

# **Resilience and Recovery**

## **And**

# **Health and Wellness**



*Recovery Is Not Linear*

## What is Health and Wellness

- **The World Health Organization's definition of health is “a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity.”**
- **The American Journal of Public Health (2010) reported that the best opportunities to promote lifestyle changes are through integration of wellness and health promotion efforts which include activities that strengthen the mind, body and spirit.**

## The Current State

- Individuals with mental health and substance abuse disorders have a **significantly higher risk of co-occurring and chronic physical health disorders** (Alegria, et. al., 2003).
- In an analysis of individuals served in the current individuals served in the Maricopa County RBHA system, a significant percentage **have co-occurring chronic medical conditions** that are not currently addressed to the degree necessary to prevent regression in the condition.

# The Unhealthy Triad

- **Obesity, hypertension and diabetes are present in at least 30% of the individuals served and a significantly large percentage of individuals use tobacco products.**
- **The Center for Disease Control and Prevention (2010) indicated that three modifiable health risk behaviors – lack of physical activity, poor nutrition and the use of tobacco are responsible for much of the high rates of comorbidity.**

## Chronic Disease

- **The Center for Disease Control and Prevention (2010) indicated that chronic diseases are the leading cause of death and disability in the US.**
- **A recent Robert Wood Johnson (RWJ) Report (2011) indicated that more than half of disabled Medicaid enrollees with psychiatric conditions also had claims for diabetes, cardiovascular disease (CVD) or pulmonary disease which are substantially higher than rates of these illnesses among persons without psychiatric conditions.**

## Mental and Physical Health

- **Psychiatric disorders were among seven of the top ten most frequent diagnostic comorbidity triads in the most expensive 5 percent of Medicaid beneficiaries with disabilities.**
- **Stein (2006) and Katon (2003) illustrated that when mental and medical conditions co-occur, the combination is associated with elevated symptom burden, functional impairment, decreased length and quality of life, and increased costs.**

## Comorbidity

- The RWJ Report identified that the impact of having comorbid conditions is **at least additive and at times may be synergistic**, with the cumulative burden greater than the sum of the individual conditions.
- In addition to the high prevalence of these conditions, the RWJ Report also identified evidence that **having each type of disorder is a risk factor for developing the other.**

## Risk Factors

- **Medical disorders may lead to mental disorders, mental conditions may place a person at risk for medical disorders, and mental and medical disorders may share common risk factors.**
- **One common factor that has appeared in the literature is that persons with mental conditions are more likely to have sedentary lifestyles and poor diets that lead to high rates of obesity (Compton and Druss, 2006).**

## Obesity

- **The former US Surgeon General reported that obesity is the “fastest growing, most threatening disease in America today”.**
- **In addition, individuals with abdominal obesity were 156% more likely to suffer from moderate-severe depression and people with a diagnosis of depression were more likely to have a higher caloric intake (Simon, et. al. 2008).**

## Access to Services

- Complicating these risk issues is the fact that according to Druss, et.al. (2002) people with mental and substance use disorders are **less likely than individuals in the general population to receive preventive services or early intervention services and supports.**

## Other Risk Factors

- There are other risk factors that add further complications including the fact that **exposure to early trauma and chronic stress may be a risk factor for both chronic mental and medical disorders (Black, 2006).**
- Another factor that increases the challenge for living a healthy lifestyle is that **low levels of social support are also negatively linked to medical conditions.**
- Cutrona (2005) described how **environmental and neighborhood conditions can also have a profound impact on individuals' well-being and mental health.**

## So what do we do?

- The US Department of Health and Human Services (2010) reported that “**most management of chronic conditions occur outside the medical setting**, attention must be focused on the care continuum both to sustain and improve adherence with prevention and treatment strategies for improved health care outcomes”.
- **23.5 hours** of the day.

