

Positivity: An Antidote to Health Problems

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ABSTRACT

The present study investigated the relationship of five positives, i.e. Happiness, Gratitude, Hope, Forgiveness and Resilience, both individually as well as cumulatively with Health. A sample of 300 individuals in the age bracket 20 to 60 yrs (mean age = 32.60 yrs), was administered the PsyPositive, a test measuring positivity index, along with Abhyankar's Health Screening Index that assesses health by measuring the frequency of reported health symptoms during the past year. The findings revealed a significant negative relationship between positivity index and health problems thereby highlighting a close link between positivity and good health. Moreover, Hope, Resilience, Forgiveness, Gratitude and Happiness also were individually negatively correlated with health problems. The results thus supported the hypotheses of the study and also provided strong evidence for criterion-related validity of the PsyPositive.

Keywords: *Positivity Index, Hope, Resilience, Forgiveness, Gratitude, Happiness, Health*

The scientific revolution which began in Europe around the end of the Renaissance, and continued till the eighteenth century mobilized research in varied spheres, most notably technology and medicine. By the middle of the twentieth century, medicines were invented for almost all infectious diseases and a few life threatening diseases were completely eradicated from the face of the planet. However, there were still diseases that evaded a complete cure. These non-infectious diseases, which then came to be called life style disorders were chronic, had insidious onset and were recognized as clearly not organic. As the role of psychological factors in such disorders came to be more and more acknowledged, the fields of psychotherapy and medicine converged, giving rise to a new discipline called health psychology. Simultaneously the field of psychotherapy was developing rapidly, as it progressed with new insights about the functioning of the human mind; thanks to the development of psychoanalysis, behaviour therapy, cognitive therapy, humanism, existentialism and other adjunctive approaches.

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One of the outcomes of the amalgamation of psychology and health was the research that linked particular behaviour patterns with disorders. For instance, Type A behaviour pattern was found to be associated with cardiovascular diseases (Rosenman, Friedman et al., 1964), anxious dependence with asthma (Graham et al, 1967) and self sacrificing tendencies with Rheumatoid arthritis in women (Moos, 1964). The field of Psychoneuroimmunology explored the damaging effects of psychological stress on the functioning of the immune system. While these findings were and still are invaluable in furthering understanding about the human mind and body, there was a growing recognition about the fact that such studies focused solely on the pathological side of human existence.

Towards the second half of the last century, humanistic psychologists, notably Abraham Maslow and Carl Rogers challenged the predominantly negative view of human nature espoused by most schools of thought in psychology, and proposed the view of human beings as essentially good. Rogers also emphasized the existence of a force called the formative tendency inherent in all human beings, which, if respected, will always urge a human being towards the enhancement of the organism. Maslow talked about the tendency towards self actualization. Thus humanism had sown the seeds of positive psychology (Misiak & Sexton, 1973), though still largely embedded within the framework of theory. Owing to the efforts of Seligman, Csikszentmihalyi (2000) and others, Positive Psychology came to be recognized as a distinct field on the canvas of psychology.

Gable & Haidt (2005) defined positive psychology as “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions”. Thus while positive psychology did not deny the existence of negative aspects of human beings and acknowledged the existence of the evil side of human nature, it promoted a view that focused on the strengths and assets that help people lead positive and healthy lives.

Psychologists could now turn their attention to aspects of human behaviour such as Hope, Resilience, Forgiveness, Gratitude and Happiness. The efforts of this group of positive psychologists spawned numerous research studies that assessed the existence of positive emotions in people, their effect on people’s lives and most remarkably, the effect of these emotions on health. In fact, the two fields, i.e. positive psychology and health psychology, got closely intertwined because of numerous studies that pointed unequivocally to the link between positive emotions and health (Taylor & Sherman, 2004).

In a world where psychosomatic disorders are assuming epidemic proportions and stress is continually on the rise, positive psychology offers a lot of hope, especially because some of these positive traits can be cultivated with practice. The present study focuses on the relationship between positivity and health. One of the reasons for taking up such a research was to delineate the differential relationships of each one of these positive human traits to health. While studies which have focused on particular positive traits are indeed plenty, and newer positive traits like self-compassion, character strengths, flourishing etc. are being

explored, this study aimed to focus on an overall index of positivity as well. Finally, the discussion involves critical thinking about the possible neurobiological pathways that guide such a relationship.

