

## **FACILITATING EMOTIONAL HEALTH AND WELL BEING**

**“Happiness is the whole aim and end of human existence” Aristotle**

### **Introduction**

The shift from a focus on pathology to potential; from illness to wellness; and from treatment to prevention; lies at the foundation of integrative medicine. In the field of Psychiatry, this requires practitioners to study resilience and emotional health, in addition to disorders and disease. The mere absence of emotional distress does not constitute happiness, vitality or emotional well being. In 1946, the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Currently, those studying wellness (Owen, 1999) include spiritual well being and occupational satisfaction in the definition of vibrant good health.

Our grandmothers seemed to intuitively know what science has now validated – “If you want to be healthier, you should eat a balanced diet, exercise regularly, and not smoke. You should have good relationships with other people and pursue activities that are fulfilling “(Peterson, 2006, p.235). Who follows this advice and who doesn’t? Research suggests that optimists are healthier than pessimists because, in large part, they take better care of themselves and behave in ways that enhance well being. Most evidence now suggests that emotional factors like optimism are primary predictors of physical, as well as emotional, health. Other factors include; acceptance of self and other; playing to your strengths and using your talents; creating strong and lasting relationships with others, especially a happy marriage; low levels of defensiveness and openness to emotional experience; autonomy, mastery and competence; clear values and a strong character; creating meaning and purpose in life; passionate engagement; and the ability to learn and grow from trauma and adversity. Each of these factors will be considered in some detail in this chapter.

Given the centrality of emotional health and well being for physical health, quality of relationships, and longevity, it is surprising and disheartening to find that, in the field of Psychiatry, the study of emotional well being has been sorely neglected. George Vaillant (2003) wrote, “Psychiatry is always talking about mental health, but no one ever does anything about it.” This

volume is an attempt to address that neglect. Even the field of psychology, which began, at least in part, as the study of normal development and human potential, got caught up in the medical model – studying illness and dysfunction to the exclusion of healthy and extraordinary adaptation to life. It was not until 1998, when Martin Seligman became the new president of the APA, that he reclaimed the heritage of the field and declared his intention to study genuine happiness. Since then, there has been an explosion in the study of mental health and resilience. Advances in interdisciplinary studies of mental health, including a “focus on the mind, the brain, and human relationships” (Siegel, 2003, p.2), are increasing our knowledge base. We are now in a position to learn a great deal about what does and does not reliably contribute to a state of mental health. Further, as clinicians, we can learn how to intervene in order to bolster strengths and capacities within our patients, rather than focus exclusively on their difficulties.

In this chapter, the author will review the literature on emotional health, in order to discover the necessary elements of genuine and lasting happiness. There is a significant pool of data providing clear evidence regarding the factors that support mental health, as well as those that don't. For example, some factors frequently assumed to have a positive impact on longevity, actually have no predictive value. The longevity of one's ancestors, cholesterol level at the age of 50, and the occurrence of traumatic life events prior to the age of 65 have no identifiable impact on longevity, while emotional and social factors, like optimism and positive relationships, have a very strong impact on longevity (Peterson, 2006; Reis & Gable, 2003; Snowdon, 2001; Vaillant, 2004).

Empirically validated methods for facilitating potentials, enhancing strengths, and promoting neural and behavioral growth will also be included in this chapter. Neuroscientific findings can inform and enhance our clinical effectiveness by providing guidelines for facilitating “the occurrence of specific learning experiences that are likely to exert a positive influence” (Grawe, 2007, p.7) on growth and development. In fact, the combination of neuroscientific evidence and psychotherapy outcome research (Smith & Grawe, 2001; 2005) suggests that a focus on problems alone is limited in therapeutic value and may even be counter productive. Rather, it is essential to “facilitate changes in a positive direction, to establish the emergence of new neural activation patterns” (Grawe, 2007, p.41). In order to achieve

these ends, focused and directed intervention on the part of the therapist is absolutely essential. Examples of such interventions will be included here.

## **Recent research**

### Emotional Factors

Since emotional factors have such a profound impact on health and longevity, as well as happiness and emotional well being, we will begin the chapter with an examination of this cornerstone of “the life well lived”. Our founding fathers included “the pursuit of happiness” as an inherent human right – yet there remains considerable confusion about what constitutes happiness. Often we mistake *pleasure* for genuine happiness, something which is frequently encouraged by Madison Avenue. While we all seem to know, somewhere deep inside, that “money can’t buy me love”, our culture promotes the idea that snagging an attractive mate, obtaining wealth and fame, or creating physical beauty will pave the road to happiness. All one needs to do is catch the headlines in the tabloids to discover these external factors do not reliably create happy and fulfilled human beings.