- **Developing a healthy lifestyle requires a partnership between the person, families, natural supports and providers that create a partnership that makes available a number of evidence-based initiatives that have demonstrated effectiveness in improving the lifestyles of individuals who have or at risk for chronic diseases.**

# Self Efficacy

- **Interventions designed to promote healthy lifestyles and reduce adverse health behaviors such as smoking and physical inactivity are more successful **if they also support self-efficacy and emotional well-being.****
- **The overarching goal of wellness activities is to **promote healthy lifestyles.****
- **The specific goal is to improve the outcomes of care by providing evidence-based education and health and wellness resources that promote healthy lifestyle changes.**

## Healthy Lifestyles

- **Such as nutrition counseling, smoking cessation programs, structured exercise, chronic disease management, mindfulness training and educational and occupational/vocational resources are vital to developing healthy lifestyles.**
- **Including peer support services or a wellness coaches who partner with the individual to select individualized goals, activities and programs and supports that make it more likely for a successful outcome.**

# MIND, BODY AND SPIRIT



## MIND, BODY AND SPIRIT

- **There are several evidence-based programs which are resources that can be deployed based on the individual's preferences.**
- **These include but are not limited to:**
  - **I) Stanford Chronic Disease Self-Management,**
  - **II) Physical Fitness,**
  - **III) Mindfulness-Based Therapies and**
  - **IV) Employment/Occupational Wellness Programs.**
- **Many of these programs holistically address the person's mind, body and spirit.**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- **The Healthy Living Workshop is a six week self-management workshop that meets once a week, for two and a half hours.**
- **Like any skill, active self-management needs to be learned and practiced. The workshop teaches people tips and ideas to make life easier.**
- **This advice comes from people like the participants who have learned to positively manage their illness.**
- **Peer to Peer training engages people on “common ground” and enhances the learning experience.**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- **The Center for Control and Prevention (2010) in a review of findings of the Stanford Chronic Disease Self-Management Program (CDSMP) with respect to physical, emotional & health-related quality of life and health care utilization and costs concluded that:**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- **There is strong evidence across studies that CDSMP has a beneficial effect on physical & emotional outcomes, and health-related quality of life.**
- **The program consistently results in greater energy/reduced fatigue, more exercise, fewer social role limitations, better psychological well-being, enhanced partnerships with physicians, improved health status, and greater self-efficacy.**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- **There is evidence that CDSMP results in reductions in healthcare expenditures.**
- **There is evidence that CDSMP is effective across socioeconomic and educational levels.**
- **The CDSMP is used among various ethnic groups in the US and internationally.**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- **CDSMP results in significant, measureable improvements in patient outcomes and quality of life.**
- **CDSMP also saves enough through reductions in healthcare expenditures to pay for itself within the first year.**

## **Physical Wellness:**

- **Certified Fitness Specialists and Wellness Coaches can perform fitness assessments, program design, and supervision of individualized fitness programs to improve a person's ability to perform activities of daily living.**

### **Physical Wellness:**

- **Exercise guidelines to manage chronic health conditions, including improved cognitive function through Brain Fitness.**
- **Ongoing fitness education, and wellness programs, referred to as “fitness prescription for life” to promote lifelong health and well-being.**
- **Web-based Fitness Outcome Measurement System to measure, track, and report quantitative and qualitative aspects of client health and quality of life.**

### **Mindfulness-Based Therapies for Health and Wellness:**

- **There are a number of evidenced-based practices for the treatment of physical and mental health disorders.**
- **Mindfulness is the nonjudgmental awareness of thoughts, feelings and perceptions in the present moment.**

## **Mindfulness-Based Therapies for Health and Wellness:**

- **It produces verifiable positive effects on health and wellness, and ameliorates pain, psychiatric and psychological distress, and stress-related symptoms (Shapiro & Carlson, 2009).**
- **The methods of mindfulness come from the wisdom traditions, as well as from current psychological theories and are increasingly being used as cognitive behavioral strategies for health and wellness, and for personal transformation (Didonna, 2009).**

## **Mindfulness-Based Therapies for Health and Wellness:**

- **Mindfulness-based approaches vary in their components, but typically include one or more of the following: a personal meditation practice based on concentration and/or contemplative meditation exercises, behavioral practices (*e.g. loving kindness, compassion, and generosity*), cognitive strategies (*e.g. reflection on the transitory nature of events and the emptiness of self*), and empathic strategies (*e.g. the alternate giving of happiness and taking of suffering*).**

## **Mindfulness-Based Therapies for Health and Wellness:**

- **Mindfulness has been shown to be effective for a range of clinical and non-clinical issues such as psychiatric disorders (*personality disorders, eating disorders, addictive behaviors, PTSD, psychosis, OCD, depression*), physical health and wellness (*e.g., pain, obesity, smoking, migraines*), medical problems (*e.g., cancer, heart disease, diabetes, hypertension*), and behavioral issues (*e.g., parenting, aggression, fear*) (Didonna, 2009).**

