive and which are maladaptive

Session Content

- Information sheet 12.1 List of adaptive and maladaptive coping strategies
- Homework 12.2 Planning how to solve a problem



INFORMATIVE SHEET 12.1: Adaptive Coping Strategies

Adaptive coping strategies are methods that help us deal with stress in a healthy and constructive way.

Traditionally, it has been concluded that adaptive coping strategies are those that:

- a) Strategies that focus on direct coping: such as active coping or instrumental support.
- b) Emotion-focused strategies: such as humor, acceptance, the use of emotional support, and religion.
- c) Thought-focused strategies: such as planning and positive reinterpretation.

On the other hand, there is a group of strategies that may be either harmful to the person or less effective, such as self-blame, substance use, denial, behavioral disengagement, and self-distraction.

Adaptive	Midway	Maladaptive
Active Coping	Behavioral disengagement	Self-blame
Positive reinterpretation	Self-Distraction	Denial
Planning	Venting	Substance Use
Use of instrumental support		
Use of emotional support		
Acceptance		



Religion (if you believe)		
Use of humor		

IMPORTANT: The "midway" ones, if we use them together with the adaptive ones and not as the only way to deal with something, could help us. If they are used as the only strategies, or together with the maladaptive ones, they would not help us as much.

It is important to understand that these techniques are indicative and that in a FLEXIBLE way most of them can help us at some point.

Adaptive coping styles are those that prepare for action by seeking solutions (such as active coping, planning, or positive reinterpretation), seeking social support (such as the use of instrumental support or the use of social support), accepting the situation (acceptance), generating hope (through religion), or de-dramatizing (with humor).

The maladaptive coping style is one that either causes the person to avoid or escape from the situation (such as denial, behavioral disengagement, substance use, or self-distraction) or generates excessive attention to discomfort (such as self-blame or relief).

People with mental health problems are more likely to use maladaptive strategies and less likely to use adaptive strategies such as active coping, planning, acceptance, and the use of emotional support. On the other hand, they use adaptive strategies such as humor, religion, the use of instrumental support, or positive reinterpretation.



HOMEWORK 12.2 Planning how to solve a problem.

DEFINITION OF THE PROBLEM:

LIST OF POSSIBLE ADAPTIVE SOLUTIONS (Describe the strategies that can help you with this problem):

Think about how and when to carry out the strategies you have selected and go for it!!!

Notes (write down what you need for your coping plan here, for example, the benefits of each option, people who can help you, or appropriate times to make your plan.)



SECTION 7: SHARING MY LIFE PROJECT WITH MY SOCIAL CONTEXT

The presence of social relationships is associated with higher levels of SWB (Cartwright et al., 2018). Social contact through social networks also has a positive effect on SWB, but less than direct social support (Lönnqvist and große Deters, 2016). Social support is the most influential construct related to SWB (Diener and Fujita, 1995), which also increases self-confidence, optimism, perseverance, and resilience in the face of life events; these aspects are mediators between social support and SWB (Li et al., 2014).

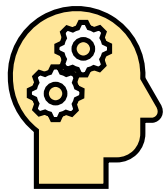
Social support is a determinant of SWB in the SMI population. A study conducted with people affected by long-term SMI showed that the number of negative social experiences was associated with worse life satisfaction over 12 months (Rosenfield and Wenzel, 1997). In this sense, social support has emerged as the most important factor in promoting personal recovery (Bird et al., 2014).

However, we observe that people with a serious mental health problem tend to have few relationships: These relationships are usually determined by the weight of stigma and fear of relapse from their family members/friends.

It is very important to include family/significant others in the wellness protocol, as their support will be very important for the user to achieve wellness.



This section consists of three sessions, two to help you prepare and a final session where the environment is invited to share their life project and what they have worked on in the group.



THINK AND COPE POSITIVELY

Session 13

Build my life's purpose with my social context

What are we going to do?

- Know the weight of stigma and self-stigma in my relationship with others.
- Know the impact of gratitude on myself and others
- Design what and how I want to share my life project with those around me



Session Content

- Informative Sheet 13.1 Barriers in relationships with others
- Informative sheet 13.2 Facilitators in relationships with others

INFORMATIVE SHEET 13.1 Barriers in relationships with others

Relationships with others have been shown to be a central factor in the recovery of people with mental health problems. Having few personal relationships or having them focused on the illness are aspects that greatly influence how we feel about ourselves and how we face the challenges of daily life.