Since transient pleasures and external factors are not reliably associated with genuine happiness, what is? We are talking about the factors that make life worth living. It turns out that human beings are not very good predictors of what will actually sustain or disrupt their experience of happiness and well being (Gilbert, et al, 1998, Wilson, et al, 2000). Research findings suggest that we consistently overestimate how long we will be emotionally affected by both desirable and undesirable life events. One of the most dramatic examples of this was a study on the lasting effects of extreme events like winning the lottery or being permanently paralyzed (Brickman, Coates & Janoff-Bulman, 1978). Most people anticipate that winning millions will enhance their sense of happiness, but the research does not support that prediction. Even more surprising was the finding that those who had become permanently paralyzed assessed their happiness and pleasure in everyday life as higher than the lottery winners – a finding few would have predicted. They were also more optimistic about the future! Humans tend to adapt to their given circumstances, whether positive or negative, fairly rapidly, returning to their “set point” within a relatively brief amount of time. However, this is not cast in stone, and the “set point” can be changed with certain kinds of emotional “exercises”.

Learning to “savor” positive experiences can reliably extend their lasting effects (Bryant, 2003). Those who tend to savor sweetness and victories in life are happier and more satisfied than those for whom such experiences are fleeting. By consciously and intentionally sharing positive experiences, building strong memories of the peak moments in life, as well as celebrating the best of one’s self, we can enhance well being considerably (Bryant, 2003). This practice has an impact on couples, families and business organizations, as well as the individual. In fact, couples who make a practice of sharing positive memories with their partner having more satisfying marriages than those who don’t (Gottman, 2002).

“Emotional intelligence” (Goleman, 1995), defined as the ability to accurately label, directly experience, and appropriately express feelings, while being aware of and sensitive to the feelings of others, is highly related to happiness and satisfaction in life. Human beings vary widely in their awareness of emotions and ability to intentionally regulate their feelings. Studies indicate that those who are emotionally facile have a clear advantage when it comes to adjustment and well being, as well as physical health and longevity (Goleman, 1995; Pennebaker, 1997). Antonio Damasio (1994; 1999), one of the leading neuroscientists of our time, has suggested that our ability to be aware of and reflect on our feelings is one of the factors that make us uniquely human. Emotions have been selected for in evolution because they help us navigate, survive, and thrive in an interpersonal world. These emotions serve as a kind of internal guidance system, offering important information, as well as energy to fuel effective action. “The more we can laugh when happy, cry when sad, use anger to set firm limits, make love passionately, and give and receive tenderness fully and openly, the further one is from suffering” McCullough-Vaillant, 1997). Conversely, those who habitually avoid and repress their emotions suffer physically, socially and occupationally (Pennebaker, 1997).

Emotions are physiological events and, when mismanaged or avoided, can lead to adverse health and behavioral consequences (Abbass, 2005; Damasio, 1999; Pennebaker, 1997). Those who rely heavily on defensive avoidance of their feelings simultaneously suppress their immune system and fall ill far more often than their expressive counterparts (Pennebaker, 1997). When encouraged to express painful emotions – especially feelings of grief and anger – patients suffering from rheumatoid arthritis reported

a significant decrease in physical pain (Kelly, et al, 1997). In fact, the more deeply and authentically the patient experienced and shared their anger, the greater the pain relief they reported. This is a very important finding, since “anger” has gotten a bad rap as some sort of “toxic” emotion (Tavris, 1989). Anger has been built in as a way to alert us to danger and the threat of trespass. When detected and channeled properly, the experience of anger aids us in self protection and limit setting. A recent study also found that moderate levels of anger aided cognitive functioning and powers of discrimination (Moons & Mackie, 2007). Anger is a clarifying and energizing emotion. Anger seems to help people pay attention to what really matters, while screening out irrelevant and distracting information (Moons & Mackie, 2007). Those who characteristically suppress their anger tend to be passive and susceptible to depression, and are often used and abused by others (Coughlin Della Selva, 1996; Tavris, 1989).

We are literally (Damasio, 1999) wired for emotion. Our spontaneous feelings emerge from the cingulated region of the brain, over which we have no conscious control. “We are about as effective at stopping an emotion as we are at preventing a sneeze.” (Damasio, 1999, p.49). While we can’t stop ourselves from registering an emotion, we can ignore it or suppress its expression, often at our own peril. We need access to our feelings of desire to motivate action and prime learning; we need to experience love to establish and maintain attachments; we need to feel fear to make us pause and assess our situation; and we need to register anger to get clear about what is important and how to protect what is precious. Without access to these feelings, one is driving blind through life.

In addition to the negative consequences of chronic avoidance of emotion, the habitual suppression of feelings increases the likelihood of physical illness and even early death (Pennebarker, 1997). It looks like the chronic repression of emotions leads to suppression of the immune response, rendering one more susceptible to illnesses of all kinds. The lesson from these studies is clear: we can help our patients be healthier, happier, more connected to others, and more effective at work if we help them gain direct access to their emotions and express them constructively.