## **Mindfulness-Based Stress Reduction (MBSR):**

- **The standard MBSR Course consists of 8 weekly two-and-a half-hour classes and a one-day retreat that is scheduled between sessions 6 and 7. The program components consist of:**
  - **Guided instruction in mindfulness meditation practices,**
  - **Gentle stretching and mindful yoga,**
  - **Group dialogue and mindful communication exercises to enhance awareness in everyday life, *Individually* tailored instructions,**
  - **Daily home assignments,**
  - **Home practice materials including guided mindfulness practice CDs and a workbook.**

## **Obesity Reduction Module:**

- **The Mindfulness-Based Health and Wellness Program (MBHWP) is a 5-component program that helps individuals reduce their weight to within the acceptable body mass index (20-25) range by incrementally changing their lifestyle.**



## Stanford Chronic Disease Self-Management Program (CDSMP)

- ***Physical Exercise.*** Each participant is required to walk at a moderate pace five days a week.

## Stanford Chronic Disease Self-Management Program (CDSMP)

- ***Food Awareness Program.*** Each participant uses *Dr. Shapiro's Picture Perfect Weight Loss: The Visual Program for Weight Loss* as a food-awareness training program.
- The program has five essential principles: **(1) any reason for eating is okay;** **(2) there are no bad foods;** **(3) there are no “correct” portions;** **(4) an eating plan needs to suit your tastes and lifestyle;** and **(5) you are never on a diet.**

## Stanford Chronic Disease Self-Management Program (CDSMP)

- ***Mindful Eating.*** Most individuals who are obese eat their meals very rapidly, often finishing a meal within a few minutes.
- Thus, the participants are instructed to include the following steps in their dining habits: (a) place the utensils on the plate following every mouthful of food taken; (b) increase chewing each mouthful of food up to 30 times per mouthful, (c) try to isolate the seven tastes of food—sour, sweet, bitter, spicy, salty, alkaline, and astringent; and (d) focus fully on the act of eating.

## Stanford Chronic Disease Self-Management Program (CDSMP)

- ***Visualizing and Labeling Hunger.*** The participants are taught to visualize and label hunger. In addition, they are taught to engage in “imagined eating” as current research shows that imagined eating decreases actual food consumption.



## Stanford Chronic Disease Self-Management Program (CDSMP)

- ***Meditation on the Soles of the Feet.*** The participants are taught to use a mindfulness-based self-control strategy when they face an uncontrollable urge to snack between meals or to make non-healthy food choices.

## **Hypertension Module:**

- **It has been estimated that nearly 60 million adults in the United States have high blood pressure (BP) or pre-hypertension.**
- **The risks for hypertension are considerably increased when an individual has a comorbid mental health disorder.**

## **Hypertension Module:**

- **Current guidelines recommend lifestyle modifications for prehypertension (i.e. Systolic BP 120-139 and Diastolic BP 80-89) and antihypertensive medication when BP progresses to Stage I hypertension.**
- **Mindfulness methods have been found to be effective in controlling a number of risk factors for pre-hypertension, and for lowering the effects of Stage I hypertension.**

## **Hypertension Module:**

- **When added to lifestyle change programs, such as the Mindfulness-Based Health and Wellness Program (MBHWP), Mindfulness-Based Stress Reduction (MBSR) is an appropriate complementary treatment for pre-hypertension.**

## **Smoking Reduction Module:**

- **The program includes three mindfulness procedures, including:**

## Smoking Reduction Module:

- ***Intention.*** Right intention is one of the foundations of mindfulness practice because it sets the context for the changes that follow.
- ***Mindful Observation of Thoughts.*** The participants are taught a standard mindfulness procedure for observing their thoughts, individualized in terms of language, idiom and explanation of practice to match their ability to understand and engage in the meditation practice.

## Smoking Reduction Module:

- ***Meditation on the Soles of the Feet (SoF)***. If the desire thoughts are too strong and the participants cannot let go of these thoughts, they are taught to use the SoF procedure to rapidly move the focus of their attention from the craving to smoke to a neutral point on his body, the soles of their feet.



