



Concept of Happiness in Schizophrenia

Şizofreni Hastalığında Mutluluk Kavramı

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ABSTRACT

Schizophrenia is a severe mental disorder that affects a person's emotions, thoughts, and behaviors. Although the symptoms of schizophrenia vary from person to person, the course of the disorder is generally not mild. In addition to these effects of the disease, patients have to struggle with both social and family problems. Having positive feelings such as hope and happiness for patients during this hard period can be a source of motivation in coping with the disease. Indeed, happiness is a basic dimension of a person's life, related to both functionality and achievement. Happiness is a power that supports mental and psychological well-being in many fields, from healthy living to social interaction in individuals. Happiness in schizophrenia points out less depressive mood, less social isolation, and a more hopeful process for the future and treatment process during the diagnosis, treatment, and rehabilitation of schizophrenia. However, limited data are available on happiness in schizophrenia due to the long-standing belief that anhedonia is an inherent feature in schizophrenia. In this context, this study aims to create awareness about the ignored concept of happiness in patients with schizophrenia and to evaluate happiness in schizophrenia with its clinical and functional results.

Key words: Happiness, psychiatry, schizophrenia

ÖZ

Şizofreni, bireylerin duygu, düşünce ve davranışlarını etkileyen ciddi bir ruhsal bozukluktur. Şizofrenide görülen belirtiler kişiden kişiye farklılık göstermesine rağmen, bozukluğun seyri çoğunlukla hafif olmamaktadır. Hastalığın bu etkilerine ek olarak hastalar gerek toplumsal gerekse ailesel olumsuzluklarla da mücadele etmek durumunda kalmaktadır. Bu zorlu süreçte hastaların umut, mutluluk gibi pozitif duygulara sahip olması hastalıkla baş etmede motivasyon kaynağı olabilmektedir. Nitekim mutluluk; bir kişinin yaşamının hem işlevsellik hem de başarı ile ilgili temel bir boyutudur. Mutluluk, bireylerde sağlıklı yaşamdan sosyal etkileşime kadar birçok alanda ruhsal ve psikolojik esenliği destekleyici güç konumundadır. Şizofrenide mutluluk; şizofreninin tanı, tedavi ve rehabilitasyonu boyunca bireylerde daha az depresif duygudurum, daha az sosyal izolasyon, geleceğe ve tedavi sürecine ilişkin daha umutlu bir sürece işaret etmektedir. Ancak anhedoninin şizofrenide doğal bir durum olduğuna dair uzun süredir devam eden inanç nedeniyle, şizofrenide mutluluk hakkında sınırlı veri bulunmaktadır. Bu bağlamda bu çalışmanın amacı, şizofreni hastalarında göz ardı edilen mutluluk kavramı hakkında farkındalık oluşturulması ve şizofrenide mutluluğun hem klinik hem de fonksiyonel ve işlevsel sonuçları ile değerlendirilmesidir.

Anahtar sözcükler: Mutluluk, psikiyatri, şizofreni

Introduction

Schizophrenia is a severe mental disorder in which significant disorders emerge in thinking, perception, and behavior and cause disability and dysfunction in a significant number of patients (Öztürk and Uluşahin 2014). Schizophrenia generally begins before the age of 25 and may occur in all cultures and geographies. Incidence of the disease is indicated as 1% (Sadock and Sadock 2011). Schizophrenia negatively affects many functional areas of individuals, especially psychosocial functionality and quality of life (Karadayı et al. 2011). Schizophrenia patients are also

faced with many different problems besides these losses of functionality (Şahin et al. 2018). Patients may be exposed to exclusion both by their society and relatives, especially due to the disease-related symptoms. This reaction of the society and the relatives of the patients and the difficulties they experience in understanding the disorder also cause the patients to have more difficulties in coping with impulsivity and cognitive impairment (Magliano et al. 2005). All these problems and difficulties come together and lead to a decrease in the self-esteem and hope levels of the patients, causing them to be unhappy. Different methods were tried for a long time about the treatment processes

