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WHAT PSYCHOLOGY CAN DO FOR EVERYDAY LIFE

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ABSTRACT

It was proven that psychology can help us in everyday life by improving communication skills, relationships, and ability to manage stress. It can also help us make better decisions in school, healthcare, and work, and improve mental health and general well-being.

Results from different studies demonstrate that people are happier and less depressed after completing exercises targeting positive emotions. Consequently, the ultimate goal of psychology is to make people happier by understanding and building positive emotions, gratification, and meaning.

Positive psychology focuses on enhancing wellbeing by studying what makes life worth living, emphasizing strengths, virtues, and positive experiences. It encourages the cultivation of positive emotions, engagement and meaning to improve overall life satisfaction or resilience. Applying positive psychology principles can lead to personal growth, improved relationships, and a more fulfilling life.

In this article we focus on the role of positive psychology in the daily lives of children and adolescents suffering from malignancies, diabetes, chronic diseases, and poverty.

Enhancing the well-being of the youth is an urgent public health need and concern today. Positive psychology aims to provide a comprehensive scientific knowledge of the human experience and better integrate and complement the illness framework with concepts related to positive mental health and then use them at scale to solve public health issues.

Keywords: psychology, life, disorders, wellbeing, quality of life, children and adolescents

INTRODUCTION

Life is full of challenges and obstacles, especially with the current situation in a world burdened with wars, climate change, aggression, economic problems, social alienation, etc. The question which arises is therefore: could psychology as a scientific discipline help people in overcoming everyday threats and obstacles? This article aims to answer some parts of this question.

According to the American Psychological Association, psychology is the scientific study of the mind and behavior. However, psychology is a multifaceted discipline that includes several subfields of study, such as human development, sports, health, clinical, social behavior and cognitive processes.

Psychology is a newer science, with most advances happening over the past 150 years. Stil, its origins can be traced back to ancient Greece (400 – 500 BC). In this period, the emphasis was oriented towards philosophical questions, with

great thinkers such as Socrates (470 BC – 399 BC), Plato (428/427 BC – 348/347 BC), and Aristotle (384 BC – 322 BC). In this period, philosophers would discuss many topics now studied by modern psychology, such as memory, free will vs. determinism, nature vs. nurture, attraction, etc.

Today, the discipline of psychology is broadly divisible into two parts: a large profession of practitioners and a smaller but growing science of mind, brain, and social behavior. The two have distinctive goals, training, and practices, but some psychologists integrate both.

The four main goals of psychology are to describe, explain, predict and change the behavior and mental processes of others.

Currently, major branches of psychology include clinical, developmental, social, cognitive, neuroscience, and educational psychology. These branches study mental health, development, social interaction, cognition, brain function, and learning.

It was proven that psychology can help us in our daily lives by improving communication skills, relationships, and the ability to manage stress. It can also help us make better decisions in school, healthcare, and work, and improve mental health and general well-being.

By learning about psychology, we can understand people and the world around us better. We can then use that knowledge to improve our own lives and the lives of others.

I must mention that psychology has largely been devoted to repairing weakness and understanding the suffering from mental illnesses. However, while building a strong science and practice of treating mental illness, everyday well-being has been forgotten. Consequently, the questions which arise are: Is the absence of mental illness and suffering sufficient to let individuals and communities flourish? Were all disabling conditions to disappear, what would make life worth living? Results from different studies demonstrate that people are happier and less depressed after completing exercises targeting positive emotions. Consequently, the ultimate goal of psychology is to make people happier by understanding and building positive emotions, gratification and meaning.

Positive psychology focuses on enhancing well-being by studying what makes life worth living, emphasizing strengths, virtues, and positive experiences. It encourages the cultivation of positive emotions, engagement and meaning to improve overall life satisfaction or resilience. Applying positive psychology principles can lead to personal growth, improved relationships and a more fulfilling life.

Positive psychology involves the promotion of well-being. This is differentiated between hedonic well-being, focusing on happiness, pleasure attainment, and pain avoidance, and eudaimonic well-being, related to meaning, self-realization, and full functioning of the person. By doing so, positive psychology solves problems by identifying and leveraging individual and societal strengths.