LITERATURE REVIEW

Seligman and Peterson (2004) published their book called *Human Strengths* wherein they discussed topics such as Wisdom, Love and Humour. Seligman's pioneering work in positive psychology paved the way for many other researches. Barbara Frederickson's Broaden and Build theory (2001) was an important development that showed the ways in which positive emotions help build lasting resources, including health. Many interesting inventories and measures of positive human traits were published in the last two decades. The Adult Hope Scale (Snyder et al, 1991); the State Trait Cheerfulness Inventory (Ruch, Kohler & Thriel, 1996); Transgression-related Interpersonal Motivations Inventory (McCullough et al, 1998); The Personal Growth Initiative Scale (Robitschek, 1998); The Subjective Happiness Scale (Lyubomirsky & Lepper, 1999); The Silver Lining Questionnaire (Sodergren & Hyland, 2000); The Gratitude Questionnaire (McCullough, Emmons & Tsang, 2002) and the Inspiration Scale (Thrash & Elliot, 2003) were some prominent examples. In his 2011 book 'Flourish', Seligman defined 5 pillars of well-being that he called PERMA – which is an acronym standing for positive emotion, engagement, relationships, meaning and accomplishment. The PERMA Profiler measures these 5 pillars along with negative emotions and health (Butler & Kern, 2015). Parallely, Smith (2001) developed the Relaxation States Inventory measuring 14 relaxation states (R-States).

Several other studies were conducted in the years following the emergence of positive psychology that showed the link between positive traits and health. For instance, in a longitudinal and very interesting study by Harker and Keltner (2001), college graduates who showed a genuine smile (Duchenne smile) in their photographs were compared with those who showed a fake (non-Duchenne) smile. Duchenne women showed lesser negative emotionality, higher competence and affiliation than their non-Duchenne counterparts across three follow-ups taken over a thirty year period. What was more stunning perhaps was that they had much lower levels of physical and psychological problems thirty years later.

Resilience has also been shown to be associated with health and psychological integrity. Bernard (1995) identifies four qualities of resilient children: Autonomy, Social Competence, Problem Solving skills and a Sense of Purpose and Future. Werner and Smith (1992) have shown how children labelled as "at risk" eventually develop normally and lead healthy and integrated lives contrary to what is expected.

Another health producing human trait that came to be deeply researched was Gratitude. McCullough, Kilpatrick, Emmons, and Larsen (2001) define gratitude as *moral affect* because gratitude originates as well as culminates in the well-being of another person. The person receiving a helpful act or the beneficiary feels a sense of gratefulness and more often than not feels like reciprocating the kind act. The benefactor, the person who does the kind

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act also usually does it because he/she has been the recipient of an earlier kind act. In that sense, gratitude, according to McCollough et al (2001), functions both as a *moral barometer* as well as a *moral reinforcer*. Emmons and McCollough (2003) conducted a series of three studies in which students were urged to think about things in their life that they could feel grateful about. In their studies, they found that cultivating gratitude actually led to better mood, overall well-being and fewer health problems. Emmons and McCollough therefore suggest that grateful expressions can be important contributors in Frederickson's Broaden-and-build theory of positive emotions.

Forgiveness also happens to be among the most widely researched positive human traits. Painful experiences of being hurt, insulted or offended by others are a part of everyone's life. These events set in motion a series of negative feelings such as anger, hostility, vengefulness and aggression. However, forgiveness happens to be an antidote to this downward negative spiral. It is a deliberate act on the part of the victim, which is in full acknowledgement of the fact that the transgressor had in fact hurt the victim. Forgiveness seems to have important health implications especially in terms of reducing heart rate and blood pressure (Witvliet, Ludwig, & Vander Laan 2001). It has also been shown that forgiveness greatly enhances the quality of marital relationships, builds empathy among partners and leads to less rumination about past offenses (Fincham, Beach, & Davila, 2004).

Hope is yet another positive trait that has the capacity to keep people healthy, happy and courageous in spite of the most difficult circumstances. Optimistic people seem to enjoy overall better health than pessimists (Affleck, Tennen, & Apter, 2002). There are some very convincing longitudinal studies that show that optimistic people are about 50% less likely to suffer from coronary heart disease than pessimistic people (Kubzansky, Sparrow, Volkonas & Kwachi, 2001). The new exciting field of psychoneuroimmunology has shown that hopeful people exhibit stronger positive immune responses under stressful circumstances than their more pessimistic counterparts (Seegerstrom, Taylor, Kemeny, & Fahey, 1998). Needless to say, a trait like hope or optimism is associated with more life satisfaction and happiness too.

While studies that focus on a particular positive human trait and explore its effects on health and well-being are indeed plentiful, there is a paucity of studies that consider several positive traits together and explore the relationship of overall positivity with health. The present study aimed to explore the relationship of five positives, i.e. Happiness, Gratitude, Hope, Forgiveness and Resilience, both individually as well as cumulatively with Health.

Hypotheses

Considering the vast number of studies that unequivocally point to the healing effects of positive traits, it was hypothesized that Positivity will be negatively correlated to health problems. Further, each one of the five domains of the Positivity Index, namely Happiness, Hope, Resilience, Forgiveness and Gratitude were hypothesized to show negative relationships with health problems.