## Positive Emotions

The study of positive emotions is relatively new. From Darwin (1873) to Tompkins( 1962, 1973, 1991, 1992) and Ekman (1993), those who have studied emotional expression in humans have tended to focus on “negative” emotions: such as fear, disgust, grief and anger. Typically, only one (joy) or two (love) “positive” emotions are even mentioned in the study of affective experience. As we shift our focus from mere survival to the life well lived, an examination of positive emotions becomes essential (Baker, 2003; Fredrickson, 2004).

Barbara Fredrickson (1998; 2001) is a pioneer in this area of research, and has developed the “broaden and build” theory of positive emotion. Negative emotions alert us to danger and enhance survival. Positive emotions seem to signal safety, and enable us to broaden our attention, enhance memory and verbal fluency, facilitate new learning and increase the integration of new information (Fredrickson & Branigan, 2005). Joy and delight provide the fuel for learning. We also need a certain degree of challenge to be primed for new learning. There seems to be an optimal level at which peak performance is most likely to occur. Too little challenge, and we get bored – too much and we get overly anxious and give up. When one’s skill and capacity is adequate for the challenge, motivation is heightened, moderate levels of cortisol are produced, attention is focused and new learning is facilitated (Abercrombie, et al, 2003).

In addition to facilitating learning, research has discovered that the experience of positive emotion can undo the damaging physiological effects of negative emotions like anger and fear (Fredrickson & Levenson, 1998; Tugade & Fredrickson, 2004). The activation of positive feelings has been shown to aid cardiovascular recovery and reduce anxiety. These findings suggest that using humor in the face of hardship can boost well being and bolster physical health. This has clear implications for clinicians, who would be well advised to facilitate the direct experience of positive feelings, as well as working to simply reduce anxiety and depression in their patients.

Those who have ready access to positive emotions tend to have better relationships and more success in life than their grumpy peers. Our emotions color everything, from our perceptions to our behavior. In the

1970s Paul Meehl began studying what he called “positive affectivity” – an innate capacity to experience joy and interest. He found that this quality was independent of “negative affectivity”, suggesting they are not inversely related. In other words, some people are able to experience the full range of human emotion in an intense fashion, whether those emotions are positive or negative in tone. Affective tone proved quite stable over time and circumstance (Costa & Mc Crae, 1992). Those who score on the upper end of positive affectivity tend to be outgoing and gregarious, having lots of friends and being socially active – another factor highly associated with genuine happiness. While one’s level of positive and negative affectivity tends to remain fairly stable over time, evidence of heritability is only moderate. New studies suggest that therapy can readily change affectivity, as can recently devised practices formulated by Seligman to enhance happiness ([www.reflectivehappiness.com](http://www.reflectivehappiness.com)).

### Emotions and empathy

Emotions are contagious (Goleman, 2006; Numann & Strack, 2000), for good or for ill. The process of contagion is typically subtle and unconscious. Just seeing a picture of a happy face tends to induce a smile on the face of the observer (Dimberg & Thunberg, 2000). The closer we feel to another, the more power they have to affect us emotionally. Empathic connection seems to foster physiological synchrony. For example, marital partners tend to mimic one another’s biological responses during an argument, often resulting in escalation of conflict (Levinson & Ruef, 1992). Empathy and rapport increase with “mutual attention, shared positive feelings and a well-co-ordinated nonverbal duet” (Goleman, 2006, p.28). The more “in synch” a couple is on a non-verbal level, each mirroring the other, the more positive feelings they experience. This kind of empathic resonance is the result of multiple mirror neuron systems which have been designed to enhance our feelings of connection with others (Stern, 1999). This type of compassion propels us into empathic action, while self absorption seems to kill empathy.

Virtually from birth, babies cry when they hear another baby cry (though not when they hear a recording of their own wails). By 14 months, toddlers attempt to console or help others in distress (Goleman, 2006). These findings suggest that we are wired for kindness, empathy and altruism. Yet, the experience of isolation and disconnection many Americans experience on a

daily basis can undermine the very empathy that fuels connection. A comprehensive study on narcissism among college students has documented a 30% increase in the prevalence of this disorder from 1982-2006. Jean Twenge (2006), has written a book about these findings, called Generation Me: Why today's young Americans are more confident, assertive, entitled – and miserable – than ever before. The title pretty much says it all. Those who focus on themselves and what they are entitled to receive, rather than focusing on what they have to give, end up feeling miserable. Parents who have over-indulged their children and asked for nothing in return - an all too common phenomenon among American baby boom parents - have inadvertently set their children up for this kind of narcissistic existence (McGrath, 2007).