Martin EP Seligman, the father of positive psychology, introduced 5 dimensions essential for well-being known as the PERMA model: positive emotions, engagement, relationships, meaning, and accomplishment. Positive emotions (e.g., joy, interest, contentment, and love) serve as markers of flourishing and optimal well-being. Engagement is the extent of use and a subjective experience characterized by interest, affect, and attention. Positive relationships can be regarded as strong connections with family and friends, developing a sense of belonging. Meaning is understood as coherence, purpose, and a sense of life's inherent value, making it worth living. Accomplishment refers to achievement, mastery, and competence1.

In this article, we highlight the role of positive psychology in the daily lives of children and adolescents.

Childhood health and illness have changed considerably over the past century, calling for an increased awareness of mental health problems. Consequently, the assessment of mental health problems is of major importance, not only focusing on mental health diagnoses but also on components of health-related quality of life and functioning with regard to the impact of an illness or injury, medical treatment, or health care policy.

For this review article, thousands of articles published in PubMed were consulted, singling out the key words: psychology, life, disorders, wellbeing, children and adolescents.

POSITIVE PSYCHOLOGY FOR CHILDREN AND ADOLESCENT WELLBEING

Many empirical studies throughout the social and biomedical sciences focus only on very narrow outcomes such as a specific disease state, or a measure of positive affect. Human well-be-

ing or flourishing, however, consists of a much broader range of states and outcomes, certainly including mental and physical health, but also encompassing happiness and life satisfaction, meaning and purpose, character and virtue, and close social relationships.

Quality of life is more and more often the focus, not just the quantity of life. Proper communication, both within the facility and with external entities, is considered an important factor in improving the quality of life.

Quality of life is a commonly used phrase today but there is no universal definition. Still, five perspectives of quality of life have been proposed: sociological, economic, psychological, philosophical and ethical. However, health has emerged as an important but distinct perspective. Previous definitions of quality of life derived from concept analyses with adult populations do not adequately represent the experience of young people with chronic illnesses, but can be made more specific by incorporating important attributes such as developmental stage and the importance of peer group and family. The new concept analysis found that young people living with chronic illness generally view themselves and their lives in the same way as their healthy peers. While their aspirations are often constrained by illness and treatment the relationship between illness and life cannot be seen in isolation of development [2].

Mental health problems among children, adolescents, and young adults are a growing public health concern, affecting 10% to 20% of young people worldwide. According to World Mental Health Report 2022, 970 million people have mental disorders, with 3% to 7% of mental disorders among children aged <10 years, 13.5% to 14.7% among those aged 10 to 19 years, and 14.1% to 14.9% among those aged 20 to 49 years. Globally, 1 in 7 (14%) people who are aged 10 to 19 years have different mental health conditions, and most of them remain untreated [3, 4].

In practice, behavior is the most visible sign that something is not well in the mental functioning and well-being of the child or adolescent. Behavior is largely a product of thinking. Two major classes of behavioral disorders in children and adolescents exist. Externalizing behaviors are negative behaviors that are channeled towards the external environment while internalizing behavior is directed towards self and may not be as disruptive as externalizing behavior. Internalizing behavior can manifest itself as withdrawal, depression, nervousness, and solitude. Externalizing behavior can manifest itself as rebellion to constituted authority or failure to comply with stated rules, aggressive tendencies, anti-social behavior, attention deficiencies and disruptive attitudes triggered by impulsivity and under control of emotions.

Enhancing youth well-being is an urgent public health need and concern today. Positive psychology aims to provide a comprehensive scientific knowledge of the human experience, and better integrate and complement the illness framework with concepts related to positive mental health and use them to solve public health issues. According to the American Psychological Association, positive psychology is defined as "a field of psychological theory and research that focuses on the psychological states (e.g., contentment, joy), individual traits or character strengths (e.g., intimacy, integrity, altruism, wisdom), and social institutions that enhance subjective well-being and make life most worth living" [5].