# Resilience

A NEW DEFINITION OF HEALTH FOR PEOPLE AND COMMUNITIES  
WRITTEN BY ALEX J. ZAUTRA, JOHN STUART HALL, KATE E. MURRAY  
IN THE HANDBOOK OF ADULT RESILIENCE EDITED BY JOHN REICH,  
ALEX ZAUTRA, AND JOHN HALL. GUILFORD PRESS, 2010

# Resilience

- **Resilience** exerts a powerful influence on how we think about **physical health, psychological well-being, and our community functioning**.
- Beginning with the Framingham Study (Dawber, Meadors, & Moore, 1951), risk factor research has a long and successful history of identifying **biological and psychosocial vulnerabilities to chronic, as well as acute illness**.
- **Social status** confers health advantage with some exception.

# Resilience

- The best known among them is the “Hispanic Paradox”.
- Even at high risk on the standard indicators, those with strong attachment to their Hispanic heritage appear healthier as a group than their social status would warrant.
- Is resilience best categorized as a process, an individual trait, a dynamic developmental process, an outcome, or all of the above?



# Resilience

- In my opinion *resilience* is best defined as an outcome of successful and sustained adaptation to adversity.
- Characteristics of the person and situation may identify resilient processes, but only if they lead to healthier outcomes following stressful circumstances.

# Recovery and Sustainability

- Two fundamental questions need to be asked when inquiring about resilience.
  - First is *recovery*, or how well people bounce back and recover fully from challenge.
  - Second, and equally important, is *sustainability*, or the capacity to continue forward in the face of future adversity.



## Resilience

- “Recovery” may not be without **some remaining emotional “scars,”** but the return to health is often well beyond what our models of psychopathology would have predicted.
- People differ in their inner **strength, flexibility, and “reserve capacity”** just as communities differ in resources and overall resilience capacities.
- The **responsiveness of the social and physical environment** differs from one person or family to another, and from one community to the next.

# Resilience

- Yet without attention to **social, as well as psychological, capital within our communities,** models of resilience may have limited applicability.
- Some researchers define the **resilience of an ecosystem** as its capacity to absorb perturbations/disturbances before fundamental changes occur in the state of that system.
- Heightened stress and pain lower the capacity of the person to distinguish between positive emotion and the absence of negative emotion, lowering the sustainability of positive affective engagement

# Resilience

- Resilience is an outcome of **successful adaptation to adversity**, and is revealed by **sustainability, recovery, or both**.
- **Recovery** focuses on aspects of **healing of wounds**.
- **resilience** may be defined by the **amount of stress that a person can endure without a fundamental change** in capacity to pursue aims that give life meaning.

# Resilience

- **Resilience** and its focus on *sustainability* deals with **how will I respond to the next stressor I encounter.**
- Recovery and resilience are different in one critical respect. **For recovery, homeostasis is the fundamental principle:** a return to a former, more balanced, state.
- Resilience, on the other hand, is focused on **sustained homeostasis.**



## Resilience

- Without a sense of purpose, there is no purpose to sustain, and without a sense of value, no meaning can lengthen the life of the emotions that accompany a positive experience.
  - Western and Eastern philosophies, for example, offer contrasting views on the nature of conscious experience most likely to sustain well-being.
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# Resilience

- Western views focus on choice and mastery over the environment, whereas Eastern philosophies emphasize full awareness and acceptance of experience, however painful, to gain an enlightened and “joyous” view of the world.

## Resilience

- A psychological state of **optimism, and hope vs. helplessness, pessimism, and despair** is the key to both recovery and resilience.
- **Laughter, positive affect, and optimism; emotional range, as well as maturity and the capacity for empathy and support for others** all may infuse people with potentially life-sustaining resources even in the face of considerable distress

## Indicators of Individual Resilience:

- ***Sustainability*** of mental health is revealed by the preservation of energy and commitment to purposeful engagements in work and family life under the adaptation challenges imposed by psychosocial distress.
- Several key traits of this capacity include coping skills, flexibility, sense of purpose, positive emotional engagement in daily life at home, work, and at play, emotion regulation, and indicators of physiological buoyancy, such as heart rate variability.



## Indicators of Individual Resilience:

- The perception that one can achieve desirable goals and retain a sense of mastery when **life events threaten one's personal control** beliefs defines the resilient individual.



# Resilience

- Links between neighborhood stress and deprivation, and individual mortality and illness constitute an important field of inquiry in public health.
  - There are a variety of measures in use:
    - Hardship Index
    - Community Stress Index
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## Resilience

- At the forefront of this research, extensive examinations of **social capital** have underscored the importance of social trust, reciprocity, neighborhood efficacy, and civic engagement in many aspects of community life.
- Social connectedness and cohesion have been shown to be linked to greater vitality and stability in communities (Langdon, 1997).

