WELLBEING TRAINING FOR YOUNG ADULTS AND CHILDREN

Some ideas just keep coming back again and again as if each epiphany were the first time. It is as if the Universe is saying, "This is something that really needs to be done." This is one of those ideas.

The concept seems obvious. Extensive research identifies skills, attitudes and practices that improve our ability to succeed in academics, sports, physical health, general well-being and longevity. The natural extension of these findings would be to design a class that gives interested students the opportunity to claim those benefits. There are a few promising examples where some of these concepts have been made available in a school setting, but they are the exceptions rather than the rule.

Some of these key skills, attitudes and practices include:

- Meditation[1]
- Awareness of purpose in life[2]
- Spirituality[3]
- Hope[4]
- Humor[5]
- Forgiveness[6]/release technique[7]
- Monitoring the mind to discipline thought process; maintaining a positive, optimistic, constructive attitude[8]

It is important to note that although a few of these skills, attitudes and practices have a spiritual component, they are effective without reliance on or connection with any religion or theology. The research that confirms the benefits stands on its own merits. Classes should be offered on a voluntary basis. They need not conflict with any religious belief nor compel any religious belief. Meditation classes, for example, recently withstood a challenge based on a claim that they were teaching religion in public schools.9

A Crying Need for Early Wellbeing Training

Too many of our children are slipping through the cracks from a mental health perspective. Instances of bullying, depression, anxiety disorder, mass shootings, and teen suicides indicate a failure of the current medical system that focuses too exclusively on the physical health of children. Mental health issues allowed to fester have been a root cause in the too-frequent mass killings observed in recent years. After each instance, there has been surge of debate over the ability of stronger gun control laws to prevent such incidents. However useful increased gun control would be, it would not address the root cause. Routine assessment of our children and early intervention by professionals trained to look beyond the physical wellbeing of the child addresses the root cause. It would benefit all children, even those without clinical psychological issues.

A recent article in the American Journal of Psychiatry focused on early detection and intervention for anxiety disorders in children. Golda S. Ginsburg, Ph. D., Kelly L. Drake, Ph. D, Jenn-Yun Tein, Ph.D., Rebekah Teetsel, M.A., Mark A. Riddle, M.D., "Preventing Onset of Anxiety Disorders in Offspring of Anxious Parents: A Randomized Controlled Trial of a Family-Based Intervention, The American Journal of Psychiatry, http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.14091178. It found that a psychosocial prevention program involving work with the parents as well as the child showed promise for reducing the incidence of anxiety disorders. Golda Ginsburg, the professor of psychiatry at Johns Hopkins Hospital Bloomberg Children's Center who led the research, observed, "In the medical system there are other prevention models, like dental care, where we go every six months for a cleaning. I think adopting that kind of model — a mental health checkup, a prevention model for folks who are at risk — is I think where we need to go next." http://www.npr.org/sections/health-shots/2015/09/25/443444964/parents-can-learn-how-to-prevent-anxiety-in-their-children. The idea is a good one, but framing it in terms of general "wellbeing" or "wellness" instead of mental health, would expand the benefits beyond the treatment of clinical psychological disorders, remove any stigma that might be associated with such checkups and enhance the lives of a broader range of children.

When working as designed, our health system provides for routine physical checkups with physicians, but does not provide for routine holistic evaluations of children to assess their overall wellbeing and discern when help with respect to one or more of these life-improving skills, attitudes and practices would be beneficial. Our children are more than physical beings. Each is a composite of body, mind and spirit. Even if the physical were considered our main concern, the mental and spiritual components have a documented significant effect on the physical. See, for example, Lissa Rankin, M.D., *Mind Over Medicine: Scientific Proof That You Can Heal Yourself* (Hay House 2013); Edward R. Kelly, Emily Williams Kelly, Adam Crabtree, Alan Gauld, Michael Grosso, Bruce Greyson, *Irreducible Mind: Toward A Psychology for the 21st Century* (Rowman & Littlefield 2007); and http://www.love-life-101.com/documents/Reducing-The-Mystery-In-The-Mystic-Perspective.pdf at pp. 32-36.

If the purpose is to assure the wellbeing of the child, the routine checkups should also include a holistic assessment by a qualified psychologist that takes into account the mind, body and spirit interconnection. It would look not only for the absence of a psychological disorder, but consider opportunities to foster affirmative wellbeing and acknowledge the importance of the spiritual connection, whether or not it is connected to an organized religion. Wellbeing checkups would be an important step in improving access to resources that would help develop these life-improving skills, attitudes and practices. Teens should be included.

With or without wellbeing checkups, the incorporation of wellbeing training into the school curriculum or otherwise making it readily accessible outside of the school setting may not be a panacea that solves all of our children's problems, but they often make a subtle, but significant beneficial impact on the trajectory of a child's life. The earlier they are made available in life, the better for the child's long term wellbeing.