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related to schizophrenia to overcome such difficulties (Noh et al. 2008, Palmer et al. 2014). Traditionally, in the treatment of schizophrenia, it is recommended to treat patients with psychosocial interventions as well as medical treatments (Öztürk and Uluşahin 2014). Psychosocial interventions in this treatment process mainly target symptoms such as mood disorders, hallucinations, cognitive impairments, and delusions, social and occupational dysfunctions seen in patients with schizophrenia. It leads to the ignorance of emotional needs and individual well-being of patients with schizophrenia. However, for schizophrenia patients, in addition to symptom treatments, being hopeful for the future and the feeling of happiness, which can be efficient in determining goals and objectives, are also of great importance (Bergsma et al. 2011). Happiness helps individuals with mental disorders to experience less stress, make better sense of their lives, and increase their self-esteem (Cloninger 2006, Buckland et al. 2013).

Unfortunately, when considering that patients with schizophrenia are at risk for stigma, this patient group can be considered as a disadvantaged group in terms of happiness. Thus, when examining several studies in the literature on patients with schizophrenia, it is seen that the happiness levels of patients with schizophrenia are not very high (Buckland et al. 2013, Palmer et al. 2014, Fervaha et al. 2016). In this context, the attempts of all health professionals, especially those working in the field of psychiatry, are of importance to meet the recovery needs of patients with schizophrenia, provide psychological development of patients, and increase their happiness levels in parallel with them (Videbeck 2013, Eglit et al. 2018).

We may think that happiness is a vital source of motivation for schizophrenia patients to take their life responsibilities, participate in the treatment process, be hopeful for the future and increase life satisfaction. Furthermore, it is seen that happiness gains many advantages to patients in many areas such as social and occupational functioning, interpersonal relations, social participation, and interpretation of life. Taking the concept of patients' happiness in the treatment and rehabilitation processes into consideration may indicate a more efficient process for both patients and specialists. Happiness can be regarded as a significant driving force in all areas of the life of patients with schizophrenia in light of all this information. However, when we look at the literature, it is seen that there are limited studies on happiness in patients with schizophrenia. Studies focused more on negative situations and lesser on positive ones. In this context, it will affect the living spaces of schizophrenia patients, and it is even considered that the concept of happiness, which will positively influence both the social and individual life areas of the patients, is crucial.

Definition of Happiness

Happiness is a psychological concept having several definitions and dimensions. In the field of psychology, happiness is a positive emotion that is deeper than a good temporary mood. Happiness is one of the most important concepts in the field of mental

health. In general, happiness is defined as an individual's positive evaluation of his own life (Veenhoven 2000, Agid et al. 2012). Happiness in mental health is used together with the concepts of subjective well-being and quality of life, together with positive emotions such as joy, peace, sense of participation, achievement, life satisfaction, self-confidence, purpose, and enthusiasm (Süler 2016, Şahin and Altun 2020). All these concepts function as a motive force for individuals in order to cope better with the life events they encounter and to be hopeful for the future (Oishi et al. 2009). Studies in the literature indicate that happiness has several effects on human life, such as improving physical and mental health, improving the quality of sleep, reducing stress hormone levels, better cardiovascular functioning, improving adaptation to life events, strengthening the immune system, improving quality of life and increasing life satisfaction. (Lyubomirsky et al. 2005, Pressman and Cohen 2005, Nanthamongkolchai et al. 2009).

The concept of happiness is characterized by the satisfaction level in a person's life and the amount of positive and negative effects experienced. Happy people can adopt a more positive life as they act in the direction of their goals and purposes (Şahin and Altun 2020). Happiness is considered an important value throughout the life of the person and all individuals have an aim to achieve happiness. In accordance with this purpose, individuals make some choices, and these choices sometimes bring happiness and sometimes unhappiness (Mehrdadi et al. 2016, Süler 2016). However, both happiness and unhappiness develop depending on many factors. Some of the main factors associated with feelings of happiness are summarized below. Each of these factors may affect the level of happiness at different levels (Steptoe 2019).

