Science of Health and Happiness

The world outside and inside of you

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Overview

- Positive Emotions, self-compassion and connection

- Aspects outside of our individual bodies that determine our health
and well being (Social Determinants of Health)

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- **Health** is not just the outcome of genetic or biological processes but **is *also* influenced by the social and economic conditions in which we live.**

- These influences have become known as the **'social determinants of health'.**

- Inequalities in social conditions give rise to **unequal and unjust health outcomes for different social groups**.

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WE WELCOME

ALL RACES AND ETHNICITIES
ALL RELIGIONS
ALL COUNTRIES OF ORIGIN
ALL GENDER IDENTITIES
ALL SEXUAL ORIENTATIONS
ALL ABILITIES AND DISABILITIES
ALL SPOKEN LANGUAGES
ALL AGES
EVERYONE.

WE STAND HERE WITH YOU
YOU ARE SAFE HERE

* Content adapted from the original "We Welcome" sign created by IPRC members Lisa Mangum and Jason Levian.

Photo by Brittani Burns on Unsplash

Social Determinants of Health

'The social conditions in which people live powerfully influence their chances to be healthy. Indeed factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries' (World Health Organization)

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Social Determinants of Health

World Health Organization Ata Declaration describes the social determinants of health as:

- They are systematic, that is they are not random but follow a consistent social pattern.

- They are socially produced, rather than the result of biological or other fixed processes, and are therefore regarded as **modifiable**.

- They are widely perceived to be unfair or inequitable.

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The life course

- Social determinants accumulate as advantages or disadvantages over different stages of the lifecycle.

- Health experiences in early life, even in the womb, and the social conditions that shape them, e.g. poor maternal health resulting from material disadvantage, will go on to influence health in later life.

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What are Social Determinants of Health?

- Poverty

- Social exclusion and inequality

- The build environment

- Work and access to employment

- Community and social participation

- Health behaviours

- Stress

- Public policies and services

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https://www.publichealth.ie/social-determinants-health

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Positive Emotions

- Joy
- Gratitude
- Serenity
- Interest
- Hope
- Pride
- Amusement
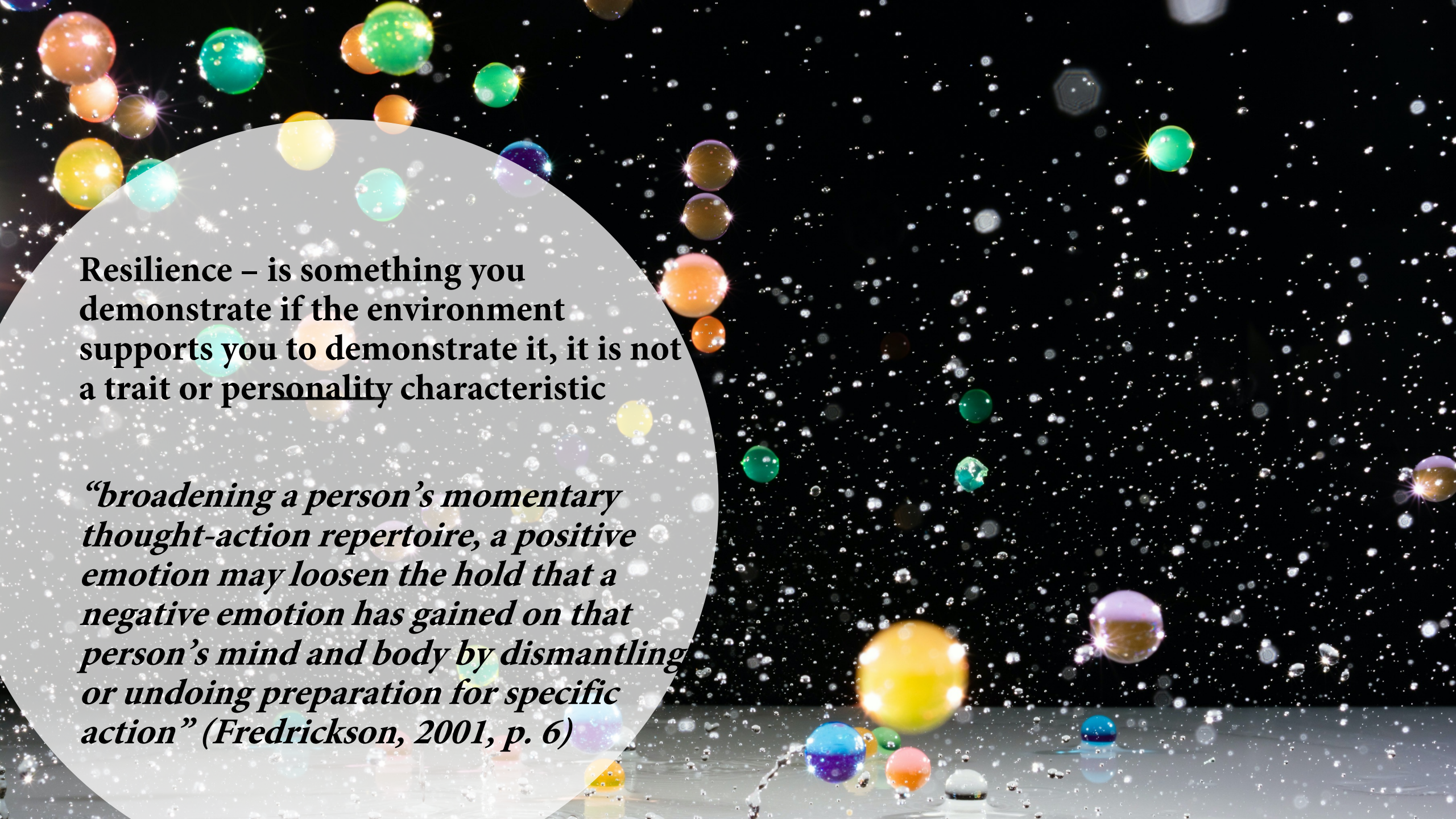- Inspiration
- Awe
- Love