METHOD

Sample

The sample for the study consisted of 300 individuals (M = 132, F = 168) in the age range of 20 to 60 years. The mean age was 32.60 years. The minimum educational qualification was graduation. One hundred and sixty six of them were unmarried, 127 were married while 7 were divorced. One hundred and eighty two belonged to the state of Maharashtra while 118 were from other states.

The participants completed 2 questionnaires: Abhyankar's Health Screening Index (Abhyankar, 2015) and PsyPositive (Abhyankar, 2017), which is a tool developed to measure Positive Human Traits.

Tools

- **PsyPositive-** The initial version of PsyPositive has been developed by Abhyankar (2017). It is developed on the basis of an exhaustive review of literature in positive psychology. It contains 37 items encompassing five positive human traits, i.e. hope, forgiveness, resilience, gratitude, and happiness. Item validity is assessed by computing item-remainder correlation using a cut-off .20. Inter-domain correlations range from .185 to .640. Domain-total correlations range between .635 and .833. Cronbach's Alpha of the full version of PsyPositive is .862. Domain-wise alpha ranges from .619 to .643, which is satisfactory in view of the small number of items per domain (i.e. 7 to 8 per domain). Retest reliability (n = 75, Interval of 2 to 3 weeks) is .95 (p < .001). Means and SDs are available for the five domains and for overall positivity for interpretation of scores. Individual scores can also be interpreted with the help of first and third quartile scores provided for the test.
- **Abhyankar's Health Screening Index (HSI)** - Health Screening Index (HSI) (Abhyankar, 2015) is based on WHO's definition which says that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1946). It assesses health condition with the help of 100 ailments or frequently reported symptoms of psycho-social and physical health problems. The HSI has satisfactory internal consistency ($\alpha = .977$). Armor's theta for the full version is 0.978. The linear correlation between sick leave and the HSI score is 0.29 (n = 550).

The validity of HSI ascertained through its correlation with the scores obtained by senior intelligence officers (n = 62) on Smith's Stress Symptoms Inventory – Disposition scale is .81 (p < .01). The HSI also has significant positive correlation with occupational stress among IT professionals (n = 100), who took Srivastav and Singh's Occupational Stress Index. The correlation coefficients range from .36 to .43. The HSI has been validated by examining its correlations with Maslach's Burnout Inventory. The HSI has a statistically significant correlation with the three domains of Maslach's Burnout Inventory, viz. emotional exhaustion; depersonalization; and personal accomplishment among nurses (Thomas & Abhyankar, 2013) and also among police officials (Abhyankar & Sukhpure, 2016). A significant positive correlation has been found between health problems measured by HSI and the surface acting domain of emotional labour among nurses (Thomas & Abhyankar, 2014). The test gives a composite score; a high score indicates more health problems.

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Procedure

The compiled set of the two questionnaires was administered to participants individually or in group. Participants' cooperation was solicited and their informed consent was taken. Biographical details were taken. Participants were given assurance of confidentiality of their responses.

Statistical Analyses

The data were subjected to the following statistical analyses using SPSS V20:

- Descriptive statistics were computed for the variables under study.
- Pearson's Product Moment correlation was calculated to study the relationship between positivity and health.

RESULTS AND DISCUSSION

Table 1 depicts descriptive statistics calculated for the variables under study.

Table 1: Descriptive Statistics for Positivity and Health (n = 300)

Variables	Mean	SD	SEM
Positivity Index	167.69	20.350	1.175
Forgiveness	25.26	6.093	.352
Resilience	36.21	5.837	.337
Gratitude	36.42	4.383	.253
Hope	37.64	5.311	.307
Happiness	32.17	5.314	.307
Health	192.20	42.447	2.451

All the variables in the study were normally distributed.

Table 2: Pearson Product Moment Correlation Coefficients showing Relationship between the Domains of Positivity and Health Problems (n = 300)

Positivity and its domains	Correlation Coefficients
Positivity Index	-.556 **
Forgiveness	-.386 **
Resilience	-.492 **
Gratitude	-.282 **
Hope	-.463 **
Happiness	-.452 **

** = $p < .01$

While trying to ascertain the normality of the variables in order to carry out Pearson's Product Moment Correlation, the researchers also checked if there was any correlation between age and any of the variables under study. Age was not found to be correlated with

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any of the PsyPositive variables. There were also no gender differences on any of the variables under study and hence correlations were calculated for the whole sample rather than separately for each of the two genders. Pearson's Product Moment correlation showed a significant negative relationship between positivity and health problems thus indicating that positivity helps a person stay healthy, both physically and psycho-socially (refer Table 2). The results thus support the hypotheses, also providing strong evidence for criterion-related validity of the PsyPositive.

