

A Well-Being Approach to Human Rights:

Broadening the Recovery Paradigm.

Employing “Happiness” for Optimising Post-Traumatic Growth
and Resiliency After Adversity.

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THESIS ABSTRACT

This paper analyses how “happiness” can prove useful in providing solutions to resiliency, post-traumatic recovery, and access to a broader range of human rights.

It argues for the importance of a paradigm shift away from traditional aid responses embedded in “illness models,” driven by negative symptom elimination. This narrow approach may inhibit recovery and fails to recognise two things. First, that rights to mental and social well-being are not merely the absence of disease or infirmity. And second, that a broader range of post-traumatic outcomes may also include higher levels of functioning and resiliency. These oversights can impede progress in many life domains, interfering with enjoyment of a range of human rights.

The paper explores what we know about interconnected variables for happiness and post-traumatic growth outcomes, and how a model acknowledging peoples’ strengths, goals, and values can be supported through creatively adapting “happiness” intervention strategies. A programme application is proposed for a women’s refugee trauma group in Africa. The conclusion is that a broadened approach incorporating happiness and well-being, may yield more advantageous gains for psychological and social reconciliation due to an interruption in people’s “life-plan.”

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CHAPTER 1: INTRODUCTION

If there should be one important thing in life, it has probably to be happy. Nothing seems so intuitively essential. This importance is not restricted to the private sphere. It is a collective affair too. Over the last thirty years, studies have blossomed in attention, quantity and granularity, and psychologists are providing new research to the nature and strategies of *happiness*, life-satisfaction and subjective well-being. In the iconic words of Tenzin Gyatso, the 14th Dalai Lama and Nobel Peace Prize Winner:

From the moment of birth every human being wants happiness and does not want suffering. Neither social conditioning nor education nor ideology affects this. From the very core of our being, we simply desire contentment. Therefore, it is important to discover what will bring about the greatest degree of happiness.¹

When so much suffering and adversity exists in the world, is it possible to make meaningful advancements in the promotion of human happiness?

Traumatized people and communities can be free of the adverse conditions, unfortunately an interruption of their *life-plan* means they may continue to experience negative effects like lower states of well-being, unsatisfactory social and personal relationships, and apathy towards goals and activities. In gravely effected areas, collective and national psyches tend to be felt like an omnipresent leaded-blanket, and persist long after the adverse events have subsided. Even when members of the community are able to return to quotidian routines, the sense of vulnerability, despair, sadness, anger and engagement in numbing behaviours can linger as unresolved. So is it conceivably fair or moral to simply ameliorate and remedy the injustices in an aim to return to the status quo? If the focus is limited solely to symptom elimination, this narrows the possibilities and knowledge about resilience and potentials for realising a full range of human rights. In order to give people and communities a fighting chance, to lift the enshrouding despair, preventative measures against trauma and adversity is but the first step. And when others cause the trauma, there is still more than punishing these perpetrators and compensating the victims. If we are to move towards restoration

¹ His Holiness The 14th Dalai Lama of Tibet, available at <http://dalailama.com/messages/compassion> (consulted on 13 June 2012).

of dignity and optimal happiness, we must expand and change the goals for which we are aiming towards.

What would it look like if the bar was raised and recovery goals' aim shifted towards creating greater levels of well-being? Would there be new opportunities for happiness, resiliency and positive recovery? Rather than simply bridging these together, their combined efforts may have synergistic benefits for those in most need.

1.1 RESEARCH QUESTIONS AND AIMS

The main hypothesis of the thesis is that investigating happiness can prove useful in providing solutions to resiliency, post-traumatic recovery, and therefore access to a broader range of human rights. Focusing on variables present in happy people and their overlap to positive post-traumatic outcomes, the central question is:

When adversity and gross human rights violations have the power to produce widespread psychological, social and physical devastation, how might we employ “happiness” and well-being for more positive post-traumatic growth potentials?

Exploring these newer ideas and research, exposes dignified and greater potentialities. While successful recovery has the potential to lead to happiness, *happiness* may lead to more successful modes of recovery and higher level of functioning. Thus a fulfillment of well-being and promotion of happiness may be understood as developing capacity and capabilities beneficial in the enjoyment of a range of human rights.

The hope is that the contents of this thesis will do two things. First, to illuminate the potentialities of happiness based approaches, particularly for vulnerable people, in post-traumatic outcomes. And additionally, to act as inspiration and guidance to adaptively implementing happiness based approaches to a range of programmes - *Supporting Transformational Change*,² to all people and communities.

² Email from Olav Kjørven, Assistant Secretary-General, United Nations Development Programme, on initiatives in a drive to support transformational change that raise living standards for all, 23 November 2011.

1.2 WHY IS HAPPINESS IMPORTANT?

There is value in a visionary approach to studying happiness, well-being and broader issues of collective wellness of humanity. While there is no denying that people and communities experience adverse consequences and suffering from trauma, there is a growing body of evidence suggesting alternative positive post-traumatic outcome potentials. The problem is current recovery programs and reconciliation policies are working from a standard ideology that endeavours to reduce or alleviate misery, adverse conditions and harm whilst ignoring greater potentials for building resiliency, social support, happier, stronger, healthier people and communities.

What is needed is an approach that assimilates knowledge that both negative ills and positive growth are real possibilities. This broader and more holistic understanding of what it means to be human, can determine how we create programmes and select which projects can be most beneficial in supporting and aiding individuals and communities for the better, particularly those who have been devastated from trauma, catastrophe and gross human rights violations.

What will be demonstrated is how this evidence on happiness, resiliency and post-traumatic recovery can be valuable in optimising how we go about interacting and working with people, communities and the policies and programmes created for them.

1.3 METHODOLOGY

The framework of the thesis will consist of theories in happiness, clinical research and case studies, and will be interdisciplinary in nature, mostly drawing upon psychology (sociology, anthropology and political science to a lesser degree). A deductive method will be used to expand the value of these findings, to adaptive recovery approaches in other multi-cultural contexts. Both the inherent strengths and weakness in application in addition to what role they perform in enabling greater outcomes for vulnerable people and greater humanity will be explored.

While happiness is a valuable human need and right, standing alone, as the key objective is insufficient. To just be happy in the face of devastation, crisis, threats to life

and lively-hood, sub-standard living conditions, inequality etcetera. No matter what benefits can be created out of adverse situations, the trauma caused by violations or disasters, poverty or discrimination, whether manmade or natural, are inherently bad. A foundation acknowledges that victims are likely to need a broad range of rehabilitation services including, medical, psychological counselling, social reintegration, legal aid, and more.

This paper acknowledges that other valuable scholarship and provisions of justice, particularly when the traumas were due to gross human rights violations, takes on many forms, and are important ingredients in recovery. Beyond the scope of this paper however, are the moral and judicial imperatives to take preventative and progressive measures to prevent violations and disasters wherever possible. The thesis will depart from the understanding that minimum, essential developmental human needs, securities and protections of universal human rights must be provided for before beginning to move forward with this research. The paper's attention will predominantly be paid to the psychological and social components. In this research, it is assumed that a core ethical principle is the belief in fellow human beings and the benefits of happiness as a fundamental human goal. From this perspective, a scope of current findings will be discussed in the light of inherent universal values for happiness and mental health with an attempt to maintain cultural sensitivities.

Secondary sources, (academic literature and peer reviewed journals) ranging from theory, interpretation of empirical findings, clinical trials and case studies, are the main sources of information. Primary sources (original studies, seminal work) were identified and used considerably. Firsthand experience working with vulnerable populations and group-counselling techniques have influenced some interpretations, analysis and adaptive approaches. Legal texts and international agenda policies are used to a lesser degree.

1.4 OUTLINE

The thesis will begin (in Chapter two) by pointing to connections between this paper's aim and the goals and instruments laid down by international human rights. Policy acknowledges that the pursuit of happiness is a fundamental human goal. When

it comes to mental health, international standards call for the “highest attainable standard.” And thirdly, there are outlined provisions of reconciliation processes for psychological for victims of gross human rights violations. Knowing where happiness and growth are connected to current policies and rights, can act as a basis for programme implementation.

Next, chapter three will describe and give anecdotal examples of post-traumatic growth and resiliency outcomes. It will review and contrast the current ‘illness ideology’ approach to recovery to an expanded recovery paradigm based on acknowledging potentials for wellness and strength. These two very different models shape the way we approach and implement programmes for those in most need.

Chapter four will attempt to untangle the broad array of working definitions associated with notions of *happiness*, by outlining a three-tiered proposal. After defining levels of happiness, further external elements influencing what creates a “good life,” from convergent scholarship will be explored. Further overlapping variables correlated with both happiness and positive post-traumatic growth will be analysed.

Chapter five discusses various *happiness* intervention techniques and concepts being assessed in clinical research and field settings. Deductive evaluation will identify some potential benefits and limitations if applied to multi-cultural and variable trauma recovery scenarios.

Chapter six, takes a field case report derived from a women’s refugee trauma recovery group in South Africa, and demonstrates how these happiness increasing intervention strategies can be creatively adapted for implementation in a real-world setting. Specific case weaknesses and general limitations will be identified.

And finally, the conclusion will summarise what we know, how a broadened paradigm can be of benefit, and where to go from here.

CHAPTER 2: A HUMAN RIGHTS FRAMEWORK FOR HAPPINESS

Validations for employing happiness and methods for positive recovery potentials are probably best noted from three human rights standpoints.

2.1 HAPPINESS AS CONDUIT TO OTHER HUMAN RIGHTS

The first is seen in from the Commission of Human Rights Resolution 2002/31, UN thematic special procedures mandate for mental health. The mandate states, to focus on the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health”³ and is further reflected in numerous international standards.⁴ Here, the key is the “highest attainable standard.” A broadened recovery paradigm may be a more effective way to realise this goal.

Secondly, there are the intrinsic rights to pursue happiness as a fundamental goal, and the recent international attention to integrate “Happiness,” into human rights development programmes, because its aspiration embodies the spirit of the advancement and social progress of all people.⁵

Both mental health and happiness are likely to be hampered in a variety of adverse situations. Consequences extend from intentional violations to natural disasters, social conditions, access to support services, aid and much more. And intrinsic aspects of happiness and well-being are already included within globally recognised human rights goals.⁶ So when we identify adversity and the realisation of rights, it can be seen to have implications on happiness and vice-a-versa.

The most notable international attention and developments, to include happiness into human rights goals and policy, have emerged just recently. The UN General Assembly

³ UN Human Rights Overview of Mandate resolution 2002/31 available at

<http://www.ohchr.org/EN/Issues/Health/Pages/OverviewMandate.aspx> (consulted on 03 July, 2012).

⁴As reflected in article 25 (1) of the Universal Declaration of Human Rights (UDHR), article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), article 24 of the Convention on the Rights of the Child (CRC) and article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as on the right to non-discrimination as reflected in article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). Available at

<http://www.ohchr.org/EN/Issues/Health/Pages/InternationalStandards.aspx> (consulted on 03 July, 2012).

⁵ United Nations, Happiness: towards a holistic approach to development, A/RES/65/309, 19 July 2011, available at <http://daccess-ods.un.org/TMP/5916877.38895416.html> (consulted on 6 May 2012).

⁶ Notably The Universal Declaration of Human Rights; International Covenant on Economic, Social and Cultural Rights & Declaration on the Right to Develop 1986, particularly arts. 4.2 & 10.

unanimously adopted Bhutan's proposal to include happiness as the Ninth Millennium Development Goal (MDG) on 19 July 2011.⁷ As a result, UN Resolution 65/309⁸ acknowledges that the pursuit of happiness is a fundamental human goal and that its aspiration embodies the spirit of the MDGs. It goes on further to invite "Member States to pursue the elaboration of additional measures that better capture the importance of the pursuit of happiness and well-being in development with a view to guiding their public policies...[and]...seeks the view of Member States and relevant regional and international organizations on the pursuit of happiness..."⁹

In response to the General Assembly's mandate, global experts on well-being and happiness studies formed their insights in the first World Happiness Report¹⁰ for the UN Conference on Happiness this year. Scholars convened for a special workshop, exchanging insights and further information a day before the UN conference. The comprehensive report, combines insight from both academic and policy-oriented research and answers many of the concerns about whether happiness can be measured in a tangible way, as well as suggestions for how to implement well-being into public policy. As a result Bhutan has given an example of how they've broadened their base pillars in order to create a wide understanding and holistic approach to these goals. They've taken their concept of Gross National Happiness (GNH) and extended it to include psychological well-being, health, education, time use, cultural diversity, resilience, good governance, community vitality, ecological diversity and living standards.

2.2 RIGHT TO RECONCILIATION: RESTORATION OF "LIFE PLAN"

The third place connecting happiness-based recovery can be seen through the clear provisions outlined for victims of gross human rights violations. Most international and regional human rights conventions and humanitarian law treaties have been providing for a right to a remedy. The United Nations (UN) Resolution 60/147: Basic Principles

⁷ Gross National Happiness Commission 'Happiness – is now the 9th Millennium Development Goal' available at <http://www.gnhc.gov.bt/2011/07/happiness-%E2%80%93-is-now-the-9th-millennium-development-goal/> (consulted on 06 May 2012).

⁸ United Nations, Happiness: towards a holistic approach to development, A/RES/65/309, 19 July 2011, available at <http://daccess-ods.un.org/TMP/5916877.38895416.html> (consulted on 6 May 2012).

⁹ *idem*.