The onset of a mental health problem usually leads to a focus on treatment and symptoms, and social relationships are reduced (sometimes to the point of isolation).

Other important factors are bad social experiences from the past: traumatic experiences of bullying in school contexts, relationships of abuse or emotional abandonment with the family of origin, painful relationships.

These negative experiences with other people cause people to avoid interacting with others for fear of rejection or emotional harm, and create a negative expectation of new opportunities for social contact ("it's not worth getting close to anyone because it's not worth it", "be careful because they can hurt me", "I won't know how to relate to others, so it's better not to do it").

Having few social relationships is associated with a greater perception of loneliness, negative thoughts about oneself (and others), and low self-esteem in social contexts.



All of this affects the occurrence of symptoms of anxiety, paranoia, and feelings of low self-efficacy.

Another factor that has a significant impact on the population of people affected by mental health problems is STIGMA. When we interact with others in a stereotypical, prejudiced, and discriminatory way, we are being carried away by stigma.

EXAMPLE:

"Maria is 25 years old and has been hospitalized several times with acute psychotic symptoms. She has been symptom-free for two years, lives alone, works in a tourist office and has an active social life. Recently, however, she had a relapse of her mental health problem. She was hospitalized again and it took her two months to recover and return to work. However, after she recovered, she realized that overcoming the symptoms of her illness was not enough: her employer fired her because they believed she could have a dangerous episode in the office due to her mental health problem. In addition, her family convinced her that it was too risky for her to live alone and made her return to her parents' house. Since her family lived in another city, she lost her friends. In short, despite a good recovery from the symptoms of her mental health problem, within a month of being discharged from the hospital, Maria had lost her job, her apartment, and her friends. If Maria had diabetes instead of a mental health problem (diabetes can lead to serious relapses and hospitalizations), it is unlikely that she would face a public stigma with comparable consequences related to her mental health problem. "

SELF-STIGMA would be the process by which the person accepts common prejudices about the mental health problem and turns them against themselves, losing self-confidence: "Why should I try to get better if my mental health problem doesn't work?" "He'll leave me" "What if one day I get out of control?" "It's better not to go to the interview because if they know I have a mental health problem, they won't hire me".



In conclusion, all these factors are barriers that make it very difficult for people with mental health problems to feel integrated into the social contexts in which they live.

INFORMATIVE SHEET 13.2 Facilitators in relationships with others

Improving the relationship with the social environment is a vital goal for people affected by a mental health problem. In the previous point we commented on the factors that usually hinder this relationship; here we will comment on those that can improve it.

Sometimes the environment of the person with a mental health problem has been partially excluded or not considered in the treatment processes of their family member and/or friend, leaving most of the treatment to the user. This is logical to the extent that it is the protagonist of its process, but when the family and the user have been asked what aspects they would improve in the treatments they receive in mental health resources, the significant others state that I would like to know more aspects of pharmacological treatment, how to help my family member to prevent relapses and, above all, to feel involved and listened to by professionals, in order not only to help my



family member but also to IMPROVE the relationship with the person concerned. In the same way, when users are asked, they indicate that they would like to be able to improve communication and reduce conflicts with their environment, to be able to share and build a vital project together.

When social support is positive (providing emotional resources and assistance in solving everyday problems), it allows the person to build a sense of purpose in life, thereby alleviating stress. Achieving this improvement in relationships would be crucial to the subjective well-being of the person affected by a mental health problem.