# Resilience

- Communities, like people, can be taught to be resilient.
- For communities, as well as individuals, sustainable resilience capacities are built over time, require a focus (often a refocus) on strengths not weaknesses, and rest on improved self-organization, self-control (mastery), and social connection.



## Resilience

- Research on racial segregation and health disparities has shown **how neighborhood resources can profoundly influence individual health outcomes** (e.g., St. Luke's Health Initiatives, 2003).

# Resilience

- Descriptive analyses of communities that range from **socioeconomic to environmental factors, from crime statistics to educational outcomes**, are now available, but they lack integrative focus.
- People develop **themes in their lives that offer them hope, optimism, purpose, emotional clarity, and wisdom** built on a complex and accepting view of their social relationships.
- But they do not do so **all at once**.

# Resilience

- To fully understand resilience in adults, we advocate a mind-body approach that incorporates both physical and mental health, and the interactions between the two.
- Personal income is a valuable resource for resilience, but at the community level, high levels of income disparity among groups within the community may undermine processes of reciprocity and cooperation that permit the expression of trust in interactions among members of those groups, thereby weakening the psychological sense of community.

# Resilience

- Anxiety, hope, trust, and attachment are shared qualities of families that are observable, in principle at least, at the level of genes, neurophysiology, behavior, cognition, and emotion.
- For individuals there are many useful prevention programs, and many valuable therapies, but few interventions that have articulated a focus on resilience per se.

# Resilience

- One change is apparent with a focus on resilience: a shift away from exclusive attention on therapeutic methods and the endorsement of a broader scope of interactions designed to further strengthen existing talents. “Coaching”, exercise, and mindful meditation, to name a few.
- Optimism can be created even for those who cannot (or will not) give up their fundamentally pessimistic outlooks.

# Resilience

- Resilience can be a universal outcome, with multiple methods and interventions that may be more or less effective depending on the challenges faced and individual, family, community, and cultural influences.
- These interventions have focused specifically on fostering positive engagement, with attention to constructs such as “flourishing” rather than psychopathology and the alleviation of distress.

## Resilience

- When individuals wrote about **three good things that happened each day** and used their identified signature strengths in new ways each week, they reported higher ratings of happiness and lower ratings of depression up to **6 months post intervention**.
- Resilience themes can be applied to the development of social and community intervention as well. Here, the focus is on furthering the expansion of social capital and strengthening connectivity by the reorganization of social exchange.

## Resilience

- **Saint Luke's Health Initiatives (2008)**, a public foundation in Phoenix launched a 5-year, multimillion-dollar program that blends the authors' resilience model with strength-based community development as a key to resilience.
- Called **Health in a New Key (HNK)**, this intervention awarded community organizations that developed new partnerships to implement resilience-based interventions that focus on assets, not deficits.

# Resilience

- Focuses first on existing strengths and assets and avoids the pervasive cultural and model of deficits and needs (St. Luke's Health Initiatives).
- This approach is opposed to "Health in the Standard Key in which health proceeds through diagnosis and treatment based on science, evidence and best practices.
- Illness, pathology, needs and deficiencies are identified. Treatment and services are provided.



# Resilience

- Juxtaposed to this definition is HNK: “Health is the harmonious integration of mind, body and spirit within a responsive community. Diagnosis and treatment, yes, but the focus shifts to strengths and assets first, not just deficits”.



# ASU Resilience

- The Resilience Alliance is an international network of institutions and agencies that focuses on social-ecological systems, promoting adaptability and sustainability surrounding developmental policy and practice.



# Positive emotions as a basic building block of resilience in adulthood

WRITTEN BY ANTHONY D. ONG, C.S. BERGEMAN AND SY-MIIN CHOW IN THE HANDBOOK OF ADULT RESILIENCE EDITED BY JOHN REICH, ALEX ZAUTRA, AND JOHN HALL. GUILFORD PRESS, 2010

# Positive emotions as a basic building block of resilience in adulthood

- More than two decades ago, Lazarus, Kanner, and Folkman (1980) suggested that **under intensely stressful conditions, positive emotions may provide an important psychological time-out, sustain continued coping efforts, and restore vital resources that had been depleted by stress**

# Positive emotions as a basic building block of resilience in adulthood

- The concept of risk has been broadened to include cumulative risk indices (e.g., tallies of adverse life events over time), acute trauma and chronic life difficulties (e.g., sexual abuse, neighborhood disorganization), and factors that forecast later maladjustment in the general population (e.g., low birth weight).
- Positive adaptation, the second core component of resilience, represents adaptation that is substantially better than would be expected given exposure to significant risk.