¹⁰ Helliwell, Layard & Sachs (eds), 2012.

and Guidelines on the Right to Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and serious violations of International Humanitarian Law, adopted by the General Assembly in 2005, recalls "the provisions providing a right to a remedy for victims of violations of international human rights law..."¹¹

The general response to gross violations of human rights is that trauma work is the beginning of "reconciliation" work.¹² These guidelines are outlined in resolution 40/34: Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. Within its provisions, Annex A.4 on victims of crime states "victims should be treated with compassion and respect for their dignity..."¹³ and that the access to justice and fair treatment in Annex A.5 includes "expeditious development of appropriate rights and remedies for victims."¹⁴ Further victim assistance is outlined in Annex A.14 to 17, "remedies should include restitution and/or compensation, and necessary material, medical, psychological and social assistance..."¹⁵

There is clearly no contention of remediation and recovery for victims of gross human rights violations. What constitutes obligations for the extent of psychological and social rehabilitation and recovery I believe can best be captured within two

¹¹ In particular, international human rights laws can be found in article 8 of the Universal Declaration of Human Rights, article 2 of the International Covenant on Civil and Political Rights, article 6 of the International Convention on the Elimination of All Forms of Racial Discrimination, article 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and article 39 of the Convention on the Rights of the Child, and of international humanitarian law as found in article 3 of the Hague Convention respecting the Laws and Customs of War on Land of 18 October 1907 (Convention IV), article 91 of the Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) of 8 June 1977, and articles 68 and 75 of the Rome Statute of the International Criminal Court. International human rights regional conventions in particular article 7 of the African Charter on Human and Peoples' Rights, article 25 of the American Convention on Human Rights, and article 13 of the Convention for the Protection of Human Rights and Fundamental Freedoms, from Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, Adopted and proclaimed by A/RES/60/147, 16 December 2005, available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N05/496/42/PDF/N0549642.pdf?OpenElement> (consulted on 07 February 2012).

¹² United Nations, Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power A/RES/40/34, 29 November 1985 <http://www.un.org/documents/ga/res/40/a40r034.htm> (consulted on 02 July 2012).

¹³ *idem*.

¹⁴ *idem*.

¹⁵ *idem*.

standards. First, is from the positive dimension of mental health stated within the preamble to the Constitution of the World Health Organization (WHO). Their definition states “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹⁶ Most recovery and aid programmes, at best, look towards symptom elimination and continue to view people and communities through the lens of “damage” and “victim” status. By the WHO’s own definition, this would not constitute health and therefore falls short of true recovery.

The second notion I believe more accurately identifies the extent of repercussions a person or community suffers from the legal point-of-view. The Inter-American Court of Human Rights has recognised compensation obligations for an interruption of “life plan.”¹⁷ The notion is that damage has been made to a victim’s options in how they choose to live their life and pursue goals. The connection to the further realisation of rights is articulated when international human rights law professor Ben Saul says “life plan is a manifestation of freedom, since an individual is not truly free if he does not have options to pursue in life.”¹⁸ Depression and lowered affect, frequently has the consequences of lowering motivation. Therefore, psychological freedom, and access to pursue options is hampered if someone is not happy.

Therefore, damages to a person’s “life plan,” or “proyecto de vida,” is separate from other special or consequential damages.¹⁹ In the case of *Loayza vs. Peru*, the Court specifies that the measures and obligations need to take into account that the:

So-called “life plan,” deals with the full self-actualisation of the person concerned and takes account of her calling in life, her particular circumstances, her potentialities, and her ambitions, thus permitting her to set for herself, in a reasonable manner, specific goals, and to attain those goals.”²⁰ And further “implies the loss or severe diminution, in a manner that is irreparable or reparable only with great difficulty, of a

¹⁶ United Nations World Health Organization, Preamble to the World Health Organization Constitution, available at http://www.who.int/governance/eb/who_constitution_en.pdf (consulted on 01 July 2012).

¹⁷ *Loayza Tamayo Case*, Reparations, Judgment of Nov. 27, 1998, Inter America Court of Human Rights (Ser. C) No.42, para. 153, 1998, available at <http://www1.umn.edu/humanrts/iachr/C/42-ing.html> (consulted on 1 July 2012).

¹⁸ Saul, 2003, pp. 523-585.

¹⁹ *Loayza Tamayo Case* Reparations, Judgment of Nov. 27, 1998, Inter America Court of Human Rights Article 63(1) (Ser. C) No.42, para. 117 (*infra* 144 *et seq*), 1998, available at <http://www1.umn.edu/humanrts/iachr/C/42-ing.html> (consulted on 1 July 2012).

²⁰ *idem*. para. 147.

persons prospects of self-development.²¹

In this way, the court is trying to approximate the ideal of *restitutio in integrum*,²² a return to the victim's original state or status quo. I would argue, from a psychological and social point of view, employing happiness could be seen as a therapeutic equivalent to *restitutio in integrum*, by allowing someone greater access to self-development, self-actualisation, and freedoms necessary to restore their life plan.

A combination of victim's rights, along with the global communities renewed attention for integrating happiness, can be a useful springboard in which to move forward.

²¹ idem. para. 150.

²² idem. para. 151.

CHAPTER 3: POST TRAUMATIC OUTCOMES AND TREATMENT

Though much of the recent scholarship on post-traumatic growth has stemmed from the academic branch of *positive psychology*, the idea of growth after adversity is not a new phenomenon or solely an occidental one. It is found in many cultures, traditions, philosophies and religions around the world. For example, a popular 12th century Tibetan Buddhist slogan states, “When the world is filled with evil, transform all mishaps into the path of bodhi (awakening).”²³ This traditional mind training practice offers a perspective on healing rather than just fixing or “cleaning up” the problem.

It would behoove us to acknowledge the multi-dimensional nature of people’s experiences. Even though growth can be seen to exist universally, the specific benefits a person or community may receive from grappling with the traumas may be different not only from culture to culture, but also from person to person. The spectrum of variables befitting resiliency and growth are not a one size fits all or a definitive checklist, but rather a convergence of core findings from various bodies of research and literature which I will be exploring here.

3.1 POST TRAUMATIC OUTCOMES:

3.1.1 ANECDOTAL ACCOUNTS OF GROWTH

“On the occasion of every accident that befalls you, remember to turn to yourself and inquire what power you have to turn it to use.”²⁴ Epictetus 60-120 A.D.

There are a wide range of outcomes, coping behaviours and experiences from trauma survivors. Many are frozen and do not recover while others appear to bounce back quickly or even flourish. Documented stories of growth show anecdotal and clinical accounts from those who have endured trauma and adversity, reporting afterwards that their views of life and themselves have changed, often in profound ways.²⁵ Cases have

²³ Chödrön, 2006, quoted from audio lecture.

²⁴ Epictetus quoted by Paton, 2006, p. 227.

²⁵ Joseph & Linley, 2008; Wilson, 2006.

been collected from Holocaust survivors, war conflict, victims of torture, ethnic cleansing, genocide and those who've encountered horrific life threatening trauma, and even death. Each of these categories shows occurrences of people going on to live healthy and productive lives. Their accounts, contrasted to other stories of debilitation, have attested to experiences of stepping back, changing priorities in life, reconstructing values and undergo an unloading of non-essentials and superfluous materials and patterned ways of living.

Though they may not directly know about the concepts of post-traumatic growth, the following stories of women from around the globe, capture transformational processes:

A recent interview, from the subject in perhaps one of the most infamous black and white war photos, "The Napalm Girl" capturing a young Vietnamese girl in agony, burned, crying and running down a village path demonstrates an alchemical processing of potentials after adversity. The now fully-grown woman, wife and mother Kim Phuc Phan stated with an authentically optimistic tone and expression, "I am so proud of that picture, and I consider it a powerful gift for me, to use that to work for peace. I can tell people how beautiful world can be, if everyone can learn how to live with love, with hope, and with forgiveness."²⁶ Though she had many difficult years, recovering both physically and psychologically, she transformed her experience and went on to be a UNESCO ambassador and activist for young victims of conflict.

In a European Court of Human Rights case, Kurdish female activist, Nebahat Akkoç was awarded compensation from Turkey for being tortured by police and the death of her husband.²⁷ She used both her struggle to find greater purpose after the trauma along with the compensation to open a non-governmental organisation called KaMer – a women's centre to stop intrafamilial violence. "People trust me. They know that I am one of them...I became a feminist very late in life. That's why I am always running

²⁶ Aljazeera, available at <http://www.aljazeera.com/news/asia-pacific/2012/06/2012686934226968.html> (consulted on 08 June, 2012).

²⁷ European Court of Human Rights, AKKOÇ v. TURKEY Judgment Strasbourg, Applications nos. 22947/93 and 22948/93, 10 October 2000 available at http://www.iidh.ed.cr/comunidades/libertadexpresion/docs/le_europeo/akkoc%20v.%20turkey.htm, (consulted on 05 July 2012).

around like I am in a marathon.”²⁸ She has become a prominent Kurdish feminist activist and was named Time Magazine’s Heroine of the Year in 2003.²⁹

But not all cases gain such prominent recognition. And though not honoured with high awards, there are also examples of resiliency from people and groups surviving the atrocities of traumatic situations, where they simply go on to create satisfying lives.

The women from a particular study³⁰ of 30 Central American refugees from Guatemalan and El Salvadorian suffered multiple forms of victimisation of war traumas such as physical violence, domestic violence, rape, witnessing torture of loved ones, family members murdered or kidnapped, government impunity of perpetrators, lack of food, water and medical treatment, brainwashing, combat situations, isolation, all before having refugee status in The United States. Even though they were able to accurately recount the degree of victimisation they’d experienced (further showing that they weren’t just repressing their experiences), they remained highly resilient on multiple domains. They shared experiences and feelings about the difficulty and traumas, and also reported seeing how they’ve been provided with great new opportunities like education, greater control over important decision making choices, independence, sense of security, and getting away from oppressive conditions and abusive partners. One of the women in the study communicated, “Had I stayed in my country I would have led a life of misery and poverty. I would not be able to be independent and provide a safe place for my children. Here I was even able to get a degree.”³¹ And despite the monumental obstacles and traumatic experiences many of these women articulated, “their new life has also meant new opportunities and the equally new experience of personal safety.”³²

In all these cases, the women come from different regions around the world, cultures, ages at time of violation, religions, education levels, social groups and more. But they also had one crucial commonality. Their opportunities in their life circumstances after the trauma could not have been made possible without security,

²⁸ Kiliç, 2010, p. 62.

²⁹ idem. p. 61.

³⁰ Radan, 2007, pp. 147-164.

³¹ idem. p. 52.

³² idem.

support and access to a fully range of basic human rights. For Kim Phuc Phan it was medical care and 20 years later become an adult refugee when she fled to Canada with her husband. For Nebahat Akkoç, though she still faced obstacles and harassment, she received court justice in the form of legal acknowledgement and financial compensation. And for the Guatemalan refugees, in addition to security of lives free from harm, they found greater economic, social and cultural benefits in their new surroundings that wouldn't have been possible in their previous homes, regardless of traumatic circumstances.

3.1.2 DESCRIBING RESILIENCY AND GROWTH

Predictability, not all victims show resiliency or rise up turning their adversity into such a display of growth. As mentioned, there are a wide range of outcomes and responses to trauma and adversity. I will illustrate three frequently experienced responses in an innocent anecdotal story of a jogger having unwanted buckets of paint thrown on them as they run by. In the first, in which an individual would be completely debilitated by the event, the jogger may be so overwhelmed that they not only come to a complete halt, but they completely collapse, sit on the curb or hide, humiliated, frightened, impaired on many levels and unable to ever jog again. The second scenario, a resilient individual would be like the jogger, who may also be weakened at first, but they differ because they are able to rebound quickly, wipe the paint out of their eyes, clean their clothes off and return to jogging once more. In the last scenario, an individual experiencing growth from such an event would be liken to the jogger who, though shocked like the others and perhaps also brought to a complete halt, goes onto see the opportunities in the new colours and creates a social movement and mural with the excess paint and realises they didn't actually like jogging very much, and found their true calling as a painter. The stories exaggerate to expressly distinguish the conceptual properties amongst the points.

So from a clinical perspective, what is resiliency and adversarial growth? Though some research would lump them together, they have separate characteristics that are worth noting. *Resilience* is when an individual appears to “bounce back” while appearing to have little or no adverse repercussions due to an event. This is likely

because the individual is able to mobilise multidimensional resources, which appeared before the trauma took place, and flexibly adapt to the changing demands of the stressful experience. Properties existing before a trauma appear to make the difference in creating a resilient person. These properties also appear to be similar to what positive intervention strategies are trying to replicate in order to allow for growth.

And though resilient individuals are characterised by high positive emotionality,³³ this does not mean that the individual has not been traumatised, as research suggests someone can be both resilient and distressed, exhibiting strengths in some domains and impairments in others.³⁴ In a case looking at tortured Palestinian political prisoners, their persistence and belief in justice seemed to determine their extraordinary resilience and commitment.³⁵ Their empowering narratives, shared emotional expressiveness and spirituality related to their opportunities for strength. At the same time, they also showed negative consequences of emotional disturbance and symptoms of Post-Traumatic Stress Disorder (PTSD).³⁶

Being highly resilient doesn't mean a better chance of post-traumatic growth. Highly resilient people may actually experience less growth because they have more effective coping that helps them "bounce back" to previous functioning. By contrast, those with less coping skills may experience more gains amidst psychological struggles and see new opportunities for change.³⁷

The next deals with the notion of "growth," which has a plethora of theoretical terms depending on the theorist and lineage,³⁸ and has to do with those who seem to not just survive, but also thrive after their ordeals. Adversarial, or post-traumatic growth (PTG) is further defined as "the process of struggling with adversity that changes may

³³ Tugade & Fredrickson, 2004, p. 325.

³⁴ Radan, 2007, pp. 149; Harvey, 2007, pp. 14-16.

³⁵ Kiliç, 2010, p. 31.