Some fundamental aspects of improving relationships with others are:

- **Empathy:** Being able to put ourselves in someone else's shoes, trying to understand the reasons that led them to act in a certain way.
- **Choose how and where you communicate:** Try to communicate at a quiet time of day and in a place that is comfortable for both of us (it may not be a good idea to talk to someone who is stressed about something, and it would be a good idea to talk after dinner when we are resting for a while).
- **Think before communicating what we want to say and what is important to us:** stop and think about how we want our life and our relationship with our environment to be, and relate to them from that role, moving away from roles that we detest. For example, if we want to move away from a "sick" role and achieve greater autonomy, perhaps we can suggest an activity other than asking what we are doing?
- **Look for common activities** of pleasure in which we do not relate to our environment from the point of view of the illness, but from the point of view of something we both like (cinema, walking, eating out...).
- **Gratitude:** Gratitude is the ability to appreciate and be thankful for the things of others that do us good. Often we are embarrassed to express gratitude, but it helps us to:



a) Enjoy the positive experiences in our lives and experience other pleasant emotions such as joy or optimism.

b) Helps us to appreciate the circumstances of life, helping us to see and face events in a more positive way, considering not only the negative aspects of circumstances, but also the positive ones.

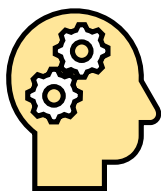
c) Stimulates pro-social behavior. For example, grateful people are more likely to help others.

d) Helps establish social bonds, strengthen existing relationships, and foster closer and higher quality relationships.

e) Tends to inhibit envious comparisons with others and reduce or avoid negative feelings such as anger, bitterness, or greed. For example, when we are grateful for what we have, we are less likely to notice what others around us have.

EXAMPLE:

"Juan is 35 years old and has been symptomatic, isolated, and with few relationships for more than ten years. After these years of apathy and aversion to almost everything, his therapist helped him to consider that perhaps change can come from within, without waiting for others or the world to change. He has decided that he is tired of fighting with his father, of staying in his room all day and doing almost nothing. The first thing he has done is to notice when times at home seem to be the quietest, and he has thought of things to propose during those times. He has suggested to his parents that they watch a Netflix series together after dinner. On the other hand, he began to think about how his parents must have felt during those years when he was not well, and he understood that they might have suffered as well. He has decided to thank them for always being with him and being happy with every step he takes".



THINK AND COPE POSITIVELY

Session 14



Can you help me create my life purpose?

What are we going to do?

- Practical exercises to prepare for the session with my special guest

Session Content

- Exercise: What I want to share with those around me
- Exercise Thank You Letter

What do I want to share with my social environment?

This exercise is about thinking openly about what you would like to share with the person attending the group: A professional from the center who works with the user but does not participate in the group, a family member, a friend, a user of the center, etc.

I will leave some fields blank so that you can think about them in the group or at home before the next session in which you will share the space with someone important to you.

What did I do in this program? Tell them in your own words, especially what helped you the most.



What have you realized? Tell them which aspects of your life you would like to improve.

Share some aspect of your life project (something specific about your garden).

Explain any factor that is important to you that you think has or could hinder your personal relationships (stigma, problems in past relationships, etc.).



Explain what issues could improve your personal relationships and support your life project.

Think of something you would like to thank them for.

14.2 Thank you letter

Think of a person to whom you are grateful; it can be someone from any stage of your life. Next, write a thank-you letter to that person explaining why you are grateful and how he or she has made you feel. You do not have to share this letter with anyone if you do not want to, but if you wish, and if possible, you can read it to the person you are grateful to.



References

- Aldersey, H. M., & Whitley, R. (2015). Family influence in recovery from severe mental illness. *Community Mental Health Journal*, 51(4), 467–476. DOI: [10.1007/s10597-014-9783-y](https://doi.org/10.1007/s10597-014-9783-y)
- Allott, K., Steele, P., Boyer, F., de Winter, A., Bryce, S., Alvarez-Jimenez, M., & Phillips, L. (2020). Cognitive strengths-based assessment and intervention in first-episode psychosis: A complementary approach to addressing functional recovery? In



Clinical Psychology Review , 79, 101871.

<https://doi.org/10.1016/j.cpr.2020.101871>

Bradburn, N.M. (1969). *The structure of psychological well-being*. Chicago: Aldine

Brenner, R. E., Vogel, D. L., Lannin, D. G., Engel, K. E., Seidman, A. J., & Heath, P. J. (2018).

