Rethinking Positivity: How to increase positive affect when positive thinking is too challenging

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Beth Israel Deaconess Medical Center
September 8, 2021
Participant microphones will be muted at entry.

If you have questions during the event, please use the chat.

This session is being recorded and it will be available by the next business day.

If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.
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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the moderator and panelists and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- **Strengthen-based and hopeful**
- **Inclusive and accepting of diverse cultures, genders, perspectives, and experiences**
- **Healing-centered and trauma-responsive**
- **Inviting to individuals participating in their own journeys**
- **Person-first and free of labels**
- **Non-judgmental and avoiding assumptions**
- **Respectful, clear and understandable**
- **Consistent with our actions, policies, and products**

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Objectives

1. **Understand the psychological impact of COVID-19 from a disaster trauma lens.**

2. **Describe the benefits of developing an intentional practice of attending to positive emotions and experiences**

3. **Explore domains of long-term post-traumatic growth for healthcare workers affected by COVID-19.**
Poll Question:

Do you intentionally practice positive psychology strategies on a daily basis?

Chat box:

If so, which ones?

If not, please share the barriers to daily practice.
Understanding COVID-19 from a Disaster Trauma Lens

Figure 1. The continuum of pandemic phases*

*This continuum is according to a ‘global average’ of cases, over time, based on continued assessment and consistent with the broader emergency risk management continuum.

Common Stress Injuries for Healthcare Workers during COVID-19

<table>
<thead>
<tr>
<th>Traumatic Injury</th>
<th>Grief/ Loss</th>
<th>Wear-and-Tear/ Fatigue Injury</th>
<th>Moral Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to experience of or exposure to intense injury, horrific or gruesome experiences, or death</td>
<td>Due to loss of people, things, parts of oneself (e.g., roles, functioning, relationships)</td>
<td>Result of accumulation of occupational stress over time without sufficient resources for recovery</td>
<td>Inner conflict that results due to behaviors or witnessing of behaviors that violate moral values</td>
</tr>
</tbody>
</table>
| PTSD; Secondary Traumatic Stress; Depression; Anxiety | Complicated grief; Depression | Burnout  
- Emotional exhaustion  
- Depersonalization  
- Lowered personal accomplishment | Moral Injury; Mood and Anxiety disorders |
Burnout

Recently recognized in ICD-11 (WHO, 2019) as ‘chronic workplace stress that has not been successfully managed’, characterized by three dimensions (Maslach, Jackson, Leiter, 1996):

1. Emotional Exhaustion
2. Depersonalization or Cynicism
3. Lowered Personal Accomplishment

- Workplace psychosocial stressors, exacerbated by COVID-19, have a greater impact than potentially traumatic events on burnout and psychological distress (Jachens et al., 2019)
- More common and primary source of concern among healthcare providers and emergency responders; precursor to MI
- Longer-term effects compared to psychopathological outcomes
Moral Injury

In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.

• Highly associated with PTSD with similar core features: guilt, shame, anger, betrayal, loss of trust
• Not the event itself but the appraisal of the self: what does it say about me?
Moral Injury

Healthcare workers during COVID may have:

- Prioritized work and sacrificed personal life (giving more time to patients than family; staying away from family members to keep them safe from infection)
- Made decisions about who to treat first with limited resources
- Worked during high-risk assignments
- Not felt compassion/empathy as one ‘should’; felt numb in the face of suffering and death
- Felt guilt for surviving when others are dying
Psychological Impact of COVID-19 from a Disaster Trauma Lens

Psychological Phases of Disaster (Zunin & Myers, 2000)
Psychological Phases of Disaster (Zunin & Myers, 2000)

- **Positive Emotions**
  - Sense of Solidarity, Community, Purpose

- **Negative Emotions**
  - Disbelief/Minimizing/Denial
  - Shock/Panic
  - Uncertainty
  - Confusion
  - Anger
  - Guilt
  - Helplessness
  - Loss of Confidence and Self-Efficacy
  - Exhaustion
  - Depression
  - Resignation

- **Sense of Solidarity, Community, Purpose**

- **Heroic**
  - Community Cohesion

- **Honeymoon**
  - Inventories

- **Disillusionment**
  - Accepting
  - Exploring
  - Hope and Faith
  - Meaning Making
  - Clarifying Priorities and Values
  - Strengthening Bonds

- **Predisaster**
  - Threat
  - Warning

- **Reconstruction**
  - A New Beginning

- **1 to 3 Days**
- **1 to 3 Years**
Where would you place yourself on this graph? How would you describe how you felt over the past year?
Negativity Bias