³⁶ PTSD is a psychiatric diagnosis from the Diagnostic Statistical Manual (DSM) with specific presenting symptoms of anxiety after an individual has experienced or witnessed a traumatic event involving threat of injury or death. For more on PTSD, see American Psychiatric Association, Task Force on DSM-IV, 1994.

³⁷ Tedeschi & McNally, 2001, p. 20.

³⁸ Other common terms currently in clinical use are: benefit finding, flourishing, thriving, heightened existential awareness, perceived benefits, positive adaptation, positive adjustment, positive by-products, positive changes, positive meaning, quantum change, self-renewal, stress-related growth, thriving, transformational coping.

arise that propel the individual to a higher level of functioning than that which existed prior to the event.”³⁹ This manifestation of positive changes arises from struggling to overcome the devastation of the trauma and is not to be confused from experiencing the trauma itself. This is a transforming of the post-traumatic experience. When this paper refers to “adversarial growth” or “PTG”, it is not done to imply sole alignment with any particular lineage of study, but rather uses them as conceptually encompassing terms for outcomes of growth.

Culture also plays a significant role in what’s perceived as stressful, a trauma, ways to cope and how to transform it. PTG seems to present both universal and culturally specific characteristics. While reviewing case studies on PTG from around the globe, many were seen to have some universally significant traits.⁴⁰ Some of these will be explored in the next chapter.

3.2 MODELS OF RECOVERY:

3.2.1 THE “ILLNESS IDEOLOGY”

A lot of research can be found in ‘traumatology’ - on helping individuals deal with traumatic life events. But the research and literature on facilitation of growth following adversity is still fairly new and not yet widely integrated into programmes of recovery.

Unfortunately, what these recovery programmes still too often rely on is the “illness model,” an ideology and doctrine, focussing on disease and symptom reduction, in order for the victim to be integrated back to “normal.”⁴¹ In the Diagnostic and Statistical Manual of Mental Disorders (DSM IV),⁴² they suggest “recovery” from PTSD usually implies that symptoms have dissipated, or at least no longer produce overt disruptions in quotidian functioning.

³⁹ Linley & Joseph, 2004, p. 11.

⁴⁰ Weiss & Berger, 2010, pp. 15-173.

⁴¹ Maddux, 2008, pp. 56-57, Radan, 2007, p. 147, Wilson, 2006, p.5.

⁴² American Psychiatric Association, Task Force on DSM-IV, 1994. pp. 464-471.

According to WHO's definition of what constitutes health⁴³ and what I would argue are also allowances for an interruption of one's "life plan,"⁴⁴ these are not satisfactory measures. When an individual no longer has overt symptoms, they are likely suffering from residual effects and have impaired opportunities. Symptom elimination (and for many they don't even get that) does not reflect truly recovered, healthy, thriving people. Being free from the adverse events they've encountered is not allowing them to engage in full benefits and range human rights.

The language used and questions asked in the field, have a fettered tendency towards the illness model of recovery. Terms such as disease, disorder, symptom, illness, diagnosis, patient, treatment, pathology, co-morbidity are still prevalent and tells us what helping professionals should direct their attention to. Beyond just the model is the ideology, which backs the research and treatment, and "dictates that the focus of our attention should be disorder, dysfunction, and disease rather than health. Thus it narrows our focus on what is weak and defective about people to the exclusion of what is strong and healthy,"⁴⁵ and fails to take into account the resiliency and adversarial growth exhibited by some people and communities.

What researchers at the International Policy Institute of War Studies Group at King's College London suggest, is "the need for an approach that clarifies people's values rather than emphasising their vulnerabilities."⁴⁶ When applying their statement to case examples, instances can be found in which victims are sending messages that they want to stop being treated like sick victims. What they want is honouring of their values by treating them with greater dignity, capable and wanting happiness and well-being. For example, a report on refugees regarding the implementation of psychosocial trauma counselling found, "greatly appreciated in emergency situations, instead [was], practical

⁴³ See Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 and entered into force on 7 April 1948. Available at http://www.who.int/governance/eb/who_constitution_en.pdf (consulted on 01 July 2012).

⁴⁴ Loayza Tamayo vs. Peru, Case Reparations, Judgment of Nov. 27, 1998, Inter America Court of Human Rights Article 63(1) (Ser. C) no. 42, para. 144-154, 1998, available at <http://www1.umn.edu/humanrts/iachr/C/42-ing.html> (consulted on 1 July 2012).

⁴⁵ Maddux, 2008, p. 56.

⁴⁶ Durodie & Wessely, 2002, p. 1901.

assistance and any personal instances of friendliness, kindness or consideration by individual aid workers that recognise them as fellow human beings.”⁴⁷

The illness model and terminology can also be inadequate and culturally inappropriate in addressing well-being of people. While reading a field report⁴⁸ from an African women’s refugee, reconciliation, support group, that largely employed traditional recovery tactics, I noticed a couple of indicators. The first is that the women asked to rename their group from “trauma group,” to “furaha,” which means *joy* in Swahili. Trauma counselling and even the label of trauma can be quite stigmatising for many. In this way, they were shifting away from the illness label, and expressing their desire to pay tribute to the value of the good experiences and things they had or have in their lives. Second, even though the therapists running the group suffered from low-energy and burnout themselves (frequently seen by practitioners, particularly those working from illness models of recovery),⁴⁹ they were surprised at some of the happy moments generated from within the group. This was due to many contributions initiated from the group members, which centred on cultural celebrations, recounting stories from home and what’s important to them, prayers and poems. And lastly, when they had a clay project in which each woman made their own figurine, “the women insisted on putting their symbols together into a group picture of love, life and hope.”⁵⁰ Unfortunately, if helping professionals aren’t looking for or expecting this amongst other stressors, their own state of mind can set a stymied tone.

3.2.2 A WELLNESS AND STRENGTHS APPROACH TO RECOVERY

Broadening the paradigm to include new intervention strategies for resiliency and growth after adversity is not a complete abandonment of previous science and methodologies, though it is a distinctly different approach. The goal is based in a right to health and well-being, and is already clarified as more than solely eliminating negative symptoms and psychological malfunctions.

⁴⁷ Pupavac, 2004, p. 499.

⁴⁸ Ley, 2006, pp. 1-6.

⁴⁹ For more on the negative effects of trauma work and burnout on practitioners, see Larsen & Hundall Stamm, 2008, pp. 275-293.

⁵⁰ Ley, 2006, p. 5.

There are a number of reasons why integrating this new conceptual framework could be important from a clinical recovery perspective. “Our actions are governed, not by reality, but by inner model of reality.”⁵¹ When helping professionals are only focussing on negative responses of trauma and an assumption that victims will forever have an interruption of their life-plan, this can lead to a biased interpretation of post-traumatic responses. If the paradigm on recovery is broadened, this will become the new lens from which recovery experiences are perceived and allow for a comprehensive recognition of both negative and positive consequences.

As witnessed in the illness model, simply alleviating post-traumatic symptoms does not mean growth is occurring. However, post-traumatic growth acts to promote post-traumatic adjustment, alleviate stress, enhance social relationships and be predictive of higher emotional and physical adjustment in the long run.⁵² And there is already convincing anecdotal and empirical evidence showing positive changes and growth can follow adversity. Therefore, providing hope that trauma can be overcome or even alchemised, is just one aspect of how happiness approaches benefit people and communities towards dignified realities and human rights.

Valuable, are clinical strategies that support desirable outcomes of either resiliency or growth. Both are legitimate goals because they allow for psychological reparations due to an interruption of life plan, promote advancement and progress of vulnerable people and further enable the realisation of a spectrum of human rights.

⁵¹ Penn & Malik, 2010, p. 666.

⁵² Joseph & Linley, 2006, pp. 1042-1047; Kashdan, Uswatte & Julian, 2006, p. 178 & Linley & Joseph, 2004, pp. 11-19.

CHAPTER 4: INTERVIEWING HAPPINESS, A COHORT OF WELL-BEING

Before starting to employ *happiness* for growth and resiliency, it would be helpful to take a closer look at its resume and scorecards from its major employers. Like any good resume, it has many strengths and capabilities as well as limitations of application. The difficulty is that the word *happiness* can be ineffectual because it is so elusive, broad and complex. It's employers, or researchers, psychologists and theorists have been using some overlapping working definitions on *happiness*, or which I will also frequently refer to as *well-being* to imply similitude. And though there is no universal agreement, this does not negate its potentiality. Therefore, the definitions adopted here are helpful for the specific tasks this paper sets out to do and conclude.

4.1 DEFINING HAPPINESS

There is a convergence of multidimensional frameworks on happiness. Aside from the culturally variant sources and means, from a very theoretical standpoint, the “ultimate state of life and the inner, positive nature of experience”⁵³ can be seen in both western and eastern valued concepts of happiness. Though this definition is broad enough to capture a full spectrum of variances without becoming a moralising or too ideological one, we can still afford to be a bit more pedantic.

A slightly measurable concept from positive psychology practices suggests, “happiness is essentially, an internal state that represents a variety of subjective evaluations about the quality of one’s life, broadly defined.”⁵⁴ And whilst this still remains simplistic, there is value on how theory and data driven research paradigms serve as compliments to one another. Therefore both definitions together stand as placards from which to move forward, and a closer and flexible look can capture happiness’s greater potentiality, whilst balancing a cultural sensitivity vision.

⁵³ Lua & Bin Shiha, 1997, p. 184.

⁵⁴ Biswas-Diener, Kashbanb & King, 2008, p. 221.

4.1.1 THE THREE TIERED STRUCTURE OF HAPPINESS

Philosophers and scholars frequently classify variations of happiness within two to three different levels, each with overlapping effects from one to the next, and in some instances working in tandem with cross-benefits. It may be useful to look at three levels of happiness like the development in an educational system from primary, secondary to upper divisions. Within the levels are ranges of subjects, and the higher-levels receive what's been transferred to them and further adds on.

The three-tiered structure I will operate from includes:

- Level I – Phenomenological: *Affect or Sense Pleasure*
- Level II – Hedonic: *Subjective-Well-Being*
- Level III – Eudaimonia: *Psychological Well-Being*

4.1.1.1 LEVEL I – PHENOMONOLOGICAL: *SENSE PLEASURE*

In its simplest form, is the neuroanatomy of pleasure and happiness, “a transient phenomenology of what ‘joy’ feels like.”⁵⁵ This is an emotional feeling of pleasure brought on by a desired state of being, and doesn't involve much cognition other than the recognition of the joyful feeling. In some systems, this phenomenological affect would be encompassed within Level II - Hedonics. I am distinguishing between the two, due to their differences in cognitive engagement.

Newer research suggests benefits from the brain mechanisms involved in these fundamental Level I pleasures on potentials for post traumatic or adversarial recovery, and overlap with those of more altruistic and transcendental pleasures which follow in both Level II and III.⁵⁶ Additionally, though science maybe unclear exactly how sense pleasures and other strata of happiness are specifically linked, there is at least acknowledgement that a chronic lack of pleasure, in the depressive states of anhedonia or dysphoria⁵⁷ (frequently seen in grief), connotes a serious obstacle to happiness.

⁵⁵ Nettle, 2005, p. 17.

⁵⁶ For more on how sense pleasures overlap with higher forms of well-being, see Kringelbach & Berridge, 2009, p. 481.

⁵⁷ Both anhedonia and dysphoria are possible components found within diagnosed forms of depression in the field of psychiatry; *Anhedonia* is an inability to experience pleasure from activities usually found enjoyable and/or lack of motivation or desire to engage in an activity. *Dysphoria* is a condition in which an individual experiences intense feelings of discontent and indifference to the world around them.

4.1.1.2 LEVEL II – HEDONICS:⁵⁸ *SUBJECTIVE-WELL-BEING*

“...a subjective state of mind, which encompasses a positive affect *and* an overall satisfaction and contentment with an individual’s life as a whole.”⁵⁹

Hedonic happiness is frequently described as an emotionally pleasant life associated with contentment and *life satisfaction*. Here, happiness is generally conceptualised as multi-faceted in nature, with both affective and cognitive components.⁶⁰ The hedonic level differs from Level I because in addition to sense pleasures, it presupposes conscious feelings and an overall appraisal of the quality of one’s own life. In this context, being happy doesn’t mean a sustained level of joy all the time but rather more between the balance of positive and negative affect, which measures more in the positive over time.

Scientists have made substantial progress in defining and measuring hedonic happiness. Psychologist Ed Diener is noted for his research on happiness and has contributed to the popularly operationalised form of *Subjective Well-Being* (SWB).⁶¹ His seminal paper on SWB has three featured components: (a) frequent experiencing of positive affect, (b) rare experience of negative affect and (c) feeling of life satisfaction.⁶²

Trends in cognitive science propose that brain networks which carry representations of self, internal modes of cognition and perhaps even states of consciousness might be important to higher pleasures as well as meaningful aspects of happiness.⁶³ Because of this cognitive component, SWB involves not only a state of positive feelings, but also judgement about one’s feelings rather than the actual feelings (experienced passively in Level I) themselves. Here, life satisfaction and happiness is when an individual

⁵⁸ Hedonia is quite distinct from, and is not to be confused with, the concept of *hedonism*. Hedonism incorporates concepts such as indulgence in sensual pleasures and an idea that it is morally and ethically right to do what is needed to achieve such pleasure.

⁵⁹ Veenhoven, 2008, p. 3.

⁶⁰ Pavot & Diener, 2008, p. 137.

⁶¹ Major framework on SWB comes from psychologist Dr. Edward Diener though other significant influences have been expanded by Deci, Kahneman, Ryan & Seligman.

⁶² Diener, 1984, pp. 542-575.