Do self-compassion and self-coldness distinctly relate to distress and well-being? A theoretical model of self-relating. *Journal of Counseling Psychology*, 65(3), 346–357. <https://doi.org/10.1037/cou0000257>

Bird, V., Leamy, M., Tew, J., Le Boutillier, C., Williams, J., & Slade, M. (2014). Fit for purpose? Validation of a conceptual framework for personal recovery with current mental health consumers. *Australian and New Zealand Journal of Psychiatry*, 48(7), 644–653. <https://doi.org/10.1177/0004867413520046>

Bonanno, G. A., & Burton, C. L. (2013). Regulatory flexibility: An individual differences perspective on coping and emotion regulation. *Perspectives on psychological science*, 8(6), 591-612. <https://doi.org/10.1177/1745691613504116>

Broyd, A., Jolley, S., & Johns, L. (2016). Determinants of subjective well-being in people with psychosis referred for psychological therapy in South London. *British Journal of Clinical Psychology*, 55(4), 429–440. <https://doi.org/10.1111/bjc.12112>

Browne, J, Mueser, K., ... P. M.-K.-J. of consulting, & 2019, U. (2019). The therapeutic alliance in individual resiliency training for first episode psychosis: Relationship with treatment outcomes and therapy participation. *Journal of Consulting and Clinical Psychology*, 87(8), 734–744. <https://doi.org/https://doi.org/10.1037/ccp0000418>

Botella, C., Molinari, G., Fernández-Álvarez, J., Guillén, V., García-Palacios, A., Baños, R. M., & Tomás, J. M. (2018). Development and validation of the openness to the future scale: A prospective protective factor. *Health and Quality of Life Outcomes*, 16(1), 1–16.

<https://doi.org/10.1186/s12955-018-0889-8>

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283. <http://dx.doi.org/10.1037/0022-3514.56.2.267>

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider



- the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100. doi: http://dx.doi.org/10.1207/s15327558ijbm0401_6
- Carver, C., & Scheier, M. F. (2002). Optimism. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 231–243). New York, NY: Oxford University Press.
- Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. *Clinical Psychology Review*, 30, 879–889. <https://doi.org/https://doi.org/10.1016/j.cpr.2010.01.006>
- Caballero, R., Valiente, C. & Espinosa, R. (2021). Predictors of subjective well-being among individuals with severe psychiatric conditions. *Comprehensive Psychiatry*, 110, 152266-152266. <https://doi.org/10.1016/j.comppsy.2021.152266>
- Cartwright, B. D. S., White, M. P., & Clitherow, T. J. (2018). Nearby nature ‘buffers’ the effect of low social connectedness on adult subjective wellbeing over the last 7 days. *International Journal of Environmental Research and Public Health*, 15(6). <https://doi.org/10.3390/ijerph15061238>
- Carver, C. S. (1997). You want to measure coping but your protocol’s too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6
- Carver, C. S., & Scheier, M. F. (2017). *Optimism, coping, and well-being. The handbook of stress and health: A guide to research and practice*, 400-414.
- Çutuk, Z. A. (2021). Mediating role of optimism in the relationship between self-compassion and subjective well-being. *Journal of Human Sciences*, 18(2), 185-198. <https://doi.org/10.14687/jhs.v18i2.6139>
- Chakhssi, F., Kraiss, J. T., Sommers-Spijkerman, M., & Bohlmeijer, E. T. (2018). The effect of positive psychology interventions on well-being and distress in clinical samples with psychiatric or somatic disorders: A systematic review and meta-analysis. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1739-2>
- Diener, Ed, & Fujita, F. (1995). Resources, Personal Strivings, and Subjective Well-Being: A Nomothetic and Idiographic Approach. *Journal of Personality and Social Psychology*, 68(5), 926–935. <https://doi.org/10.1037/0022-3514.68.5.926>