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- On the basis of early reviews of the childhood and adolescence literature, Garmezy (1985) described three major categories of protective factors:
    - **Individual attributes** (e.g., an engaging “easy” temperament and good self-regulation skills)
    - **Relationships** (e.g., parental warmth and trust, family cohesion, and close relationships with competent adults, and
    - **External support systems** (e.g., quality neighborhoods and schools and connections to prosocial organizations).

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- Additionally, within the development and adult literatures, most researchers agree that it is important to **consider adaptive functioning more broadly, beyond just the avoidance of psychopathology or negative developmental outcomes.**

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- Emphasize the need to assess the relative contribution of **personality styles** (e.g., ego resilience, positive self-concepts, hardiness) and **environmental resources** (e.g., access to **supportive relationships**, close and nurturing family bonds, quality relationships within the community) in response to challenge.
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- During times of stress and uncertainty, high-resilient individuals' **positive emotions (e.g., cheerful, peaceful, happy)** appeared to sit side by side their **negative emotions (e.g., anxious, worried, depressed)** in relatively independent fashion.
  - Put differently, the **positive emotions of resilient individuals were not so easily erased by the negative emotions** they experienced in the midst of stress.
  - **Research has found that high-resilient individuals exhibited faster physiological and emotional recovery from stress.**

# Protective benefits of positive emotions

- Despite the distress and grief that the death of a loved one brings, however, there is considerable **variability in individuals' responses to interpersonal loss**; some individuals experience acute and enduring psychological distress, whereas others do not.
- Suls and Martin identified **five fundamental ways in which individual differences in neuroticism could influence psychological distress**:

# Protective benefits of positive emotions

- Hyper reactivity to minor hassles
  - Greater exposure to negative events
  - Appraisal of events as more harmful
  - Mood negative spillover, and
  - Inability to adjust to recurring problems
- Suls and Martin referred to them as the “neurotic cascade”

# Summary and conclusion

- **Positive emotions** constitute a “**basic building block**” of resilience.
- **Individual differences in personality resilience** may constitute an important route to understanding differential resistance to and recovery from daily stress in later adulthood.



# **Boosting Happiness, Buttressing Resilience Results from Cognitive and behavioral Interventions**



**Written by Sonja Lyubomirsky and Matthew D. Della Porta in the Handbook of  
Adult Resilience Edited by John Reich, Alex Zautra, and John Hall. Guilford Press,  
2010**

# Boosting Happiness, Buttressing Resilience

- The experience of **frequent positive emotions** – such feelings as joy, contentment, serenity, interest, vitality, and pride – is the **hallmark of happiness**.
- Thus, the terms **well being and happiness** can be used interchangeably.

# Boosting Happiness, Buttressing Resilience

- A meta-analysis that examined 225 cross-sectional, longitudinal, and experimental studies that relate happiness to success in multiple life domains found **happiness to be associated with relatively stronger social relationships; superior work outcomes; more activity, and energy.**

# Boosting Happiness, Buttressing Resilience

- In addition to their less happy peers, happy people have been found to be less likely to display symptoms of psychopathology, more likely to show good coping abilities and to act cooperatively and prosocially. to have bolstered immune systems and even to live longer.
- This research indicates that the heritability of well being is approximately 50%.

# Boosting Happiness, Buttressing Resilience

- Also, McCrae and Costa (1990) and others have shown that **extraversion and neuroticism are strongly correlated with well being.**
- Thus, **levels of well being should remain relatively constant throughout life because of this strong link to stable personality traits.**

# Boosting Happiness, Buttressing Resilience

- Longitudinal studies demonstrate that people typically do not return to their baseline levels of well being after negative life events, such as a disability, unemployment, divorce, and widowhood.
- By contrast, people adapt relatively quickly and completely to positive experiences.