The level of life satisfaction perceived during childhood and adolescence is an excellent indicator of healthy psychological emotional development.

Life satisfaction (LS) is commonly described as a process of subjective evaluation, comparing one's expectations and goals with one's capability of progressing towards achieving those goals. Life outcomes will partially depend on the person's behavior and decisions, though many factors that are out of an individual's control may also have strong effects on such outcomes. Expectations are fully psychological and susceptible to being modified to some degree. Therefore, life satisfaction may be adjustable not only through objective outcomes but also by modifying individual expectations, a fact that opens up a reasonable space for intervention.

The research of Michael D Lyons et al. (2014)6 indicate no gender differences in terms of life satisfaction during childhood. Levels of life satisfaction are significantly higher in childhood than in pre-adolescence and adolescence. There is a significant decrease in levels appearing towards the age of 11. As for gender, significant differences in life satisfaction appear from the age of 12, with girls being significantly more dissatisfied, more depressed and more anxious than boys. Current levels of anxiety and depression do not appear to interfere with retrospectively reported levels of life satisfaction throughout the developmen-

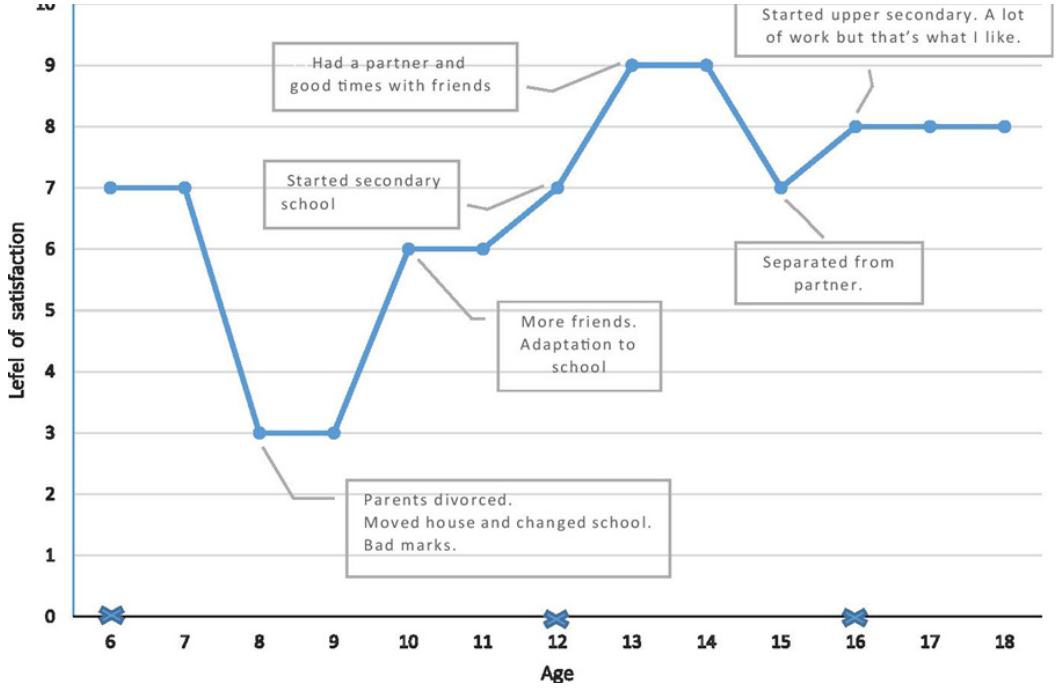

Figure 1. *The Evolution of Life Satisfaction Throughout Childhood and Adolescence[7]*

tal years, except among the female population, where minimal interference is detected. Life satisfaction shows a significant decrease after the age of 11 years, when retrospectively reported by young people. There is greater emotional and psychological vulnerability after this age, notably among girls. The results highlight the importance of psychological/affective care in the pre-adolescent and adolescent stages, especially among the female population.

The overall results of this study suggested that lower levels of LS are an antecedent of increased maladaptive behaviors among early adolescents. Alternatively, higher levels of LS may be a protective factor against subsequent externalizing behaviors among boys and girls and internalizing behaviors among boys. Furthermore, the results suggest that LS measures may provide useful information for comprehensive adolescent health screening and monitoring systems.