Barbara Fredrickson (2009)

joy and pain
healing and ill-health

The mental health continuum (Keyes, 2002)

- Mental ill-being and mental well-being are not two extremes of a continuum, but rather two related but independent phenomena.

- The absence of ill-being does not equate to well-being, and that flourishing is possible with some symptoms of ill-being if well-being is high enough.

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The upward spiral of positive emotion
Broadens and builds our emotional and behavioural repertoire
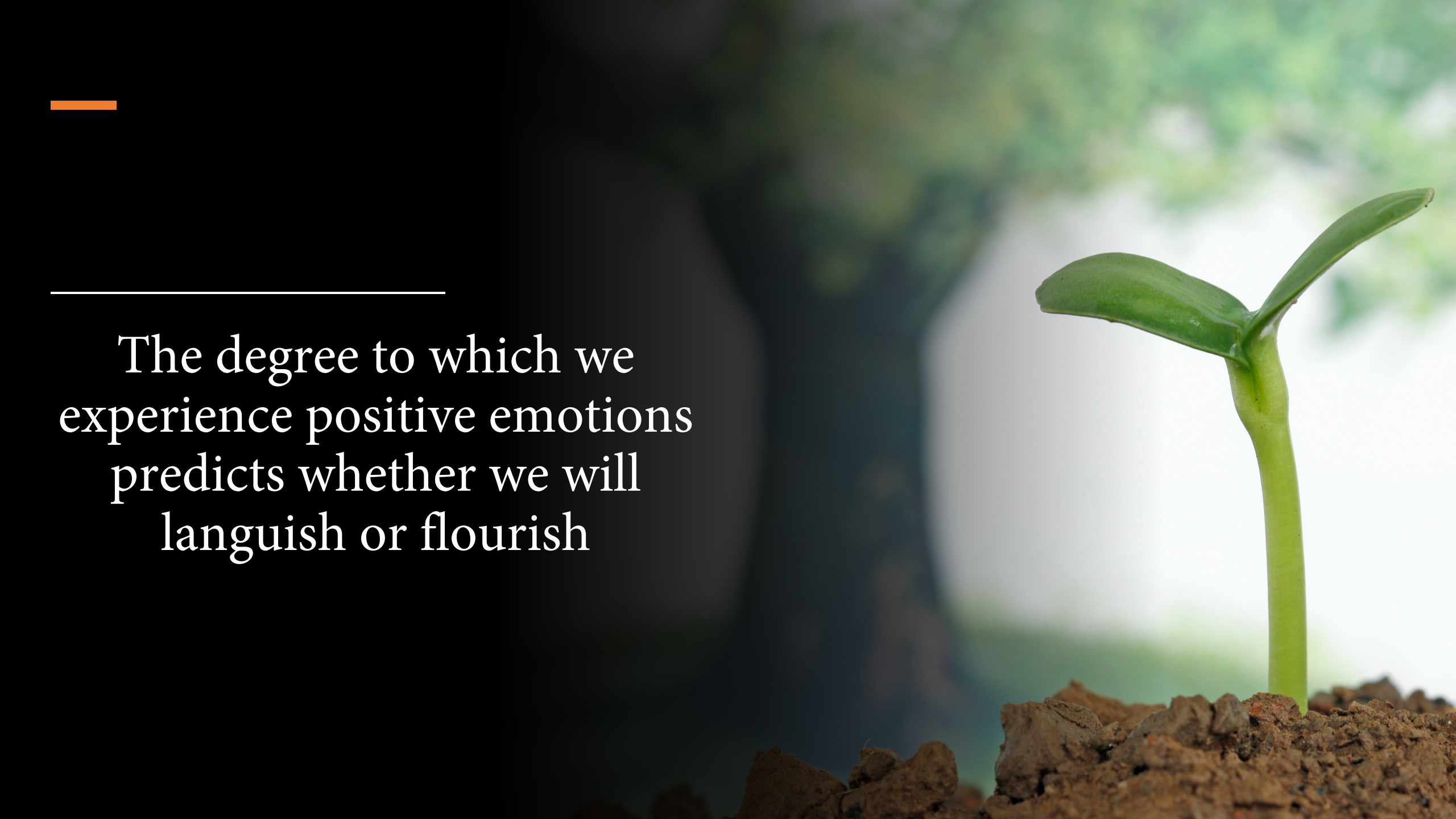
Barbara Fredrickson (2001; 2009)

