

challenging personal environment. This quest for a “life force,” which helps people deeply experience the moments of their lives rather than just living through them, has received much scholarly and popular attention. Self-help books that focus on spirituality consistently top the bestseller lists. Television programs promote the virtues of a spiritual or natural existence. Writers and psychologists such as William James, Carl Jung, Gordon Allport, Erich Fromm, Viktor Frankl, Abraham Maslow, and Rollo May have made spirituality a major focus of their work.

Spiritual health courses have emerged in public health and medical school training. For example, the Harvard Medical School of Continuing Education offers a course called “Spirituality and Healing in Medicine,” which brings together scholars and medical professionals from around the world to discuss the role of spirituality in treating illness and chronic pain. Self-help workshops focusing on spiritual elements of health are popular throughout the world.

## The Mind–Body Connection

Can negative emotions make a person physically sick? Can positive feelings help us stay well? Researchers are exploring the interaction between emotions and health, especially in conditions of uncontrolled, persistent stress. According to one theory, the brain of an emotionally overwrought person sends signals to the adrenal glands, which respond by secreting cortisol and epinephrine (adrenaline), the hormones that activate the body’s stress response. These chemicals are also known to suppress immune functioning, so a persistently overwrought person may undergo subtle immune changes. What remains to be shown is how these changes affect overall health, if they do at all.

## Happiness: A Key to Well-Being

Although we can list the actions that we should perform to become physically healthy, such as eating the right foods, getting enough rest, exercising, and so on, it is less clear how to achieve that “feeling-good state” that researchers call **subjective well-being (SWB)**. This refers to that uplifting feeling of inner peace and wonder that we call “happiness.” Psychologists David Myers and Ed Diener completed a major study of this thing called happiness and noted that people experience it in many different ways, based on age, culture, gender, and other factors.<sup>21</sup> However, in spite of the differences in the way it is experienced, SWB is defined by three central components:<sup>22</sup>

1. *Satisfaction with present life.* People who are high in SWB tend to like their work and are satisfied with their current personal relationships. They are sociable, outgoing, and willing to open up to others. They also like themselves and enjoy good health and self-esteem.
2. *Relative presence of positive emotions.* People with high SWB more frequently feel pleasant emotions, mainly

because they evaluate the world around them in a generally positive way. They have an optimistic outlook, and they expect success in what they undertake.

3. *Relative absence of negative emotions.* Individuals with a strong sense of subjective well-being experience fewer and less severe episodes of negative emotions, such as anxiety, depression, and anger.

Do you have to be happy all of the time to achieve overall subjective well-being? Of course not. Everyone experiences disappointments, unhappiness, and times when life seems unfair. However, people with SWB are typically resilient, are able to look on the positive side, get themselves back on track fairly quickly, and are less likely to fall into deep despair over setbacks. There are several myths about happiness: that it depends on age, gender, race, and socioeconomic status. Research and empirical evidence, however, have debunked these myths.<sup>23</sup>

- *There is no “happiest age.”* Age is not a predictor of SWB. Most age groups exhibit similar levels of life satisfaction, although the things that bring joy often change with age.
- *Happiness has no “gender gap.”* Women are more likely than men to suffer from anxiety and depression, and men are more at risk for alcoholism and personality disorders. Equal numbers of men and women report being fairly satisfied with life.
- *There are minimal racial differences in happiness.* For example, African Americans and European Americans report nearly the same levels of happiness, and African Americans are slightly less vulnerable to depression. Despite racism and discrimination, members of disadvantaged minority groups generally seem to “think optimistically” by making realistic self-comparisons and attributing problems less to themselves than to unfair circumstances.
- *Money does not buy happiness.* Wealthier societies report greater well-being. However, once the basic necessities of food, shelter, and safety are provided, there is a very weak correlation between income and happiness. Having no money is a cause of misery, but wealth itself does not guarantee happiness.

Fortunately, humans are remarkably resourceful creatures. We respond to great loss, such as the death of a loved one or a traumatic event, with an initial period of grief, mourning, and sometimes abject rage. Yet, with time and the support of loving family and friends, we can pick ourselves up, brush off the bad times, and manage to find satisfaction and peace. Typically, humans learn from suffering and emerge even stronger and more ready to deal with the next crisis. Most find some measure of happiness after the initial shock and

**Subjective well-being (SWB)** That uplifting feeling of inner peace and wonder that we call “happiness.”

pain of loss. Those who are otherwise healthy, in good physical condition, and part of a strong social support network can adapt and cope effectively.

