Mindfulness: The essence of happiness and wellbeing

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ABSTRACT:

A wealth of research rooted in positive psychology demonstrates a powerful influence of people's mindsets on health, longevity, and well-being. The following chapter demonstrates how mindfulness, as actively noticing new things, comprises the essence of well-being and happiness. The chapter is organized around a set of salient notions stemming from social psychological approaches to mindfulness. These include the observations that (1) positive experiences can be embodied, (2) insistence of control is a mindless process that hinders choice, (3) emotions are the result of how we choose to evaluate situations, (4) labels prime expectations of illness and of unhappiness, and (5) active engagement promotes happiness.

KEYWORDS: aging, choice, control, deprivation, expectations, happiness, health, intuition, labels, longevity, mind-body monism, mind-body dualism, mindfulness, mindlessness, priming, well-being

Laughter Becomes Happiness

The American philosopher and psychologist, William James, once wrote, 'We don't laugh because we're happy, we're happy because we laugh" (James, 1902). According to James, a preexisting state of happiness is not necessary for laughter. Rather, laughter itself can create happiness. Happiness is a choice and emerges from an active taking of joy from life through laughter. James' observation suggests that happiness is readily available to any individual and can be attained by simply reorienting the mind and body in a different way. Laughter becomes

happiness. Since James, pain and emotion researchers have confirmed that mere, decontextualized laughter sends positive feedback to the body that can reduce stress and pain and boost positive emotion (Smith-Lee, 1990). Moreover, embodiment research, such as Langer's and colleagues' 1981 Counter Clockwise experiment, demonstrated that positive thinking and environmental mirroring can affect physiological functioning and performance. In their experiment, elderly men taken to a retreat retrofitted to twenty years earlier were instructed to mentally embody their younger selves. Participants in the experimental group demonstrated more psychological and physiological improvements compared to matched controls. Altogether, emotion and embodiment research show that, contrary to expectations, well-being and happiness can be embodied.

Findings from emotion and embodiment research also reinforce a unitary view of mind and body. Human beings have always been characterized as having both a mind (e.g., a nonphysical entity) and a body (e.g., a physical entity). Early dualist models of the mind and body, such as those proposed by Plato and other classical Greek philosophers, viewed the mind and body as fundamentally distinct entities with limited interaction. Increasing research from psychology, however, particularly following the advent of behaviorism and neuroscience, supports a unitary perspective of the mind and body. According to mind-body unity theory (Langer, 2007), the mind and body comprise a single system, and every change in the human being is simultaneously a change at the level of the mind (e.g., cognitive changes) as well as the body (e.g., hormonal; neural; behavioral changes).

Mind-body dualism's early influence on Western philosophy and science, however, continues to significantly inform current common sense intuition regarding the nature of mental and physical experiences as distinct. This is apparent in the biomedical model of health that is

still widely applied today (Langer, 2009). A critical assumption of the biomedical model of health is that social, emotional, and cognitive factors play little role in health. As such, the biomedical model subscribes to the reductionistic view of mind-body dualism. Moreover, perhaps due to its relatively younger historical presence, the wealth of evidence showing how good health can be directly embodied or produced through positive evaluation is obscured as researchers devote their efforts to finding mediating links between psychological (e.g., the mind) and physical experiences (e.g., the body). This bias of focusing on mediating--as opposed to direct--links reflects how common sense expectations are still grounded in early dualist notions, and assume a necessary split between the mind and body whereby choice (e.g., a mental event) cannot affect behavior and biology (e.g., the body).

Controlling Choice ≠ Choosing Control

Most positive experiences and their consequences are a function of choice and of the evaluations one chooses to make. The idea that positive experiences and good health are choices does not align with the information given to us at an earlier age that we've now come to adopt and apply generally. Common sense expectations borrowed from early sociocultural experiences depict the world as unpredictable, and depict well-being and happiness as products of external factors rooted in chance and luck as opposed to choice. More often than not, people in good physical or psychological health are viewed as merely having low genetic predispositions for chronic illness. Rarely do we consider the choices they actively make to allow themselves to be healthy such as smiling more, adding humor into their personal narratives, seeking out positive social supports, engaging in work that has personal meaning, and learning to differentiate the thoughts that are helpful to them from those that are not.