⁶³ Kringelbach & Berridge, 2009. p. 484.

experiencing it *thinks* they are.⁶⁴ This self-reflective understanding is important for both adaptability to cultural contexts and as we move forward. This kind of self-reflective cognition can also involve complex processes such as the comparison with alternate possible outcomes. This is a way positive strengths or benefits can be recognised in ones thought processes about an experience, even when said experience came with it's outward stressors.

A few examples illustrate how cognitive interpretation and comparison of alternate outcomes, though not “pleasurable,” may increase reported SWB.

Example 1: Thought - “I am happy (sense of contentment or satisfaction) about how the crop was planted today,” with full knowledge that it was a physically cumbersome, arduous and uncomfortable experience. If this individual knows they always have an uncomfortable experience during the carefully tedious and labour intensive process of planting, followed by benefits of easier upkeep, growth and a successful harvest, then this increase in SWB and statement of contentment makes sense. One could be happy relative to the expectation that what was difficult and hard work, and the belief that the most exhaustive part of the work is done by the end of that first day.

Example 2: If an individual is typically accustomed to spilling the bucket of water twice a day, then one might experience happiness by only spilling water once in the day. Though frustrating and no pleasure with experiencing the loss of water; happiness stems from the subsequent processes that compared the improvement one experienced with the difficulty expected or had experienced the day before.

As you may already see, a hallmark of SWB is that satisfaction must be defined from the viewpoint of the individual, what they've laid out for themselves, and what they think it should be rather than being imposed from an external source. Research on hedonic approaches has best been measured by asking people how they feel.⁶⁵ These self-reports are related to emotional and cognitive processes come from concepts like “How satisfied are you with your life overall?” - “How happy do you generally feel?”

⁶⁴ Pavot & Diener, 2008, p. 141.

⁶⁵ Though there are many standards for measurement, the most widely used one is the Satisfaction with Live Scale (SWLS) developed by Ed Diener and colleagues. SWLS is a short 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life. For more on the SWLS, see Diener, Emmons, Larsen & Griffin, 1985.

and so on.⁶⁶ This could benefit interpretation for the substantial variations across cultures about what constitutes good, enjoyable, pleasurable, and valuable. However, I would argue one of the drawbacks is the accepted norm for how happy one “should” be or disclose, either effusively or conservatively reported, is also culturally mediated. For example, someone like a hardworking South Korean businessman may place more value on sacrifice for others and his family, while personal states of happiness may be deemed dishonourable or selfish, and therefore would expect to show lowered scores. By contrast, how an independent and “free-loving” Aussie surfer from the Gold Coast would view the perception of expressions of happiness is presumed to be quite different. Therefore cultural considerations can significantly skew the results and would need culturally discerning interpretations.

4.1.1.3 LEVEL III – EUDAIMONIA: *PSYCHOLOGICAL WELL-BEING*

“A life lived to the fullest which makes most use of human potentials.”⁶⁷

Eudaimonic happiness is a bit more of a sophisticated theoretical system that does not have a clearly agreed upon operational definition or tools for measurement. Psychologists from this tradition frequently explain eudaimonic views as more holistic and one in which the individual flourishes. Neuroanatomy researchers, Kringelbach and Berridge describe it as, “A life well-lived, embedded in meaningful values, together with a sense of engagement in that life.”⁶⁸ By most, it is seen as a form of psychological well-being with meaning and purpose for the individual, which involves engaging in a constructive, socially beneficial way, includes feelings of mastery and positive self-regard, and allows for actualisation of one’s potential and personal growth. It differs quite a bit from the other levels because it has no characteristic phenomenology because it is not an emotional state.⁶⁹ And because there is no phenomenological “feeling” to

⁶⁶ Diener, Emmons, Larsen & Griffin, 1985, pp. 71-75.

⁶⁷ Wood, Froh & Geraghty, 2010, p. 895.

⁶⁸ Kringelbach & Berridge, 2009, p. 479.

⁶⁹ Nettle, 2005, p. 20. However, neuroanatomy researchers Kringelbach & Berridge, 2009, also speculate the possibility that cortical systems of self and cognitive appraisal make eudaimonic contributions to *happiness*.

eudaimonic happiness, its potential is different for each individual and, like models of SWB, also requires subjective interpretation.

One of the most popular theoretical constructs of eudaimonia, also known as Psychological Well-Being (PWB), includes guidance from psychologist researcher Carol Ryff.⁷⁰ She argues that well-being involves a broad suite of elements. And though life satisfaction is one of the key elements, it goes beyond SWB as described in Level II, by further appending a meaningful depth in qualities influenced by Aristotle's ideas of flourishing, thriving, exercising excellence, belonging and benefiting others.⁷¹ Her proposed, and widely referenced, six humanistic elements of measurement are (a) dimensions of self-acceptance (b) positive relationship with others (c) purpose of life and personal growth (d) mastery of one's environment and (e) autonomy or self-directedness. Many other theoretical constructs of PWB have similar elements falling, with varying degree, within her structure.

4.2 UNIVERSALITY OF HAPPINESS? CULTURAL CONSIDERATIONS

Though variations can be expected both between and within cultures in the meaning of happiness and the way it's experienced - from what it might constitute, motivations, how it's identified, what it's called, predictors, markers, and how to obtain it - it is something identified in virtually all of them and universally thought as positively valued in nations of our time.⁷² Most people across the globe report the desire to feel happier.⁷³ This value and goal has been seen both in results from academic studies as well as more recent global attention for policy implementation. And though research suggests that happiness is culturally specific and phenomenological experiences of emotions situated and embedded in cultural meanings and varying in experiences,⁷⁴ there are also some striking universal similarities in causes, conditions and concomitants for happiness.⁷⁵

⁷⁰ Ryff & Keyes, 1995, pp. 719-727.

⁷¹ Nettle, 2005, pp. 19-20.

⁷² Veenhoven, 2008, pp. 1-28.

⁷³ Diener, 2000, pp. 34-43.

⁷⁴ Tov & Diener, 2009, p. 29; Uchida, Norasakkunkit & Kitayama, 2004, p. 224.

⁷⁵ Diener, Oishi & Lucas, 2003 pp. 403-425, Veenhoven, 2008.

Notably, it is understood that fulfilment of some intrinsic needs is both necessary and related to SWB across cultures.⁷⁶

Nearly all cultures show a natural inclination to pursue happiness⁷⁷ by achieving the things they value.⁷⁸ Though it is not valued the same way. Building on his SWB work Ed Diener did an extensive global study, in which all respondents said that happiness and life satisfaction were important.⁷⁹ Many cultures place more value on the immediate experiences of “happiness,” the Level I & II, emotionally pleasant and hedonic versions. While for others it may be linked to the attainment of important future goals seen in Level III, eudaimonia. Sometimes individuals are willing to sacrifice immediate happiness for the sake of achieving social and other goals that are valued in their culture.⁸⁰ Whether for individual, collective, immediate or long-range goals, all have potentialities to lead to increases in well-being.

One of the clearest cultural happiness distinctions is between collectivistic and individualistic societies. Collectivistic conceptions of happiness emphasise interpersonal or external evaluation and satisfaction whereas individualistic conceptions place greater attention on intrapersonal or internal evaluation and contentment.^{81 82} As cultural psychologists Uchida, Norasakkunkit and Kitayama say:

Cultures where happiness is construed to be a realisation of social harmony, there will be little or no strong desire for achieving personal happiness insofar as there is an explicit recognition that doing so is likely to hinder the realisation of social harmony and thus of a more socially grounded form of happiness.⁸³

This means social harmony and the well-being of the group, such as adapting to social norms and fulfilling relational obligations should more reliably predict happiness in collectivistic cultures.

⁷⁶ Diener, Oishi & Lucas, 2003, pp. 417-418; Ryan & Deci, 2001, pp. 159-160.

⁷⁷ There are some indications from anthropology and philosophy about the existence of past societies, which glorified suffering rather than happiness.

⁷⁸ Diener, Oishi & Lucas, 2003, p. 420.

⁷⁹ Diener, 2000, pp. 34-43.

⁸⁰ Diener, Oishi & Lucas, 2003, p. 412-413.

⁸¹ Lua & Bin Shiha, 1997, p. 186; Uchida, Norasakkunkit & Kitayama, 2004, pp. 225-226.

⁸² Original studies by Diener & Diener, show that “self-esteem” and positive affect of emotions is strongly correlated with SWB in more individualistic ones, 1995, pp. 275-286.

⁸³ Uchida, Norasakkunkit & Kitayama, 2004, p. 229.

One clear example I recall comes from a friend whilst we were living in Asia. The value differences in collectivistic versus individualistic happiness are clearly illustrated. There was a fundraiser, with joint cooperation from locals and westerners. The fundraiser involved three featured prizes – roughly an all-expenses romantic trip for two, a video game and a nice dinner out for four. The western organiser questioned the order in which the local had put them in which was that the least expensive video game was listed as first prize, the dinner as second, and the expensive trip as third. The local confirmed that it was in the correct order. Further inquiry, illuminated the value differences. Whilst the westerner placed more value on the monetary component, the answer from the local was that the prize contributing to the greatest number of people's happiness would be the most coveted. Therefore, the video game could be enjoyed by many over and over is the first, then the dinner for four only enjoyed once by a few, and the vacation only made two people happy, so it was last and had the least value.

Because what is valued will vary, and well-being is evaluated from the vantage point of a subjective experience, there should be sensitivity not to over generalise, assume or impose external values not shared by all. This is true when speaking of cultural differences, and it also varies between individuals, within a society and further changes from generation-to-generation and malleable overtime.

4.3 LIFE CIRCUMSTANCES – IS HAPPINESS RELATIVE?

What about happiness and life satisfaction potentials, particularly in more trying or adverse conditions? Life experiences provide plentiful examples of people and cultures, living materially simply, or meagre lives and concurrently reporting being happy, fulfilled, positive levels of SWB and affect balance.⁸⁴ What about when conditions appear to be more trying? Can happiness exist in difficult situations? And how much do circumstantial factors play a role?

Surprisingly to many researchers, “life circumstances,” which may include environment, life events, trauma etcetera, has shown a relatively very low (around ten-

⁸⁴ Biswas-Diener, Vittersø, Dueber, 2005.

percent) causal effect on happiness.⁸⁵ It would suggest other variants⁸⁶ as greater determiners of happiness and life satisfaction. As some research and studies suggest, life satisfaction can indeed be achieved in unassuming places, yet there are also both rational and ethical limits to consider.

There is a difference between modest living compared to those who lack basic, ubiquitous human needs, safety and experience impoverishment from income levels of the very lowest brackets. Many researchers point to the fact that those who fit in the latter can expect to have gripping negative effects on SWB.⁸⁷ Further evidencing these findings, a Pakistan Development Review, looked at well-being in relationship to the MDGs.⁸⁸ Disparities were found by region, income, level of urbanisation, inequality of land ownership. The most obvious outcome, “Incidence of poverty is low in high-well-being districts.”⁸⁹ Therefore attempts should be made for the fulfilment of the MDGs.⁹⁰

Inline with Maslow’s hierarchy of human psychological needs,⁹¹ there are crucial prerequisites before entertaining ideas or attempts of increasing happiness and well-being. First and foremost, any deficiency of a basic physiological need, such as food, water, sanitation and shelter must to be fulfilled, and protection against threats on personal security, all need to be immediately addressed and provided for. These are the same rights outlined as the UN’s core international human rights instruments.⁹² These are but a minimum base before realising enjoyment of rights to happiness and those allowing for further personal growth.

⁸⁵ Lyubomirsky, Sheldon & Schkade, 2005, p. 115.

⁸⁶ Fifty-percent thought to be tied to genetics with another forty-percent linked to variant intentional activities. Lyubomirsky, Sheldon & Schkade, 2005, pp. 111-131.

⁸⁷ Biswas-Diener & Diener, 2009, pp. 261-278; Diener, Oishi, Lucas, 2003, p. 411; Pavot & Diener, 2008.

⁸⁸ Haq & Zia, 2008, pp. 851–876.

⁸⁹ *idem.* p. 870.

⁹⁰ United Nations, *The Millennium Development Goals Report 2012*, available at <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf> (consulted on 03 July, 2012).

⁹¹ Maslow, 1954.

⁹² Core instruments outlined by the Office of the United Nations High Commissioner for Human Rights, International Law are the International Convention on the Elimination of All Forms of Racial Discrimination, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of All Forms of Discrimination against Women, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Convention on the Rights of the Child, available at <http://www2.ohchr.org/english/law/> (consulted on 3 April, 2012).

Even in the face of what we would assume were less fortunate circumstances, people and communities have been found to identify aspects of their life as satisfying. Some evidence from both case and clinical studies have shown people, who researchers hypothesised would have low SWB scores, can enjoy a relatively high level of quality of life and SWB.⁹³

The first example is from a recent and small study of SWB at lower income levels in India.⁹⁴ The participants were from one of three groups living in poor environments of Calcutta - either in slum housing, sex workers or homeless living on the streets. The model of findings concluded that though participants overall rated life satisfaction was slightly negative overall, when specific domain satisfactions were averaged, the mean ratings of specific domains (like satisfaction with romance, family, morality, self, food, intelligence) were positive and in general much higher than expected. What appeared to be the most significant key element for their thriving was the support from social circles, such as the extended family.⁹⁵ The conclusion was that even in difficult environmental circumstances, some measure of satisfaction is possible. Even with the researchers' conclusion, their SWB was effected and therefore likely to impair a full realisation of rights and goals. Therefore I maintain a vital stress on the realisation of aforementioned basic needs, safety, and elimination of impoverished conditions.