• Functions of negative affect – focus attention on perceived threat

• Negative emotions are more salient than positive emotions (Baumeister et al., 2001)

• When stressed or threatened, positive emotions may get discounted
Broaden-and-build theory of positive affect

Figure 1.1 The broaden-and-build theory of positive emotions. Adapted from Fredrickson and Cohn (2008, Fig. 48.1)
Empirical basis for Broaden-and-Build

• Visual attention and awareness from behavioral, eye tracking, and imaging data
• Thought-action repertoires
• Cardiovascular recovery
• Facial recognition
• Broad-minded coping

• Creativity
• Behavioral flexibility
• Openness to new experiences
• Feeling of “oneness” to close others
• Trust in acquaintances
• Less racial bias

For review and references, please see Garland et al, 2010 in Clin Psychology Rev
Positivity ratio

- To overcome potency of negative emotions, need to have higher ratio for positivity offset
- Modal human experience is a mild positive affect (Cacioppa et al., 1999; Diener & Diener, 1996)
- 3:1 identified as the ideal tipping point for optimal functioning (Fredrickson & Losada, 2005)
Fleeing Syria / Peyton Power / Steve McQueen

THE MINDFUL REVOLUTION
The science of finding focus in a stressed-out, multitasking culture

SPECIAL MIND & BODY ISSUE
Why OPTIMISM live longer. Is JOY in your genes?
Does GOD want us to be happy?
Why we need to LAUGH

The SCIENCE OF HAPPINESS

In the Twister’s Path
What’s behind the worst tornado season in 50 years?
The Obama engine revs up

THE SCIENCE OF OPTIMISM
Hope isn’t rational—so why are humans wired for it? By Tal Shaked
PSYCHOLOGY

Happiness: Enough Already

The push for ever-greater well-being is facing a backlash, fueled by research on the value of sadness.


By Sharon Begley | NEWSWEEK
Feb 11, 2008 Issue

Related: Jerome Wakefield, Ed Diener, Eric Wisbon

The plural of anecdote is not data, as scientists will tell you, but consider these snapshots of the emerging happiness debate anyway: Lately, Jerome Wakefield's students have been coming up to him after they break up with a boyfriend or girlfriend, not because they want him to recommend a therapist. Wakefield...
<table>
<thead>
<tr>
<th>Positive Psychology Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seligman’s PPT</strong></td>
</tr>
<tr>
<td>• Signature strengths</td>
</tr>
<tr>
<td>• Good vs. bad memories</td>
</tr>
<tr>
<td>• Forgiveness</td>
</tr>
<tr>
<td>• Gratitude</td>
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<tr>
<td>• Satisficing (vs. maximizing)</td>
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<tr>
<td>• Hope and optimism</td>
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<tr>
<td>• Active constructive responding</td>
</tr>
<tr>
<td>• Signature strengths of others</td>
</tr>
<tr>
<td>• Savoring</td>
</tr>
<tr>
<td>• Gift of time</td>
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<tr>
<td><strong>Related but not developed within PPI framework</strong></td>
</tr>
<tr>
<td>• Mindfulness meditation</td>
</tr>
<tr>
<td>• Activity scheduling</td>
</tr>
<tr>
<td>• Writing interventions</td>
</tr>
<tr>
<td>• Increasing flow experiences</td>
</tr>
<tr>
<td>• Meaning making</td>
</tr>
<tr>
<td>• Narrative writing</td>
</tr>
<tr>
<td>• Visualization (BMAV)</td>
</tr>
</tbody>
</table>
This is fine.

I'm okay with the events that are unfolding currently.
“To deny that life has its share of disappointments, frustrations, losses, hurts, setbacks and sadness would be unrealistic and untenable. Life is suffering. No amount of positive thinking exercises will change this truth.”

Robert Emmons, PhD
Rethinking positive psychology interventions

Thoughts

Emotions

Behaviors

Cognitive Behavior Therapy

TARGET

TARGET

Emotions

Behaviors

Thoughts

Acceptance-based Positive Psychology
Skills to Enhance Positivity

STEP is:
• Acceptance-based
• Focused on increasing attention to positive emotions and experiences that are frequently discounted due to the negativity bias.
• Intentional and practice-based
• Small steps
• Eudaimonic vs. Hedonic
• Exercises: meditation, gratitude, savoring
• Not a happiness intervention
Meditation

• “A conscious attempt to focus attention in a non-analytical way” (Shapiro, 1980)
• Attend nonjudgmentally

• Personalize:
  • Concentrative, Mindfulness, Integrative
  • Sitting, standing, movement
  • Mantra, compassion, loving kindness meditation