Resilience – is something you demonstrate if the environment supports you to demonstrate it, it is not a trait or personality characteristic

"broadening a person's momentary thought-action repertoire, a positive emotion may loosen the hold that a negative emotion has gained on that person's mind and body by dismantling or undoing preparation for specific action" (Fredrickson, 2001, p. 6)

Experiencing positive emotions produces:

—————

- A broad, flexible cognitive organisation and ability to integrate diverse material (Isen, 1990, p. 89).

- Increases in brain dopamine levels, particularly in the prefrontal cortex and anterior cingulate, which are thought to underlie better cognitive performance (Ashby, Isen, & Turken, 1999).

The degree to which we experience positive emotions predicts whether we will languish or flourish

Positive emotions can be cultivated

- Get yourself into gratitude mindset (Sheldon & Lyubomirsky, 2006)

- Develop a growth mindset (Dweck, 2017).

- Set goals and have a focus (Gardner et al., 2016).

- Focus/Flow (Csikszentmihalyi, 1996).

- Connect – *"Any moment of positivity resonance that ripples through the brains and bodies of you and another can be health- and life-giving" (Barbara* Fredickson, 2013).

- PERMA (Positive emotion, engagement/flow, relationships, meaning, accomplishment)

- Understand the inevitable presence of negative emotions in our life

A note on negative emotion

- Negativity Bias

- Humans and animals have a bias towards attending to negative versus positive stimuli

- Baumeister et al. (2001) - Bad is stronger than good

- Magic ratio 3:1 positive emotions (Fredrickson & Losada, 2005, they have acknowledged that this figure has some issues).

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Grow towards the light

- Negative emotions are stronger than positive

- Deliberately cultivate positive emotions

- Consciously stop our minds from wandering and thinking about past and present too much

- Many ways to cultivate positive emotions

ENHANCE

- Notice positive emotions or moments where they can happen
- Pay attention to the glimmer
- Turn the Glimmer into a GLOW

Lacking social connection is as dangerous as smoking up to 15 cigarettes a day.
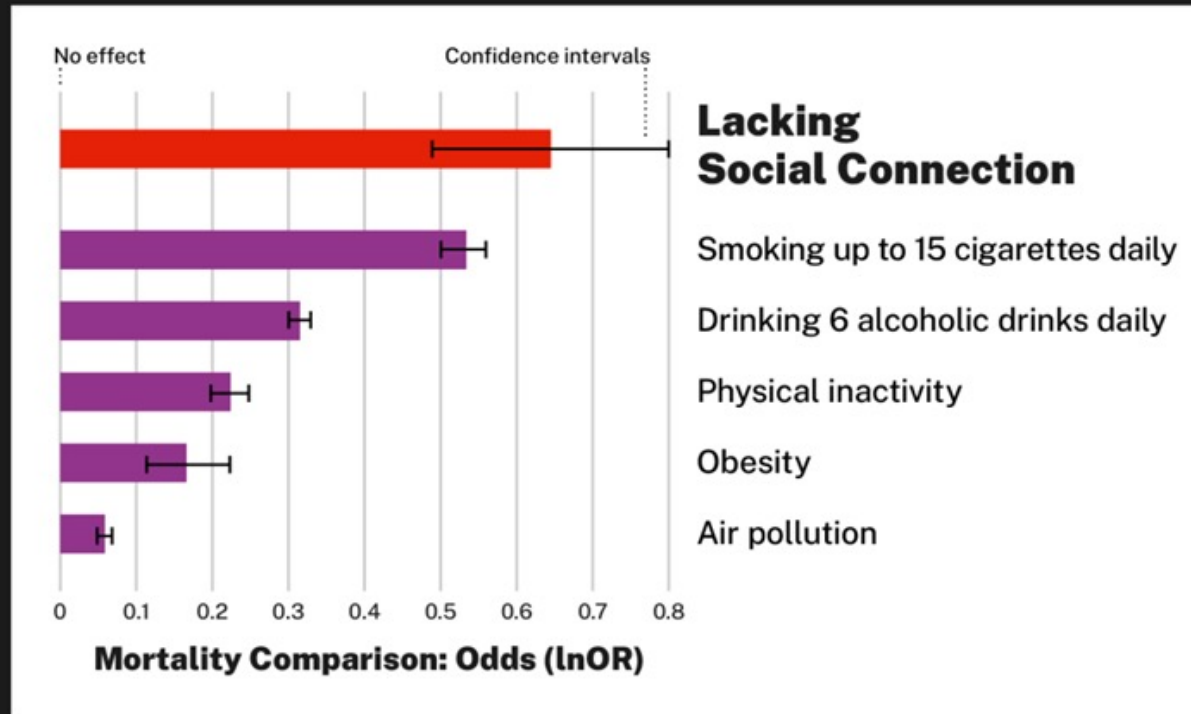
Comparison groups: Complex measures of social integration: high v. low; not smoking v. smoking < 15 cigarettes daily; alcohol abstinence v. drinking > 6 alcoholic drinks daily; physical activity v. inactivity; low BMI v. high BMI; low air pollution v. high air pollution.