What about when all basic conditions are met, how might some "other" life circumstances or events impact SWB? The second example points to what other researchers, academics and psychologists acknowledge as one of the pioneering *relative happiness studies*. Rather than poor economic conditions, this study compares SWB in lottery winners and accident victims.⁹⁶ The results showed that after one year, lottery winners did not score any happier than the control group, and the accident victims left as either quadriplegics or paraplegics, surprisingly were not as unhappy as expected. This has spawned further research, both bearing similar results and advancing into the granularity of variables of happiness.

⁹³ Diener & Diener, 1995.

⁹⁴ Biswas-Diener & Diener, 2009, pp. 261-278.

⁹⁵ idem. p. 263.

⁹⁶ Brickman, Coates & Janoff-Bulman, 1978, pp. 917-927.

So if positive and negative life events only have moderate effects on well-being, what are other influential variables?

4.4 UNIVERSAL ELEMENTS INFLUENCING HAPPINESS AND WELL-BEING

“A happy life does not depend on good fortune or indeed on any external contingencies, but also, and even to a greater extent, on a man’s cast of mind...” - Democritus⁹⁷

Dissecting elements and attributes present in happy individuals, may provide a schematic for inspiration, and ultimately some of its building blocks towards reproducing similar results. Happiness is pliable, and therefore capable of meaningful pursuit. Why is this a goal? Happiness has many more benefits than just feeling good and casual direction runs both ways.⁹⁸ Those with high SWB are more likely to construe life events more positively which result in further consequential benefits. And greater satisfaction of the intrinsic needs promotes greater well-being as well as health.⁹⁹ Therefore, creating specific mechanisms for achieving *happiness* may be essential for growth, wellness and lead to successful outcomes across various life domains.

If we are interested in supporting people and communities with a new framework, what needs to be asked is “what conditions and characteristics seem to typify growth and resiliency after adversity?” Though there are important variations and other domains in traits depending on the culture, there appears to be significant overlap in variables for what creates happy people, and what is found in growth and resiliency.

Although there are clear conceptual distinctions between phenomenological pleasure, hedonia and eudaimonia, research suggests that their aspects empirically cohere, and that most satisfied individuals are those who not only have positive affect, but who are engaged and meaningfully fulfilled.¹⁰⁰ Consequently, findings from

⁹⁷ Democritus quoted from Diener, 1984, p. 565.

⁹⁸ Seligman, Steen, Park & Peterson, 2005 p. 414.

⁹⁹ Vansteenkiste, Ryan & Deci, 2008, p. 191.

¹⁰⁰ Kringelbach & Berridge, 2009, p. 479; Seligman, 2005, p. 413.

happiness studies, along with the following attributes, can be a useful when developing aid and recovery strategies.

A combination of social, psychological and motivational conditions can increase well-being and growth. And though listed separately, a happiness-based recovery framework would incorporate these appreciably interconnected attributes:

- Affect: Positive and Congruent.
- Cognitive Attributes: Appraisal and Processing.
- Social: Attaining and Utilising Strong Attachments.
- Specific Coping Skills: Style and Focus.
- Positive Personality Traits: Strengths and Attributes.
- Other Correlates Influencing Above: Autonomy, Optimism, Humour, Religious.

4.4.1 POSITIVE AFFECT

Feelings of pleasant affect are frequently the instinctual association to “happiness,” though it only plays a part in the bigger picture, and requires coupling with other cognitive and volitional aspects for sustainable effects.¹⁰¹ It does however have its place. People who score high in SWB tests, report more positive than negative emotions.¹⁰² And evidence shows positive affect may not just be a consequence of positive experiences, but that they casually contribute to positive outcomes and increased psychological functioning.¹⁰³

Research corroborates theories that positive emotions not only indicate adversarial growth and well-being, but also produce it.¹⁰⁴ Positive emotions are worth cultivating not only for their immediate pleasant affective traits, but they also appear to have lasting effects on heightened levels of well-being over time. While positive states are

¹⁰¹ When only pursuits of positive affect and sense pleasures are sought after, whilst neglecting other components, a “hedonic treadmill” effect is to be expected. This theory is based on human’s tendency to quickly adapt to both positive and negative circumstances and return to a “set-point”. This “set-point” is also thought to explain why those mentioned in the previous study of lottery winners and accident victims, don’t report significant differences in SWB one year after their “life event”. For more on the hedonic treadmill, see Diener, Lucas, & Scollon, 2009.

¹⁰² Ryan & Deci, 2001, p. 150.

¹⁰³ Mauss et al., 2011, p. 738.

¹⁰⁴ Frederickson, 2001; Tugade & Fredrickson, 2004.

transient, they also serve as a means for building up personal resources by producing psychological growth, promoting effective deployment of emotion and cognitive focused coping and building social relationships encouraging individuals to interact in their environments in a socially adaptive way. Therefore, even when the positive state has passed, there are lasting benefits from the building up of other resources, which can be drawn from later.

Some of the most notable research and case studies in this area have been introduced from Barbara Fredrickson's Broaden-and-Build Theory.¹⁰⁵ The theoretical perspective states that, "positive emotions... although phenomenologically distinct, all share the ability to broaden people's momentary thought-action repertoires and build their enduring personal resources, ranging from physical and intellectual resources to social and psychological resources."¹⁰⁶ Broadening one's "thought-action repertoires" refers to the idea that positive and negative emotions have distinct adaptive benefits. And she further clarifies:

Whereas negative emotions heighten one's sympathetic activity and narrow one's attention to support specific action tendencies (e.g., attack, escape), positive emotions have the potential to quell autonomic arousal generated by negative emotions and broaden one's attention, thinking, and behavioural repertoires.¹⁰⁷

There are some benefits in negative emotions' narrowing response to trauma will be touched on shortly. However, after some point, the narrowing of one's cognitive and behavioural responses can have adverse effects on growth. This narrowing tendency interferes with the ability to access thoughts, emotions and behaviours towards higher functionality, positive experiences or meaningful goals, and further drags one into a downward spiral.

By contrast, a healthy level of positive emotions broadens the scope of cognitive organisation and behavioural possibilities. Decades of experiments have shown people experiencing positive emotions show patterns of thought that are out of the ordinary and tend to be more flexible, creative, integrative, efficient and open to information and

¹⁰⁵ Fredrickson, 1998.

¹⁰⁶ Fredrickson, 2001. p. 219.

¹⁰⁷ Tugade, Fredrickson, Barrett, 2004, p. 1166.

experiences.¹⁰⁸ There are also links to increases in cerebral dopamine¹⁰⁹ levels, which can shift attention, broadening one's openness and motivation.¹¹⁰ This broadening has an impact on a person's resources in a multitude of important life domains, and can be one of the ways that explain the positive outcome for greater resilience.

This broadening can also increase the likelihood of finding alternative positive meanings in stressful encounters.¹¹¹ In this way, positive emotions and positive meaning are thought to be bi-directional correlated. Positive reinterpretation means an individual is may more likely show acceptance, stronger feelings of gratitude, appreciation, humour, optimistic thinking, have stress release and more. All of which are variables linked to resiliency¹¹² will be looked at more individually.

Positive hedonic emotions are also thought to beget the broadening of thinking and behaviours, which in turn also produces more increases in positive emotions and continue to have reciprocal benefits. So juxtaposed to the downward spiral created by negative emotions and thought patterns, this interplay can create an "upward spiral" and appreciable increases in well-being over time. This is the "build" component from Frederickson's theory. The idea that "positive emotions trigger these upward spirals, in part by building resilience and influencing the ways people cope with adversity."¹¹³

4.4.2 AFFECT CONGRUENCE

Research supports affect congruence fostering social connectedness when the emotions are accurately communicated.¹¹⁴ And rather than just an individual reporting "positive emotions," the tendency to experience or communicate emotions with specific words, precision and granularity, wields important influences on coping.¹¹⁵ The opposite is also true – if the emotions appear to be incongruent with the inner-state, then this could appear as inauthentic and alienating to others.

¹⁰⁸ Fredrickson, 2001, p. 221; Tugade & Fredrickson, 2004, p. 320.

¹⁰⁹ Dopamine is a neurotransmitter responsible for regulating emotions and pleasure response systems.

¹¹⁰ Tugade, Fredrickson, Barrett, 2004, p. 1166.

¹¹¹ Fredrickson, 2001, p. 223; Tugade & Fredrickson, 2004.

¹¹² Linley, 2004, pp. 34-51.

¹¹³ Frederickson, 2001, p. 223.

¹¹⁴ Mauss et al., 2011, p. 738-748.

¹¹⁵ Tugade, Fredrickson, Barrett, 2004, p. 1175-1182.

There are some differences between characteristics of resilience through positive reappraisal versus optimism. While the reinterpretation links to positive variables for greater resiliency, the latter could reflect a tendency to avoid and deny the traumatic experience by covering it up with a false optimism or air of unconcerned reaction. Resilient individuals do not fit within the conditions of impaired and uncritical optimism. This could be reflected in a Pollyanna effect,¹¹⁶ with an unconscious bias towards optimism and pleasant emotions, though we would want people to be able to access an emotional range to be healthy and more wholly functioning. Though those with high-resilience tend to be able to access positive emotions and appraisal in adverse conditions, the distinction is that their abilities include being able to simultaneously recognise the effects of the adversely stressful experience as well. Like the Central American refugee case in Chapter three, they are not in blind denial or in absence of the negative experience or stressful related emotions. Instead they are able to experience a range of positive emotions, which lead to coping advantages amidst the stressful recovery experience.

Unfortunately, trauma survivors don't frequently access this full range and instead employ avoidance and evasion behaviours to keep from retriggering memories and reliving the traumatic events. These avoidance behaviours may perpetuate ruminating fears and anxieties and reduce their possibilities for integrating the traumatic experiences. This rumination about the trauma or a "freezing" of the event, will have a diminished impact on well-being. This type of engaging in affect avoidance is likely to occur and is frequently exhibited in more severe responses such as those suffering from PTSD.

Positive affect can aid in these situations from another one of its uses. "Positive emotions might correct or undo the after effects of negative emotions."¹¹⁷ In some cases, observations have been made that key positive emotions are somehow incompatible with negative emotions by either diffusing or releasing them. They can do

¹¹⁶ An unhealthy coping response seen as a form of avoidance. An individual would have an incongruent positive or optimistic response and a blind persistence that "everything will be fine" in the face of serious problems or concerns. Some would worry of aims towards "happiness" creating this effect. So whilst increasing opportunities for happiness, there needs to be acknowledgement of a variety of emotions for health and positive functioning.

¹¹⁷ Frederickson, 2001. p. 221.

this even when briefly activating the aforementioned thought-action repertoire. Evidence for supporting this effect suggests that individuals may be able to improve their psychological and subjective well-being “by cultivating experiences of positive emotions at opportune moments to cope with negative emotions.”¹¹⁸

Relevant research on the importance of affect congruence also includes positive affect’s sibling – negative affect. Predictive of well-being and health is not just the presence of positive feelings but the ability to access and have congruence with both positive and negative emotions.¹¹⁹ Its properties are also beneficial, so the connotation of calling it “negative” affect may be misleading, and therefore shouldn’t be mistaken as something that is negative or always with negative *effects*.

There is an evolutionary utility of unpleasant emotions and a healthy functioning individual would have a range of responses and emotions appropriate for the situation. First, experiencing negative affect is a core survival mechanism in response to avoiding adverse threats.¹²⁰ Further, the emotional responses (ie. fear, anger, sadness, worry), in the aftermath of adverse conditions or trauma are indicative of positive functioning. Avoiding these feelings by repression, denial, compartmentalisation, and control is a worrisome dysfunction that could have clear costs for psychological and physical health, and would expect to lower SWB.¹²¹

4.4.3 SOCIAL RELATEDNESS

Social relatedness and satisfaction with relationships, is in itself thought to be an absolutely essential element to happiness. Studies suggest of all the factors influencing happiness, relatedness is at or very near the top.¹²² It is a broad and multi-dimensional domain with a score of variances effecting growth and resiliency. Noted here, are a few of its many influences and how it’s manifested within a culture.

¹¹⁸ Frederickson, 2001, p. 222.

¹¹⁹ Ryan & Deci, 2001, p. 150 – 151.

¹²⁰ Negative emotions are thought to be tied to the greater impetus for “fight or flight” reactions found in narrowed cognitive-action response options, in order for one to quickly distance oneself from a possibly negative event. See Neese, 2004.

¹²¹ King & Pennebaker, 1998 & DeNeve & Cooper, 1998 as referenced by Ryan & Deci, 2001, p. 151

¹²² Ryan & Deci, 2001, p. 154.

Those who have stronger social ties and a sense of coherence are not only happier, but also more resilient. Whilst quantity and simply having contact with others can be helpful (or even a start), the qualitative components are of greater significance. And although the level of importance and influence these social bonds and interpersonal relationships have may vary between both individualistic and collectivistic cultures, both still report greater pleasant affect when with friends and significant others than when alone.¹²³ These social connections, namely when *perceived* as emotionally supportive and satisfying,¹²⁴ can play a crucial role in giving new sources of meaning.

This reassessing and meaning can also play a significant role in enhancing relationships. “Undergoing stressful experiences, especially threatening ones, may change both an individual’s perspective on problems and his or her value hierarchy.”¹²⁵ Resilient people are more likely to value family and close social groups more. And particularly coupled with the broadening effects of positive affect, they are more likely to find new connections and engage in activities with others.¹²⁶

Intimacy and attachment studies¹²⁷ point to “quality of relationships examining between-person relations has found that those who generally have more intimate or higher-quality relationships tend to demonstrate greater well-being.”¹²⁸ Intimate relationships, can be characterised as “an intense form of friendship - love”¹²⁹ and include stability, warmth, trust, support¹³⁰ and emotional disclosure,¹³¹ all fundamental importance for well-being. These relationships, whether shared by two or within a group, should include feelings of caring for and feelings of being cared for by others.¹³² Also important is a sense of being valued, respected, effective in one’s interactions and significant.¹³³ Pertaining to group functioning, these relationships can be built from social cooperativeness, altruistic behaviours, engagement with others and use of social

¹²³ Tov & Diener, 2009, p. 28.