## Does Laughter Enhance Health?

Remember the last time you laughed so hard that you cried? Remember how relaxed you felt afterward? Scientists are just beginning to understand the role of humor in our lives and health. For example, laughter has been shown to have the following effects:

- Stressed-out people with a strong sense of humor become less depressed and anxious than those whose sense of humor is less well developed.
- Students who use humor as a coping mechanism report that it predisposes them to experiencing a positive mood.
- In a study of depressed and suicidal senior citizens, patients who recovered were the ones who demonstrated a sense of humor.
- Telling a joke, particularly one that involves a shared experience, increases our sense of belonging and social cohesion.

Laughter helps us in many ways. People like to be around people who are fun-loving and laugh easily. Learning to laugh puts more joy into everyday experiences and increases the likelihood that fun-loving people will keep company with us.

Psychologist Barbara Fredrickson argues that positive emotions such as joy, interest, and contentment serve valuable life functions. Joy is associated with playfulness and creativity. Interest encourages us to explore our world, enhancing knowledge and cognitive ability. Contentment allows us to savor and integrate experiences, an important step to achieving mindfulness and insight. By building our physical, social, and mental resources, these positive feelings empower us to cope more effectively with life's challenges. While the actual emotions may be transient, their effects can be permanent and provide lifelong enrichment.<sup>24</sup>

Laughter also seems to have positive physiological effects. A number of researchers, such as Lee Berk, M.D., and Stanley Tan, M.D., have noted that laughter sharpens our immune systems by activating T-cells and natural killer cells and increasing production of immunity-boosting interferon.<sup>25</sup> It also reduces levels of the stress hormone cortisol.

**Major depressive disorder** Severe depression that entails chronic mood disorder, physical effects such as sleep disturbance and exhaustion, and mental effects such as the inability to concentrate.

**Chronic mood disorder** Experience of persistent sadness, despair, and hopelessness.

In one experiment, Fredrickson monitored the cardiovascular responses of human subjects who suffered fear and anxiety induced by an unsettling film clip. Some of them then viewed a humorous film clip while others did not. Those who watched the humorous film returned more quickly to their baseline cardiovascular state, indicating that laughter may counteract some of the physical effects of negative emotions.<sup>26</sup>

In another study, 50 women with advanced breast cancer who were randomly assigned to a weekly support group lived an average of 18 months longer than 36 cancer patients not in the support group. The implication of this finding is that the women in the support group cheered each other on and that this allowed them to sleep and eat better, which promoted their survival.<sup>27</sup> Other researchers have found that a fighting spirit and the determination to survive are vital adjuncts to standard cancer therapy.<sup>28</sup>

A large body of evidence points to an association between the emotions and physical health, although we still have much to learn about this relationship. Does an emotional state trigger negative behaviors that lead to decreased immune functioning? Or do emotions directly affect health by stimulating the production of hormones that tax the immune system? In the meantime, however, it appears that happiness and an optimistic mind-set don't just feel good—they are also good for you.

## When Psychosocial Health Deteriorates

Sometimes circumstances overwhelm us to such a degree that we need outside assistance to help us get back on track toward healthful living.

### Depression: The Full-Scale Tumble

In a recent meeting of the American Psychological Association, the organization's president remarked, "Depression has been called the common cold of psychological disturbances, which underscores its prevalence, but trivializes its impact."<sup>29</sup> According to experts, major depression is, in fact, one of the most common psychiatric disorders in the United States, affecting over 15 million Americans. Many of them are misdiagnosed, underdiagnosed, and not receiving treatment, despite its availability.<sup>30</sup>

It is normal to feel blue or depressed in response to certain experiences, such as the death of a loved one, divorce, loss of a job, or an unhappy ending to a long-term relationship. However, people with **major depressive disorder** experience a form of **chronic mood disorder** that involves, on a day-to-day basis, extreme and persistent sadness, despair, and hopelessness. People with this disorder typically feel discouraged by life and circumstances and experience feelings of intense guilt and worthlessness. Usually they show some impairment of social and occupational