Source: Holt-Lunstad J, Robles TF, Sbarra DA. Advancing Social Connection as a Public Health Priority in the United States. American Psychology. 2017;72(6):517-530. doi:10.1037/amp0000103. This graph is a visual approximation.

Loneliness

Connection moderates stress

· An analysis of 148 published research studies (300,000 participants across a wide variety of health conditions) found that having meaningful relationships was associated with 50 percent higher odds of survival
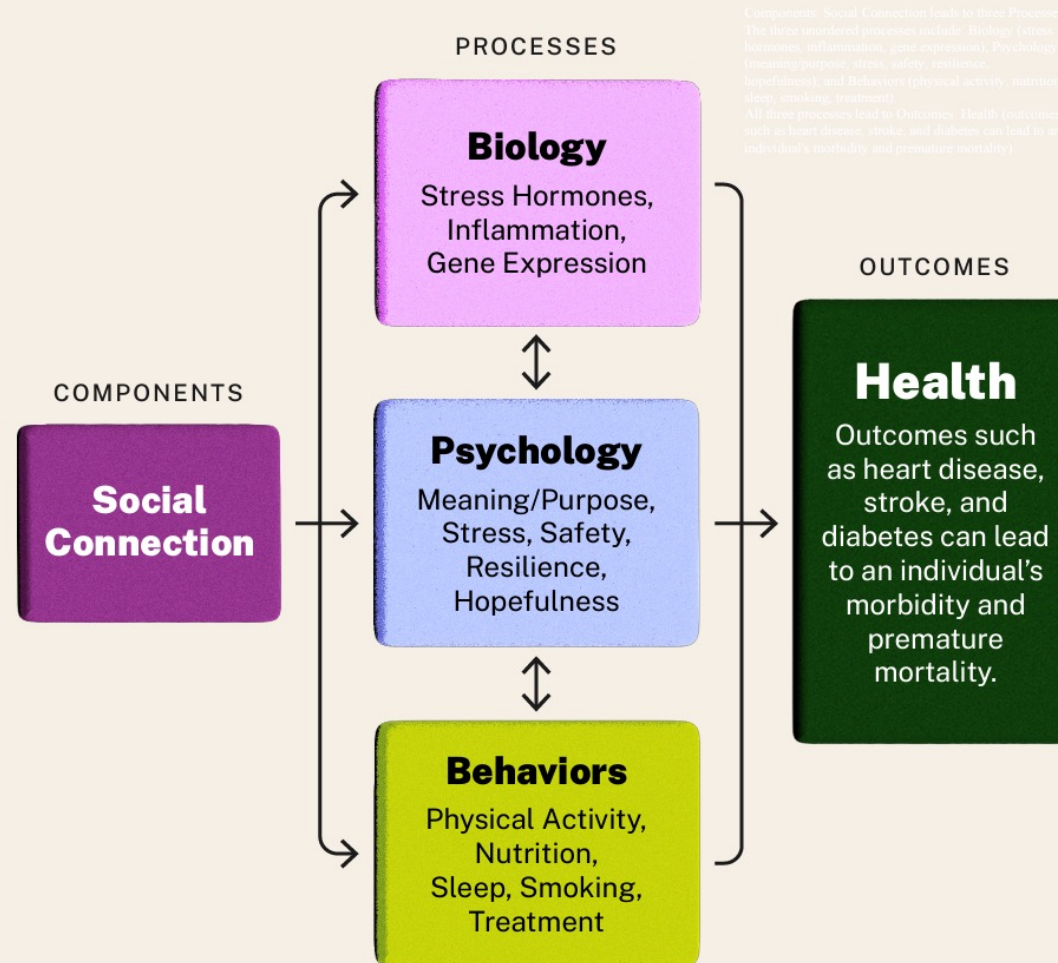
Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015)

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How Does Social Connection Influence Health?

Social connection influences health through **three principal pathways:** biology, psychology, and behavior.

PROCESSES

Biology
Stress Hormones, Inflammation, Gene Expression

COMPONENTS

Social Connection

Psychology
Meaning/Purpose, Stress, Safety, Resilience, Hopefulness

Behaviors
Physical Activity, Nutrition, Sleep, Smoking, Treatment

OUTCOMES

Health
Outcomes such as heart disease, stroke, and diabetes can lead to an individual's morbidity and premature mortality.

Source: Holt-Lunstad J. The Major Health Implications of Social Connection. *Current Directions in Psychological Science.* 2021;30(3):251-259.