- Ellis, R. (1994). *The Study of Second Language Acquisition*. Oxford: Oxford University Press.
- Emsley, R., Chiliza, B., Asmal, L., & Lehloeny, K. (2011). The concepts of remission and recovery in schizophrenia. *Current Opinion in Psychiatry*, 24(2), 114–121. <https://doi.org/10.1097/YCO.0b013e3283436ea3>.
- Favrod, J., Nguyen, A., Tronche, A. M., Blanc, O., Dubreucq, J., Chereau-Boudet, I., Capdevielle, D., & Llorca, P. M. (2019). Impact of positive emotion regulation training on negative symptoms and social functioning in schizophrenia: a field test. *Frontiers in Psychiatry*, 10, 532. <https://doi.org/10.3389/fpsyt.2019.00532>
- Fenton, W. S., Blyler, C. R., & Heinssen, R. K. (1997). Determinants of medication compliance in schizophrenia: empirical and clinical findings. *Schizophrenia Bulletin*, 23, 637–651. <https://doi.org/10.1093/schbul/23.4.637>
- Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping*, 21, 3-14. <http://dx.doi.org/10.1080/10615800701740457>
- Fredrickson, B. (2001). The role of positive emotions in positive psychology: The broaden-and build theory of positive emotions. *American Psychologist*, 56(3), 218–226. <https://doi.org/10.1037/0003-066X.56.3.218>
- Frese, F. J., Knight, E. L., & Saks, E. (2009). Recovery From Schizophrenia: With Views of Psychiatrists, Psychologists, and Others Diagnosed With This Disorder. *Schizophrenia Bulletin*, 35(2), 370. <https://doi.org/10.1093/SCHBUL/SBN175>
- Greenglass, E. R., & Fiksenbaum, L. (2009). Proactive coping, positive affect, and well-being: Testing for mediation using path analysis considerations. *European Psychologist*, 14, 29- 39. <http://dx.doi.org/10.1027/1016-9040.14.1.29>
- Halverson, T. F., Meyer-Kalos, P. S., Perkins, D. O., Gaylord, S. A., Palsson, O. S., Nye, L., ... & Penn, D. L. (2021). Enhancing stress reactivity and wellbeing in early schizophrenia: A randomized controlled trial of Integrated Coping Awareness Therapy (I-CAT). *Schizophrenia Research*, 235, 91-101. <https://doi.org/10.1016/j.schres.2021.07.022>
- Kasperek-Zimowska, B., Bednarek, A., Giguere, M., Parnowska, D., Żochowska, A., & Malewicz-Sawicka, M. (2022). The impact of positive psychotherapy of psychoses on the subjective well-being of people suffering from chronic schizophrenia—



- Preliminary report. *Counselling and Psychotherapy Research*, 22(1), 250-256.
<https://doi.org/10.1002/capr.12467>
- Kirkpatrick, B., Messias, E., Harvey, P. D., Fernandez-Egea, E., & Bowie, C. R. (2008). Is schizophrenia a syndrome of accelerated aging? *Schizophrenia Bulletin*, 34(6), 1024–1032). <https://doi.org/10.1093/schbul/sbm140>
- Laranjeira, C., & Querido, A. (2022). Hope and Optimism as an Opportunity to Improve the “Positive Mental Health” Demand. *Frontiers in Psychology*, 13.
<https://doi.org/10.3389/fpsyg.2022.827320>
- Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2(3), 197–207. [https://doi.org/10.1016/0149-7189\(79\)90094-6](https://doi.org/10.1016/0149-7189(79)90094-6)
- Lazarus, R., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
[Traducción española de 1986 como Estrés y procesos cognitivos. Barcelona: Martínez Roca].
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445–452.
<https://doi.org/10.1192/bjp.bp.110.083733>
- Li, B., Ma, H., Guo, Y., Xu, F., Yu, F., & Zhou, Z. (2014). Positive psychological capital: A new approach to social support and subjective well-being. *Social Behavior and Personality*, 42(1), 135–144. <https://doi.org/10.2224/sbp.2014.42.1.135>
- Litman, J., & Lunsford, G. (2009). Frequency of use and impact of coping strategies assessed by the COPE Inventory and their relationships to post-event health and well-being. *Journal of Health Psychology*, 14, 982-991. <http://dx.doi.org/10.1177/1359105309341207>
- Littman-Ovadia, H., & Nir, D. (2014). Looking forward to tomorrow: The buffering effect of a daily optimism intervention. *The Journal of Positive Psychology*, 9(2), 122-136.
<https://doi.org/10.1080/17439760.2013.853202>
- Lönnqvist, J.-E., & große Deters, F. (2016). Facebook friends, subjective well-being, social support, and personality. *Computers in Human Behavior*, 55, 113–120.