Kindergarten, Grade School and High School

As with most life skills, the best time to introduce the concepts is in early childhood. The classes have to be simplified to cover basics that are age appropriate. However, just as it is easier to develop an aptitude for foreign language through early instruction, it is also easier to develop aptitudes for mindfulness, forgiveness and hope at that early age when life patterns are being developed. The benefits strengthen the child's foundation for succeeding in the wide spectrum of academic, sports and personal growth opportunities faced in childhood.

Although far from mainstream, there are enough instances in which training in skills such as yoga and mindfulness have been successfully provided to grade school children to allow the benefits to be objectively assessed and the lessons learned to be applied on a broader scale. Stanford University's Challenge Success program[10], the University of Pennsylvania's Positive Psychology Center[11] and the Wisconsin Center for Education Research[12] are examples of leadership from Universities to introduce this life skill and stress reduction component into primary education.[13] Examples of other efforts include:

- Forgiveness. A program for teaching forgiveness in primary schools was developed by the Wisconsin Center for Education Research at the University of Wisconsin-Madison and applied successfully in Belfast, Northern Ireland.14
- Hope. Techniques for teaching hope have been developed and successfully applied in research demonstrating its benefits in students. 15
- Mindfulness. Classes can provide experience in a type of meditation and an approach to mental awareness that assists in stress reduction and life improvement in a growing body of peer-reviewed studies in secular applications. Organizations that promote inclusion of mindfulness in primary and secondary school curriculum include Association for Mindfulness in Education, Mindful Schools in Oakland, California and Holistic Life Foundation in Baltimore, Maryland.16
- "Release" technique. Programs developed to teach adults the "release" technique could be adapted for use with children.17 This technique is used to release oneself from emotional attachments that cause stress and hold us back.
- "Social emotional learning." An example of this program is being funded on a test basis by Congress in public schools in Ohio. Drawing on meditation skills, this program teaches children as young as kindergarten to relax and calm themselves into a state where they are better able to learn.18 An organization that promotes these types of classes is the Collaborative for Academic, Social, and Emotional Learning in Chicago.19
- "Transformative Life Skills." This 18-week program incorporates aspects of attention training, movement and relaxation skills. It has shown success in helping young students "reduce levels of negative thinking, negative affect, revenge motivation, depression, emotional arousal, physical arousal, rumination, [and] perceived-stress, attitudes toward violence." It has "been associated with greater levels of self-control, tolerance for distress, and school engagement."20 An organization that promotes these types of classes is Niroga, headquartered in Oakland, California.21

- **Transcendental meditation**. The David Lynch Foundation For Consciousness-Based Education and World Peace was founded in 2005 to promote and fund the teaching of Transcendental Meditation in schools and at-risk populations such as the homeless, military veterans and prison inmates.22
- **Yoga**. Under its Head Start program, the US Office of the Administration for Children and Families, Early Childhood Learning and Knowledge Center, provides a bulletin explaining the stress reduction and wellness benefits of yoga.[23] It is also used in pre-school to promote motor and social skill development.[24] The "Bent on Learning" program, for example, has made yoga classes available for more than ten years to private and public schools in New York City.[25] The classes are usually funded through private fundraising by education support groups like parent teacher associations. Other local organizations, particularly in California, focus on providing age-appropriate yoga classes.[26]

Research has shown that these types of skills and perspective enhancements help people in every aspect of life. They help ground children so they can focus better. They have been used to successfully treat pitfalls such as depression, which would indicate that they would make our children less susceptible. The stronger foundation should help reduce instances of high school drop outs and alienation. Why would we not make access to this type of foundation enhancing education to children on a broader scale?

College

College presents another valuable opportunity to encourage the disciplined study of these life-enhancing practices and values. The considerations reviewed above in connection with the primary school education also apply to colleges. In fact, many of these skills, attitudes and practices are more typically taught to middle-aged and older adults through many self-help books, lectures and workshops. Yet they are even more important and relevant for the younger, college-age adults.

College-age is the adult stage of life in which this type of information is most needed and would have the greatest beneficial impact on the trajectory of the rest of a person's life. At age 16, we typically live with our parents and attend high school. By age 26, our school days are behind most of us, and we are more independent of our parents. Often, we have acquired a different set of friends, a spouse and a career track. We have developed a slew of habits and predispositions that have a subliminal, but powerful, influence on how we function in the world.

Some of us emerge from this key formative period with a sound foundation for the future. Others emerge with serious encumbrances such as a negative disposition, low self-esteem, self-sabotage tendencies, prison records or substance dependencies. If we want to enjoy our thirties and forties, we need to pay attention to the choices we make in our teens and twenties.