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LEARN MORE

Visit our website for more information and resources about social connection:

SurgeonGeneral.gov/Connection
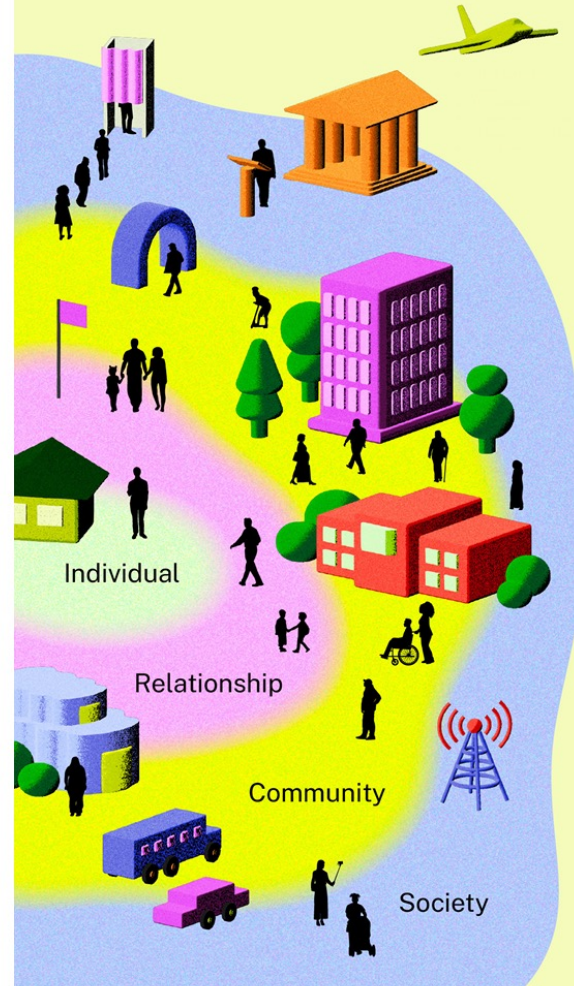
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The Three Vital Components of
Social Connection

The extent to which an individual is socially connected depends on multiple factors, including:

Structure
The number and variety of relationships and frequency of interactions

Function
The degree to which relationships serve various needs

Quality
The positive and negative aspects of relationships and interactions

EXAMPLES

Household size

Friend circle size

Marital/partnership status

EXAMPLES

Emotional support

Mentorship

Support in a crisis

EXAMPLES

Relationship satisfaction

Relationship strain

Social inclusion or exclusion

Source: Holt-Lunstad J. Why Social Relationships Are Important for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. *Annu Rev Psychol.* 2018;69:437-458.

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Factors That Can Shape Social Connection

Individual
- Chronic disease
- Sensory and functional impairments
- Mental health
- Physical health
- Personality
- Race
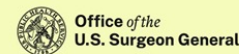- Gender
- Socioeconomic status
- Life stage

Relationships
- Structure, function, and quality
- Household size
- Characteristics and behaviors of others
- Empathy

Community
- Outdoor space
- Housing
- Schools
- Workplace
- Local government
- Local business
- Community organizations
- Health care
- Transportation

Society
- Norms and values
- Public policies
- Tech environment and use
- Civic engagement
- Democratic norms
- Historical inequities

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FIGURE 3: Factors That Can Shape Social Connection

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Many types of relationships

Barbara Fredrickson – *"Positivity resonance between brains, as it turns out, requires only connection, not the intimacy or shared history that comes with a special bond"* (2014, p.47)

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Love = Micro-moments of Positivity Resonance

- Mirco-moments of connection even between strangers

- Shared positive emotion

- Tuning into (synchronizing with another's behaviour and/or biochemistry)