¹²⁴ Linley & Joseph, 2004, p. 16.

¹²⁵ Wilson, 2006, p. 407.

¹²⁶ idem. pp. 436-437.

¹²⁷ Reis & Patrick, 1996 as cited by Ryan & Deci, 2001, p. 155.

¹²⁸ Ryan & Deci, 2001. p. 155.

¹²⁹ Diener, 1984, p. 557.

¹³⁰ Francis, 1998, p. 6; Ryan & Deci, 2001, p. 154.

¹³¹ Butzel & Ryan, 1997 as cited by Ryan & Deci, 2001, p. 151.

¹³² Vansteenkiste, Ryan, Deci, 2008, p. 192.

¹³³ Francis, 1998, p. 6.

skills. In addition to psychological and social benefits, these positive relations also have predicted a whole host of increased physiological functioning¹³⁴ including secretion of the brain neurotransmitter oxytocin, which is associated with positive mood, bonding, increases in trust, generosity and reduction of stress and fear.¹³⁵

This tendency to want to connect and feel closer to others can be exhibited through several pro-social behaviours such as increased compassion, empathy, appreciation, honesty, gratitude, love, generosity and altruism.¹³⁶ A widening of one's circle of empathy and compassion comes from heightened awareness to others' emotional states and vulnerabilities. The development for a deep capacity to love and generosity is in sharp contrast to the traumatic event. These acts are seen as an authentic and symbolic expression of caring rather than an attempt to derive attention for ego-gratifying recognition.

The social strata and how this support is received may vary. For some people and communities, it may be the opportunity to share openly about feelings with family members, while for others it may be friends, community or professional colleagues.¹³⁷ A variation in social strata was identified in a study on PTG in Turkish culture. The availability of role models was a significant part of their social construct.¹³⁸ This is also likely to be true in other cultures as well and shouldn't be overlooked. The specifically used coping strategies are highly influenced by variations of social support systems.

Also observed in resilient individuals are traits of honesty, which involves candid self-effacement, a fundamental principle of authentic and congruent existence. And new research shows disclosure of concerns around the event is one variable in PTG.¹³⁹ Even with these findings, I think it's critical not to overlook that there are serious cultural variations when it comes to self-disclosure. Not only does disclosure vary from culture to culture, but further influences could come from the type of violation, whether it's disclosed in private, public, gender disclosing to or in a group. For example, there could

¹³⁴ Uchino, Uno & Holt-Lunstad, 1999 as cited by Ryan & Deci, 2001, p. 155.

¹³⁵ Ryff, Singer, Wing & Love, 2001 as cited by Ryan & Deci, 2001, p. 155.

¹³⁶ Joseph & Linley, 2006, p. 1042; Wilson, 2006, pp. 403-420.

¹³⁷ Variations were seen in studies from Germany, Israel, Turkey, Spain, Latinos, Australia and Chinese. Weiss & Berger, 2010, pp. 15-133.

¹³⁸ Laufer & Solomon, 2010. pp. 15-29.

¹³⁹ Tedeschi & McNally, 2011.

be a desire and value in making a public disclosure to gain social support and awareness from making a political statement. And any kind of disclosure would have individual personality variations as well.

Having a sense of kinship and social identity as a survivor, bonds individuals together for support.¹⁴⁰ This is also true for an entire community when it comes to mass instances of adversity or trauma. “Events do not have meaning in themselves. Those meanings are derived from the interactions between people, groups and the experience itself.”¹⁴¹ A resilient outcome would be one in which those effected (both direct and indirect) create a new starting point or sense of continuity with the past and engage in supportive pro-social behaviours.

As we can see, those who seek supportive, close and intimate relationships and work toward a sense of belonging within social groups are expected to see gains in well-being. This is why programmes to increase happiness strongly recommend social contact.

4.4.4 COGNITIVE – GRATITUDE

Gratitude is thought to be a key in determining PTG. It has come into greater awareness of researchers more recently because of its multifaceted benefits and has shown to be a robust predictor of well-being and social influence variables.¹⁴²

“Gratitude is a pleasant state and is linked with positive emotions including contentment, happiness, pride and hope.”¹⁴³ “Happy people tend to be grateful people”¹⁴⁴ and those who express it more often have been shown to improve levels of SWB and generate more positive affect. Gratitude is thought to be integral and have a causal¹⁴⁵ effect on well-being. Integral components found in gratitude, including recalling other positive life experiences, joys, victories and the benefits of perceived

¹⁴⁰ Wilson & Agaibi, 2006, p. 374.

¹⁴¹ Haidt, 2006, pp. 150-151.

¹⁴² See Wood, Maltby, Gillett, Linley, Joseph, 2007 for two longitudinal studies using a full cross-lagged panel design examining the directional relationship between the role of gratitude in social support, stress and depression finding gratitude to be correlated with resiliency.¹⁴², Wood, Froh, Geraghty, 2010, pp. 893-895.

¹⁴³ Emmons & McCullough, 2003, p. 378.

¹⁴⁴ Toepfer, Cichy & Peters, 2011, p. 188.

¹⁴⁵ Emmons & McCullough, 2003; Wood, Maltby, Gillett, Linley & Joseph, 2008.

blessings may disrupt the “frozen” and narrowed cognitive perspectives by increasing opportunities for greater emotional well-being.¹⁴⁶ And it has a tendency to work in an upward spiral by enhancing more gratitude.

It’s strongly related to optimism and well-being particularly because it “represents the quintessential positive personality trait, being an indicator of a worldview orientated towards noticing and appreciating the positive in life.”¹⁴⁷ Because of a possible change in life’s philosophies after trauma, there can be gratitude for each day and renegotiating what really matters in the realisation that life is infinite. This would support theoretical views relating it considerably to variables of PWB, and a life full of meaning rather than simply a hedonically enjoyable one.¹⁴⁸ In one case example, a Holocaust survivor shared that his gratitude for daily living and how he looks in the mirror every morning and meditates on life’s goodness and what was going to be “good” about “today.”¹⁴⁹ After the Holocaust, the structure of his personality and life plan had to be recreated. He has actively created greater resilience through cultivating positive, new meanings and paths.

Similar to some benefits of positive affect, gratitude not only makes people feel good in the present, but also increases likelihood that individuals will function optimally and feel good in the future. This also works to the benefit of Frederickson’s concepts of her broaden-and-build theory because it is thought to counter some of the adverse effects from the trauma triggers by facilitation the experience of positive affect, enables creative thinking, openness to ideas, feelings, builds on spiritual resources, facilitates coping with stress and enhances engagement in other adaptive activities.¹⁵⁰

Gratitude not only has a unique relationship with life satisfaction, but is also a major influence on other elements associated with well-being.¹⁵¹ It has proved the prediction of more frequent and intense positive affect, personal growth, positive views of social

¹⁴⁶ Kashdan, Uswatte & Julian, 2006, p.194.

¹⁴⁷ Wood, Joseph & Maltby, 2009, p. 443.

¹⁴⁸ idem. p. 446.

¹⁴⁹ Wilson, 2006, p. 3.

¹⁵⁰ Emmons, McCullough, 2003, p. 388; Fredrickson, Cohn, Coffey, Pek & Finkel, 2008.

¹⁵¹ Emmons & Mc Cullough, 2003; Lyubomirsky, Sheldon & Schkade, 2005; McCullough, Emmons, & Tsang, 2002; McCullough, Kilpatrick, Emmons, & Larson, 2001; Seligman, Steen, Park & Peterson 2005; Wood, Froh & Geraghty, 2010; Wood, Joseph & Maltby 2009; Wood, Maltby, Gillett, Linley & Joseph, 2008.

environments, rewarding social activity, greater self-acceptance, positive self-regard, intrinsically motivating behaviours, optimistic perspective on one's life situations, tendency to feel a sense of optimism, sense of awe, purpose and appreciation of life.¹⁵²

When gratitude traits are activated, they also appear to create environments in which someone is more likely to show a higher degree of positive social relationships and engage in socially productive ways, which allows for the prosocial reciprocity.¹⁵³ It relates to relationships by promoting and strengthening qualities like emotional warmth, conflict resolution, trust, altruism, proactive engagement, zest, acceptance of and by others and more.

Upon first examination, there doesn't appear to be any real drawbacks associated with gratitude. Traits like incongruent optimism can be considered maladaptive in the wrong context. Gratitude could feasibly have the same maladaptive capacities in particular if someone became complacent and too accepting of an intentional injustice like discrimination or a violation. It's important to feel upset in those situations so corrective action can be taken.

4.4.5 COGNITIVE: SOURCES OF MEANING AND REAPPRAISAL

“although posttraumatic rumination can be intrusive, negative and depressogenic, it can also be reflective, deliberate, and focused on making sense of events, leading to more positive experiences.”¹⁵⁴

One of the main consequences of traumatic events is that it shatters one's life view of self and the world and creates a reordering of life's priorities. Trauma is an interruption of interconnected life plans, which can cause complete shifts in the experiential sense of self. Belief systems and what once was meaningful are brought into question, flexible and subject to change.

A frequent question in self-development and therapeutic circles is something along the lines of “If you were told you only had nine months (nine days, nine weeks etc) left

¹⁵² Lyubomirsky, Sheldon & Schkade, 2005, p. 114; McCullough, Emmons & Tsang, 2002; Wood et al., 2008; Wood, Joseph, Maltby, 2009, p. 443-446.

¹⁵³ Wood, Froh & Geraghty, 2010, pp. 893-896.

¹⁵⁴ Calhoun, Cann & Tedeschi, 2010, p. 7.

to live, what would you do?” This simulation is trying to capture one element what the trauma victims are experiencing first hand – a clarifying wake-up of what’s important in the now and a cutting away the extraneous. This being present in the “now” and appreciation for life also tends to happen more naturally for individuals after adversity.¹⁵⁵ Lessons learned from psychosocial interventions in war-affected populations noted that a sense of purpose was crucial to well-being.¹⁵⁶

Increases in SWB are tied to intrinsically motivated behaviour that is authentic and congruent with core values & interests. Because this disruption has called these values into question, it gives an opportunity for increased attention to re-establishing or reinventing what’s most important and aligning the behaviour accordingly. And what resilient survivors are demonstrating is being “more concerned with authentic existence and the quality of life from a position that values life, kindness, justice, gratitude, hope, integrity and simple pleasures.”¹⁵⁷ The capacity to reinterpret and generate meaning from the traumatic experiences can be core to growth.¹⁵⁸

4.4.6 COPING: ACCEPTANCE, OPTIMISTIC AND PROACTIVE

Optimistic individuals tend to be able to show acceptance coping and to positively reinterpret adverse events more favourably than unhappy people.¹⁵⁹ This is greatly displayed by Holocaust survivor Viktor Frankl when he stated,

“We must never forget that we may find meaning in life when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into human achievement.”¹⁶⁰

The acceptance however is not passivity, but rather an appraisal of positive and negative forces and what’s beyond one’s control. “The capriciousness of trauma makes salient that it can occur to anyone, anywhere, at any time under the right circumstances and

¹⁵⁵ Wilson, 2006. P. 437.

¹⁵⁶ Pupavac, 2004, p. 501.

¹⁵⁷ Wilson & Agaibi, 2006, p.3.

¹⁵⁸ Linley & Joseph, 2004; Wilson & Agaibi, 2006, p. 374; Wilson, 2006, pp. 403-420.

¹⁵⁹ Linley & Joseph, 2004, p.17; Ryan & Deci, 2001, p.149.

¹⁶⁰ Wilson, 2006, p. 412.

whims of fate.”¹⁶¹ Another benefit of this accurate appraisal is a diminishment or absence of survival's guilt – another important characteristic for growth.¹⁶²

On the flip side, those with high SWB more strongly complain about opportunities that are unfair and not available to them.¹⁶³ This can be useful in instances of injustices, discrimination or other human rights violations. This is a balance between an acceptance of what's not within anyone's control, and an accurate appraisal of what is and when something can be done. When finding solutions are matched with proactive coping styles, even with limited options, to efficiently mobilise personal and social resources, this creates a healthy network for growth.

4.4.7 PERSONALITY: POSITIVE TRAITS

Several aspects of personality can strengthen and are comingled through the other growth variables as well as connected to higher levels of SWB. Individuals with positive identity, self-esteem also show higher energy, more openness to experiences, conscientiousness, optimism, empathy, compassion, appreciation, love, generosity.¹⁶⁴ And as a result of displaying these traits, they are more likely to be received well by others, which increases their social bonds.

Additionally, those who can identify and make use of other personal strengths are more self-efficient. And because people usually enjoy what they're good at, when they're intentionally engaged, this helps align them to pursuing goals congruent with their core interests and values.

4.4.8 INTENTIONAL ACTIVITIES

“Life circumstances are always changing, but “changes involving intentional activity can be expected to lead to sustainable changes in well-being.”¹⁶⁵

¹⁶¹ Wilson, 2006, p. 414.

¹⁶² Wilson & Agaibi, 2006, p. 374.

¹⁶³ Richard & Deci, 2001, p. 149.

¹⁶⁴ Linley, 2004, p. 20.

¹⁶⁵ Lyubomirsky, Sheldon & Schkade, 2005, p. 126.