<https://doi.org/10.1016/j.chb.2015.09.002>

- Lyubomirsky, S., Dickerhoof, R., Boehm, J. K., & Sheldon, K. M. (2011). Becoming happier takes both a will and a proper way: An experimental longitudinal intervention to boost well-being. *Emotion*, 11(2), 391. <https://doi.org/10.1037/a0022575>
- 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. <https://doi.org/10.1007/s10902-007-9057-2>
- McGuire, N., Melville, C., Karadzhov, D., & Gumley, A. (2020). "She is more about my illness than me": a qualitative study exploring social support in individuals with experiences of psychosis. *Psychosis*, 12(2), 128–138. <https://doi.org/10.1080/17522439.2019.1699943>
- Meyer, B. (2001). Coping with severe mental illness: Relations of the Brief COPE with symptoms, functioning, and well-being. *Journal of Psychopathology and Behavioral Assessment*, 23(4), 265-277. <https://doi.org/10.1023/A:1012731520781>
- Meyer, J. M., & Nasrallah, H. A. (2009). *Medical illness and schizophrenia*. American Psychiatric Pub. (Ed.).
- Meyer, P., Johnson, D., Parks, A., Iwanski, C., & Penn, D. (2012). Positive living: A pilot study of group positive psychotherapy for people with schizophrenia. *Journal of Positive Psychology*, 7(3), 239–248. <https://doi.org/10.1080/17439760.2012.677467>
- Neff, Kristin. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
- Pavlovic, R. Y., Pavlovic, A., & Donaldson, S. (2016). Open Dialogue for psychosis or severe mental illness. *Cochrane Database of Systematic Reviews*, 2016(10). <https://doi.org/10.1002/14651858.CD012384>
- Peters, M. L., Flink, I. K., Boersma, K., & Linton, S. J. (2010). Manipulating optimism: Can imagining a best possible self be used to increase positive future expectancies?. *The Journal of Positive Psychology*, 5(3), 204-211. <https://doi.org/10.1080/17439761003790963>



- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Oxford: Oxford University Press.
- Peterson, C., & Steen, T. A. (2002). *Optimistic explanatory style*. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 244–256). New York, NY: Oxford University Press.
- Remington, G., Foussias, G., & Agid, O. (2010). Progress in defining optimal treatment outcome in schizophrenia. *CNS Drugs*, 24(1), 9–20. <https://doi.org/10.2165/11530250-000000000-00000>
- Rosenfield, S., & Wenzel, S. (1997). Social networks and chronic mental illness: A test of four perspectives. *Social Problems*, 44, 200–216. <https://doi.org/https://doi.org/10.2307/3096942>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Saperia, S., Da Silva, S., Siddiqui, I., McDonald, K., Agid, O., Remington, G., & Foussias, G. (2018). Investigating the predictors of happiness, life satisfaction and success in schizophrenia. *Comprehensive Psychiatry*, 81, 42–47. <https://doi.org/10.1016/j.comppsy.2017.11.005>
- Sanjuán, P., & Magallares, A. (2014). Coping strategies as mediating variables between self-serving attributional bias and subjective well-being. *Journal of Happiness Studies*, 15, 443–453. <http://dx.doi.org/10.1007/s10902-013-9430-2>
- Sanjuán, P., & Magallares, A. (2015). Coping strategies as mediator variables between explanatory styles and depressive symptoms. *Anales de Psicología*, 31, 447–451. <http://dx.doi.org/10.6018/analesps.31.2.173391>
- Schrank, B., Brownell, T., Jakaite, Z., Larkin, C., Pesola, F., Riches, S., Tylee, A., & Slade, M. (2016). Evaluation of a positive psychotherapy group intervention for people with psychosis: Pilot randomised controlled trial. *Epidemiology and Psychiatric Sciences*, 25(3), 235–246. <https://doi.org/10.1017/S2045796015000141>
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4, 219–247. <https://doi.org/10.1037/0278-6133.4.3.219>