College (and high school classrooms) present a unique teaching opportunity for life-changing topics that are worthy of focused, disciplined study by young adults, but do not captivate like a popular video game or a *Harry Potter* novel. Young adults could benefit most from this type of study, but lack the life-experience to fully appreciate its practical importance. Hence the benefit of relying on a college

course to introduce these wellbeing enhancement practices rather than relying on self-help teaching materials targeted at more senior adults in mid-life or later stages.

What might a college program on life-enhancing skills, attitudes, practices and values look like? The challenge for our colleges, to the extent it has not already been taken, is to develop curricula and study resources for classes, offered as electives, that teach these life-improvement proficiencies in a practical "how to" and "why" manner. *Love Life 101* is intended as a step in this direction, providing an overview of the bigger picture that puts all of these life-enhancing practices and values into context. The class could include experiential work with meditation, forgiveness/release and working with the mind to keep the focus in a positive, constructive, life-affirming direction. The class should also cover information on the Blue Zone Values, including awareness of purpose and spirituality, and related topics validated through the type of scholarly research done in the positive psychology field.

The classroom helps open the door, but the real progress is made in applying the principles in real life. It would be good to have a center on campus that provides on-going support for students for questions that arise as they apply these principles in real life during their college days.

Feedback on Examples of Wellbeing Training in the Classroom and Lessons Learned

Please feel free to share information on individuals and organizations that are providing some type of wellbeing training in school settings to children and young adults. Please also share any lessons learned or identify ideas for development that might aid likeminded colleagues. We have already discussed some of these efforts. An example of an attempt to incorporate a wellbeing skill into a college curriculum is provided by Professor Wayne-Daniel Berard at Nichols University, who successfully incorporated meditation into his class on writing.[27] The University of Virginia has an impressive Contemplative Sciences Center, which provides meditation related training and resources to students and the community. See http://www.uvacontemplation.org/. It also offers classes which have meditation and contemplative aspects. The University of Pennsylvania Center for Positive Psychology posts 28 syllabi for consideration by professors contemplating a positive psychology course.[28]

Blessings,

Daniel Flynn

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[1] A regular meditation practice also brings with it an assortment of health and well-being benefits. Meditation has been shown to be associated with improved insulin function, lower blood pressure, the amelioration of the effects of congestive heart disease, increased pain tolerance, reduction in binge eating, anxiety, depressive symptoms and alcoholism relapse, increased rates of success of standard medical treatment of psoriasis, increased ability to capture more information more quickly, increased quantity of neural cells in the part of brain associated with attention and memory, and longer life span. It seems that the more meditation is studied, the more we understand about the different ways it tangibly improves our lives. The number of studies on the benefits of meditation for human health and wellbeing continues to increase annually. They are tracked by the Institute of Noetic Sciences on its web site, http://noetic.org/meditation-bibliography/bibliography-info/. Here are some examples. Eileen Luders, Arthur Toga, Natasha Lepore, Christian Gaser, "The Underlying Anatomical Correlates of Long-Term