The evolution of life satisfaction was studied by Jiang X, et al. (2019) [7]. The figure below, borrowed from their research, shows the evolution of life satisfaction according to the age.

POSITIVE PSYCHOLOGY FOR ILL CONDITIONS

For children living with long-term illness, school age is a risky period regarding psychosocial ill health and poor compliance with treatment. For this reason, there is a need for methods to promote health, well-being, and self-esteem. The discussion about emotions, fears and dilemmas with children and adolescents, especially those suffering malignancies, is most important for caregivers.

All healthcare professionals working with children should have a child-centered perspective, and should be responsive to children and adolescents who want to talk about their thoughts and feelings. The child's or adolescent's story is the starting point for mutual understanding between them and the healthcare professional, and this is the basis for shared decision-making between patients and healthcare professionals in child-centered care. Transition to unpredictable daily life was identified as a main theme, with five subthemes: struggling with the side effects of the cancer and its treatment; treatment as an 'emotional rollercoaster'; changed self and being vulnerable; changed social life; and concerns about academic achievement. The analysis of these topics suggests that it is important to provide effective support and care for children and adolescents with cancer, and healthcare professionals should strive to listen to them and focus on their perspectives [8].

From the other side, it is also important to better support caregivers of children with cancer during the transition from treatment to survivorship. The study of Quast LF et al. (2021) [9]

aimed to characterize caregiver mental health-related quality of life and anxiety, and examine the influence of family psychosocial risk and caregiver problem-solving on these outcomes. The majority of caregivers appear to be resilient and experience limited distress during the off-therapy period. Targeting negative cognitive appraisals through cognitive-behavioral therapy or problem-solving skills training may further improve caregiver psychosocial functioning.

The diagnosis of cancer of their child has a major impact on the psychosocial functioning of parents. Stressors change from the initial shock of diagnosis to the disruption of daily life because of treatment, fear of recurrence and late effects that may await their child after treatment. These stressors may affect the mental and physical health of parents which cause psychological distress. Several factors were found to be associated to psychosocial outcomes of parents of children with cancer closer to diagnosis and treatment. Still, mothers of children with cancer were described as having more psychological distress and more post-traumatic growth than fathers. Also, parents with a lower level of education were found to have lower psychological function.

Van Gorp M. et al. (2022) [10] aim to describe health-related quality of life, post-traumatic stress and post-traumatic growth of parents of long-term survivors of childhood cancer and to study the associated factors. The authors concluded that improving acceptance and reducing feelings of helplessness may provide the treatment targets for parents with psychosocial problems.

Many children adapt quickly to the hospital environment and procedures they must undergo. However, some children with cancer may be distressed at the time of diagnosis, and others during treatment, or following treatment completion. Common psychosocial issues that affect children with cancer may be slightly different for different age groups.

Children process information related to their health conditions according to their developmental level. More often, they remain as silent partners or are excluded from the discussions about their treatment. Previously published data from India highlights that children and adolescents with cancer are often aware of their diagnosis and have different informational needs than those of their caregivers. Young children aged less than 12 may be more interested in knowing the ‘here and now’ of the treatment. Older adolescents (12-18) may want to have more detailed information about the impact of the disease on their lives in the longer term. All staff involved in the treatment of children with cancer should be attuned emotionally to discuss difficult topics with children and at a pace that they are comfortable with. This may require a change in work culture in pediatric oncology units moving on from an authoritarian to a more participatory model of care with young people at the center of care [11].

How children and adolescents understand the quality of their lives while living with an advanced form of cancer that is difficult to cure is practically still unknown. It is not well-understood how children and adolescents define their quality of life and which aspects of their lives feel meaningful to them while living with advanced cancer. This is important as their understanding and perspectives of their quality of life might be very different from what their parents and the healthcare professionals caring for them might identify as meaningful to their quality of life.