When examining the factors affecting happiness, there exist different views of theorists. One of the most significant theories in this field is the point theory. According to this theory, the main factors that significantly affect happiness are personality and genetics. For the point theory, personality and genetics

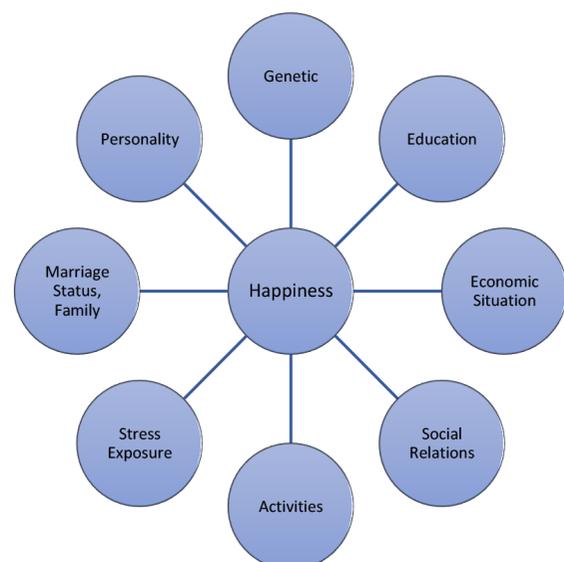


Figure 1. Factors related with happiness. (Steptoe 2019)

are unchangeable elements. Therefore, although the individual has a fluctuating level of happiness against life events, he returns to his old level of happiness after a while (Doğan 2012). When examined in the context of positive psychology, another theory that explains happiness is the Adlerian theory. Adlerian theory is based on humanist, solution-focused, existential, and multicultural approaches. This theory has pioneered many theories but has been ignored in the literature. Hence, the point theory, which is the most significant theory in the field of happiness, has similarities with the “the important thing is not what one is born with, but what use one makes of that equipment.” principle of Adlerian theory. According to Adlerian theory, the factors affecting happiness are social relations, social activities, and economic situation. It is also stated that in addition to the expenditure method of individuals, the economic situation has a significant effect on happiness in this theory (Ergüner 2016). When looking at other factors affecting happiness, it is reported that being in harmony with their families and spouses for individuals will develop their sense of belonging, and it will positively affect the level of happiness. It has also been reported that as the level of stress exposed by individuals increases, happiness decreases, and the activities in which individuals are involved, both individually and socially, reduce the level of stress and increase happiness in individuals (Ulukan 2020).

Evaluation of Happiness

Happiness has been studied in several disciplines for centuries, and it has been attempted to be defined and evaluated through ethical, theological, political, economic, and psychological terms (Diener 2009). Happiness has been listed as an index term in Psychological Abstracts International since 1973. So what and how should happiness be evaluated? Generally, there are two types of answers to this question. The first answer is that he often experiences a positive emotional state such as joy, and the second is that the individual is satisfied with all or most of his life. These are considered as two possible components of happiness. However, happiness does not mean the opposite of unhappiness, depression, or psychological disorder. However, it is negatively associated with these conditions (Argyle and Strack 1991, Lu and Shih 1997). Andrews and Withey emphasize that there exist three possible components in evaluating happiness. These are pleasant emotions, life satisfaction, and the absence of negative emotions or psychological stress. However, they indicate that it can be seen as a relevant fourth component in other elements such as self-actualization and purpose in life and personal growth (Andrews and Withey 2012).