In the rare instance that common sense expectations borrowed from early sociocultural experiences do allow for a role of choice in wellbeing, well-being and happiness are nevertheless depicted as attainable only through extreme control in the form of structure, order, and overly applied discipline (Langer, 1989). Control and choice are not synonymous, however. While choice promotes control (e.g., exercising choice provides greater engagement in one's environment and life outcomes), extreme control hinders choice (e.g., rigid fixation on one outcome closes off access to alternative, and possibly more appropriate outcomes). The rigid adherence to routine and notions that characterize control restricts access to more creative ways of thinking and of choosing to behave.

From a young age, humans are taught to value control; control holds things still and creates a sense of stability (Langer, 2009). Overtime however, unmoderated illusions of control become seemingly still images that close off access to more flexible and creative ways of thinking and viewing, and of responding to the world. Locked within a self-imposed view of the world as static, the individual quickly forgets that nothing is still in reality, and that experiences in the real world are marked by great variability. As the individual develops, rigid adherence to early sociocultural preferences for control can limit his ability to access novel information in the environment that could inform positive emotions and cultivate well-being. Control limits his ability to make choices. Furthermore, strong preferences for control generate an equally strong avoidance of the loss of that control. An individual with enough fear of losing control may grow to avoid displays of positive emotion such as laughter, out of a concern that these overt, physical displays represent an internal loss of control. By removing laughter from his behavioral repertoire, the individual also seals off a natural process of emotional release and a potential avenue for reducing stress and for inducing positive emotion (Miller et al., 2006).

Insistence of control is therefore a mindless process that lends to more negative experiences whereas choice is a mindful one that lends to more positive experiences. A mindful attitude involves identifying the positives in a situation, regardless of whether the situation itself initially seems positive or negative. A mindful attitude allows a person to recognize that positive and negative represent two alternative interpretations for the same event, each accompanied by very different outcomes that involve gains and loses (respectively) (Langer, 2008). Often, the path toward well-being and happiness is as direct as choosing to gain via positive evaluations.

Our Emotions are Choices

We take for granted that our evaluations of the world exist independently of it. We assume that our feelings and thoughts are facts that accurately capture objective truths in the world. However, a closer look at the things that we think are supposed to provide happiness, as compared to the things that actually provide it, reveals that happiness resides in our thoughts about objects and situations rather than in the objects and situations themselves. There is no such thing as an objective reality in which particular situations or objects guarantee a positive experience. Experience, which includes our emotions, is a product of evaluation. Evaluation is a choice.

Social psychology research shows that well-being and happiness depend more on the freedom to make choices rather than on having money (Fischer & Boer, 2011). We are often mistaken in our assumptions regarding the kinds of things that will afford happiness and promote well-being. Common sense expectations lead us to believe that factors such as wealth, high social and professional standing, and beauty supply happiness. While having money can certainly buy us things that make us happy, relative deprivation theory research (Vanneman &

Pettigrew, 1972) has shown that nothing dejects the winner of a $500 bonus like learning of his coworker's $550 bonus. The perception of an unfair disparity between his situation and that of his coworkers' reflects a choice to negatively evaluate the scenario. There exists a positive, alternative evaluation for the same scenario that he has chosen to overlook. Overlooking the positive introduces a new theme of deprivation in his narrative that further fuels negative emotions and stress, ultimately reducing his capacity for happiness and increasing his vulnerabilities to poorer health.

Unbeknownst to him, the winner chooses to lose. While the difference between the two bonuses could, in fact, reflect an objective difference in the world, the winner's interpretation of that difference as an unfairness leads to feelings of inadequacy and lowers him to a subjective position of losing. The greatest unfairness met by the winner is therefore the theft of his own happiness caused by not considering alternative factors that may have played into these differences in bonuses, and by overlooking the fact that he is no more or less a winner compared to his coworker. A more mindful evaluation of the situation might have allowed him to consider the definition of a winner and consider all the forms in which winning takes shape. Overcoming an adversary is but one form of winning. Gaining a bonus is another form of winning.

Poor Health as a Product of Mindlessness and Outdated Expectations

Whereas mindful evaluations promote positive experiences and well-being, mindless evaluations stemming from rigid adherence to common sense expectations impede health and happiness. Mindlessness is an inactive state of mind that relies on distinctions and categories drawn in the past and over applies them to the present. Mindlessness is rooted in automaticity and undermines personal control, trapping the individual within a single perspective without

awareness of contextual information (Langer, 1978; 1989). Deeply rooted and automatic sentiments about the nature of the world prevent us from accessing alternative information in the world around us that could inform our happiness and promote well-being.