- Schennach-Wolff, Rebecca, Ger, M. J. Ä., Obermeier, M., Schmauss, M., Laux, G., Pfeiffer, H., Naber, D., Schmidt, L. G., Gaebel, W., Klosterk, J., Tter, Ö., Hepatient, I., Hn, K.-U. K. Ü., Lemke, M. R., Ther, R. Ü., Klingberg, S., Gastpar, M., Seem, F., Ller, Ü., ... Riedel, M. (2010). Quality of life and subjective well-being in schizophrenia and schizophrenia spectrum disorders: Valid predictors of symptomatic response and remission? *World Journal Biological Psychiatry*, 11(5):729-38. <https://doi.org/10.3109/15622971003690289>
- Seikkula, Alakare, B., & Jukka Aaltonen, J. (2001). Open dialogue in psychosis I: An introduction and case illustration. *Journal of Constructivist Psychology*, 14(4), 247–265. <https://doi.org/https://doi.org/10.1080/10720530125965>
- Seligman, M. E. P., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60, 410–421 [DOI: 10.1037/0003-066X.60.5.410](https://doi.org/10.1037/0003-066X.60.5.410)
- Seligman, M. E. P., Schulman, P., & Tryon, A. M. (2007). Group prevention of depression and anxiety symptoms. *Behavior Research and Therapy*, 45, 1111–1126. [DOI: 10.1016/j.brat.2006.09.010](https://doi.org/10.1016/j.brat.2006.09.010)
- Seo, M., & Lim, Y. (2019). Optimism and life satisfaction in persons with schizophrenia living in the community. *International Journal of Social Psychiatry*, 65(7–8), 615–620. <https://doi.org/10.1177/0020764019868256>
- Shattock, L., Berry, K., Degnan, A., & Edge, D. (2018). Therapeutic alliance in psychological therapy for people with schizophrenia and related psychoses: A systematic review. *Clinical Psychology and Psychotherapy*, 25(1), e60–e85. <https://doi.org/10.1002/cpp.2135>
- Siegrist, K., Millier, A., Amri, I., Aballéa, S., Research, M. T.-P., & 2015, U. (2015). Association between social contact frequency and negative symptoms, psychosocial functioning and quality of life in patients with schizophrenia. *Psychiatry Research*, 230, 860-866. <https://doi.org/https://doi.org/10.1016/j.psychres.2015.11.039>
- Slade, M., Leamy, M., Bacon, F., Janosik, M., Le Boutillier, C., Williams, J., & Bird, V. (2012). International differences in understanding recovery: systematic review. *Epidemiology And Psychiatric Sciences*, 21(4), 353.



<https://doi.org/10.1017/S2045796012000133>

Slade, M., Oades, L., & Jarden, A. (2017). *Wellbeing, recovery and mental health*. Cambridge University Press.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York, NY: Free Press.

Snyder, C. R., & Lopez, S. J. (Eds.). (2002). *The handbook of positive psychology*. New York, NY: Oxford University Press.

Stanga, V., Turrina, C., Valsecchi, P., Sacchetti, E., & Vita, A. (2019). Well-being in patients with schizophrenia, mood and personality disorders attending psychiatric services in the community. A controlled study. *Comprehensive Psychiatry*, 91, 1–5. <https://doi.org/10.1016/j.comppsy.2019.02.001>

VanderWeele, T. J., Hawkley, L. C., & Cacioppo, J. T. (2012). On the Reciprocal Association Between Loneliness and Subjective Well-being. *American Journal of Epidemiology*, 176(9), 777–784. <https://doi.org/10.1093/aje/kws173>

Valiente, C., Espinosa, R., Contreras, A., Trucharte, A., Caballero, R., Peinado, V., ... & Perdigón, A. (2021). A multicomponent positive psychology group intervention for people with severe psychiatric conditions; a randomized clinical trial. *Psychiatric Rehabilitation Journal*, 45(2), 103. <https://doi.org/10.1037/prj0000509>

Varga, E., Endre, S., Bugya, T., Tényi, T., & Herold, R. (2018). Community-based psychosocial treatment has an impact on social processing and functional outcome in schizophrenia. *Frontiers in Psychiatry*, 9. <https://doi.org/10.3389/fpsy.2018.00247>

Waite, F., Knight, M. T. D., & Lee, D. (2015). Self-Compassion and Self-Criticism in Recovery in Psychosis: An Interpretative Phenomenological Analysis Study. *Journal of Clinical Psychology*, 71(12), 1201–1217. <https://doi.org/10.1002/jclp.22211>

Wampold, B. (2001). *The Great Psychotherapy Debate: Models, Methods and Findings*. Lawrence Erlbaum Associates Publishers.