Today when evaluating happiness, three types of components are emphasized: emotional, social, and cognitive. The emotional component provides a positive emotional state, while the social component generates widespread and positive social relationships with others. The cognitive component causes the individual to interpret daily events optimistically (Mehrdadi et al. 2016). Any problem that may arise in one of these fundamental components can cause individuals to be unhappy. Reasons such as pessimism that may occur in the emotional component,

pessimism or low self-esteem that may occur in the cognitive component, and stigma and social isolation that may occur in the social components can lead to unhappiness. Unhappy individuals have pessimistic thoughts about both life and the future, and these people cannot have positive expectations about life (Diener et al. 2002). Happiness is a sign of hope and positive expectations for the future in people. From this respect, it is considered that happiness helps individuals for a better and more successful future (Manige et al. 2018). So how to measure such an important emotion? The level of happiness and quality of life of a person can be evaluated objectively from the outside and subjectively from the inside. From an objective perspective, other people measure and judge others' lives by some criteria such as wealth, income, educational attainment, professional prestige, health status, or longevity. Generally, people who are wealthier, more educated, and live longer can be considered to have higher happiness and quality of life (Keyes 2006). The subjective perspective emerged in the 1950s as a crucial alternative to the objective approach to measure an individual's well-being. Subjective evaluation relies on individuals' evaluation of their lives, their self-perception of life satisfaction, and their perceptions of happiness and well-being. In short, the evaluation of happiness varies and makes sense according to the perspectives of individuals and their insights (Diener et al. 1999).

Health and Happiness

It is broadly accepted that mental factors may affect physical function and that psychological well-being has a positive effect on physical health. This view is accepted both in the field of physical medicine and in the field of psychiatry. Psychological distress and unhappiness have negative impacts on physical and psychological health (Seedhouse 2004). In this context, it is supposed that happiness helps physical and psychological health (Peele and Grant 1999). Some authors claimed that happiness, or more precisely, positive attitudes towards life, will support longevity among healthy people and regulate other physical indicators of health (Diener et al. 2011, Borghesi and Vercelli 2012, Straume and Vitterso 2015).

Happiness helps improve health and may aid protect healthy people against diseases. Indeed, this acceptance is reflected in broad definitions of health, such as the World Health Organization's definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. As regards this view, the concept of health is not only related to disease but also to the quality of life and happiness in a broader definition (Peele and Grant 1999, Veenhoven 2008).

In this context, it can be considered that happiness is an element supporting a healthy life. Thus, most of the experts in both mental and physical diseases recommend staying away from stressful life and inviting individuals to a happy life. Especially when it is considered in the field of mental health, happiness can be seen as an element that supports individuals to struggle in the direction of their healthy living goals.

Mental Illness and Happiness

According to the report of the “Social Exclusion Unit (SEU)” operating in the United Kingdom, it is argued that people with mental disorders can experience happiness and peace in their lives and that they can gain benefits regardless of their illness (Unit 2004). Happiness, as an emotion, may influence our quality of life, our perspective on life events, our activities to cope with diseases and maintain health. Some studies in physical medicine and psychology assert that emotional responses to life events have several effects on both mental and physical health (Rozanski et al. 1999, Kuhn et al. 2009). Some studies pointed at the autonomic nervous system (ANS) as the main channel of transmission of the effects of happiness on health. As a result of this situation, individuals may encounter mental problems (Levenson 1992, Sabatini 2014). Unpleasant life events such as job loss, for example, can trigger several mental problems by causing a negative emotional response that can significantly affect the functioning of the autonomic nervous system. Rozansky stated in his study that the mortality rate of men whose spouses died doubled in the first month after the event. He said that, for women, the mortality rate after the death of her husband is three times higher. The study also found a relationship between unhappiness at the death of a spouse and job loss, depression, and poor health conditions (Rozanski 1999).

The claim that emotional responses to life events affect individual health in the literature is supported by the evidence that happy people live longer (Diener et al. 2011). Happiness and positive attitudes towards life can also prevent the activation of physiological responses that may have harmful effects on mental health (Frey 2011).

In some studies in the literature, it is stated that happy individuals can cope with the mental problems and life events they encounter better (Weinert et al. 2008, Helliwell and Wang 2012). Unhappiness complicates to struggle with health problems in the individual. The loss of happiness, especially in individuals with mental illness, causes non-adherence to the treatment process, increases social withdrawal, increases the level of depression, impairs decision-making skills, and results in the inability to cope with life events (Agid et al. 2012, Süler 2016).