Mindlessness has pervasive negative effects on health and well-being. Langer et al. (1988) found that uncritical acceptance of new health related information locks individuals into premature cognitive commitments that resist change. Premature cognitive commitments are perspectives that are adapted at a particular time to make sense of the world, however they are held onto mindlessly and never updated against present realities (Chanowitz & Langer, 1981). In one study, a sample of alcoholics were divided according to their childhood exposure to alcoholism. Their degree of premature cognitive commitments to information mindlessly learned about alcoholism during childhood predicted their treatment success. In another study, the authors found that participants' mindless attachment to views about old age learned during childhood was inversely related to their assessed alertness, activity levels, and independence in adulthood. Together, both studies demonstrate how mindless clinging to outdated expectations about health and aging can impede recovery and functioning. Langer's research also revealed how the language of illness and aging primes expectations and dictates attention and behavior (Langer et al., 2010.

A narrow understanding of illness and of happiness promotes a limited understanding of wellbeing, which consequently closes us off to the benefits of alternative therapeutic interventions and to positive experiences. The language commonly used to describe illness, such as chronic and in remission constrains individuals' experiences by priming expectations of long-term poor health. This language creates the illusion that symptoms are stable and unmanageable. Individuals' identities tend to crystallize around the labels they are given, leading to an adoption

of stereotypical behaviors that are in line with particular illnesses. It is in this manner that labels corresponding to chronic conditions rob individuals of personal control and potentially prevent the achievement of optimal health (Langer, 2009).

Research rooted in labeling theory has demonstrated that people who are labeled ill experience a decline in their general functioning and self-esteem that is more pronounced compared to individuals suffering from the same symptoms who are not labeled (Lai, Hong, & Chee, 2000). Carson and Langer (2006) compared the general health and well-bing of breast cancer survivors who understood their cancer as in remission and as cured. Whereas the label cured primes the idea of health, the label in remission primes the idea of illness. Results revealed higher scores on measures of general health and emotional well-being among cancer survivors who considered themselves cured compared to participants who considered themselves in remission. Participants in the cured group also had relatively fewer intrusive thoughts and lower depression scores. These results suggest a direct link between how participants view their relationships to illness and health outcomes. These results also suggest that mindset manipulations such as priming may serve as effective alternative therapeutic interventions for chronic illness.

The label chronic also primes the idea of illness (Langer, 2009). Most chronic conditions like depression and anxiety are subject to attention and interpretation, however. According to the DSM-5, a manual used to diagnose mental disorders, common symptoms people with depression experience include low mood and/or loss of interest in activities once enjoyed on a daily basis or nearly daily for at least two weeks (American Psychiatric Association, 2013). Symptoms of depression are all too often mindlessly perceived as definitive markers of chronic illness rather than as conditional occurrences, however. This is particularly problematic in cases where two

weeks of intense sadness following the loss of a loved one is defined according to a diagnosis that does not specify when a person no longer meets its requirements for eligibility. The lack of defining markers for when a person no longer has a chronic condition such as depression or anxiety makes its diagnosis, alone, more psychologically devastating than the condition itself. Not only is the end state of the condition not defined, but neither is the course of the condition, which is marked by high individual variation.

People experiencing depressive symptoms tend to believe that they are always depressed. The chronic label of their condition renders depression and its symptoms a constant in their lives, and any temporary positive states that may emerge intermittently are overlooked. In a similar vein, people who experience chronic pain are not likely to track down the various contextual triggers of their pain for the unconditional view of their condition suggests little variation. Overtime, individuals with symptoms of depression and pain might cling to the expectations of their symptoms in a manner that makes the symptoms appear more familiar and frequent. Furthermore, the prescribing and use of pharmaceutical interventions to treat the depression and pain further fuels the beliefs people already have about their conditions being permanent. Thus begins a vicious cycle wherein the stability of their expectations gets interpreted as representing a stability in their objective realities (Langer, 2009).