### Appreciation and Gratitude

Appreciation is considered by some the purest and strongest form of love, as it is freely given and requires nothing in return (Baker, 2003). Being in a state of loving appreciation is the antidote to fear, both emotionally and neurologically. While in a state of appreciation, messages from the amygdala, the brain's fear center, don't register (Baker, 2003). This is an amazing finding and one with direct implications for our work. Rather than simply try to reduce anxiety, we can help patients plagued with anxiety by helping them develop "an attitude of gratitude". "During active appreciation, your brain, heart, and endocrine system work in synchrony and heal in harmony." (Baker, 2003, p.81). The simple practice of writing down three things that went well each day has proven remarkably effective in reducing anxiety and depression, as well as increasing well being, in subjects studied by Seligman and his colleagues at the University of Pennsylvania. The "Appreciation Audit", a focused meditation on the people, places and things you are most grateful for, done three times a day for 3-5 minutes, has been shown in numerous studies "to have a powerful impact upon the autonomic nervous system, the brain's neurotransmitter profile, the cardiovascular profile, muscular tension and the psyche." (Baker, 2003, p.101). Put very simply, "To be happy, you must overcome fear, and the best way to overcome fear is with love." ( Baker, 2003, p. 106).



## Emotional Support and Connection

Bowlby (1969, 1979, 1980) and Harlow (1971) have probably contributed more to our understanding of the basic need for attachment over the life span than anyone else in the field. Other collaborators (Ainsworth, et al, 1978; Main, 1995) have confirmed that the nature of early attachments has a profound impact on our sense of well being throughout life. Neuroscience now confirms that we are wired for emotional connection with others (Goleman, 2006). Mirror neurons and spindle cells, more plentiful in the human brain than any other primate, attune us to others and facilitate close interactions. The more closely connected we are to another, the more profoundly our brains affect one another. It is becoming clear that our relationships affect our biology as well as our biography. Nurturing and satisfying relationships are an enormous boon to our health and well being, while stressful and contentious relationships are toxic to our system, as these interactions stimulate hormones that regulate all kinds of biological systems from our heart to our immune system (Cocioppo & Berntson, 1992; Lieberman & Ochsner, 2001; Siegel, 1999).

We now know that the capacity to love and be loved is absolutely crucial to health and well being from birth until death. In fact, loving relationships may be the single most important factor in determining happiness and well being, a finding that is robust across age and culture (Reis & Gable, 2003). When in love, the brain is bathed in oxytocin and dopamine, increasing happiness and buffering the effects of negative emotions (Bartels & Zeki, 2000; Porges, 1998). Isolation and lack of love create a “pain in the brain”. Panskepp’s research (2003), using MRI technology to study blood flow in the brain, has documented that psychological pain, grief, and loneliness share some of the same neural pathways that elaborate physical pain. Only love seems to alleviate the pain of social isolation.

Social connection and support enhances physical health, as well as happiness, by buffering stress and its negative effects (Cassel, 1976). Yet, not any social support will do. Mutually supportive relationships seem to be most beneficial (Berkman, et al, 2000). Rapport is another way to define the quality of connection that mutual relationships contain. Rapport requires full attention, positive feelings and non-verbal synchrony (Goleman, 2006).

All the right words, without the non-verbal affective tone of warmth, will not be registered as supportive. Having true friends, rather than a group of acquaintances, is most important for health and well being.

Beyond feelings of love, human beings have a basic need to be seen and acknowledged. Getting this need met in a reliable way seems to bolster happiness and contribute to longevity. A study of Academy Award winning actors makes this point. Over a 70 year period, winners lived 4 years longer than those who were nominated but did not win the award. Multiple winners, like Katherine Hepburn, live longest of all. This finding suggests that it is not success in financial terms (most of the big money makers don't win Academy Awards), but recognition for excellence among one's peers, that has such a potent effect.

Doing what you love and receiving recognition for your contribution enhances well being and longevity. Unfortunately, for those working in large corporations, the likelihood of achieving this end is in doubt. Studies suggest that the majority (65%) of employees in the US feel disconnected at work, and did not receive a single appreciation in the past year (Rath & Clifton, 2004). This lack of connection, along with a feeling of being unappreciated, contributes to poor productivity, high absenteeism and cynicism. What a waste for all of us. Conversely, giving and receiving genuine acknowledgement greatly increases well-being, productivity and morale (Gottman, 2002). Of interest, affective tone has a greater impact on employees receiving feedback from their managers than the content of that feedback. Newcombe and Ashkanasy (2002) systematically altered tone and content of feedback in order to study this phenomenon. Employees responded much more positively to negative feedback delivered in a warm and encouraging tone than they did when given positive feedback in a cold and perfunctory manner.

In our society of narcissism and isolation, many of us suffer from a lack of connection with others. Sadly, as of 2003, single person households became the most common living situation for adults in the US. Our brains are wired for connection, yet most Americans are chronically deprived of this basic human need (Goleman, 2006). Both our emotional and physical health depend upon the state of our closest relationships. When people, even children as young as 2 years of age, are spending 3-4 hours a day in front of

a television or computer, and less and less time in close interaction with other human beings ( Goleman, 2006), we all suffer. In contrast, when we attend to the needs of those around us, and behave in an altruistic fashion, we gain even more than those we choose to help (Baker, 2003; Dulin & Hill, 2003)). We can also have a profound impact on those around us in a vicarious manner. Studies suggest that witnessing, or even hearing a stirring story about the actions of a Good Samaritan, causes “elevation” – a kind of emotional glow that inspires further altruistic impulses in one who views such an act (Darley & Bateson, 1973).

