



Happiness in first-episode schizophrenia

Ofer Agid ^{a,c,*}, Krysta McDonald ^{a,c}, Cynthia Siu ^d, Christopher Tsoutsoulas ^{a,c}, Caroline Wass ^{a,c}, Robert B. Zipursky ^e, George Foussias ^{a,b,c}, Gary Remington ^{a,b,c}

^a Department of Psychiatry, Faculty of Medicine, University of Toronto, Canada

^b Institute of Medical Science, University of Toronto, Canada

^c Schizophrenia Program, Centre for Addiction and Mental Health, Toronto, Canada

^d Data Power (DP), Ringoes, NJ, USA

^e Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada

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ABSTRACT

Happiness is a core dimension of a person's life, related to both functioning and success. As patients with schizophrenia experience marked functional deficits, it would be informative to investigate their level of happiness. There are limited data currently available, perhaps due to the longstanding belief that anhedonia is an inherent feature of this illness. The present study set out to specifically assess happiness in schizophrenia in relation to both clinical and functional measures of outcome.

Method: Thirty-one first-episode remitted patients and 29 age- and sex-matched controls participated in the study. Patients' clinical status was assessed and a series of self-report questionnaires were used to measure levels of happiness, life satisfaction, success and functioning in both patients and controls.

Results: Patients experienced marked functional impairment versus healthy controls ($p < 0.001$), while reporting comparable levels of happiness ($p = 0.113$) and satisfaction with life ($p = 0.350$). In the patient group, we found that higher happiness ratings were significantly associated with less depression, less negative symptoms, less social withdrawal, greater life satisfaction, and higher social and occupational functioning. Both cognitive functioning and insight had no significant direct effects on ratings of happiness in the patient group.

Conclusions: Despite marked functional impairment, individuals with first-episode schizophrenia are as happy as controls. Mechanisms that might allow for this are discussed, as are the implications for rehabilitation efforts that assume an individual holds to the same drives and goals as before the illness onset and/or is unhappy with their present functional status.

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1. Introduction

Little attention has been given to the level of happiness experienced by patients with schizophrenia. This may be due, at least in part, to the longstanding belief that anhedonia is an inherent feature of this illness (Andreasen, 1982; Blanchard et al., 1998). Happiness itself is a core dimension of a person's life (Easterlin, 2003) and based largely upon private internal psychological processes, mainly the values and subsequent goals of an individual (Kahneman and Tversky, 1984; Diener et al., 1985, 1999; Kim-Prieto et al., 2005). It is thought to reflect two components: (1) level of satisfaction with life, and (2) amount of positive and negative affect experienced (i.e.,

relative amount of positive to negative affect; Andrews and Withey, 1976; Diener, 1984). Someone who is happy typically experiences relatively high amounts of positive versus negative affect when engaging in valued activities and goal-directed behaviors (Myers and Diener, 1996). It should also be noted that happiness is different from both subjective and objective Quality of Life (QOL), which assess the presumed preconditions of happiness rather than the internally experienced perception of happiness itself (Diener, 1984; Saracci, 1997).

This said, happiness is intrinsically related to functioning, success, productivity and QOL. A recent meta-analysis (Lyubomirsky et al., 2005) found a positive correlation between happiness and success in areas of work, relationships and health, all of which are highly valued by society. Life satisfaction and happiness have consistently been linked to current employment status; individuals around the world indicate greater satisfaction with their life when they are actively employed (Carroll, 2007; Chadi, 2010; Knabe et al., 2010; Stavrova et al., 2011). Interestingly, data reveal that long-term happiness can precede successful outcomes, indicating that happiness does not solely

Abbreviations: QOL, Quality of Life; SHS, Subjective Happiness Scale; SIQ, Single-Item Happiness Question; WVS-H, World Values Survey-Happiness Question; SWLS, Satisfaction with Life Scale; DRM, Day Reconstruction Method.

* Corresponding author at: Schizophrenia Program, Centre for Addiction and Mental Health, 250 College St., Toronto, Ontario, M5T 1R8, Canada. Tel.: +1 416 535 8501x4862. E-mail address: ofer.agid@camh.ca (O. Agid).

rely on goal attainment or outcome, and may itself directly and independently increase levels of functioning and productivity (Lyubomirsky et al., 2005; Oishi et al., 2007). Successful outcomes can improve the objective qualities of an individual's life, helping to explain the association between happiness and QOL (Inglehart et al., 2008).

Schizophrenia is associated with significant impairment in functional status (Addington and Addington, 1999; Lipkovich et al., 2009), even during the earliest stages (Addington and Addington, 2000; Addington et al., 2001; Brill et al., 2009). This is reflected in the staggering indirect costs of schizophrenia related to lost productivity (Goeree et al., 2005). While there is debate as to what factors contribute to this, full functional recovery is rare (Robinson et al., 2004) and the level of impairment is profound, with as many as 73% of individuals unemployed (Rosenheck et al., 2006). That this would translate to a loss of happiness seems intuitively reasonable in light of the aforementioned relationship between happiness, functioning and employment status.

The present study set out to assess happiness in schizophrenia vis-à-vis both clinical and functional measures of outcome. We specifically focused on first-episode schizophrenia in order to: (1) isolate a timeframe more closely linked to premorbid functioning, and (2) circumvent issues related to illness chronicity (Larsen et al., 1996). The study was driven by our own clinical observations that patients would, if asked specifically, often rate themselves as happy.