Well-being as a Product of Mindfulness and Choice

The essence of well-being is a mindful attitude, which involves noticing new things, active orientation in the present, openness to new information, continuous creation of new categories and distinctions, sensitivity to different contexts, and awareness of multiple perspectives (Langer, 1978). A mindful state of mind is guided--rather than governed--by rules,

routines, and categories drawn in the past. A substantial body of research rooted in mindfulness theory demonstrates that people achieve better health through shifting their mindsets and by reorienting their attitudes toward themselves and their environments (e.g., Levy & Leifheit-Limson, 2009; Levy, Zonderman, Slade, & Ferrucci, 2009; Levy, Slade, & Gill, 2006; Cohen, Doyle, Turner, Alper, & Skoner, 2003; Levy, Slade, Kasl, Kunkel, 2002; Levy, 1996, 2003; Levy, Hausdorff, Hencke, & Wei, 2000; Maier & Smith, 1999; Levy & Langer, 1994; Scheier & Carver, 1992; Kamen-Siegel, Rodin, Seligman, Dwyer, 1991; Scheier, Matthews, & Owens, 1989; Langer, Perlmuter, Chanowitz, & Rubin, 1988; Peterson, Seligman, & Vaillant, 1988; Kamen & Seligman, 1987; Fansler et al., 1985; Langer, Beck, Janoff-Bulman, & Timko, 1984; Feltz & Landers, 1983; Langer, Rodin, Beck, Weinman, & Spitzer, 1979; Rodin & Langer 1977; Langer & Rodin, 1976; Schultz, 1976; Langer, Janis, & Wolfer, 1975; Miller & Seligman, 1975). Studies consistently show that mindful traits reduce negative affect and stress, cultivate creativity, and improve psychological well-being and quality of life (Creswell et al., 2007; Levy, Slade, Kunkel, & Kasl, 2002; Idler & Kasl, 1991; Kaplan & Camacho, 1983).

In the aforementioned Langer et al. (1990) Counter Clockwise experiment, elderly men taken to a retreat retrofitted to twenty years earlier were instructed to live for a week as if it were 20 years earlier. More specifically, participants in the experimental group were instructed to be psychologically where they were 20 years ago, but also to hold all discussions about the past in the present tense. By comparison, participants in the control group merely reminisced about the past 20 years without actively reliving the past in the present. The control group was instructed to hold all discussions about the past in the past tense. The experimental group demonstrated greater dexterity, grip strength, flexibility, hearing, vision, and memory and cognition compared to matched controls. This experiment showed that humans have the capacity to shift

discontinuously to an "earlier" context and that such a mindset shift, when performed mindfully, is followed by a reverse temporal shift in physical and cognitive functioning.

In another experiment, Langer and Rodin (1976) found that institutionalized elderly adults who were encouraged to assume a more engaged role in their lives by making more decisions about their living space became more alert, more active, happier, healthier, and lived longer. In this study, nursing home residents were encouraged to make more decisions for themselves such as where to receive visitors, what movies to watch at the home and when, which houseplants they could care for, where to place the houseplants in their rooms, and how frequently to water the houseplants. Compared to control participants, participants who exercised more choices demonstrated higher mood, greater activity, greater alertness, and greater longevity. This study showed that letting people make choices about their immediate environment engages them more fully in their own lives (e.g., increases personal responsibility), and affords them with a greater sense of personal control. Both of these factors promote health and well-being.

Crum and Langer (2007) primed female room attendants to view their work as a form of exercise and found that reorienting their attention toward the health benefits of their work resulted in decreases in BMI, waist-to-hip ratio, and weight. This study showed that—especially for individuals unaware that they are getting required amounts of physical exercise—priming the idea of exercise can result in benefits without actually changing daily habits.

Other studies have demonstrated that cognitive reappraisals provide relief from the pains of major surgery. Langer, Janis, and Wolfer (1975) instructed a group of patients undergoing surgery to replace their worries about surgery with thoughts about the positive aspects of the hospital experience and to rehearse these positive thoughts. Patients in the experimental group

involving the cognitive reappraisal intervention demonstrated better post-surgery adjustment, less post-operative anxiety, less pain, and less pain medication usage compared to matched placebo control and information groups.

Studies by Levy and colleagues have also found that perceived health was a better predictor of mortality than actual health (Levy et al., 2009; Levy et al., 2006). Hsu, Ching, and Langer et al. (2010) discovered that cues that directly and indirectly signal aging primed diminished capacity. Moreover, the removal of these age cues primed health and longevity. Across five experiments, they found that cut or colored hairstyles cued youth and was associated with decreased blood pressure, clothing served as an age-related cue that influenced longevity, baldness cued old age and sped aging, the presence of children around women who gave birth later in life served as an age-related cue associated with positive outcomes, and large spousal age difference served as an age-related cue that shortened and expanded the longevity of younger and older spouses, respectively.