Research connects the direction of an individual's activities with boosts in well-being that is at least as large as, and probably much larger than changing one's circumstances.¹⁶⁶ But the activities are called "intentional" because they are not passive, but rather require some degree of specific engagement. The activity must be authentic. This means the individual will be intrinsically motivated to pursuing goals congruent¹⁶⁷ with one's core interests and values,¹⁶⁸ be actively engagement in activities that make one feel alive,¹⁶⁹ being curious and open to new experiences with orientation towards change, being kind to others,¹⁷⁰ and have feelings of vitality or calm.¹⁷¹ This direction and engagement of the activities can create conditions for self-empowerment and a sense of control. So rather than something happening to someone, an effectual intentional activity would involve a sense of personal command and the individual actively acting, exploring and adapting in one of the aforementioned ways on their circumstances.

This also leads us to evidence that one's ability to take action or control of life events (particularly when negative), is related to the impact they have.¹⁷²

4.4.9 AUTONOMY

"Positions that fail to recognise the importance of autonomy for well-being may be inadvertently concerning the denial of human freedom to a significant portion of the inhabitants of the globe."¹⁷³

Autonomy can be described as the sense that an individual is willingly engaged in and fully endorsing one's acts.¹⁷⁴ This need for autonomy involves a sense of personal agency, both freedom and control, that has originated from within, and allows for

¹⁶⁶ Intentional activities including cognitive, behavioural and volitional elements are proposed to be responsible for forty-percent of increases in happiness. Lyubomirsky, Sheldon & Shkade, 2005, p. 116-121.

¹⁶⁷ Ryan & Deci, 2001, p. 146-147.

¹⁶⁸ Lyubomirsky, Sheldon & Schkade, 2005, p. 118.

¹⁶⁹ Waterman 1993.

¹⁷⁰ Lyubomirsky, Sheldon & Schkade, 2005, p. 118.

¹⁷¹ Waterman, 1993.

¹⁷² Diener, 1984, p. 558.

¹⁷³ Ryan & Deci, 2001, p. 160.

¹⁷⁴ Tov, Diener, 2009, pp. 27-28; Vansteenkiste, Ryan, Deci, 2008, pp. 192-193.

pursuit of value congruent, meaningful and efficacious goals related to basic psychological needs like personal growth.¹⁷⁵ As an added element, pursuit of these goals is meant to Utilise one's strengths and be optimally challenging – not too easy, but not so difficult that one doesn't reach their goal either. Both seeing oneself as the locus of motivation, and being engaged in intentional activities of goal pursuit have synergistic effects on SWB.

Cross-cultural research suggests that the relative autonomy of one's pursuits matters whether one is collectivistic or individualistic, male or female.^{176 177} In collectivistic cultures, the group's goals or those involving other close relationships may also be experienced as one's own. In these cases, individuals may still find value if their autonomy is dependently valued on others. So appearing to have independence of others might not predict well-being equally across cultures, though a sense of agency is seen as a universal component to happiness.

4.4.10 OTHER POSITIVE CORRELATES: HUMOUR, SPIRITUAL, RELIGIOUS

The benefits of *laughter* and *humour*¹⁷⁸ have been understudied but are beginning to receive some scientific inquiry. Humour can be a way to cognitively appraise and find benefits of a situation by seeing the light in the dark. In an exhaustive survey reviewing all identifiable research and literature on laughter,¹⁷⁹ outcome identified that laughter affects the entire body and has a plethora of physiological benefits, including but limited to elevating well-being, affect, hope, energy, motivation and also reducing negative symptoms such as anxiety, stress and depression. There are also psychological effects on coping strategies that once again would be in line with Frederickson's broaden-and-build theories as well as having the benefits of enhancing social bonds.

¹⁷⁵ Ryan & Deci, 2001, p. 156; Vansteenkiste, Ryan, Deci, 2008, pp. 191-193.

¹⁷⁶ Ryan & Deci, 2001, p. 157; Tov & Diener, 2009, pp. 27-28.

¹⁷⁷ Though other research by Vansteenkiste, Ryan & Deci, 2008, p. 193, shows it's still significant, but perhaps less weighty for women or collectivistic societies.

¹⁷⁸ Although frequently lumped together, laughter is a separate event from humour or comedy which are the cognitive components and not necessary for laughter to occur. Though the mind can distinguish between real and simulated laughter, the body cannot.

¹⁷⁹ Mora-Ripoll, 2011, pp. 170-177.

And last, but surely not least, *spirituality* and *religion* is seen to be a factor for growth by offering several tools. Religion and spiritual beliefs can be of particular importance for those cultures that have religion integrated in many aspects of daily life. The possible benefits are many and receiving increased attention in mental health literature.¹⁸⁰

The most obvious domains are in social, cognitive, emotional and existential support. When life's philosophies and values have been interrupted, it can add stability and a framework of which to pull strength, positive reappraisal and benefit finding. Many religions share stories involving both suffering and loss, but also fulfilment.¹⁸¹ Depending on the type of worship practiced, those which employ meditative type practices, have added benefit of bringing an individual into the "now." And rituals can be highly useful to give meaning and also move past the adversity.

Deeper examination and research is crucial for understanding how the paradigm of PTG can be constructed, analysed and targeted for specific intervention strategies. There needs to be a flexible and probing approach which takes into consideration the multi-dimensional layers which may be influenced not only by the type of violation, but also the culture, current living conditions, opportunities, resources, religion, values and other relevant needs.

¹⁸⁰ Blanch & Russanova, 2007.

¹⁸¹ Stories like that of Abraham who journeyed into the dangerous unknown desert, leaving behind all that was familiar and secure, who suffered loss and hardship, but also fulfilment can be found in Christianity, Islam & Judaism. McGrath, 2008, p. 271.

CHAPTER 5: “HAPPINESS” INTERVENTIONS: A SCORECARD OF VARIABLES

Studies showing an intentional pursuit of happiness and well-being, when done under the optimal conditions, can be deliberately and successfully increased through specific intervention techniques. I suggest, that harnessing empowering happiness interventions, which promote positive cognitive, behavioural, and goal-based activities. All of which can be crucial for the full realisation of human rights, particularly in vulnerable and traumatised people following situations of adversity.

While many of these intervention strategies reviewed were originally created to increase SWB, others are beginning to be tested and show relief of symptoms in clinical arenas with patients suffering from things like depression, PTSD and other adversarial conditions.¹⁸² The problem is that most of the research has been applied and reviewed in controlled western settings. However, because initial studies show promising benefits, there may be some intrinsic value in the concepts.

In the following, I have conscientiously selected intervention strategies, found from both clinical research studies and witnessed in the field, which may be beneficial when expanded in application. I propose extracting fundamental concepts from which very thoughtfully and creatively modified interventions can be developed. The greatest caution is to adopt them in culturally selective and sensitive ways.

5.1 INTERVENTIONS STRATEGIES

5.1.1 NARRATIVE STORY-TELLING

“We are lived by the stories we tell. Beware of the stories you tell yourself (and one might add tell others), for you will surely be lived by them.”¹⁸³

¹⁸² See Kashdan, Uswatte & Julian, 2006 ,pp. 177-199, Seligman, 2007; Joseph & Linley, 2008, pp. 1041-1053, Weiss, 2010.

¹⁸³ Meichenbaum, 2006, p.358.

People are storytellers – and it’s not uncommon for extreme violence or adversity to become an essential role of ethnic, collective, cultural or religious narratives. Trauma tends to put a demarcation in one’s life story – a “before” and “after” the event. There are culturally varied ways of creating or telling a “life-story” from both individualistic and collective ways. These life narratives relate to an “Evolving story that integrates a reconstructed past, perceived present, and anticipated future into a coherent and vitalising life myth.”¹⁸⁴ Cognitive processes (and therefore narratives) as we’ve seen, can try to make sense of the trauma. And the types of stories when told in a culturally sensitive and careful way, can carve the particular pathway towards or away from resiliency and growth.

An account of Ethiopian Jews who immigrated to Israel through Sudan in the 1980’s, illustrates how their narrative shaped their positive course. Theirs was one of identifying central positive themes such as physical and emotional suffering and bravery and inner strength.¹⁸⁵ This type of collective positive social narrative about their journey appeared to create social cohesion and a sense of future directions. Furthermore, constructs can support individuals within groups to collectively cope with adversity. However, I think it’s also vital to consider the needs of those from within the group who may not be coping as well as the others. Each person’s experience will to some degree be unique. So to this means, there can also be some potentially negative effects for a person feeling like there’s something wrong with them if they’re not on par with the collective process. Additionally, groups can also have a negative narrative, particularly seen in societies that have been fraught with compounding generational adversity. Therefore, the collective narrative has the potential to work for or against recovery outcomes.

Richard Mollica, director of the Harvard Program in Refugee Trauma, has articulated another potentially valuable angle in the significance to helping traumatised people tell their stories.¹⁸⁶ He spent thirty years listening to histories from Southeast

¹⁸⁴ McAdams, 1994, p. 306.

¹⁸⁵ BenEzer, 2007.

¹⁸⁶ National Center of Trauma Informed Care under SAMHSA, *Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities*, 29 May 2008, p. 15 available at www.theannainstitute.org/RefugeeTraumaPaperJuly212008.pdf (consulted on 25 April 2012).

Asian refugees. He concluded that “one of the deepest fears for trauma survivors is that they will be unable to reconnect with the normal world – that those closest to the will remain indifferent and turn away from hearing their truth. Providing an opportunity to tell one’s story and to be heard is thus crucial.”¹⁸⁷ Though his point is valuable, it can also be the case that those in social circles of the traumatised person may not understand or show the type of support they need. Loved ones have been known to burnout from hearing the stories of traumatised family and friends. Therefore it could be stressed, that who they’re sharing their story with, is also significant. In particular, those suffering from traumatic experiences are more likely to have growth if they’re in contact during their struggles with others who’ve also experienced the same or similar traumas and perceived benefits.¹⁸⁸ So when appropriate and available, I would suggest Utilising this collective kinship.

Many proactive cognitive behavioural therapeutic (CBT) group techniques work for several reasons. Because the narratives can be guided to intentionally and tactfully engage in the “power of non-negative thinking,”¹⁸⁹ this can move both the individual and the collective towards benefit finding and meaning. Through self-disclosure, people can create and strengthen meaningful social connections particularly kinship with other survivors.

Whether in a group or meeting with a practitioner, storytelling can bring to light instances of joy, appreciation and to find the moments of strength and see what they did to survive and what they were able to get through. This can also be beneficial in identifying and helping them use their strengths, to construct an imagined future narrative with goals. Retelling also helps them gain control by reducing the negative affect associated with the triggers of the story. Changing personal narrative in this way has been correlated to positive symptom improvement from trauma-related anxiety.

THE SCORECARD ON NARRATIVE STORY-TELLING

- ✓ Cognitive Attributes: Appraisal and Processing, Meaningful, Benefit Finding
- ✓ Social: Enhancing Bonds

¹⁸⁷ ibdem.

¹⁸⁸ Weiss & Berger, 2008, p. 100.

¹⁸⁹ Meichenbaum, 2006, p. 356.

- ✓ Specific Coping Skills: Acceptance, Proactive, Reduce Stress
- ✓ Positive Trait Gratitude: Appreciation
- ✓ Positive Personality Traits: Identify Strengths

5.1.2 ACTS OF KINDNESS

The simple happiness intervention of committing *acts of kindness*, has been studied in several research contexts and shows a host of positive outcomes.¹⁹⁰ It enhances social bonds because it fosters the charitable perception within one's social circles and increases sense of cooperation and interdependence. The behaviour also inspires greater liking by others along with appreciation, gratitude and pro-social reciprocity. On an intrapersonal level, the individual is likely to have a greater sense of gratitude for one's good fortune (because you can not give something you do not have), view themselves as altruistic, feel more confident, efficacious, in control of their situation by being able to use their strengths and direct their energy towards helping and alignment of other goals.

For the greatest impact, I would encourage intended recipients of these acts, to be from the immediate social circle for both the reciprocity factor and further evidence drawn from Ed Diener - that fulfilment in specific sub-domains closest and most immediate to people's personal lives, are the most influential on SWB and determinants of thriving and optimal functioning.¹⁹¹ However, the acts of kindness could be adapted in other contexts. I imagine any good will, even when directed to other object, such as animals, environmental, development projects, in which one feels valuable would still reinforce the altruistic component of eudaimonic happiness.

THE SCORECARD ON ACTS OF KINDNESS

- ✓ Affect: Positive
- ✓ Cognitive Attributes: Meaningful
- ✓ Social: Enhancing Bonds

¹⁹⁰ Lyubomirsky, Sheldon & Schkade, 2005, p. 125.

¹⁹¹ Diener, 1984, p. 545.

- ✓ Specific Coping Skills: Proactive
- ✓ Gratitude Trait
- ✓ Positive Personality Traits: Strengths, Positive Identity, Self-Esteem, Conscientiousness, Generosity, Altruism
- ✓ Additional Correlates: Spiritual and Religious

5.1.3 MINDFULNESS MEDITATION

Being present in the “now” tends to happen more naturally for those trauma survivors who have faced death or witnessed great suffering of others. More recent forms of CBT have broadened their trauma research and treatment to include concepts of *mindfulness* (common in Eastern philosophies). This phenomenon is seen in the highest functioning of resilient survivors.¹⁹²

Rather than having to come from an eastern demographic, mindfulness meditation has shown widespread benefits in diverse populations even when there was no prior experience or interest.¹⁹³ Loving Kindness Meditation (LKM), which is perhaps best known specifically in Buddhist spiritual practices, has become the subject of many empirical studies and well-being.¹⁹⁴ LKM looks similar to other meditation practices because it is done in a quiet, seated position with the eyes closed and involves conscious, directed, active, and personalised attention. However, it differs a bit because its focus is directed towards increasing selected positive emotions by evoking feelings of contentment, compassion, warmth and caring for self and others.¹⁹⁵ This cultivation of broadening one’s attention is thought to be associated with a momentary shift in enhancing ones positive affect as well as reshaping one’s life-story, which is compatible with long-term wellness goals.