The complexities in providing competent and compassionate care to the dying child and the family is intense, undeniable, and may in some clinical situations, unavoidable. It is important for all those involved with the care at the end of life for a child or adolescent dying from cancer to create the framework that will support the provision. In so doing, clinicians create the framework that will support the provision of competent and compassionate end-of-life care [12].

Despite significantly improved supportive measures, oncological treatment is still exhausting and is accompanied by organ loss, disability and functional limitations. In the longer term those affected have to cope with the loss of important life commodities and after the end of treatment to live under the much-cited "sword of Damocles". Around one third of all people diagnosed with cancer develop a mental disorder at some point during the course of the illness that requires treatment and pronounced stress reactions occur at key points over the course of treatment. Both mental disorders and sub syndromic distress can be successfully treated with psychotherapeutic and psycho-oncological interventions. Therefore, every cancer patient should

be informed about the availability and potential benefit of psycho-oncological support after the diagnosis or in the further course of treatment.

Young adult survivors of childhood cancer are considered to be a high-risk, vulnerable population for experiencing medical and psychosocial sequelae from their treatment that can adversely affect their health-related quality of life. Achieving an adequate level of health-related quality of life among childhood cancer survivors has been identified as a significant outcome in measuring the success of cancer treatment for these survivors throughout the world. Early survivors of childhood cancer have a lower level of health-related quality of life, perceived self-esteem, physical health status and social support when compared with previously reported findings among samples of adolescents in active treatment for cancer, healthy same-age peers and other samples of childhood cancer survivors.

A new concept for supporting children, person-centered web-based learning and support, has been tested in preschool children and incorporates learning about feelings, relationships, and the right to integrity was proposed by Hellström AL. et al. (2012) [13].

With the increasing use of artificial intelligence in medicine and extensive use of social media, support for children and adolescents suffering malignancies is now available worldwide.

It was proven that poverty is a major social determinant of health disparity in children, and has a detrimental influence on health. Children living in poverty have more disadvantaged health outcomes, including low birth weight, premature death, delayed language development, chronic diseases, health-compromising behaviors and malnutrition. Currently, around 663 million children live in poverty globally [14].

Poverty has a detrimental influence, especially on the psychological well-being of children. Existing evidence shows that positive psychological interventions could mitigate such an impact. Positive psychology acknowledges difficulties and emotions, alongside with building up human resilience, strength and growth to face adversity. In a study of Ka Yan Ho (2022) [15] a positive psychology intervention (PPI) was used to promote the psychological well-being of children living in poverty.

PPIs were developed based on the mentioned before PERMA theory by Seligman, who defined happiness as a multifaceted construct containing five factors: Positive emotion, Engagement, Relationships, Meaning and purpose and Accomplishment. Positive emotion includes joyfulness and comfort from the most basic ways (e.g., eating ice cream). The second factor is Engagement, which can be achieved by concentrating on something a person genuinely enjoys and values. The third factor is Relationships. Humans are social beings, and building positive connections with others is considered a way to spread love and joy, thereby achieving well-being. The fourth factor is Meaning, which refers to a personal commitment to something that provides a sense of transcendence. The last factor is Achievement, which reflects a sense of satisfaction that comes from successfully completing a task or achieving a goal. This theory considers these five factors as central to well-being. PPIs are therefore interventions that make use of different techniques to promote these five factors to achieve well-being.

Recent research has shown that children from families living in poverty face tremendous stress in everyday life, making them three times more likely to develop psychiatric conditions (e.g. aggressive behaviors, depression and anxiety) in adulthood than other children. Through improving the psychological well-being of children living in poverty using PPI, we may be able to save healthcare costs attributable to such conditions that may occur in adulthood. In addition, through empowering children living in poverty to develop positive thinking, we can assist them to achieve their full potential and enable them to serve as future pillars of society.

