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Health, Happiness, and Well-Being

Better Living Through
Psychological Science

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Each day the popular media churns out a multitude of tidbits of advice about how to stay healthy and lead the good life. From Oprah, to Dr. Oz, to Dr. Phil, we hear about what and what not to eat, how to improve our sex lives, whom to hang out with and to avoid, and what berry provides the richest source of antioxidants to ward off disease and infirmity. In a mere 1 or 2 hours of television viewing we can listen to Bill Maher and Jenny McCarthy wax negative about the dangers of routine vaccinations and Suzanne Somers pooh-pooh standard chemotherapy for breast cancer. In strolling through the local bookstore or cruising Amazon.com, we may be intrigued by books that promise to reveal “the secret” to achieve success and realize our wildest fantasies on the same shelf as tomes that hawk upbeat strategies to overcome any obstacle to fulfillment in love and marriage. The

Internet offers an incredible storehouse of scientifically supported advice for enhancing the quality of life, yet it also provides indiscriminate access to potentially dangerous pseudoscience and nonsense. In short, let the consumer beware.

Unfortunately, it is not only the popular media that pedal misinformation. Professionals, including mental health professionals, are also responsible for a lot of this noise. Prevention programs like Critical Incident Stress Debriefing (Mitchell & Everly, 1995), widely employed to reduce posttraumatic reactions, are touted despite evidence that not only do they not perform their intended preventative functions but may actually cause harm. Universities endow chairs and have centers for junk therapies such as facilitated communication, which claim to permit severely autistic children to communicate normally (Biklen & Schubert, 1991). Similar problems occur with putative drug abuse prevention programs like Project Dare (Ennett, Tobler, Ringwalt, & Flewelling, 1994; West & O'Neal, 2004). Yet a wide variety of professionals continue to subject children and adolescents to these ineffective or potentially iatrogenic programs. Adults and children are all too often given psychotropic medications in ways in which they are not fully informed of problems with their safety and efficacy (Antonuccio, Danton, & DeNelsky, 1995). Too much practice in wellness, prevention, and treatment fails to be evidence based.

The question of how can we slog through the morass of information and misinformation we encounter in popular sources to glean precious nuggets of reliable information is complicated by the fact that (a) the recommendations for living the good life and the health fad du jour may become the risky or dubious practices of tomorrow, (b) the advice offered is often contradictory, and (c) all too often there is precious little sound research available to guide good health decisions and practices. The grapefruit and cabbage diets have met the fate of the Edsel, yet we can still encounter daily debate regarding the value of the Atkins versus the Mediterranean diets. At one time or another, people have made diet and vitamin supplement choices based on the ideas that vitamin C could nip colds (or even cancer) in the bud, shark cartilage could cure some cancers, the herb St. John's Wort could alleviate the symptoms of severe depression, and vitamin E could reduce the risk of Alzheimer's disease. Today, there is good evidence from the research literature to doubt each of these "facts" promoted by the popular media. In fact, high doses of vitamin E may increase the risk of death from many causes (Miller, et al., 2005), and some herbal preparations contain dangerous amounts of lead and even the poison arsenic (Ernst, 2002). Some experts suggest that when it comes to exercise, we should adopt the *no pain, no gain* slogan as a mantra, and exercise vigorously for at least 30 minutes a day, whereas other experts

suggest that gardening and cleaning our rooms is sufficient (Blair, Kohl, Gordon, & Paffenberger, 1992; Pate et al., 1995). Is it possible that experts on both sides of the exercise divide are correct? Or consider advice about expressing our righteous anger. Should we uncork our indignation and even aggression in the name of emotional honesty or instead learn to accept our feelings while practicing forgiveness and forbearance? When a relationship begins to go south, should we directly confront our partner when we're upset or just learn to deal with it? And what about how to express grief? Is one way of grieving better than another? Should we cry a lot and let mundane activities come to a standstill until we work through the grieving process, or will we fare just as well in the long run if we resume our normal lives soon after our loved one dies? In the absence of scientifically supported information, answering such questions and making healthy choices becomes a risky guessing game for most of us. Each year, Americans shell out about \$34 billion to complementary and alternative medical (CAM) practitioners, on the sidelines of traditional medical care, to purchase CAM products, such as vitamin supplements, untested herbal remedies, and homeopathic products (Nahin, Barnes, Strussman, & Bloom, 2009). In the National Health Interview Survey, 38% of adults and 12% of children reported using some form of CAM such as acupuncture, chiropractic medicine, or homeopathic medicine over the preceding year (Barnes, Bloom, & Nahin, 2008). Each of these methods is popular, yet there are serious questions about whether they are more effective than a placebo. With so many choices about mental and physical health care available, on what basis do we choose CAM approaches versus traditional medical treatments?