- Mutual Care

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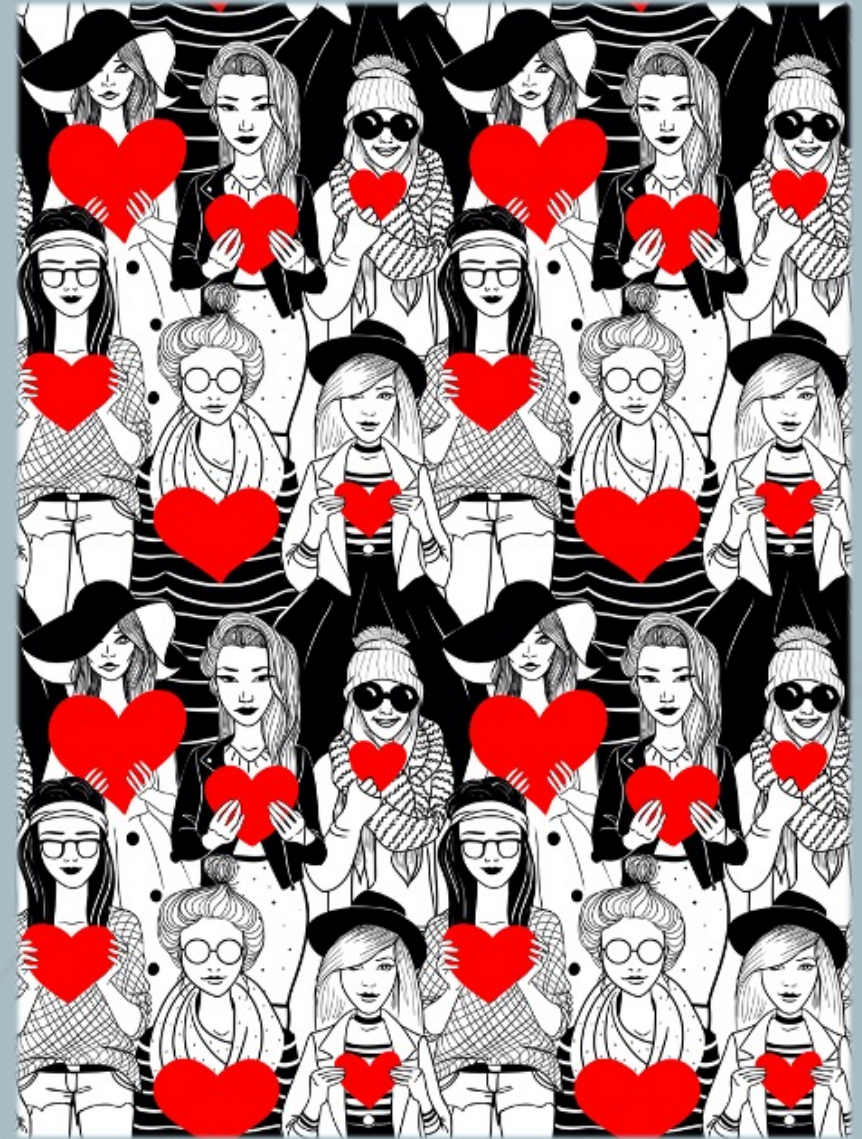
Micro-moments of Positivity Resonance

Brain synch

Body synch

Chemistry synch

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both/and – It's okay to be hurting and it's okay to be a cactus

- Research suggests there is a need for balance, nuance, and context to be considered where positive elements are implemented (Lomas et al., 2021; Wong, 2011).

- For people who experienced trauma, adverse childhood events or suffer from the negative impacts of the social determinants of health, an understanding of these issues can support self-acceptance, and reduce confusion and shame (Van der Kolk, 2015).

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Self-compassion – why it might help

People with higher levels of self-compassion find it easier to feel safe and secure in challenging situations which in turn buffers the impact of harmful and distressing emotions. (Ewert, Buechner, & Schröder-Abé, 2024).

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Compassion

We know that compassion causes the reward and affiliation centres of the brain to light up

Claus, L. Decety, J., & Singer, T. (2011)

Compassion can be trained!

- Increased activation in the brain areas associated with love, affiliation, positive emotions, hope and reward.

- Protective factor to empathic distress

Hofmeyer, Kennedy, &Taylor, 2020

- Increased psychological well-being and health
- Increased cooperation and trust
- Increased tolerance of negative emotions

(Chierchia & Singer, 2017)

Self-compassion

- **Mindfulness** – awareness and acceptance (letting go) of pain

- **Common humanity** – avoiding isolation or shame by seeing one's experiences as part of the human condition

- **Kindness** – being kind and warm rather than harsh in the face of set-backs

Kirsten Neff

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Self-compassion

Compassionate Attention	Effort appreciation	Savouring and Gratitude
Remembering times when we were kind to others or others were kind to us During conflict try to pay attention to things we like about the other person	Attend to your effort and try to appreciate it rather than be critical and shameful about not meeting a goal	Shame and self criticism activates the threat protection system making us focus on problems and difficulties. Refocusing on savouring experiences and gratitude can free us from the dominance of shame

Gilbert, 2009

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One size does not fit all…

"Backdraft refers to the initial distress or emotional turbulence that may arise when individuals first attempt to be kind and understanding to themselves. Backdraft occurs when self-compassion practices activate old memories and associated cognitions and emotions and can present itself as (a) negative and critical thoughts; (b) unpleasant emotions such as shame, grief, or anxiety; (c) body sensations like aches and pains; and (d) behaviors such as withdrawal or aggression" (Neff & Germer, 2022).

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One size does not fit all…Trauma

"Asking traumatized individuals to reconnect with their bodies through traditional mindfulness practices can activate distressing sensations. Trauma-sensitive mindfulness practices address these trauma-related symptoms by training people to cope with these symptoms, slowly building up capacity for voluntary attention, and providing an empowered approach where individual adjustments can be made to match tolerance levels" (Wästlund et al., 2023).

"People with severe trauma may be more likely to experience adverse effects when practicing mindfulness (Zhu et al., 2019), leading to practitioners developing trauma-sensitive mindfulness practices" (Wästlund et al., 2023).