The newly developed instrument PsyPositive is a composite of five Personality Traits: Happiness, Hope, Resilience, Forgiveness and Gratitude. The study aimed to explore the differential relationships of each one of these positive traits as well as the composite score (Index of positivity) to health.

Each one of the five domains of the PsyPositive showed significant negative correlations with health problems as was hypothesized. The domain that showed the greatest association with health was Resilience ($r = -.492$). A study that examined the psycho-social as well as biological correlates of resilience showed that resilience was associated with higher levels of urinary cortisol among adults (Simeon et al, 2007). The other two prominent domains were Hope and Happiness which showed correlations as high as $-.463$ and $-.452$ respectively. In a meta analytical study (Machado & Cantilino, 2016) about the neurobiology of positive emotions, the experience of happiness has been shown to be associated with greater dopamine activity in the brain as well as with significant reductions in activity in the right prefrontal cortex and bilaterally in the temporoparietal cortex, as well as with increased activity in the left prefrontal regions. They are also associated with increased activity in the cingulate gyrus, inferior and middle temporal gyri, amygdalae, and ventral striatum (Cerqueira et al, 2008; Habel et al, 2005; Greening et al, 2014). In a similar study it was found that both eudaimonic and hedonic well-being experiences were associated with greater left than right prefrontal cortex activation (Urry et al, 2004). Other studies have explored the relationship between well-being and several other biological correlates including neuroendocrine, cardiovascular, immune systems as well as with REM sleep patterns. In a study on ageing women it was found that those women who were higher on eudaimonic well-being showed lower levels of daily salivary cortisol, pro-inflammatory cytokines, cardiovascular risk, and longer duration REM sleep compared with those showing lower levels of eudaimonic well-being (Ryff, Singer & Love, 2004).

Another domain that showed high association with health was Forgiveness ($r = -.386$). While the holding in of resentment and vengeance has been shown to be detrimental to health, forgiving has been shown to produce relief in the body. People who forgive, usually make use of empathy (trying to see the hurtful incident from the wrong doer's perspective), and regulation of emotion through cognition. The brain areas that have been found to be implicated in bringing about this relief are the precuneus, right inferior parietal regions, and the dorsolateral prefrontal cortex (Ricciardi et al, 2013). Finally, gratitude also showed a slightly less but significant association with health ($r = -.282$). Gratitude has been shown to

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be associated with fewer visits to the doctor (Emmons & McCullough, 2003). Not many studies are yet available to explain the mechanisms or neurobiological pathways through which gratitude enhances health. However in one interesting study practicing gratitude was used as an intervention. It was found to have produced better sleep and decreases in diastolic blood pressure apart from subjective well-being (Jackowska et al, 2016).

The Health Screening Index is based on the WHO definition of health and includes some items that assess the person's psycho-social well-being. The overall Positivity Index showed a very high and negative correlation with health problems, as did each individual domain. This points to a very promising association between positivity and psycho-social well-being as well.

As the field of positive psychology expanded to assimilate newer and newer positive traits, the enthusiasm of researchers also grew. The discoveries of how positive human traits could contribute to health seemed to hold great promise. But in keeping with the spirit of science, skepticism about the claims being made about being positive and staying healthy also grew, especially in the last two decades. Held (2002) argued against the "Tyranny of the positive attitude in America". She cautioned against the lopsided growth of the field of positive psychology, in which having positive feelings and attitudes are assumed to be necessary for good health. She also argued against holding a negative attitude against negativity itself (Held, 2004). Kowalski (2002) in a very different way pointed out that some "negative" attitudes and behaviors such as whining and complaining can indeed lead to great health benefits. There were studies published that pointed out that better theory development, more refinement of instruments used in studies and more large scale applications of prospective studies were warranted especially in studies where health psychology and positive psychology intersect (Gorin, 2010). A study by McCreaddie, Payne, & Froggatt (2010) cautioned against the uncritical acceptance and enactment of positivity, especially in health care settings. Positivity, according to them can ensnare patients. It needs to be understood as a part of a complex, dynamic patient-persona enacted in different health-care situations.

With such controversies abounding in the field of positive psychology, it is necessary to acknowledge the scope of the present study. The study being correlational in nature suffers from all the limitations of such a methodology. It aimed to investigate the association between positivity and health. First of all, it relies solely on self-reports and not on any physiological measures of health. Hence subjectivity in health ratings as well as in ratings of positivity remains a pressing limitation. Secondly, the life events of the participants were neither assessed nor controlled. Despite these limitations the study does point to positivity as an important predictor of health. More in-depth studies are however warranted to explore the relationship between positivity and health.

The study has significant implications in the field of counselling and psychotherapy. Positivity can be cultivated through practice. More controlled studies using the practice of

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positivity as an intervention will generate better understanding of how these positive traits enhance health.

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