Staying afloat in this vast ocean of information and misinformation is daunting: Most of us lack reliable authorities to depend on for accurate, state-of-the-science advice for achieving health and well-being. Our book assists readers in acquiring a panoramic view of what the best psychological science has to offer with regard to how to attain physical health and optimum psychological functioning. *Health, Happiness, and Well-Being* (HHWB) is premised on the idea that valid health information derived from controlled studies, provided by credible experts, is vital to achieving the good life, acquiring up-to-date information, and side-stepping lost opportunities associated with pursuing ineffective treatments.

We are not the first to suggest that clinical psychology has focused too much on treating problems instead of preventing these problems in the first place (Rappaport, 1987). Community psychologists historically were among the first to suggest that more attention ought to be given to prevention. They also advocated a level of analysis in which some of the strongest but perhaps distal putative causes of mental health problems could be changed:

unemployment, poverty, discrimination, and homelessness are key examples. In an important sense, they were advocating at a public health level, and this is important as historians of medicine have agreed that public health measures such as improved sanitation, clean drinking water, inoculations, and improved nutrition have accounted for a large amount of the improvements in the health of the U.S. population (Thomas, Quinn, Butler, Fryer, & Garza, 2011). However, unfortunately, decades later the evidence regarding similar gains for these sorts of community health changes on mental or behavioral health is much less clear. This can be due to a number of problems:

1. We possess much less information regarding the causal pathways that lead to mental health problems.
2. We are much less clear on how to define exactly what is meant by mental or behavioral health, as compared to physical health. For example, what exactly constitutes a healthy sex life? It also may be the case that this is not entirely a scientific question, but rather values play an important role.
3. Relatedly, even if we settle this definitional issue, again, little is known regarding the causal pathways to these desired end states.
4. Some of these issues involve complex religious, moral, and political dimensions that are not only controversial but also may be interpreted as protected under the U.S. Constitution. For example, when considering what one's sex life ought to look like, many people take into account their moral or religious views, and some also need to take into account legal constraints.
5. The pragmatics of these issues are also largely unknown. How well does prevention program x work to produce result y ? In what populations? How cost-effective is this or that prevention program? If we spend x dollars what do we save—on what? Does one need the time and money of the relatively affluent in order to live a particular lifestyle?

In part, our book can be seen as a response to the following practical question. Imagine if a client or a loved one were to ask the following: "I'd like to be mentally healthy and lead a good life. What ought I do each day or each week to maximize the likelihood that I will achieve this? What does the best science say about this?" This seems to be an important and practical question but also a very tough one—a question also that has been relatively neglected by our profession. President Barack Obama has made a central component of healthcare reform a shift from the old focus on waiting until people are sick and then attempting to remove this state of ill health, to the new orientation to keep people healthy and even to enhance health in the already healthy. The Affordable Care Act (ACA) attempts to correct some of

this imbalance by reemphasizing prevention. The underlying rationale for this is that it is preferable certainly from a humanitarian point of view and perhaps from a financial point of view to prevent suffering and disability in the first place. The ACA takes a number of steps to enhance prevention and the promotion of health, including:

1. The promotion of patient-centered medical homes (PCMHs) in which a patient's care is coordinated and prevention services are mandated.
2. The promotion of evidence-based care, including evidence-based preventative care.
3. The ACA creates a new agency housed in the U.S. Department of Health and Human Services called the National Prevention, Health Promotion, and Public Health Council. This new agency is charged with the coordination of prevention, wellness, and health promotion strategies.
4. It creates the Prevention and Public Health Fund with \$15 billion in additional funding for prevention and health promotion activities.
5. Small businesses can receive financial benefits for worksite wellness programs.
6. Community transformation grants will be funded to aid large-scale health promotion activities such as tobacco cessation, active living, and nutritional improvement.