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One size does not fit all…neurodiversity

Restricted access | Research article | First published online April 7, 2024

Self-compassion improves emotion regulation and mental health outcomes: A pilot study of an online self-compassion program for autistic adults

Ru Ying Cai, Chris Edwards, [...], and Vicki Gibbs +2 View all authors and affiliations

OnlineFirst | https://doi.org/10.1177/13623613241235061

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Abstract

People thrive in compassionate environments. For autistic people, their environments are often non-conducive to care and support. We propose that cultivating autistic people's self-compassion may be an antidote to the mental health difficulties arising from environmental causes. The current study aimed to pilot a self-guided online self-compassion program for autistic adults to assess its feasibility, acceptability, and outcomes related to completing this program. The program was co-produced with autistic individuals. Thirty-nine autistic adults aged 20–77 years (M_{age} = 45.28, SD_{age} = 11.92) completed the online program. They also provided feedback about their self-compassion practices every week. They completed pre- and post-intervention online surveys measuring self-compassion, symptoms of anxiety and depression, positive and negative affect, emotion regulation difficulties, and psychological well-being. As hypothesized, there were significant group improvements in all outcome measures. Preliminary results suggest that the program is feasible and accepted by participants. Approximately half of the autistic participants reported experiences of backdraft, which are adverse reactions associated with self-compassion practices. Based on our findings, we provided clinical recommendations on how self-compassion can be taught to autistic adults.

A qualitative exploration of an autism-specific self-compassion program: The ASPAA

Chris Edwards[1,2], Vicki Gibbs[1,3], Abigail M A Love[1], Lydia Brown[4,5,6] and Ru Ying Cai[1]

Abstract

As mental health concerns coupled with inadequate supports have been described as reaching crisis proportions in autistic people, there is a pressing need for accessible and effective support systems. While self-compassion has shown various benefits in the general population, its application in supporting autistic individuals remains limited. This study investigated the experiences of 39 autistic adults who participated in an autism-specific online self-compassion program. The program included a series of five modules which incorporated psychoeducation, meditation, and self-reflective exercises that were completed over a 5-week period. Qualitative data was collected through weekly check-ins and a post-program survey, which underwent thematic analysis through the lens of an autistic researcher resulting in four key themes: the positive impact of self-compassion, challenges faced during the program, recognizing self-compassion as a journey, and the value of program adaptations. These findings shed light on the experiences of autistic adults engaging with self-compassion interventions, highlighting both the benefits and barriers they encountered. The study underscores the importance of developing tailored interventions that consider the unique needs and perspectives of autistic individuals to promote improved mental health outcomes and foster inclusivity.

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Social model of disability

The loss or limitation of opportunities for persons with physical, cognitive, sensory or intellectual challenges to partake in the ordinary life of the community on an equitable level with others is due to physical, structural, cultural and social barriers.
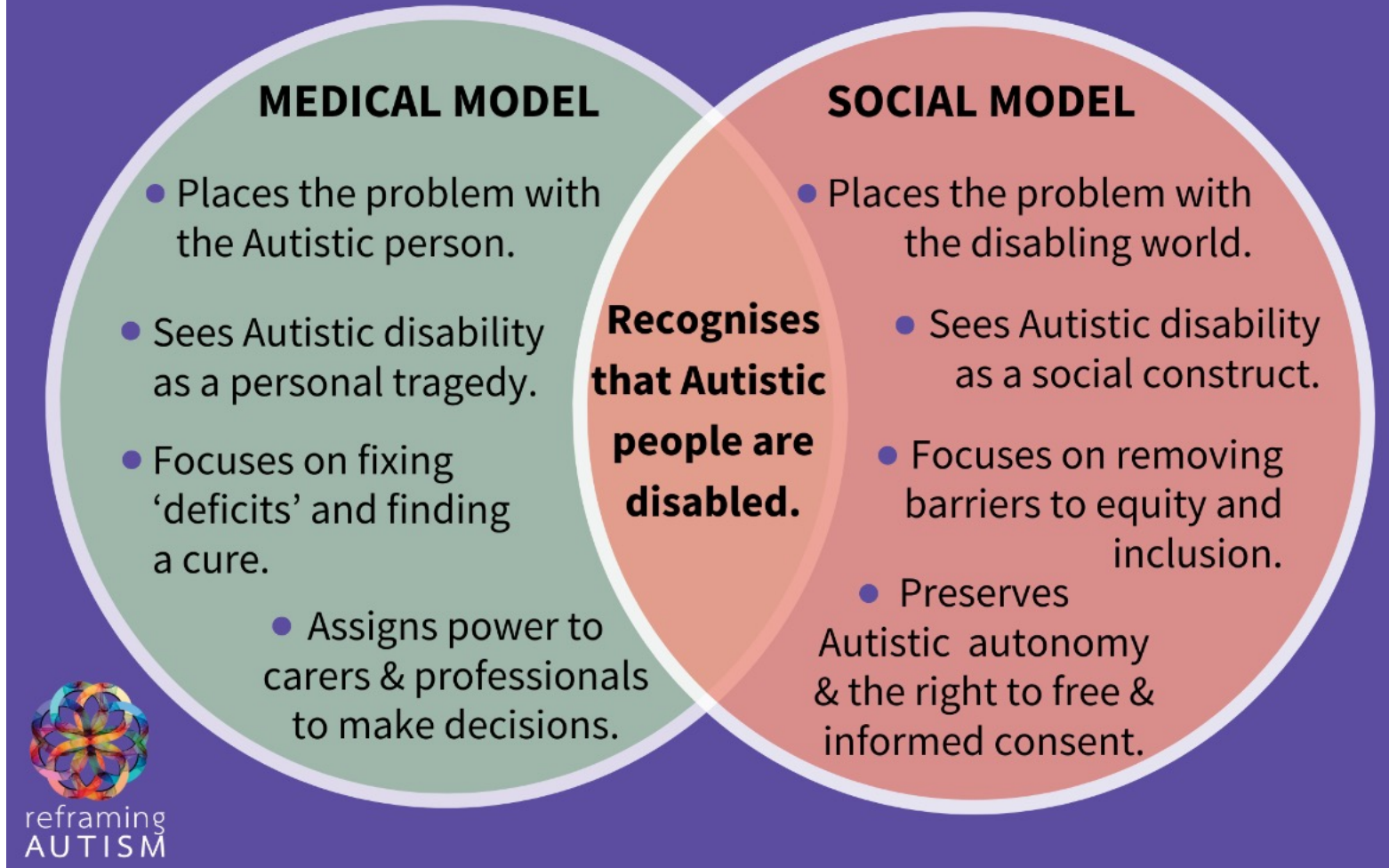
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DISABILITY
Problems are situated in social structure
Emphasize on socio-political context