Meditation: Larger Hippocampal and Frontal Volumes of Gray Matter," NeuroImage (15 April 2009), pp. 672-678 (certain regions in the brains of long-term meditators found to be larger than in a similar control group); Sara W. Lazar, Catherine E. Kerr, Rachel H. Wasserman, Jeremy R. Gray, Douglas N. Greve, Michael T. Treadway, Metta McGarvey, Brian T. Quinn, Jeffery A. Dusek, Herbert Benson, Scott L. Rauch, Christopher I. Moore, Bruce Fischl, "Meditation Experience Is Associated with Increased Cortical Thickness," *Ageing* 16, No. 17 (November 28, 2005):1893-1897 (Comparison of 20 long-term meditation practitioners with 20 matched controls, revealed that the brain regions associated with attention, interoception and sensory processing were thicker (healthier) in the meditation participants than in the control group with the most pronounced differences being found in the older participants, indicating that meditation might offset age-related cortical thinning); Richard J. Davidson, Ph.D., Jon Kabat-Zinn, Ph.D., Jessica Schumacher, M.S., Melissa Rosenkranz, B.A., Daniel Muller, M.D., Ph.D., Saki F. Santorelli, Ed.D., Ferris Urbanowski, M.A., Anne Harrington, Ph.D., Katherine Bonus, M.A., John F. Sheridan, Ph.D., "Alterations in Brain and Immune Function Produced by Mindfulness Meditation," *Psychosomatic Medicine* 65 (2003): 564 – 570 (8-week training program in mindfulness meditation resulted in significant increase in left-sided anterior activation of the brain (indicator of improved brain function) and increased antibody titers to influenza vaccine (indicator of immune function improvement)); Heleen A. Slagter, Antoine Lutz, Lawrence L. Greischar, Andrew D. Francis, Sander Nieuwenhuis, James M. Davis, Richard J. Davidson, "Mental Training Affects Distribution of Limited Brain Resources," *PLoS Biology* 5, No. 6 (June 2007): 1228-1235 (study participants' ability to detect and process information received visually significantly improved after intensive training in meditation); Maura Paul-Labrador, M.P.H., Donna Polk, M.D., M.P.H., James H. Dwyer, Ph.D., Ivan Velasquez, M.D., Sanford Nidich, Ph.D., Maxwell Rainforth, Ph.D., Robert Schneider, M.D., C. Noel Bairey Merz, M.D., "Effects of a Randomized Controlled Trial of Transcendental Meditation on Components of the Metabolic Syndrome in Subjects with Coronary Heart Disease," *Archives of Internal Medicine* 166, No. 11 (June 12, 2006): 1218 -1224 (improved blood pressure, insulin function and cardiac autonomic nervous system tone); Jon Kabat-Zin, Ph.D., Elizabeth Wheeler, Ph.D., Timothy Light, M.D., Anne Skillings, M.S., Mark J. Scharf, MD, Thomas G. Cropley, MD, David Hosmer, PhD, and Jeffrey D. Bernhard, MD, "Influence of a Mindfulness Meditation-Based Stress Reduction Intervention on Rates of Skin Clearing in Patients with Moderate to Severe Psoriasis Undergoing Phototherapy (UVB) and Photochemotherapy (PUVA)," *Psychomatic Medicine* 60, No. 5 (1998): 625-632 (increased rate of healing of psoriasis); Kasiganesan Harinath, M.Sc., Anand Sawarup Malhotra, B.Sc., Karan Pal, B.Sc., Rajendra Prasad, B.Sc., Rajesh Kuman, M.Sc., Trilok Chand Kain, M.Sc., Lajpat Rai, Ph.D., Ramesh Chand Sawhney, Ph.D., "Effects of Hatha Yoga and Omkar Meditation on Cardiorespiratory Performance, Psychologic Profile, and Melatonin Secretion," *The Journal of Alternative and Complementary Medicine* 10, No. 2 (2004): 261-268 (yoga and meditation improved autonomic balance, respiratory performance, melatonin levels and sense of well-being);Edward Taub, Ph.D., Solomon S. Steiner, Ph.D., Eric Weingarten, Ph.D., Kenneth G. Walton, Ph.D., "Effectiveness of Broad Spectrum Approaches to Relapse Prevention in Severe Alcoholism: A Long-Term, Randomized, Controlled Trial of Transcendental Meditation, EMG Biofeedback and Electronic Neurotherapy," Alcoholism Treatment Quarterly 11, No. 1/2 (1994): 187-220 (addition of Transcendental Meditation to routine Alcoholics Anonymous participation and counseling significantly increased relapse prevention); Jean L. Kristeller, C. Brendan Hallett, "An Exploratory Study of a Meditation-based Intervention for Binge Eating Disorder," *Journal of Health Psychology* 4, No. 3 (1999): p.357-363 (significant decrease in binge eating patterns observed in participants in all-women study involving mindfulness meditation); Bruce W. Smith, Ph.D., Brian M. Shelley, M.D., Lisa Leahigh, R.N., Betsy Vanleit, Ph.D., OTR/L, "A Preliminary Study of the Effects of a Modified Mindfulness Intervention on Binge Eating," *Complimentary Health Practice Review* 11, No. 3 (2006): 133-143 (Intervention program based on mindfulness meditation training resulted in reduction in binge eating, anxiety and