The ACA also creates a sizeable research agenda. More research is needed on how to define mental/behavioral health and regarding cost-effective strategies for improving health. Key questions involve to what extent are external agencies responsible for these activities, and what needs to take place in the context of other institutions such as the family or the neighborhood or the school? To the extent that these basic societal agencies are in a time of crisis—and to the extent that the distress of these are a function of a number of variables and trends—none of these answers will be easy. Right now if we as clinical psychologists are invited to the table to participate in these initiatives, we believe that we have too little systematic information to rely on. This book is an attempt to bring together what we do know, while underlining the critical need for a research agenda.

Our book capitalizes on the fact that maintaining and enhancing health has several advantages. First, people don't want to be merely "not sick" but rather to be healthy and lead a good life. Second, it may be less costly, on a personal and societal basis, to keep people healthy rather than to attempt to fix them when they are not. Third, health maintenance and enhancement attempts to

not be satisfied with “not sick” but continually strives to enhance life potential. Proponents of positive psychology (e.g., Seligman & Csikszentmihalyi, 2000) have likewise observed that the mental health professions have traditionally been oriented toward finding and modifying disorder instead of promoting health and optimizing human potential.

We conceived HHWB with broad goals in mind. First, we conceptualized HHWB as a standard or supplementary textbook in courses on health psychology, positive psychology, and adjustment. Second, HHWB provides readers with essential tools to become knowledgeable consumers of information related to their psychological and physical health and well-being. In HHWB, we assist readers with evaluating claims and appreciating the influence of popular yet unsubstantiated beliefs in shaping opinions about behavioral health and psychological well-being. Many chapters illustrate these concepts with lively examples drawn from the popular media as well as scholarly works.

Each chapter (a) defines and illustrates key concepts (e.g., mindfulness, coping), (b) reviews research relevant to psychological or physical health and well-being, (c) discusses the roles and applications of personal enhancement and health promotion methods in the healthcare delivery system, and (d) points to directions for future developments in research and understanding regarding how to prevent illness and enhance health and well-being. We wrote HHWB to appeal to (a) advanced undergraduates and graduate students in clinical psychology, counseling psychology, health psychology, nursing, social work, and other mental health professions; (b) clinicians and their clients; (c) researchers and academics; and (d) educated laypersons. In short, our objective is to provide readers with a one-stop shop resource for information derived from psychological science and conveyed by top experts regarding the optimization of health and well-being. Unlike many volumes with a narrow focus on getting fit and slim or learning how to meditate, for example, our text offers a comprehensive and scholarly approach to health and wellness. In fulfilling our mission, we are grateful for the support of eminent authorities at the forefront of scientific knowledge who have contributed the following chapters (summarized below) in their areas of expertise.

Emotions ranging from peaks of ecstasy, to the agony of a broken bone, to the depths of depression, color virtually all aspects of our lives. Regulating emotions, especially in the face of stressors, is often no easy task, yet it is essential to effective coping on an everyday basis. In Chapter 2, “Emotion Regulation: Staying in Control,” which begins the first section, “Essential Skills for Better Living,” Lorie Ritschel and Cynthia Ramirez discuss how we can regulate our feelings and develop strategies to get and stay in control on

psychological, physical, and interpersonal levels and thereby maximize opportunities for an emotionally rich, healthy life. A life without problems to solve is almost certain to be dull and dreary, lacking in vigor and meaningful challenges to surmount. Still, for most of us, there is no dearth of problems to solve. Accordingly, how we negotiate the problems and obstacles we encounter often shapes our level of psychological health, happiness, and ability to get things done effectively. In Chapter 3, “Effective Problem Solving,” Christine Maguth Nezu, Arthur Nezu, and Sarah Ricelli provide an in-depth view of their decades-long quest to learn about problem solving and how it can best be accomplished through a rich toolkit of adaptive and playful strategies.