2. Methods

2.1. Participants

Thirty-one first-episode patients were randomly recruited from the outpatient division of the First-Episode Schizophrenia Program at the Centre for Addiction and Mental Health. Inclusion criteria were as follows: 18–35 years of age, capable of providing informed consent, DSM-IV diagnosis of schizophrenia confirmed by the Mini International Neuropsychiatric Interview (Lecrubier et al., 1997) and treatment for ≤ 2 years. Patients with a co-morbid diagnosis (e.g., mental retardation; substance abuse/dependence) were excluded from study participation. The study was approved through our Research Ethics Board and all patients provided written informed consent.

Twenty-nine control participants were recruited from the Greater Toronto Area via ads posted at the University of Toronto, and on the networking websites Craigslist (Craigslist, 2010) and Kijiji (Kijiji, 2010). Control participants were matched on age, gender, and years of education on an individual basis. Each subject was telephone screened for possible DSM-IV diagnoses using the General Health Questionnaire-12 (Goldberg et al., 1997) and the Psychosis Screening Questionnaire (Bebbington and Nayani, 1995). Potential subjects were excluded if there was a current DSM-IV diagnosis or a history of prescribed psychotropic medication use. To avoid selection bias, individuals from both groups were paid for their time.

2.2. Instruments and procedures

Measures assessing clinical status were administered to patients only and included the Positive and Negative Syndrome Scale for Schizophrenia (PANSS) (Kay et al., 1987), the Clinical Global Impression scale (CGI) (Guy, 1976), and the Calgary Depression Scale (CDS) (Addington et al., 1992). Insight was measured using the Schedule for Assessment of Insight (SAI) (David, 1990), while cognitive functioning was evaluated using the Brief Assessment of Cognition in Schizophrenia, version 3.0 (BACS) (Keefe et al., 2004). Cognitive results were compared to results from a previously published sample of healthy controls (Keefe et al., 2008), as well as to those from a previously published sample of patients with chronic schizophrenia (Keefe et al., 2004).

A series of self-report questionnaires were administered to both groups to assess levels of happiness, life satisfaction, success, and social and occupational functioning. The order of administration was fixed to the following order due to previously identified priming/focusing effects, particularly for happiness and satisfaction responses (Kahneman et al., 2006).

2.2.1. Happiness

Subjective Happiness Scale (SHS; Lyubomirsky and Lepper, 1999): a four item self-report scale measuring global subjective happiness. Two items are designed to measure subjective happiness according to oneself and one's peers. The remaining two items ask the respondent to rate oneself according to description of other happy versus unhappy individuals. The scale ranges from 1 ("not very happy" or "not at all") to 7 ("a very happy person", "more happy" or "a great deal"). A single composite score for global happiness is computed by averaging the responses for the 4 items. The SHS has high and stable internal consistency, good to excellent test-retest and self-peer reliability, and construct validity as confirmed by convergent and discriminant validity (Lyubomirsky and Lepper, 1999).

As happiness was our primary outcome measure, we confirmed construct validity with convergent validity. Pearson correlations were computed between the SHS and a Single-Item Happiness Question (SIQ; Abdel-Khalek, 2006) that requires the respondent to estimate one's general sense of happiness on a scale from 0 = minimal sense of happiness to 10 = maximal sense of happiness, as well as one question (V10) extracted from the 2005–2006 World Values Survey (WVS-H; WVS) that also assesses overall happiness on a scale ranging from 1 = very happy to 4 = not happy at all. The correlation of the SHS and SIQ was 0.74 ($p < 0.001$) and 0.42 ($p = 0.020$) for the SHS and WVS-H, confirming convergent validity.

2.2.2. Satisfaction with life

Satisfaction with Life Scale (SWLS; Diener et al., 1985): a self-report questionnaire that includes five statements regarding satisfaction with one's life rated on a scale from 1 = strongly disagree to 7 = strongly agree.

2.2.3. Success

Participants were asked to self-report their levels of overall success on an 11-point scale with the following two questions: "So far, how successful have you been in life?" (Succ1; 0 = not at all successful, 10 = extremely successful) and "How successful are you compared to most people your age?" (Succ2; 0 = less successful, 10 = more successful).

2.2.4. Daily experienced affect

The Day Reconstruction Method (DRM; Kahneman et al., 2004): this scale asks the respondent to reconstruct the previous day using a structured self-report that transforms activities of the day into episodes which are then rated according to one's affective experience (1 episode = 1 recorded and rated activity). Affective rating includes three positive categories: happy, warm, and enjoying myself, as well as six negative categories: frustrated, depressed, hassled, angry, worried, and criticized. This is done on a scale from 0 = not at all to 6 = very much. The overall net affect of each episode is calculated by subtracting the average of the six negative categories from the average of the three positive ones. A negative difference value indicates an affectively negative episode.

2.2.5. Functioning

Social Functioning Scale (SFS; Birchwood et al., 1990): the respondent is asked to rate the frequency and nature of one's functioning using a variety of scales and open ended questions. Responses estimate functioning within seven domains: social engagement, interpersonal relationships, pro-social activities, employment, recreational

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