It is increasingly becoming more important to struggle with stigma encountered by individuals with mental disorders and to focus on the concepts of happiness and quality of life, which will provide advantages to individuals during this struggle. In order to overcome stigma and discrimination, the importance of evaluating and improving the level of happiness in individuals with mental disorders has been expressed by patients and their relatives for years (Campbell 2007). In this context, we can say that happiness in individuals with mental disorders is vital in terms of physical and psychological health, healthy interpersonal relations, and social functioning of individuals.

Happiness and Schizophrenia

The present state of treatment for patients with schizophrenia mainly relies on symptomatic relief. However, this treatment process cannot fully meet the recovery needs of patients with schizophrenia. Because schizophrenia patients have goals such as hope, optimism, self-determination, self-respect, coping, discovery, and openness to new experiences on the axis of full recovery (Ralph 2000). To achieve all these goals, taking an active role in the personal treatment process and being hopeful for the future are significant factors for schizophrenia patients. In addition, it is stated that the increase in the level of happiness of schizophrenia patients is a significant factor in hope, treatment engagement, coping with the disease, reduction of relapses, and adaptation (Meyer et al. 2012). In a study performed, we found that happiness increase was associated with a decrease in relapses, extension of the period between relapses, improvement in coping with the disease, and improvement in psychiatric symptoms (Fava and Tomba 2009).

As happiness is evaluated with the concepts of quality of life, subjective well-being, and life satisfaction in individuals, schizophrenia is assessed as a positive factor in the adaptation to the disease, quality of life, functionality, social participation, and the potential of the patient's independence (Agid et al. 2012). Unhappiness in patients with schizophrenia can develop due to many factors. Among these, the severity of negative symptoms that develop due to the syndromes, high-stress levels, and dysfunctions related to functionality can be assumed (Buckland et al. 2013, Palmer et al. 2014, Saperia et al. 2018). Patients with schizophrenia have difficulty in fulfilling their duties and responsibilities or becoming unemployed due to the functional disorders they experience (Agid et al. 2012). It causes individuals to be deprived of job satisfaction and experience unhappiness stemming from being unable to fulfill their pre-morbid duties and responsibilities. Thus, studies indicate that a great majority of patients with schizophrenia are unemployed and are unhappy by experiencing stress for this reason. Similarly, stigma, social isolation, and side effects of pharmacological treatment faced by schizophrenia patients are also listed as factors that cause unhappiness (Buckland et al. 2013, Saperia et al. 2018). Patients with schizophrenia are excluded by society and exposed to social isolation and stigma either due to the effects of symptoms of schizophrenia or the side effects of the drugs used in the treatment process. Disorganized behaviors, one of the symptoms of schizophrenia, cause these patients to be perceived as dangerous and aggressive by society. As a result, they are perceived as aggressive, harmful and unreliable, excluded, and labeled by society (Şahin et al. 2018). Similarly, behavioral and emotional problems that may develop due to the side effects of the drugs used in the treatment of these individuals also look strange by society and the individual experiences alienation. Individuals exposed to these situations may avoid feelings of happiness and hope in their lives and may choose to accept this situation. Thus, some studies have reported that pharmacological treatment gained an advantage for patients in relieving symptoms.

Table 1. Studies on the concept of happiness in patients with schizophrenia and their results in recent years