Despite our best efforts, some problems are intractable. Sometimes acceptance of what cannot be changed, and the ability to take refuge in the present moment, is crucial to avoiding the trap of getting mentally stuck in a past we cannot rewrite and a future we cannot predict with certainty. The ability to ride with the tide of our emotions, allow thoughts to come and go, and not act reflexively on our impulses is at the heart of acceptance-based approaches that James Herbert and Lynn Brandsma describe in Chapter 4, “Understanding and Enhancing Psychological Acceptance.” The authors review the increasingly popular use of techniques and strategies to promote psychological acceptance to promote well-being, improved functioning, and quality of life, as well as the potential of acceptance-based approaches to prevent psychological and perhaps physical disorders.

If stressful circumstances are an inevitable part of life, then the ability to cope with them is an essential aspect of well-being. In Chapter 5, “Stress, Coping, and Resilience in the Face of Trauma,” which leads the second section, “Coping and Resilience,” Anthony Papa, Julie Kahler, and Clair Rumel, view stressors through the lens of their detrimental effects on the ability to maintain a valued and stable sense of self. The authors discuss effective ways to cope with stress and provide a review of science-based treatments that can be used proactively to manage stress on a daily basis.

Pain is one of the most significant and costly public health problems in the United States and around the world. In Chapter 6, “Coping With Chronic Pain,” Josh Dyer, Merry Sylvester, Emily Traupman, Jessica Mackelprang, and David Patterson describe how a contemporary biopsychosocial model that emphasizes a multidisciplinary approach can steer pain assessment and interventions based on education, cognitive behavioral strategies, activation and increasing activity, relaxation and imagery, hypnosis, and mindfulness and acceptance. Combined in an encompassing integrative treatment, these approaches can prevent acute pain from becoming chronic and, more broadly, foster pain relief.

Meditation, relaxation techniques, and yoga have been used for millennia in cultures around the world to achieve physical and mental calmness, relieve stress, and promote well-being. In recent decades, these approaches have caught the eye of researchers and clinicians and have begun to move into the mainstream of scientific investigation. In Chapter 7, “Chilling Out: Meditation, Relaxation, and Yoga,” Anne Malaktaris, Peter Lemons, Steven Jay Lynn, and Liam Condon review the empirical basis for using meditation, relaxation, and yoga in treating and possibly preventing an array of psychological (e.g., depression, anxiety) and physical (e.g., chronic pain, essential hypertension) conditions.

Richard Bootzin, Elaine Blank, and Tucker Peck’s Chapter 8, “Sleeping Well,” leads the third section of the book, “Staying Healthy and Becoming Healthier.” To sleep, perchance to be happier and healthier, is the theme of their instructive contribution, which addresses popular myths about sleep and provides many empirically supported recommendations for how to sleep well and optimize our ability to function during the daytime. Their chapter covers pharmacological and psychological interventions and spans a wide range of topics, including the benefits of naps, the effects of exercise and alcohol and drugs on sleep, caffeine and energy drinks, and the use of herbal preparations and prescription sleeping pills.

In Chapter 9, “Science Weighs in on Obesity,” Adria Pearson and Linda Craighead present a down-to-earth, talk-to-the-reader account of “the science behind dieting and weight loss and describe some helpful strategies to implement amidst the onslaught of promises for a quick fix.” The authors consistently highlight the importance of preventing the development of obesity and underline the point that a worthy goal for readers is health with happiness, not achieving a particular weight on a scale. The authors argue that successful weight loss involves lifestyle changes and offer an illustration of healthy eating through mindfulness practice.

In Chapter 10, “Exercise: A Path to Physical and Psychological Well-Being,” Reed Maxwell and Steven Jay Lynn trace the recognition of the role of exercise in promoting well-being from antiquity to the present-day scientific approach to the evaluation of the short and long-term effects of exercise to prevent disease, promote health, and calm the mind. The authors review the evidence for the effectiveness of different types of exercise (e.g., isometric, isotonic) and focus on the well-researched findings pertaining to aerobic exercise with respect to psychological (e.g., depression, anxiety) and physical (e.g., heart disease, neurodegenerative diseases) outcomes, with enormous public health consequences for the prevention and treatment of disease and infirmity.