depressive symptoms); John D. Teasdale, Zindel V. Segal, J. Mark G. Williams, Valerie A. Ridgeway, Judith M. Soulsby, Mark A. Lau, "Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy," *Journal of Consulting and Clinical Psychology* 668, No. 4 (2000): 615 – 623 (mindfulness meditation resulted in significant reduction in relapse/recurrence of major depression episodes); Amparo Castillo-Richmond, M.D., Robert H. Schneider, M.D., Charles N. Alexander, Ph.D. Robert Cook, M.D. Hector Myers, Ph.D., Sanford Nidich, Ph.D., Chinelo Haney, M.B.A., Maxwell Rainforth, Ph.D., John Salerno, Ph.D., "Effects of Stress Reduction on Carotid Atherosclerosis in Hypertensive African Americans," *Stroke* 31, No. 3 (2000): 568-573 (reduced carotid atherosclerosis); Herbert Benson, M.D., "Systemic Hypertension and the Relaxation Response," *New England Journal of Medicine* 296 (May 17, 1977): 1152-1156 (reduced blood pressure);Jon Kabat-Zinn, Ph.D., Ann O. Massion, M.D., Jean Kristeller, Ph.D., Linda Gay Peterson, M.D., Kenneth E. Fletcher, Ph.D., Lori Pbert, Ph.D., William R. Lenderking, Ph.D., Saki R. Santorelli, Ed.D., "Effectiveness of a Meditation-Based Stress Reduction Program in the Treatment of Anxiety Disorders, *American Journal of Psychiatry* 149, Vol. 7 (July 1992): 936-943 (reduced symptoms of anxiety and panic and maintained the reductions in patients with generalized anxiety disorder, panic disorder or panic disorder with agoraphobia); Charles N. Alexander, Ellen J. Langer, Ronnie I. Newman, Howard M. Chandler, John L. Davies, "Transcendental Meditation, Mindfulness, and Longevity: An Experimental Study with the Elderly," *Journal of Personality and Social Psychology* 57, No. 6 (1989): 950-964 (meditation improved life expectancy, cognitive flexibility, systolic blood pressure, behavioral flexibility and treatment efficacy in the elderly);John W. Zamarra, M.D., Robert H. Schneider, M.D., Italo Besseghini, M.D., Donald K. Robinson, M.S., John W. Salerno, Ph.D., "Usefulness of the Transcendental Meditation Program in the Treatment of Patients with Coronary Artery Disease," *American Journal of Cardiology* 77 (1996): 867-870 (helps reduce "exercise-induced myocardial ischemia in patients with coronary artery disease and may be considered beneficial for the prevention and treatment of coronary artery disease"); Jon Kabat-Zinn, Leslie Lipworth, Robert Burney, "The Clinical Use of Mindfulness Meditation for the Self-Regulation of Chronic Pain," *Journal of Behavioral Medicine* 8, No. 2 (1985): 163-190 (Clinical use of mindfulness meditation with pain patients resulted in a statistically significant reduction in pain, pain-associated symptomatology such as anxiety and depression, and pain-related drug utilization); Kenneth G. Walton, Ph.D., Nirmal D.C. Pugh, B.S., Paul Gelderloos, S.Sc.D., Phil Macrae, B.S., "Stress Reduction and Preventing Hypertension: Preliminary Support for a Psychoneuroendocrine Mechanism," *The Journal of Alternative and Complimentary Medicine* 1, No. 3 (1995): 263-283 (transcendental meditation practice resulted in improvement of mood state, adrenocortical activity and kidney function); Masud Yunesian, Afshin Aslani, Javad Homayoun Vash, Abbas Bagheri Yazdi, "Effect of Transcendental Meditation on Mental Health: a Before-After Study," *Clinical Practice and Epidemology in Mental Health* 4, No. 25 (2008) (Transcendental Meditation resulted in improvement of mental health of young adults, especially in areas of somatisation (mental experiences converted to physical symptoms) and anxiety); Robert H. Schneider, M.D., Charles N. Alexander, Ph.D., Frank Staggers, M.D., Maxwell Rainforth, Ph.D., John Salerno, Ph.D., Arthur Hartz, M.D., Stephen Arndt, Ph.D., Vernon A. Barnes, Ph.D., Stanford I. Nidich, Ed.D., "Long-Term Effects of Stress Reduction on Mortality in Persons $\geq$ 55 Years of Age with Systemic Hypertension," *The American Journal of Cardiology* 95 (May 1, 2005): 1060-1064 (a long-term follow up on people who had hypertension and participated in past studies on health efficacy of meditation revealed that the group that had practiced Transcendental Meditation showed a significant decrease in mortality from all causes (23%), cardiovascular causes (30%) and cancer (49%) when compared to control group treated with other behavioral therapy interventions and the usual therapy for high blood pressure).

[2] A study conducted at Fordham University, for example, interviewed 241 patients with less than 3 months to live. Researchers found that what makes it easier to let go on a deathbed is not so much a matter of faith in God or an afterlife, but the feeling that we have accomplished something in life or

found purpose and meaning in life. Moreover, those "who found little meaning in their lives were more depressed and more likely to want to 'get it over with.'" "PSI Research," *Venture Inward* (Association for Research and Enlightenment July/August 2003, pg. 10).
Also Patricia A. Boyle, PhD; Aron S. Buchman, MD; Lisa L. Barnes, PhD; David A. Bennett, MD, "Effect of a Purpose in Life on Risk of Incident Alzheimer Disease and Mild Cognitive Impairment in Community-Dwelling Older Persons," *Arch Gen Psychiatry.* 67, no. 3 (2010): 304-310 (greater purpose in life is associated with a reduced risk of alzheimers disease and mild cognitive impairment).