Mindfulness promotes well-being. Mindfulness challenges assumptions and prior beliefs by generating positive potential outcomes of meaning in a manner that may be more advantageous. Mindful cognitive reappraisals such as those adopted in the aforementioned studies all serve to test outdated assumptions against novel circumstances. Ideally, these forms of reality-testing afford individuals the chance to refine their expectations in a manner that resonates with their current contexts. Mindful cognitive reappraisals hence reintroduce a firm grip on choice without the loss of control.

Engagement: A New Look at Happiness

The simple act of noticing new things, which defines mindfulness, generates engagement and leads to happiness. The process of looking at something familiar in new ways allows us to realize that we didn't know what we thought we did as well as we did. The world constantly changes and all of its components look different from different perspectives. The act of noticing new things allows the familiar to become interesting again and fosters engagement. Exercising choice--as demonstrated in Langer's and colleagues' 1976 study wherein nursing home residents who exercised more choices showed improved mood and greater longevity--also fosters engagement. Engagement with both familiar and unfamiliar things causes a person to live in the present moment, is energizing, and bolsters creativity by opening up new ways of thinking and of choosing to behave (Langer, 1997; Brown & Langer, 1990). Research shows that high engagement promotes mindfulness, feelings of serenity, and is intrinsically rewarding (Csikszentmihalyi, 1999).

Little attention is paid to the daily variability of positive emotions. Similar to depression and pain, happiness is perceived as an ongoing personal quality (e.g., a trait) as opposed to discontinuous positive experiences (e.g., states). There is an expectation that happiness must occur continually in order for its experience to be valid. Just as depressed people are expected to be depressed all the time, happy people are expected to be happy all the time. This expectation of happiness mindlessly excludes and isolates an individual as incapable of experiencing real happiness if he is not continuously happy. This can invalidate and dampen his isolated instances of joy. Overtime, the systematic discounting of isolated instances of joy lends to ongoing unhappiness.

By paying attention to ourselves and to our bodies, we may also come to find that we're happier than we thought! This is to say, most clinical diagnoses consist of lists of negative

symptoms that have been found to appear across a majority of individuals. Rarely does an individual experience all the symptoms from that general list. It is therefore important for the individual to recognize the extent to which s/he diverges from—as opposed to converges with—that general list of diagnostic criteria. It is also equally crucial to pay attention to those instances of positive emotion. Consider that the 'luck' of discovering a four-leaf clover exponentially increases when one starts actively looking for it. The process of finding happiness is similar: by paying attention to when we are happy, to how frequently we are happy, and to how long we remain happy, we allow ourselves to be happy. Attending to our happiness allows the happiness that is already readily available to us to be experienced. Contrary to expectations, finding a four-leaf clover and finding happiness therefore do not require luck. Rather, both are attainable through active looking and by noticing new things.

Establishing Health and Joy through Mindfulness

A mindful attitude involves identifying the positive aspects of a negative situation, defining negatives in terms of positives, looking for variation within stability, and creating novel ways of distinguishing preexisting categories. All of these forms of cognitive reappraisal run counter to the human tendency of attending to negative stimuli and of organizing information into unified wholes based on old principles. Mindfulness therefore involves accepting and actively applying a new and different orientation to one's prior way of understanding the wold.

Contrary to popular belief, illness, happiness, and aging are highly varying processes, susceptible to human choice and cultivation. In fact, the only stable things about our physical and mental health are our mindsets about them (Langer, 2009). Mindfulness-based research shows that stress is often the byproduct of outdated or untested assumptions about the negative

outcomes of illness and aging. Stress also results from choosing to believe in our own negative evaluations of events. Mindfulness attacks these outdated assumptions and negative evaluations by generating positive alternative evaluations. This process of validating outdated assumptions against novel circumstances allows for exercising choice in the present, and the engagement that accompanies making choices also allows for happiness to be experienced. Exercising choice in the present yields greater control over health and happiness. Mindful and active engagement with our surroundings, such as by paying closer attention to variations in our symptoms of illness, allows us to create labels that fit those experiences more appropriately. Furthermore, closer attention to the variations in our emotional experiences also allows us to notice and fully experience happiness when it emerges in a manner that common sense expectations would not predict.

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