Katherine Nelson, Jaime Kurtz, and Sonja Lyubomirsky's Chapter 11, "What Psychological Science Knows About Achieving Happiness," starts off the fourth section of the book, "Happiness and Spirituality." Achieving happiness is surely a prominent goal, if not a preoccupation, of people in modern cultures. Although happiness is often ephemeral and elusive, it has been the subject of considerably recent scientific inquiry, which the authors review in their consideration of empirically supported ways to become happier. The authors evaluate popular claims about happiness (e.g., money can buy happiness) and delineate which happiness-increasing practices should—and should not—be implemented in everyday life.

In Chapter 12, "Integrating Religion and Spirituality Into Treatment: Research and Practice," Emily Padgett, Katherine Kusner, and Kenneth Pargament discuss how religion and spirituality can play important roles in the physical and mental healthcare systems, often enriching programs geared to enhance health and well-being. The chapter underlines the importance of assessment of spirituality, provides strategies and guidelines for integrating spirituality into treatment, and describes a spiritually focused intervention to address spiritual struggle in a person facing a difficult medical diagnosis.

In Chapter 13, "Building Wisdom and Character," Robert Sternberg argues that "having intelligence is not tantamount to being wise or ethical." Sternberg further contends that wisdom can be measured and taught by using procedures encompassing reflection, project-based learning, ethical values, flexible thinking, thinking about ends, and role modeling. The chapter presents a model of ethical behavior and wisdom that builds character and fosters the common good by "balancing intrapersonal, interpersonal, and extrapersonal interests."

Matthew Johnson's Chapter 14, "Making Marriage (and Other Relationships) Work," launches the fifth and final section of the book, "Enriching Relationships, Managing Money." Johnson makes a strong case for a close tie between positive intimate relationships and well-being across many aspects of our lives. Johnson uses marriage as a prototype of an intimate relationship to discuss intrapersonal (e.g., values, beliefs) and interpersonal (e.g., communication, social support) predictors of relationship satisfaction, the role of thoughts and behaviors in preventing and treating relationship discord, and empirically supported interventions to promote relationship satisfaction and minimize discord.

In Chapter 15, "The Joys of Loving: Enhancing Sexual Experiences," Rachael Fite separates facts from the many fictions (e.g., women experience sex as men do) regarding human sexuality—propagated by popular media and by some early scientific findings—which can interfere with the ability to enjoy sexual relationships. As a research-trained clinical psychologist who

specializes in sexual health, Fite relies on a wealth of information, drawn from the scientific literature and her clinical experience, to present healthy concepts (e.g., healthy sexuality is your own responsibility) that set the stage for enjoying sexual relations, and she reviews empirically supported skills and interventions found to be related to enhanced sexual functioning.

In Chapter 16, “Raising Our Kids Well: Guidelines for Positive Parenting,” Keith Allen, Mark Shriver, and Cy Nadler review a large body of evidence that documents the importance of effective parenting, especially with children who are challenging or difficult. The chapter presents many useful guidelines and parenting techniques that illustrate best parenting practices derived from the empirical literature and parenting programs with demonstrated success. The authors review applied controversies in the field (e.g., spanking, timeout), recommend potentially useful self-help books on parenting, and provide a case example that illustrates positive parenting practices.

In the concluding Chapter 17, “Financial Skills,” William O’Donohue and Alexandros Maragakis suggest that money matters: Research points to a potential causal link between socioeconomic status and numerous indicators of quality of life. Accordingly, the authors argue that the ability to use knowledge and skills to manage financial resources effectively (i.e., financial literacy) is essential to maximizing well-being. The chapter includes a list of 25 irrational or problematic thoughts about finances that stand in the way of acquiring financial literacy and provides recommendations for therapists to assist clients in managing their financial resources. In conclusion, we are pleased to present this compendium of chapters regarding what psychological science can contribute to achieving optimum health, happiness, and well-being.

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