In one particularly interesting study, scientists trying to identify human behaviors that most contribute to a long, healthy life studied communities in four parts of the world (dubbed the "Blue Zones"). These communities have the best record for healthy longevity, including the highest rate of people who live past 100 years of age. The awareness of one's purpose in life and regular participation in a spiritual community were two of nine behaviors found in the four groups that contribute to healthy longevity. Dan Buettner, *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest* (National Geographic 2008), 231 – 262.

Spirituality often leads to a purposeful life. "It's the sense," observed Duke University's Dr. Harold Koenig, "that God has a purpose for humanity and for all of creation, and that each of us has a special role in that divine plan." Dan Buettner, "Find Purpose, Live Longer: Add Years to Your Life – By Adding Life to Your Years," *AARP* (Nov./Dec. 2008), 30, 34.

[3] Duke University's Center for Spirituality, Theology and Health, founded by Dr. Koenig, tracks research which attempts to assess the relationship between spirituality and physical well-being. Thousands of these studies have been completed and new studies are conducted every year all over the world. Its list of research papers may be found online at http://www.spiritualityandhealth.duke.edu/research/research.html. This research, like the studies that focused on the Blue Zones, indicates that people who have a regular spiritual practice, such as attending a church, temple or mosque, tend to live longer and "are less likely to engage in risky behavior, be depressed or feel chronic stress." Dan Buettner, "Find Purpose, Live Longer," 30, 34.

There are some subtleties in the studies regarding the beneficial effects of a regular spiritual practice that are worth noting. First, we may have a diligent religious practice, but it makes a difference whether the practice is driven by our internal beliefs and spirituality as distinguished from attempts to create an external self-image to impress others. A study that confirmed the link between regular religious involvement and lower rates of depression found that the beneficial effect goes away if the purpose of the church attendance is to create a positive external self-image ("extrinsic religiosity") rather than motivated by internal spiritual beliefs and pursuit of religion for its own sake ("intrinsic religiosity"). In fact, the extrinsic religiosity was actually associated with an increase in depression incidence. "PSI Research," *Venture Inward* (Association for Research and Enlightenment September/October 2002), 9; T. Smith, M. McCullough J. Poll, "Religiousness and Depression: Evidence for a Main Effect and the Moderating Influence of Stressful Life Events," *Psychological Bulletin* 129, No. 4 (2003): 614-636.

Second, our understanding of God's nature makes a difference. The positive affect that a belief in God and a regular spiritual practice has on our physical health, mental outlook and longevity is undermined to some extent if our primary concept of God is more fear-based (God punishes and abandons those who disobey) than love-based (God is a benevolent, caring presence). One study on the subject focused on the impact of "spirituality and God attachment" in Jesuit seminarians and Catholic nuns in India. Participants who had a "positive God image" tended to show a more positive affect and greater satisfaction with life. Participants who had a "negative God image" tended to have an increased negative affect, a decreased positive affect and a decreased satisfaction with life. D. Mendonca, K.E. Oakes, J.W. Ciarrocchi, K. Gillespie "Spirituality and God attachment as predictors of subjective well-

being for seminarians and nuns in India," *Research in the Social Scientific Study of Religion* 18 (2007): 121-140.

[4] While much of clinical psychology focuses on treatment of "mental illness," positive psychology helps all people, including mentally healthy ones, live more meaningful and productive lives by identifying and improving their psychological strengths. S. Lopez, L. Edwards, "The Interface of Counseling Psychology and Positive Psychology: Assessing and Promoting Strengths," Handbook of Counseling Psychology (4th ed. 2008) One of the psychological strengths subjected to considerable amount of research is "hope." The scholars have defined hope in a way that makes it functionally close to that pivotal attribute described by the clergyman quoted above

As explored in the positive psychology research, "hope" has three components. The first is the ability to conceptualize and pursue "goals." This would include living life with a sense of purpose in mind. The second is the ability to develop specific short and long term strategies (or "pathways") to achieve such goals. The third is possession of the motivation, confidence and endurance (or "agency") to pursue the pathways to the goals and to deal with whatever obstacles and challenges that may arise along the way.

A person strong in this type of hope has a goal or purpose in mind. When an obstacle arises in the current pathway to his goal, he believes that he will find a pathway through or around the obstacle and that he has the ability and endurance to see the effort all the way through to realizing the purpose or goal. The agency and pathways abilities reinforce each other. Confidence in one's ability to respond to a challenge by identifying viable options for navigating through it makes it easier for that person to remain motivated and endure. The presence of strong motivation and capacity to endure provides more opportunity for finding a successful pathway when the early attempts fail.