Just as we’ve begun to establish the vital necessity of emotional support for mental health and emotional well being, the deprivation of such support has been shown to adversely affect physical, as well as emotional health, even leading to death (Mayer, 1967). During the Korean War, more prisoners of war died while in captivity (an astounding 38%) than in any other conflict in U.S. military history, despite the fact that they were given plenty of food and water and received very little in the way of physical torture. Instead, the Korean captors focused almost exclusively on social isolation and deprivation of our innate need for the support of others. They used our primary tactics: informing, self-criticism, breaking loyalty to leadership and country; and withholding all positive emotional support. Prisoners were amply rewarded for informing on others, insuring the breakdown of support between the men held hostage. In order to promote self-criticisms, the captors created groups in which soldiers were forced to stand up and confess all the bad things they had ever done, along with a recitation of all the times they failed to do something positive. It was essential that this self flagellation take place in the company of their peers, eroding the soldiers respect and affection for themselves and each other. All good news was systematically withheld from the prisoners, while bad news – a letter from home revealing a death in the family or unpaid bills that were mounting up and threatening their family’s stability – were delivered promptly. The result was a state doctors labeled “Mirasmus” – a profound kind of learned helplessness and meaninglessness that robbed these men of motivation, hope and the desire to live. As a result, half of all the men who died in captivity died of hopelessness, rather than an identifiable organic cause.

### The Benefits of a Good Marriage

A good marriage confers health, happiness, financial stability, and longevity (Keicolt-Glaser, 2005; Keicolt-Glaser & Newton, 2001; Peterson, 2006), though more so for men than for women. When exploring the effects of a bad marriage on health and happiness, the gender difference is even more striking. While a bad marriage is much worse for women than men, even a bad marriage is better for a man than living alone. Some suggest that women tend to have more friends and emotional connections that sustain them, while many men rely almost exclusively on their wives for a sense of emotional connection. Since marriage can so dramatically affect happiness, it is an important topic to explore in some depth. It's often assumed that those who have an unhappy marriage and get divorced will be happier as a result. However, a longitudinal study of over 5000 adults clearly disputes this assumption (Waite, et al, 2002). Six hundred and forty five of 5232 adults interviewed reported being "very unhappy" in their marriages. When interviewed again 5 years later many interesting and unexpected results were discovered. Most surprising was the finding that two thirds of this group reported being happy in their marriage 5 years later. Those who divorced, however, experienced no reduction in depression or increase in self esteem following their divorce, especially if they remained single. Twenty four percent of the divorced group had remarried and 81% of them were happy in this second marriage. This suggests that being married, rather than single or divorced, is the decisive factor when it comes to happiness.

It is important to note that, when there was violence in the marriage, divorce offered significant relief. However, in the absence of violence, external stressors like illness, unemployment, financial hardship and difficult children, often appeared to be the culprit in the unhappy marriages being investigated (Waite, et al, 2002). Couples who persevered and worked through difficulties together, rather than divorcing, found that their marriages improved significantly over time. These couples reported that their efforts to comfort each other, make time for themselves by going out on dates, and getting help from a trusted family member, therapist, or minister, enhanced their ability to develop resilience as couple. Even threats of divorce were noted as a vital factor in making the shift from unhappiness to a happy, productive union.

It is certainly possible that the couples who stayed together were different from the start than those who divorced, but the results of this study should still inform our work with patients. Gottman (1993; 2001; 2002), who has probably done more and better research on success and failure in marriage than anyone on the planet, has found that a couple's ability to make and accept repair attempts when things go awry is of crucial importance. Women tend to be much better at this than men. In fact, women in distressed marriages made just as many repair attempts as those in happy marriages. The difference was in how their husbands responded. Husbands in happy marriages accepted their wives attempt to repair a rupture far more often (80% of the time), than men in distressed marriages (18%). Helping men reduce their defensiveness and allow for forgiveness will go a long way to improving their capacity to accept repair attempts and preserve their marriages.

Hanging in there with those we love, and working to resolve difficulties together, clearly has tremendous benefit, not just to the children, but the adult partners in a marriage. Since developing and maintaining close emotional ties appears to be the most important factor in over-all happiness, we are well advised to focus a good deal of therapeutic attention on enhancing our patients ability to stay connected instead of withdrawing and breaking off contact with others.