Source	Name of Study	Sample Group	Conclusion
Agid et al. 2012	Happiness in first-episode schizophrenia	31 patients with schizophrenia 29 healthy controls	They reported that patients with first-episode schizophrenia are as happy as healthy individuals despite functional impairments. In the schizophrenia group, higher degrees of happiness were found to be associated with less depression, fewer symptoms, less social withdrawal, higher life satisfaction, and higher social and occupational functioning. Any direct correlation could not be found between insight and happiness levels in the schizophrenia patient group.
Buckland et al,- 2013	Defining Happiness for Young Adults with Schizophrenia: A Building Block for Recovery	26 patients with schizophrenia (13 males, 13 females; one-hour, three-person interviews for six weeks)	As a result of the study, the happiness level of schizophrenia patients was indicated as moderate. They stated that patients with schizophrenia may also be happy. Four barriers to happiness have been identified in patients with schizophrenia: 1) fear, 2) isolation, 3) medication, 4) not being considered "normal"
Mankiewicz et al, 2013	Subjective wellbeing in psychosis: Mediating effects of psychological distress on happiness levels amongst individuals diagnosed with paranoid schizophrenia	47 individuals diagnosed with paranoid schizophrenia	As a result of the study, they found happiness as a factor affecting psychological stress, the severity of psychotic experiences, and life satisfaction. In addition, they concluded that psychosis does not equal unhappiness, does not prevent individuals from adopting a positive mood, and psychosis alone does not reduce life satisfaction.
Palmer et al, 2014	Well-being within Illness: Happiness in schizophrenia	72 patients with schizophrenia 64 healthy controls	They found that the level of happiness in patients with schizophrenia was lower than the control group and reported that there were significant differences in happiness levels within the schizophrenia group. In schizophrenia patients, a high level of happiness was associated with quality of life and various positive psychosocial factors (lower perceived stress and higher resilience, optimism). Level of happiness was not related to sociodemographic characteristics, duration of illness, severity of positive or negative symptoms, physical function, medical comorbidity, or cognitive functioning
Fervaha et al, 2016	Life satisfaction and happiness among young adults with schizophrenia	72 patients with schizophrenia 72 healthy controls	Happiness levels of schizophrenic patients were found to be lower than healthy controls. However, they determined that a significant part of the schizophrenia patient group had a high level of subjective happiness. Both depressive symptoms and motivational deficits have been shown as variables affecting the level of happiness.
Hochstrasser et al, 2018	The association of psychopathology with concurrent level of functioning and subjective well-being in persons with schizophrenia spectrum disorders	Psychosis (first episode and multiple episodes) Followed a group of 202 patients for 12 months.	As a result of the study, happiness was found to be related to positive symptoms and anxiety. Happiness was found to be related to anxiety in first-episode patients and positive symptoms in multiple-episode patients. A positive correlation was found between social functioning, negative symptoms, and happiness in multiple-episode patients.
Saperia et al. 2018	Investigating the predictors of happiness, life satisfaction and success in schizophrenia.	51 patients with schizophrenia 56 healthy controls	In schizophrenia patients, they found lower life satisfaction and perception of success compared to healthy controls, but any significant difference in happiness could not be found. For schizophrenia patients, lack of motivation and depressive symptoms were related to happiness, life satisfaction, and perception of success.
Şahin ve Altun 2020	The relationship between perceived family support and happiness level of patients with schizophrenia	137 individuals diagnosed with schizophrenia	As a result of the study, they found that the family support perceived by the patients with schizophrenia was high, the level of happiness was moderate, and there was no significant relationship between family support and level of happiness. However, it has been reported that the happiness level of patients with schizophrenia living with a nuclear family is high.

However, it is stated that the happiness and hope levels of the patients are negatively affected due to the side effects of these pharmacological agents (Robinson et al. 2004, Ruini and Fava 2004, Lambert et al. 2006).

This unhappiness in patients with schizophrenia may also be related to problems such as hopelessness, increased suicidal ideation, and non-adherence to treatment (Carretero 2014, Eglit et al. 2018). When considered in this context, it is thought that the concept of happiness has important effects in terms of increasing the compliance with medication and quality of life of patients with schizophrenia, enabling them to take responsibility for their lives and helping them change their lives positively (Agid et al. 2012, Buckland et al. 2013, Eglit et al. 2018).

Happiness can be considered as a helpful tool for patients with schizophrenia to return to their premorbid lives because the existence of happiness gives patients the motivation to fight and struggle. Hence, considering that psychiatric treatments are not only drug-oriented, this struggling motivation seems to be significant.