The results of the numerous studies on the effects of this type of "hope" are striking and consistent. The cultivation of hope tends to aid the pursuit of a meaningful and productive life. A person strong in the application of hope tends to possess more optimism, better problem-solving skills, greater self-esteem, confidence, positive effect and more life meaning. He desires more control in his life and experiences less negative effect, anxiety and depression. Students and athletes with stronger hope characteristics tend to perform better in the classroom and on the playing field. The relationship with respect to academics holds up even when the results are adjusted to account for native intelligence, previous grades and entrance exams. The educational benefit of hope has been demonstrated at the grade school, high school and college levels.

A number of studies have focused on the effect of hope on health and well-being. Hope has been found to be significant in a person's ability to deal with health related setbacks such as severe arthritis, breast cancer, fibromyalgia, blindness, automobile accidents, spinal cord injuries, burn injuries, pain and asthma. A smoker who is higher in hope is likely to be less dependent on nicotine. A person who is higher in hope is more likely to adhere to a treatment regime or a lifestyle practices such as physical exercise that promote physical health and well-being.

See C. Berg, M. Rapoff, C.R. Snyder & J. Belmont, "The Relationship of Children's Hope to Pediatric Asthma Treatment Adherence," The Journal of Positive Psychology, Volume 2, Issue 3 July 2007 , pages 176 - 184; J. Cheavens, D. Feldman, A. Gum, S. Michael and C. Snyder, "Hope Therapy in a Community Sample: A Pilot Investigation," Journal for Social Indicators Research (2005) (pg.2);J. Magyar-Moe & S. Lopez, "Human Agency, Strengths Based Development, and Well-Being," Biennual Review of Counseling Psychology, Lawrence Erlbaum: Mahwah, NJ (pp. 7-8); S.Lopez, S. Rose, C. Robinson, S. Marques, & J. Pais-Ribeiro, "Measuring and Promoting Hope in Schoolchildren," Handbook of Positive Psychology in Schools, R. Gilman, E.S. Huebner, M.J. furlong, editors (Routledge 2009); K. Pulvers, L. Cox, S. Lopez, J. Selig & J. Ahluwalia, "Hope for Coping with the Urge to Smoke: A Laboratory-Based Study" The University of Kansas, December 2006, pg. 3462.

[5] Raymond A. Moody, Jr., *Laugh After Laugh: The Healing Power of Humor* (Headwaters Press 1978); Patch Adams, M.D. and Maureen Mylander, *Gesundheit: Bringing Good Health to You, the Medical System, and Society through Physician Service, Complementary Therapies, Humor and Joy* (Healing Arts Press 1998), 65 – 70; Larry Dossey, M.D., "'Now You Are Fit to Live': Humor and Health," *Alternative Therapies* 2, No. 5 (September 1996), 8 – 100; Mary P. Bennett, D.N.Sc., R.N., Jancie M. Zeller, Ph.D., R.N., F.A.A.N., Lisa Rosenberg, Ph.D., R.N. and Judith McCann, D.N.Sc., R.N., "The Effect of Mirthful Laughter on Stress and Natural Killer Cell Activity," *Alternative Therapies* 9, No. 2 (March/April 2003) (There was a significant increase in natural killer cell activity – an indication of improved immunity function – in women who watched comedy videos in a controlled study as compared to a control group who watched travel videos); Lee S. Berk, D.H.Sc., M.P.H., Stanley A. Tan, M.D., Ph.D, M.P.H., William F. Fry, M.D., Barbara J. Napier, B.S., Jerry W. Lee, Ph.D., Richard W. Hubbard, Ph.D., John E. Lewis, Ph.D., William C. Eby, M.D., Ph.D., "Neuroendocrine and Stress Hormone Changes During Mirthful Laughter," *American Journal of the Medical Sciences* 298, No. 6 (December 1989), 390 – 396 (mirthful laughter in a controlled study was found to effect physical changes that are supportive of the body's immune system); R. A. Martin, and H. M. Lefcourt, "Sense of Humor as a Moderator of the Relations Between Stressors and Moods," *Journal of Personality and Social Psychology* 45 (1983), 1313 – 1324 (presence of high level of humor found to effectively insulate study participants from deleterious effects of negative stress); Patty Wooten, B.S.N., R.N., C.C.R.N., "Humor: An Antidote for Stress," *Holistic Nursing Practice* (January 1996), 49 – 56, 49 (review of research indicating 'humor can stimulate the immune system, enhance perceptual flexibility, and renew spiritual energy").

[6] See, e.g., research collected and funded by A Campaign for Forgiveness Research at http://www.forgiving.org/default.asp.