### Character, Strengths and Virtue

**“Other things being equal, human beings enjoy the exercise of their realized capacities” Aristototle**

Sometimes, it requires courage to choose love and appreciation over fear and scarcity. Courage is most often defined, not as an absence of fear, but the willingness to take decisive action in the face of fear. When desire and value predominate over fear, we behave in a courageous manner. What is most important to you in life? Is your life focused on your most deeply held

values and principles, or is motivated by greed, or simply the results of living on automatic pilot, responding to external circumstances?

Research shows that leading a purpose driven life greatly enhances life satisfaction (Collins, 2007; Csikszentmihalyi, 2006). Obtaining rewards without effort does not confer happiness. Remember those studies on the lottery winners? Human beings like to feel powerful, effective and masterful. In order to achieve that, we must be able to see a direct connection between our efforts and the outcomes we create. Exercising our talents and playing to our strengths also contributes enormously to our level of happiness and satisfaction in life.

Having choice in the matter also has a huge impact on life satisfaction (Sheldon, 2004). Our power to make choices gives us a sense of self-determination and efficacy (Bandura, 1989). Feeling as if we are in charge of our lives and our destiny increases autonomy and self esteem, and bolsters well being (Sheldon, 2004). Goals are only motivating in so far as they are our own personal goals. When we try to achieve goals that others have set for us, even if we reach them, we don't end up with the same feelings of competence and well being that when these goals are our own.

Jerry Porras and his associates (2006) decided to conduct a study on what it takes to build a life that matters by doing in-depth interviews with over 200 people who have made a profound difference in the world. They eliminated people like Tiger Woods and Yo Yo Ma, who, while devoted to their craft and more hardworking than any of their peers, were born with an exceptional gift. What they found was a group of ordinary people doing extraordinary things. In fact, many of these people, like Sir Richard Branson and Chuck Schwab, had significant obstacles to overcome in life, like poverty and serious learning disabilities. Jimmy Carter was another example in their study. The son of a poor peanut farmer, and the first in his family to attend college, Jimmy Carter became President of the United States and won the Nobel Peace Prize. How did they do it? Every single one of these people experienced significant failures, defeats, losses and disappointments in life, but they all bounced back, learning from adversity and staying focused on desired outcomes. Their reliance on self validation, rather than relying on validation from others, along with an unwillingness to play victim or blame others, makes them determined, resilient, and successful in overcoming obstacles to reach their desired goals. Most importantly of all, they define

success as the ability to make a difference and have a lasting impact on the lives of others.

These highly successful people embody the character traits long associated with the best of humanity – determination, persistence, humility, generosity, and integrity. Truly successful people are passionate about what they believe in and are more likely to be geeks than charismatic celebrities. Contrary to popular belief, the CEOs who took good solid companies and transformed them into truly great organizations that out-performed all their competition, were humble and self effacing individuals who displayed no ego and were devoted to something much bigger than themselves (Collins, 2001). They are internally motivated and hold themselves accountable, blaming no one else for their mistakes and generously acknowledging the contribution of others. Put very simply, these folks “are more emotionally committed to doing what they love, than being loved by others” (Collins, p. 14).

By combining their strengths, abilities, passions, and beliefs with the needs of others, truly successful people construct lives that make a difference and have a lasting impact on others (Porras, et al, 2006). Three central qualities differentiated them from the rest: 1) a focus on meaning – what matters deeply, what they lose track of time doing, and would do for free; 2) accountability, audacity, passion and optimism; and 3) willing to take action and to be effective in doing so. As Warren Buffet has said, it is dangerous not to do what you love, as someone who does will always outperform you. For folks who work just to make a living, expecting rewards to come later in life, he said, “It is like saving sex for old age”. Steven Jobs, in his commencement speech at Stanford, encouraged graduates to “find something you love, then get good at it. Your time is limited, so don’t waste it living someone else’s life”. Again and again, this focus on self determined goals and an unwillingness to sell out for approval, emerge as defining qualities of the life well live.

### Playing to your strengths

Knowing what your strengths are, and playing to those strengths, is crucial in constructing a life of meaning and purpose. In fact, Seligman found that, while gratitude exercises have the largest overall effect on happiness and well being, the most **lasting** effects were achieved by combining this

practice with that of using your signature strengths in novel ways (Peterson, 2006, Seligman, et al, 2005). The most successful people in life have an accurate sense of their own strengths and play to them everyday. Some have a skewed perception of self and don't appreciate their own gifts. The Values in Action Classification of Character Strengths (Peterson & Seligman, 2004) can help to identify strengths in those who don't seem to know themselves very well. Some of these strengths include a love of learning, an appreciation of beauty and excellence, creativity, and fairness. Knowing what your "signature" strengths are and making use of them everyday goes a long way toward creating a meaningful and satisfying life. Conversely, constructing a life that is at odds with these strengths predicts frustration and dissatisfaction. Sadly, a Gallop poll revealed that 80% of American employees reported having no opportunity to play to their strengths on a daily basis at work. This is prescription for low morale and high levels of dissatisfaction for all involved. Companies like Google, who encourage employees to do what they love and have fun in the process, develop loyal and productive employees who are creative, happy, and healthy.