Social Model of Disability (diagram adapted from www.salto-youth.net)

Social model of disability

THE MEDICAL MODEL VS. THE SOCIAL MODEL OF DISABILITY

MEDICAL MODEL

- Places the problem with the Autistic person.

- Sees Autistic disability as a personal tragedy.

- Focuses on fixing 'deficits' and finding a cure.

- Assigns power to carers & professionals to make decisions.

Recognises that Autistic people are disabled.

SOCIAL MODEL

- Places the problem with the disabling world.

- Sees Autistic disability as a social construct.

- Focuses on removing barriers to equity and inclusion.

- Preserves Autistic autonomy & the right to free & informed consent.

reframing
AUTISM

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https://reframingautism.org.au/

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SPACE

The authors have developed a simple framework which may facilitate equitable clinical services at all points of access and care, using the acronym 'SPACE'. This encompasses five core autistic needs: Sensory needs, Predictability, Acceptance, Communication and Empathy. Three additional domains are represented by physical space, processing space and emotional space. This simple yet memorable framework encompasses commonalities shared by autistic people.

Doherty, McCowan, & Shaw (2023)

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both/and

- We are individuals

- We are social

- We have agency and control

- We are impacted by our community and our environment

- In order to feel positive emotions we have to FEEL, that means feeling distressing ones too

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Cultivate your own positive emotions

- **Savouring** positive experiences is one such strategy that involves fully engaging with and appreciating positive moments, allowing them to linger and deepen our positive emotional state (Bryant & Veroff, 2017). By savouring experiences, individuals can extract more meaning and enjoyment from even the simplest of activities.

- **Expressing gratitude**, either through gratitude journaling or expressing appreciation to others, has been shown to increase positive emotions and overall happiness (Armenta, Fritz, & Lyubomirsky, 2017). Regular practice of gratitude can shift our attention towards the positive aspects of life, leading to improved well-being (Emmons & McCullough, 2003).

Cultivate your own positive emotions

Fostering positive social connections through acts of kindness, active listening, and empathy can amplify positive emotions both in ourselves and in others (Nelson, Layous, Cole, & Lyubomirsky, 2016).

Cultivate your own positive emotions

- Take one of Fredrickson's positive emptions (joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe and love).

  - When was the last time I felt this feeling?

  - Where was I?

  - What was I doing?

  - What else gives me that feeling?

  - Can I think of more triggers for that feeling?

  - What can I do to cultivate this feeling?

Fredrickson, 2009, p. 40

Cultivate your own positive emotions

- Loving kindness meditation
  https://www.youtube.com/watch?v=LkC0K1F8nPk&list=PL6DbJmB3fDQp_vwTqepv7LDjx3UqB2Ht5&index=5

- Compassionate gestures - every time you touch a hot drink/glass of water, do a compassionate gesture

Learning more

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- Trzeciak, S., & Mazzarelli, A. (2019). *Compassionomics: The revolutionary scientific that caring makes a difference.* Pensacola, FL: Studer Group
- Video on Compassion(Kirstin Neff)
  https://www.youtube.com/watch?v=rUMF5R7DoOA
- Video on Love (Barbara Fredrickson)
  https://www.youtube.com/watch

Learning more

Social/Political Determinants of Health

- Pichett, K. & Wilkinson, R. G. (2009). The spirit Level: Why equality is better for everyone. Penguin Books

Neurodiversity and Social Models of Disability

- https://asiam.ie/
- https://neurodiversityireland.com/fHoEWUTYnSo

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