[7] References to studies of the release method or technique can be found on the websites of companies that teach them. The Sedona Method, http://www.sedona.com/scientific-study, and The Release Technique, http://www.releasetechnique.com/scientifically-proven. The "release technique originated with Lester Levinson, a physicist and successful entrepreneur in 1952 when, at the age of 42, he developed a number of serious health problems. Told that he only had a few months to live, Lester began to seriously re-examine his life. He discovered that his happiness arose not from his material success, but from his capacity to love. His capacity to love, in turn, was hindered not so much by what happened to him, but rather by his own feelings and self-programmed tendencies to react to the events in his life. Once his anger, fear or other unhealthy reaction was triggered, he would have to suppress, vent or cope with it. Lester realized that these feelings and reaction tendencies were responsible for his poor state of physical and psychological well-being. He also realized that he had the natural ability to let these negative influences go so that he no longer had to suppress, vent or cope with them. He began releasing the internal fears, feelings or beliefs that triggered negative reactions, and ultimately fully recovered his health. Lester began to help other people achieve the same type of transformation in their lives. Over time, he formalized the technique into a system that could be more readily taught to others. Lester passed away in 1994, but he left behind a few books describing his approach to life and personal growth. Hale Dworskin and Lester Levenson, *Happiness is Free . . . and It's Easier than You Think!* (Sedona Training Associates 2001), 4 – 19; Lester Levenson, *The Ultimate Truth About Love & Happiness: A Handbook to Life* (Lawrence Crane Enterprises 2003).

[8] Bruce I. Doyle III provides a short, easy-to-understand introduction to working with thoughts in his book entitled *Before You Think Another Thought: An Illustrated Guide to Understanding How Your Thoughts and Beliefs Create Your Life* (Hampton Roads 1997). There is ample scientific research on the importance of monitoring the mind and keeping a positive, even optimistic perspective. See, e.g., Gillham, J.E. (Ed). (2000). The Science of Optimism and Hope: Research Essays in Honor of Martin E. P. Seligman. Radnor, PA: Templeton Foundation Press; Toshihiko Maruta, MD; Robert C. Colligan, PHD;

Michael Malinchoc, MS; Kenneth P. Offord, MS, "Optimists vs Pessimists: Survival Rate Among Medical Patients Over a 30-Year Period,"Mayo Clin Proc., vol. 75 (2000): 140-143 (pessimistic patients tracked over a 30 year period have a significantly higher mortality rate than more optimistic patients); and research posted on the University of Pennsylvania Positive Psychology Center, http://www.ppc.sas.upenn.edu/positivepsychologyresearch.htm.

[9] Tony Perry**, "**Yoga In Public Schools Is Not Religious Instruction, Judge Rules," *The Los Angeles Times* (published July 1, 2013), http://sharetwenty.com/?p=3597 (accessed November 23, 2013)

[10] http://www.challengesuccess.org/

[11] http://www.ppc.sas.upenn.edu/

[12] http://www.forgivenesseducation.org/

[13] http://www.challengesuccess.org/; http//www.forgivenesseducation.org/.

[14] http://www.forgivenesseducation.org/; http://www.corrymeela.org/.

[15] See C. Berg, M. Rapoff, C.R. Snyder & J. Belmont, "The Relationship of Children's Hope to Pediatric Asthma Treatment Adherence," The Journal of Positive Psychology, Volume 2, Issue 3 July 2007 , pages 176 - 184; J. Cheavens, D. Feldman, A. Gum, S. Michael and C. Snyder, "Hope Therapy in a Community Sample: A Pilot Investigation," Journal for Social Indicators Research (2005) (pg.2);J. Magyar-Moe & S. Lopez, "Human Agency, Strengths Based Development, and Well-Being," Biennual Review of Counseling Psychology, Lawrence Erlbaum: Mahwah, NJ (pp. 7-8); S.Lopez, S. Rose, C. Robinson, S. Marques, & J. Pais-Ribeiro, "Measuring and Promoting Hope in Schoolchildren," Handbook of Positive Psychology in Schools, R. Gilman, E.S. Huebner, M.J. furlong, editors (Routledge 2009); K. Pulvers, L. Cox, S. Lopez, J. Selig & J. Ahluwalia, "Hope for Coping with the Urge to Smoke: A Laboratory-Based Study" The University of Kansas, December 2006, pg. 3462.

[16] Association for Mindfulness in Education, http://www.mindfuleducation.org/mindfuleducationprograms.html;Mindful Schools, http://www.mindfulschools.org/; Holistic Life Foundation, http://hlfinc.org/; Mindfulness in Schools, http://www.mindfulschools.org/; Minds Incorporated, http://mindsincorporated.org/ ; MindfulNet.org, http://www.mindfulnet.org.

[17] References to studies of the release method or technique can be found on the websites of companies that teach them. The Sedona Method, http://www.sedona.com/scientific-study, and The Release Technique, http://www.releasetechnique.com/scientifically-proven.

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