## FLOW

Discovering your passion and finding a way to have that passion serve others, is a key to creating a life that matters. When we are deeply involved in a passionate pursuit, we are often "in the flow". Flow has been defined as a psychological state that accompanies highly engaging voluntary activities (Csikszentmihalyi, 1990). This state involves a sense of timelessness and complete presence and involvement, as if one is working to full capacity. A balance between interest, skill, and challenge is an essential component of the experience of flow. Csikszentmihalyi (1990) has conducted studies using the "Experience Sampling Method", in which participants wear electronic pagers for a week, and fill out a questionnaire about their current experience whenever it goes off. While many assume they will feel most relaxed and happy when resting, quite the opposite turned out to be the case. Almost all respondents reported feeling "happier, more cheerful, stronger, more active, more creative, more concentrated and more motivated" when involved in a demanding and challenging activity. Participants felt better when dealing with adversity, than during leisure time, when they reported feeling sad, dull, and dissatisfied. As mental health professionals we are in a position to pass on this information, which is not common knowledge.



It is important to recognize, that leisure *activities*, are, in fact, a vital part of the equation when we study happy and successful lives. However, this type of leisure doesn't mean doing nothing. The kind of leisurely activity that promotes well being is that which is highly engaging – whether it is a sport like tennis or golf, a pastime like gardening, or an artistic mode of expression like playing a musical instrument or painting. In fact, having voluntary activities one is passionate about increases levels of positive emotion, vitality, and aliveness. In many cases these activities provide a sense of identity and social connection with other like minded individuals, adding further to their positive impact.

### Resilience

While there has been a lot of focus in the past couple of decades on the phenomenon of Post Traumatic Stress Disorder, only 8% of those exposed to traumatic circumstances develop this disorder (Bonnano, 2004). Most of us are resilient and bounce back after traumatic experiences, while a significant number of people experience what is now referred to as “Post traumatic Growth” (Park & Helgeson, 2006). Going through traumatic circumstances frequently motivates us to reassess our lives and to focus on what is most important. Traumatic events can be a “wake up call” that serves a very useful purpose, realigning our actions with deeply held values and beliefs. While the notion that we grow through trials and tribulations is not new, the systematic study of this phenomenon is (Ickovics, et al, 2006). A meta-analysis of 77 research studies on the subject revealed that growth through distress was related to more positive affect. The longer the follow-up from the time of the trauma, the clearer the relationship between that trauma and its positive effects became. So, it looks like it takes time for people to realize the positive benefits of these jarring events. Studies of the process through which traumatic events create positive outcomes suggests that growth is a consequence of reflection, self inquiry, and re-evaluation of the basic assumptions about life that were challenged by the trauma. Once again, the implications for psychotherapy seem quite clear. The data suggest that it is possible to benefit and grow considerably through very difficult experiences. By helping our patients consider the positive benefits of the worst experiences in their life, we can facilitate growth, something rarely advocated previously (Root & Cohen, 2006).

A study of neural correlates of post-traumatic growth (Rabe, Sollner, Maercher & Karl, 2006) following severe auto accidents demonstrated a clear relationship between increased left frontal brain activation (associated with the approach system and positive emotion) and post-traumatic growth. In particular, “left pre-frontal activity was associated with ...new possibilities, changed relationships, appreciation of life, and personal strength, but not with spiritual changes” (p.882). These results suggest that therapists should focus on activating the approach system, an orientation to psychotherapeutic intervention advocated by Grawe (2005). In other words, encouraging patients to approach what they want in life, rather than avoiding what they fear, greatly enhances well being.

So what exactly is resilience and how can it be fostered? Definitions of resilience vary widely, depending upon the context. In psychological terms, resilience generally refers to the ability to recover, or even grow from, traumatic experiences. In physics and engineering, resilience refers to the amount of energy that can be absorbed by a given material “elastically” (without shattering). This definition could be applied to humans as well. The ability to absorb shock and respond flexibly, without breaking down, is another way to define resilience.

It’s important to remember that resilience is an on-going process of development, requiring time and effort. Being resilient DOES NOT mean the individual doesn’t experience distress. In fact, it is the ability to tolerate pain, grief, rage, and anxiety, that seems to result in new learning, greater compassion for self and other, and what is often referred to as “wisdom”. Several factors are associated with the facilitation of resilience (see Table ).