Additionally to the psychological support, the research of Cheung AT. Et al. (2024) [16] aimed to evaluate the acceptability, feasibility and potential effectiveness of a group-based instrumental musical training programmed in improving resilience, depressive symptoms, self-esteem and quality of life among school-aged children from low-income families. This study was conducted in the community from January 2022 to July 2023. Sixty-four children from low-income families (aged 8-12 years) were randomized to intervention and waitlist control groups. The intervention group received weekly 1-hour instrumental musical training for 6 months in groups of four to five from professionally qualified musicians at a music center. The participants in the waitlist control group received the same interven-

tion as the participants in the intervention group after the completion of all outcome assessments. The primary outcome was the children's levels of resilience, measured using the Resilience Scale for Children. The secondary outcomes were depressive symptoms, self-esteem and quality of life. Assessments were conducted at baseline and immediately post-intervention. The group-based instrumental musical training programmed was feasible and acceptable for school-aged underprivileged children and showed the potential to improve the resilience and quality of life of this vulnerable population.

Today, many chronic diseases especially diabetes mellitus T1D are also a daily challenge for the young population. The study of Christi D. (2014) [17] tried to assess the feasibility of providing a clinic-based structured educational group program incorporating psychological approaches to improve long-term glycemic control, quality of life and psychosocial functioning in a diverse range of children aged 8-16 years, diagnosed with T1D. The intervention consists of four group education sessions led by a pediatric diabetes specialist nurse with another team member.

Christi concluded that a high-quality, complex, pragmatic trial of structured education can be successfully conducted alongside standard care in diabetes clinics. Pragmatic components of a structured education program can be successfully delivered following a relatively brief 2-day training while pediatric health-care professionals' benefit from training in behavior change skills. Christi provides invaluable information on barriers and opportunities regarding future, similar interventions.

Finally, I must mention the need of positive psychology for all forms of disabled persons, especially for younger people. Perspectives from both disability studies and clinical psychology can be usefully combined to bring important new perspectives; combined, these perspectives should help to improve the mental health of disabled people. Implications for Rehabilitation Mental health is an important determinant of overall health-related quality of life and psychological therapy should be available for those disabled people who would value it. Psychological therapists working with disabled people should be more aware of the challenging social context in which disabled people live. Understanding the distress should not just include individual factors but also incorporate the psychological impact of stress caused by societal barriers, preventing inclusion. Psychologists should be more willing to work and engage at a societal and political level to influence change [18, 19].

Currently, the concept of Energy limiting conditions (ELC) [20] delineates diagnoses that share energy impairment as a central experience and a substrate for disablism, most evidently in the form of societal minimization and disbelief. ELC include 'rare' conditions such as Ehlers Danlos syndromes alongside more commonly occurring diagnoses such as migraine and fibromyalgia. Some diagnoses that sit within the ELC cluster sometimes referred to as 'medically unexplained symptoms' or 'persistent physical symptoms', such as myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS), multiple chemical sensitivity and chronic Lyme. Long COVID, currently a topic of clinical contestation, also sits well within the ELC umbrella. Frequently positioned as unworthy of disability status, ELC are subject to widespread societal and clinical disbelief, not least since they often fluctuate and are difficult to readily identify, thus defying prevalent stereotypes of impairment. Disbelief, termed as 'epistemic invalidation', then promotes 'social abandonment': discriminatory barriers within the benefits system, health and social care systems, education and workplace, including physically inaccessible services and provisions, absence of appropriate services or DE prioritization within existing services. Such barriers inflict physical, psychological, social, occupational and economic harms. The positive psychology is necessary in all those situations.

A number of sources of distress in the conditions mentioned above can lead to hopelessness and increased suffering. The concept of total suffering is described as encompassing the entire illness experience, including physical pain, other physical symptoms, psychological distress, social distress, and spiritual distress. By contrast, hope is one of the necessary traits for a successful life. It ties into what we expect out of life as well as what the meaning of life is for us. Hope could be the anticipation of a good that is yet to come. The absence of hope is not a state of "no hope," but rather one of fear and despair, the root of which is often related to losing a sense of life's meaning and purpose.