• Feasible practice
Gratitude

• Awareness for what we have and can be grateful for
• Find-remind-bind theory: gratitude serves the evolutionary function of strengthening a relationship (Algoe, Haidt, & Gable, 2008)

• Expressions of gratitude
  • Three good things
  • Intentional Expression of Gratitude
  • Random Acts of Kindness

• Gratitude -> Gratefulness
Savoring

• Practice of fully enjoying and extending our positive experiences
• Most easily experienced as a here and now exercise, it can also be applied to something in the past or future

• Multiple Exercises:
  • Intentional savoring: present, past, or future
  • Sharing good things
  • Journaling

• Making this into an interpersonal exercise strengthens the effect
Post-Traumatic Growth

• Resilience is more of the norm following a disaster/crisis. Many people continue to function well and may even have *positive emotional experiences* (Tedeschi & Calhoun, 1996).

• Experiencing a disaster/crisis may result in PTG at both a *personal and professional level*
  • Rewarding and meaningful work; significant contribution
  • Improved confidence, self-esteem, compassion
  • Feeling more committed to living a full life; valuing life more
  • More connected to community
  • Increased sense of purpose
  • Strengthen professional competency
  • Reinforce commitment to role and profession
5 Domains of Post-Traumatic Growth

**Out of spiritual doubt there can emerge a deeper faith**
- **Change Catalyst:** Deeper cognitive engagement with fundamental existential questions about death and the purpose of life
- **Recognition:** Presence of a higher power
- **Wisdom:** We are not alone
- **Improved Qualities:** Fully developed and meaningful beliefs and philosophies of life, deep level of awareness, deeper faith in the divine
- **Positive Coping Mechanism:** Meditation, Prayer, and connection to self and a higher presence

**Out of loss there can be gain**
- **Change Catalyst:** Acceptance of the breakage and formulation of revised goals in the changed life circumstances
- **Recognition:** Availability of new opportunities and reframed purpose of life
- **Wisdom:** The serenity to accept the things that one cannot change, the courage to change the things that one can, and the wisdom to know the difference
- **Improved Qualities:** New interests, new perspective, adaptability, openness to new ways of living
- **Positive Coping Mechanism:** Buoyant pursuit of new fulfilling paths

**At a time when one is vulnerable as never before, there is a sense of strength**
- **Change Catalyst:** Reflection on personal strength demonstrated through adversities
- **Recognition:** Greater sense of Personal Strength to handle blows in life
- **Wisdom:** Adversities are inevitable in human life
- **Improved Qualities:** Resilience, self-reliance, maturity to accept outcomes, meaningful & coherent trauma narrative
- **Positive Coping Mechanism:** Remaining positive, seeking meaning and exploring ways to reduce emotional distress

**Some deeper relationships form while losing others**
- **Change Catalyst:** Seeking connection and support with authentic sharing
- **Recognition:** Acceptance of needing others
- **Wisdom:** Discernment of true friends
- **Improved Qualities:** Intimacy in relationships, increased emotional vulnerability, loving and empathetic, sense of belonging
- **Positive Coping Mechanism:** Reaching out to others

**What can break us open can also open us more to life**
- **Change Catalyst:** Uproar in major assumptions about the world and one’s place in it
- **Recognition:** Value of life and importance of little things
- **Wisdom:** Small joys in life are not to be taken for granted
- **Improved Qualities:** Sense of priorities, gratitude, being in the present moment, altruism
- **Positive Coping Mechanism:** Deeper contemplation for value and meaning

Adapted from Richard G. Tedeschi and Lawrence G. Calhoun
Poll Question:

Which positive psychology practice do you think you can feasibly incorporate as a daily practice?
Acknowledgments

- Jackson Doerr for assistance with the slide presentation
- NIMH for funding the development of STEP

Thank you to health care workers, who show up day in and day out through these difficult times.
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Upcoming Events:

- **Sep 14**: Culturally Informed Strategies working with Diverse Patients with Mental Illness
  
  It can be challenging to differentiate what is pathology and what is culture. In this talk, clinical

- **Sep 30**: Creating Time and Space for Trauma Recovery and Wellness

  The purpose of the sessions is to support tribal health care providers, and non-tribal health care

- **Oct 28**: Creating Time and Space for Trauma Recovery and Wellness

  The purpose of the sessions is to support tribal health care providers, and non-tribal health care

To register, visit our website: [www.mhttcnetwork.org/newengland](http://www.mhttcnetwork.org/newengland)
Contact Us

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newengland@mhttcnetwork.org