# A Model of Sustainable Happiness Change

- Specifically, they propose that a person's chronic happiness level is determined by three factors:
  - A genetically based happiness set point (accounting for approximately 50% of the individual differences in happiness),
  - Life circumstances that affect happiness (10%, and
  - Activities and practices ( the remaining 40%)

# A Model of Sustainable Happiness Change

- Life circumstances are the stable “facts” of a person’s life. These include life status conditions (e.g., health, location of residence, material possessions) and various demographic details, such as income, ethnicity, and religious affiliation.
- Life circumstances are typically stable and are very challenging to change. Changing one’s circumstances to increase happiness is not likely to be fruitful.

# A Model of Sustainable Happiness Change

- Intentional activities appear to offer the best potential for lastingly increasing well being. As described above, intentional activities and practices can account for as much as 40% of the individual differences in happiness.
- The scope of these activities and practices is very broad and can be **cognitive** (e.g., having an optimistic attitude; **behavioral** (e.g., writing or sharing a letter of gratitude once a week, or **motivational** (e.g., developing and pursuing life goals.

# A Model of Sustainable Happiness Change

- Such as practicing different acts of kindness rather than the same acts week after week can reduce tedium and produce long-term increases in well being.
- Finally, all of these factors – timing, variety, and surprise – serve to entice attention to the activity, and adaptation is less likely when an individual is able to maintain sustained awareness of the activity.

# A Model of Sustainable Happiness Change

- This finding supports the idea that timing is critical. In this instance, committing kind acts throughout the week (as opposed to all in one day) had a more lasting influence.
- Students who varied their kind acts showed an increase in happiness **immediately after the intervention and up to 1 month after.**

# Expressing gratitude and optimism

- Seligman, Steen, Park, and Peterson (2005) found that **writing and sharing a gratitude letter** produced an increase in happiness up to 1 month after the intervention.
- Participants reported an increase in well being if they "**counted their blessings**" once a week.
- The **gratitude and optimism interventions led people to have more positive thoughts and experiences, which in turn increased happiness.**

# Processing unhappy and happy life experiences

- Students who wrote or **talked about a negative past experience reported higher levels of well being and physical health** compared to students who thought privately about the experience.
- This pattern was also found **4 weeks later.**

# Processing unhappy and happy life experiences

- Results indicated that participants who thought about and replayed their happiest life experience – without systematically trying to figure out why it happened – reported the highest well-being over time compared with participants who wrote about and analyzed such an event (who reported the lowest well-being).

# Enhancing psychological resilience

- Psychological resilience, defined as the ability to recover from negative emotional experiences involves a process by which a person experiences positive emotion in the face of adverse circumstances.

# Enhancing psychological resilience

- Resilience helps people to cope with stressful life events and to take proactive behavioral actions to ensure more positive emotional appraisals of the events.
- Resilient individuals have also been found to **build supportive social networks** that facilitate coping and to show faster cardiovascular recovery after negative events.

# Enhancing psychological resilience

- Prior work has suggested that **increases in well being can facilitate coping with future negative experiences** (Reich & Zautra, 1981).
- Clinical trials have shown that the use of several **mood-boosting “exercises”** helped to alleviate symptoms of depression and the expression of gratitude and optimism led to a reduction of depressive symptomatology for **up to 6 months** after the intervention ended.

# Enhancing psychological resilience

- The critical mechanism involves **positive emotions – that is, feelings of joy, pride, curiosity, peacefulness, vigor, or affection** – that are generated from continued practice of intentional happiness-boosting strategies.
- In two other studies individuals who practiced either gratitude or optimism reported more positive daily experiences.

# Enhancing psychological resilience

- A positive shift in how people perceived themselves and the world around them mediated the relationship between the practice of happiness-increasing intentional activities and reported increases in well being.
- Happiness activities can counter-act negative, dysfunctional thoughts and bolster positive thinking.
- For example, hopeful expectations produced by the optimism strategy can replace thoughts of hopelessness and powerlessness.

# Enhancing psychological resilience

- Finally, happiness activities often bring about positive experiences. For example, practicing acts of kindness produces moments in which people feel efficacious and appreciated, and can even generate new friendships.
- Nonetheless, it is important to note that people who face stressors would do well not only to increase positive emotions but also to decrease negative emotions through a variety of empirically verified techniques, including cognitive-behavioral therapy, mindfulness-based stress reduction and when appropriate, psychopharmacological treatment.



## Future directions and conclusions

- Positive emotions are essential not only for producing durable happiness, but also for bolstering coping and resilience in the face of adversity.