Hebb (1949) discovered that “neurons that fire together, wire together”. Many of our patients are stuck in automatic ways of responding that maintain their symptoms and contribute to their suffering. In order to be effective, we must intervene in order to interrupt these ingrained, pathological connections (say between self assertion and anxiety), while stimulating activation of new and healthier connections. In patients who are clinically depressed, for example, “it is not sensible to work directly on the problem behavior. First we must build the impoverished brain regions, because their easy activation will be necessary to enable the patient to

pursue positive goals and to experience joy and happiness...” (Grawe, 2005). In fact, neuroscientific findings and the results of psychotherapy outcomes studies suggest that a focus on problems will only be effective if conducted within the context of pursuing an important, and currently activated, goal. In other words, we can only help someone complaining of social anxiety and inhibition once their desire for contact, connection, and affinity is palpably activated. So, the delineation of positive approach goals is an essential task for all therapists, yet most remain focused on problems and deficits.

### Optimism

It is important to point out that some people are more likely to respond to challenging and traumatic life circumstances in a positive, growth oriented manner than others. A study by Rimi and colleagues (2004) found that only mothers who were optimistic displayed a positive adjustment 6 months after their child had undergone stem cell transplantation. So, once again, optimism turns out to be a central factor in positive adjustment. Optimism is often defined as an ability to maintain realistic hope and a sense of personal efficacy in relation to one’s life goals. Optimists are not Pollyannas. They are realistic in their assessment of their own abilities and tend to focus on their efforts rather than variables outside of their control. Those who strive to control outcomes beyond their sphere of influence tend to create stress and depression (Seligman, 1991; Peterson, 2006).

While some seem to be optimistic by nature, or as a result of being raised in a home that focused on personal mastery, studies suggest that this capacity can also be learned (Seligman, 1991). Pessimists view difficult circumstances as permanent, while optimists see them as temporary. Consequently, pessimists and optimists try harder the next time. It’s almost never what happens that affects us over time, but the story we tell ourselves about what happens. If we tell ourselves we are victims – losers in life who have gotten a raw deal – we will be depressed and hopeless. In the very same circumstances, if we adopt an optimistic mind set and focus on what we can learn, choosing to make the best of it, we will build resilience and well being. Mental health professionals can actively help patients cultivate an optimistic mind set that supports emotional and physical health, buffers stress and aids resilience but encouraging this kind of reframing.

## Limitations

While the systematic study of interventions specifically designed to boost well being, happiness and self efficacy is relatively new, the data are strong and unequivocal – they work to increase life satisfaction and decrease depression.

While all studies have some limitations, different levels of evidence are required for different kinds of interventions being studied. Just as there are different levels of evidence admissible in court – from DNA samples to eye witness testimony – there are different levels of scientific evidence – from double blind studies to observational studies. When the risks and possible side effects of a given procedure are high (as with surgery and medication), the level of evidence required to support its use is quite high. When the possible benefits are high and risks are low or none existent, as in the case with all the interventions and practices designed to enhance well being described in this chapter, we can accept all levels of evidence to support their use.

## **Summary and Recommendations**

What are the implications of this knowledge for the practice of psychotherapy? How can clinicians bolster health, well being, and resilience, as well as treating symptoms and disorders? The research reviewed here provides clear guidelines for interventions that build strength and capacity. If we remember that we never cure anyone, and that it is the patient's innate capacity for growth and optimal functioning that is responsible for healing, our focus will remain on what we can do to 1) encourage the patient's ability to tolerate anxiety for growth, by 2) remove defenses and facilitate the direct experience and expression of their feelings, needs and desires.

First and foremost, the studies reviewed in this chapter suggest that it is essential to assess a patient's strengths, as well as their areas of weakness (Malan & Coughlin Della Selva, 2006). We need to create an alliance with the healthy part of the patient so that, together, we can tackle their difficulties (Davanloo; Schnarch). In order to build on strength and capacity, and facilitate new learning, we need to establish a strong therapeutic alliance with the patient. Once this bond is established, we need to induce moderate levels of stress by creating a challenging atmosphere in

which help the patient face what he has been avoiding. Therapists often intervene to lower anxiety to the point where no new learning takes place. This inadvertently keeps the patient functioning at a low level of capacity. By taking over the anxiety regulating function of the ego for the patient, the therapist promotes dependence, rather than mastery. So, learning to work at an optimal level of anxiety is a crucial skill for every therapist to learn.

Secondly, we need to work actively to mobilize the approach system. By activating the desire for valued goals, and increasing capacity to tolerate anxiety for gain, we will facilitate rapid growth and build capacity in our patients.

Research also clearly indicates that unencumbered access to affect promotes health and well being, while reliance on defenses undermines health and interferes with attachment. Focusing on the breakdown of defenses and activation/exposure to core emotions, facilitates health by helping the patient get to know himself in an intimate and unguarded way. Intimate knowledge of self; the ability to accept rather than avoid one's own feelings; puts one in a position of choice when it comes to opening up to others. It also promotes empathy and compassion with others. Since having and maintaining close, nurturing bonds is such an essential element in health and well being, anything we can do to remove barriers to closeness and facilitate secure attachments will greatly enhance therapeutic effectiveness. Facing the feelings one has long avoided creates a sense of mastery and competence, which builds confidence and fuels resilience.