One thing is certain for both patients and caregivers: No one will ever get everything they

hope for. The struggles that occur because of this certainty will actually help hope mature. It is most helpful to have hope open to possibility. Setting all of our sights on curing a realistically incurable disease will eventually result in failure, stalling or blocking the possibility of healing, even in the face of death. Patients should be able to count on their physicians as sources of hope. This is the primary role of positive psychology. Although it can be challenging, hope can be fostered at every patient visit. There is an important difference between fostering hope and ignoring, avoiding, or even denying the issues that create or destroy hope.

Fostering hope in patient encounters include increased self-awareness, learning to be attuned to the issues the patient wants to address and discuss them, acknowledging fears, taking time, listening with an openness to learn from patients, acknowledging the person behind the symptoms, communicating honestly, in ways that enhance trust; getting help using available resources, encouraging and celebrating small successes, and arranging follow-ups.

Most important to note is that hoping and coping are linked. People with higher levels of hope have better coping skills. Those who cope well have more hope than those who do not. Helping our patients hope and cope is implicit for positive psychology. As physicians, we need to acknowledge our limitations and collaborate with team members from other disciplines, including nursing, psychosocial oncology, pastoral care, and volunteer groups. By helping patients reframe and increase their hope, patients and their families can better cope with serious illnesses. This is important work, and it can be very rewarding for all involved in treating patients and their families.

CONCLUSION

The ultimate goal of positive psychology is to make people happier by understanding and building positive emotion, gratification and meaning. Towards this purpose, we (doctors and especially psychologists) must supplement what we know about treating illness and repairing damage with knowledge about nurturing well-being in individuals and communities.

One reason for optimism is that the field of positive psychology may make substantial gains in the next years. We are not starting from square one. Rather, positive psychology draws on the proven methodologies that have advanced the understanding and treatment of mental problems. When it is no longer necessary to make distinctions between ‘positive psychology’ and ‘psychology as usual’, the field as a whole will become more representative of the human experience.

Our goal could be an integrated, balanced field that integrates research on positive states and traits with research on suffering and pathology. We are committed to a psychology that concerns itself with repairing weakness as well as nurturing strengths, a psychology that concerns itself with remedying deficits as well as promoting excellence, and a psychology that concerns itself with reducing that which diminishes life as well as building that which makes life worth living. In this context, psychology really can help people manage life.

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Резиме

ШТО МОЖЕ ДА НАПРАВИ ПСИХОЛОГИЈАТА ЗА СЕКОЈДНЕВНИОТ ЖИВОТ

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Докажано е дека психологијата може да ни помогне во секојдневниот живот преку подобрување на комуникациските вештини, на односите и на способноста за справување со стресот. Исто така, може да помогне во донесувањето подобри одлуки во училиштето, во здравствената заштита и во работата, како и да го подобри менталното здравје и општата благосостојба.

Резултатите од различни студии покажуваат дека луѓето се посреќни и помалку депресивни по завршувањето на вежбите насочени кон позитивни емоции. Следствено, крајната цел на психологијата е да ги направи луѓето посреќни преку разбирање и градење позитивни емоции, задоволство и сопственото значење.

Позитивната психологија се фокусира на подобрување на благосостојбата преку проучување на она што го прави животот вреден за живеење, нагласувајќи ги силните страни, доблестите и позитивните искуства. Таа го поттикнува негувањето на позитивни емоции, ангажман и значење за подобрување на целокупното задоволство од животот или од отпорноста. Применувањето на принципите на позитивната психологија може да доведе до личен раст, до подобрени односи и до поисполнет живот.

Во овој напис посебен акцент се става на улогата на позитивната психологија во секојдневниот живот на децата и на адолесцентите што страдаат од малигни болести, дијабетес, хронични болести или од сиромаштија.

Со оглед на статистиката, подобрувањето на благосостојбата на младите е итна потреба и грижа за јавното здравје денес. Позитивната психологија има цел да обезбеди сеопфатно научно знаење за човековото искуство и подобро да ја интегрира и да ја надополни рамката за болести со концепти поврзани со позитивното ментално здравје и да ги користи во голем обем за решавање на проблемите со јавното здравје.

Клучни зборови: психологија, живот, болести, добросостојба, квалитет на животот, деца, адолесценти