When evaluating the above table, we see that the concept of unhappiness is not a natural course of schizophrenia and that patients with schizophrenia can also be happy. It is seen that the happiness levels of the patients are affected by depression, negative symptoms, isolation, stigma, and stress rather than the diagnosis of schizophrenia. It can be said that the happiness levels of patients with schizophrenia are mostly affected by psychosocial (stress, social support, etc.) and environmental factors (stigma, isolation, etc.).

Conclusion

When looking at the literature review, the concept of happiness is defined in many different ways. Among these definitions, the general one is the positive evaluation of the lives of individuals by happiness (Veenhoven 2000). However, happiness may vary depending on many factors, from genetics to social environment and activities (Helliwell et al. 2012). These variables differ from person to person and affect happiness levels at different rates. Happiness, which is influenced by such a wide spectrum, also affects the physical and psychological health of individuals. When examining the literature, we see that the level of happiness has positive effects on physical and mental health status of individuals (Seedhouse 2004). The presence of happiness also gives individuals motivation and the ability to cope regarding the problems encountered (Helliwell et al. 2012).

The treatment of mental disorders has progressed with psychosocial interventions in addition to drug therapy for many years, but this treatment process has not been able to meet all the needs of those with mental illness. In other words, this treatment process cannot eliminate all the deficiencies of the patients in the areas of treatment motivation and functionality. Emotions of patients such as hope and happiness provide them with advantages in the ability to cope and motivation for treatment

(Bergsma et al. 2011). In addition, negative evaluations such as society's perspective on mental illnesses and stigma prompted patients to isolation and unhappiness. As a result, individuals do not accept this situation and try to cope with mental illness (Olçun and Altun 2017). When examining especially patients with schizophrenia, one of the concepts that contribute to their social and mental well-being is happiness (Saperia et al. 2018). The concept of happiness in patients with schizophrenia is negatively affected by many factors. These factors can be listed as social isolation, loneliness, stigma, applied pharmacological treatment, anxiety, and depression. These concepts affect happiness as well as affect these concepts in happiness. In other words, a schizophrenic patient with a low level of happiness will be more likely to be socially isolated, to be alone, to have less compliance with treatment, and to have more depressive feelings. Likewise, high levels of happiness in patients with schizophrenia also increase their treatment compliance, coping, and hope levels. High levels of happiness reduce the relapse rate of patients, reduce repeated hospitalizations and increase drug compliance (Buckland et al. 2013, Fervaha et al. 2016, Olçun and Altun 2017, Saperia et al. 2018).

According to the information obtained from the results of the study, the following can be suggested; since happiness has positive effects on human health, individuals can make attempts on some activities that will increase happiness, social interaction, develop the educational status, and improve the economic situation. The situations that hinder the happiness of individuals can be determined, and individuals can be gain awareness and the ability to cope.

Awareness-raising programs can be organized for both patients and society about the management of stigma and drug side effects in mental disorders (Olçun and Altun 2017).

For individuals with mental disorders, the factors that prevent happiness from being a part of their experiences can be determined, and experiences that support happiness can be built. Individuals with schizophrenia can be partners in planning their recovery. It can allow them to seek meaningful experiences that bring happiness and to take responsibility for their lives by having those experiences. Experiences that create happiness can be repeated, resulting in hope and the formation of a positive identity (Meyer et al. 2012).

Especially, healthcare professionals working in the field of mental health should recognize concepts such as stigma, social isolation, lack of psychosocial support, depression, and anxiety, which may prevent happiness in sick individuals, and plan the required interventions. Hence, organization of interpersonal, organizational, sociocultural, spiritual, and environmental conditions that affect the mental, emotional well-being and happiness of the individual, family, and society according to each patient with schizophrenia by healthcare professionals, plays an important role in helping patients reach their maximum life satisfaction and happiness levels (Buckland et al. 2013, Videbeck 2013).

In conclusion, it is seen that patients with schizophrenia can also be happy. Happiness is a concept with a wide range of positive effects for this patient group, from functioning to treatment and rehabilitation. In this context, healthcare professionals should understand the importance of happiness for this patient group and utilize the motivation and advantages provided by happiness in the treatment and rehabilitation process.

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