Neuroanatomy research supports mindfulness based CBT may because “[disengaging from] dysphoria-activated depressogenic thinking might conceivably

¹⁹² Wilson, 2006, p. 437.

¹⁹³ Kabat-Zinn, 1990.

¹⁹⁴ Bien, 2010; Fredrickson, Cohn, Coffey, Pek & Finkel, 2008; Kabat-Zinn, 2003.

¹⁹⁵ Salzberg, 1995.

recruit default network circuitry to help mediate improvement in happiness via a linkage to hedonic circuitry.”¹⁹⁶

In a field experiment of 139 white collar working adults, findings indicated clearly that the regular practice of LKM gradually shifted individuals’ experiences of a wide range of positive emotions such as joy, gratitude, contentment, hope, love, interest, enjoyment, and sense of awe.¹⁹⁷ The consequences of these outcomes were linked to an increase in SWB and fewer depressive symptoms. These increases in positive emotions were also seen as connected to a shift in positive relationships with others as well as good physical health. Their argument suggested, not only did the individuals report higher positive affect, greater fulfilment and satisfaction with their lives, but also that their positive emotions built upon their personal relationships and social support received. In relation to Fredrickson’s broaden-and-build theory, these experiences are complementary and help create an “upward spiral.”¹⁹⁸ Furthermore, the effects were measured and still present weeks after the experiment had concluded.

Because this experiment was done with high functioning and financially secure professionals in the west, their depressive symptoms were likely due to day-to-day stressors – quite different than the type of adversity experienced in trauma and crisis situations. While based on this study, a prudent application to another population would be cautioned, the concept of mindfulness clues exists for trauma survivors.

Spiritual or religious associations may positively or negatively effect its application. The concept of “meditation” could alienate someone with an aversion to anything they sensed as spiritual or religious. A possible solution is to use different terminology and allow the exercise to be done in seated positions most common in that culture. The spiritual or religious associations could also have the opposite positive effects if someone had similar practices embedded within their beliefs or culture.

Meditation may be difficult for many even if culturally appropriate and a desire to give it a try. Victims, particularly if suffering from PTSD may find it unmanageable and

¹⁹⁶ The brain’s default network has been linked to self-awareness, remembering the past and prospecting the future. See additional research in their discussion on the neuroanatomy & brain’s default network on eudaimonic-hedonic interaction. Kringelbach & Berridge, 2009. p. 484.

¹⁹⁷ Fredrickson, Cohn, Coffey, Pek & Finkel, 2008, pp. 1045-1062.

¹⁹⁸ Fredrickson, 2001.

fearful to close their eyes. Negative rumination may be so strong that it creates greater frustration for not being able to sit still, focus or keep the eyes closed. The technique takes some effort. Therefore, I suggest attempting the practice for very brief periods, perhaps just a couple of minutes may be achievable. And if practicing without guidance, I'd suggest finishing the task before it became uncomfortable. That way it would keep it within a range of positive experience more likely to be repeated.

THE SCORECARD ON MINDFULNESS MEDITATION

- ✓ Affect: Positive
- ✓ Cognitive Attributes: Meaningful, Benefit Finding
- ✓ Social: Enhanced
- ✓ Specific Coping Skills: Acceptance, Optimistic, Proactive, Reduce Stress
- ✓ Gratitude Trait: Optimism, Sense of Awe
- ✓ Positive Personality Traits: More Openness to Experiences, Conscientiousness, Empathy, Compassion, Love, Generosity
- ✓ Other: Spiritual and Religious
- ✓ Physiological: Health Benefits

5.1.4 UTILISING STRENGTHS

Part of *Positive Psychology*'s approach is to emphasise goals, interpersonal skills, talents, wisdom and more. They identify six overarching character strength virtues as being seen in nearly all cultures across the world.¹⁹⁹ An intervention strategy here would be inline with a new framework that would take a '...“build-what's-strong” approach rather than a “fix-what's-wrong” approach,²⁰⁰ frequently used in illness models.

One specific study identified beneficial strengths, and then tasked participants to use their top strengths in a new way each week. This could be something such as creativity, leadership, kindness, love of learning, courage and more.

¹⁹⁹ Seligman & Csikszentmihalyi, 2000.

²⁰⁰ Pavot & Diener, 2008, p. 145-146.

Positive Psychology has listed a whole host of virtues. However, I can see this intervention being easily adapted to other pragmatic skills and strengths identified by either the individual or from solicited group feedback. From this point-of-view, strengths can be selected in a very culturally congruent manner. The process of someone identifying their own strengths gives them cognitive appraisal and insight which is more likely to be coupling with concordant behaviour. In addition to increasing pro-active coping strategies and engagement with others, this can increase PWB by congruently aligning and moving someone towards creating opportunities that maximise one's potential in their goals.

Another clinical trial of depressed patients involved an end-of-the day technique in which the individual writes (or contemplates) three things that have gone well that day.²⁰¹ Though likely to express a behavioural experience, it can also have benefits seen in trait grateful and cognitive reframing. The second part of the exercise is to identify “why” it went well. This addition is helpful because it combines further coping and strengths finding benefits (giving one sense of control and insight into their own behaviour), as well as keeping it in the present experience rather than just something from the past. So it deals with “what’s real” and “what’s happening” now.

THE SCORECARD ON UTILISING STRENGTHS IN A NEW WAY

- ✓ Affect: SWB increased and depression decreased in study²⁰²
- ✓ Cognitive Attributes: Appraisal and Processing, Meaningful, Strengths Finding
- ✓ Social: When Goals Involves Others
- ✓ Specific Coping Skills: Style and Focus: Proactive
- ✓ Positive Personality Traits: Strengths, Self-Efficient, Self-Esteem, Creativity, Empowerment

5.1.5 GRATITUDE PRACTICES

Increases in gratitude are a legitimate goal, because they have a huge causal effect²⁰³ that leads to improved levels of well-being and stronger social bonds.

²⁰¹ “*Three good things in life*” intervention. Seligman, Steen, Park, 2005, p. 416.

²⁰² Seligman, Steen, Park, Peterson, 2005, pp. 416-419.

Gratitude interventions are beneficial because they work on numerous states belonging to physiological, cognitive and positive affective conditions. Empirical evidence and theoretical perspectives suggest that happiness and recovery can be increased by practicing specific cognitive perceptions related to *gratitude* such as self acceptance, thoughtful self-reflection, reframing situations in a positive light, being “present”, hopeful, zestful, forgiveness, having a sense of awe and appreciation for beauty and life.²⁰⁴ And in clinical settings, they have been simple and easy to apply through various techniques.

What follows are examples of specific interventions already being employed in clinical settings with some general details about each one. Some are one-off strategies while others involve habitual focusing on and appreciating the positive aspects of life. I would argue interventions that can be self-implemented and used in daily life could have the greatest lasting results.

Grateful thinking and contemplation, referred to, in one 10-week study of two hundred college students, as “Counting Blessings.”²⁰⁵ This is a very general approach, which includes thinking, for a few allotted minutes, in a more globally way about what one is grateful for. What one is grateful for could include things such as other people, tangible and intangible assets, feelings of awe, and sense of beauty, focusing on the positive in the present moment, appreciation for life – understanding that it is short and everything transient. Grateful thinking can also be an adaptive cognitive coping strategy by which individuals positively reinterpret negative experiences and adversity, further building up proactive coping resources and strengthening social resources.

A similar alternative to this exercise frequently seen in many 12-step and other recovery programmes would be to make a simple “*gratitude list*.”²⁰⁶ Both of these techniques are supposed to promote the savouring of positive experiences and situations for maximum satisfaction and enjoyment by extracting as much appreciation as possible.

²⁰³ Kashdan, Uswatte, Julian, 2006, p.178; Seligman, Steen, Park, Peterson, 2005; Wood, Maltby, Gillett, Linley, Joseph, 2007, p. 855.

²⁰⁴ Diener, 1984; Lua et al, p. 182; Lyubomirsky, Sheldon & Schkade, 2005; Seligman, Steen, Park & Peterson, 2005.

²⁰⁵ Emmons & McCullough, 2003; Wood, Froh, Geraghty, 2010, p. 898.

²⁰⁶ Wood, Froh, Geraghty, 2010, p. 897.

*“Letters of Gratitude”*²⁰⁷ or a gratitude diary, work in a similar way to grateful thinking and contemplation, except the expression of gratitude is done intentionally through writing. This differs from general expressive, disclosure or venting types of writing or journaling because the writing is directed towards things of appreciation and thankfulness in a letter format. The letters do not need to be shared with anyone. Studies have found that individuals who expressed gratitude through writing have higher levels of positive affect words, increased words showing insight, are able to create new narratives for understanding and meaning, regain sense of control of experiences and emotions. I argue that this may also draw the same growth and SWB benefits seen with those capable of affect granularity. However, this technique feels very “western” based and I hypothesise is likely to work best with more educated populations. The drawback for any written gratitude exercise is that many victims may be illiterate. Even just lacking basic writing skills can make them feel more frustrated or shame, particularly if proposed in a group setting in which others are able to. Making a record can also have the benefit of being referred back to when feeling low. There can also be a fear for writing something, making it a record that someone else could read. Writing also requires having materials to write with, while cognitive gratitude practices may be better because they can be done anywhere, anytime, in daylight or dark nights, privately or expressed outwardly.

The *“Gratitude visit”*²⁰⁸ was a one-off happiness intervention technique utilised in random-assignment, placebo controlled Internet study on the effects of five different strategies and depression. The direction involved writing a letter to someone in your life whom hadn’t been properly thanked. Once written, the letter was to be given and read in person within a week. Compared to a few other daily gratitude and strength building strategies, this intervention yielded the strongest, immediate spikes in SWB. Unfortunately, in the six-month follow-up results had fallen back to their pre-intervention state, whilst the repetitive gratitude practices maintained slower building yet maintained high levels of reported happiness. Though I can see where this one-off technique can be great to produce a jolt, or strong shift out of post-traumatic rumination,

²⁰⁷ Toepfer, Cichy & Peters, 2011.

²⁰⁸ Seligman, Steen, Park, Peterson, 2005, p. 416; Wood, Froh, Geraghty, 2010, p. 898.

negative and depressogenic states, it appears necessary to combine it with habitual ones.

Another potential limitation to the gratitude visit is that the identified recipient a traumatised person wants to extend this letter to may not be available. Part of their trauma can be due to loss of this person, or separation like in a refugee situation. This could cause more feelings of guilt and pain if the opportunity for face-to-face acknowledgment is no longer possible.

Taking all gratitude strategies into consideration, there doesn't appear to be any real disadvantages associated with the premise of gratitude. But there could perhaps be some negative effects. Traits like incongruent optimism can be considered maladaptive in the wrong context. Though I don't believe it's likely, gratitude could have the same maladaptive capacities, in particular if someone became complacent and too accepting of an intentional injustice like discrimination or a violation. It's important in those situations to feel upset so that corrective action can be taken. Merely suggesting "gratitude" may appear insensitive in many cases and potentially cause resentful reactions. Therefore, the person must show an openness, willingness and interest before it can be tactfully introduced. Someone may also find it very difficult to find anything meaningful or grateful for while in such a traumatically devastated state. Therefore it's important not to make them feel bad for suggesting that they should be able to and that anything may be wrong if they can't. Here, a helping professional may also be able to do some of the work for the victim by acknowledging and normalising their process. And then if appropriate, calling attention, discretely in the form of a question, to things they might be grateful for.

And rather than a technique, but a study identifying gratitude data through interviews from sixty-seven women post-rape, showed a little more than half of them were able to identify positive changes and gratitude when interviewed at day three.²⁰⁹ Though this also means a little less than half didn't identify feeling that way. Therefore, we should not imply or conclude that their response is correct, one-way or the other. This is also where a paradigm shift from the practitioner comes in since some are able to find benefits or things they're grateful for quite quickly and easily. This allows for both possibilities.

²⁰⁹ Frazier & Berman, 2008, pp. 162-163.

THE SCORECARD ON GRATITUDE PRACTICES

- ✓ Affect: Positive
- ✓ Cognitive Attributes: Meaningful, Benefit finding
- ✓ Social: Enhancing Bonds, Altruistic Reciprocity
- ✓ Specific Coping Skills: Acceptance, Optimistic, Proactive, Reduce Stress
- ✓ Positive Personality Traits: Strength Finding, Positive Identity, Self-Efficient, Self-Esteem, More Openness to Experiences, Conscientiousness, Optimism, Empathy, Compassion, Appreciation, Love, Generosity.
- ✓ Additional Correlates: Optimism, Spiritual and Religious
- ✓ Physiological: Health Benefits

5.1.6 COGNITIVE BEHAVIOURAL DIRECTED WRITING

Cognitive processes, in which affective experiences can be modulated, can be manipulated by information and logic. The strength of CBT is that it doesn't require an individual to change the day-to-day situation but rather the cognitive processes behind the understanding and interpretation. So the key is straightforwardly way of starting to think differently about things. In some cases this may be redirecting attention to other proactive behaviours of interest like work, family, social circle, hobbies and religion. Other forms of CBT use writing which appears to move thoughts along rather than the rumination that can happen when the thoughts are "just inside the head."

There has been a large body of work in the past few decades, which shows beneficial healing effects of writing regularly about one's experiences.²¹⁰ Like mindfulness meditation practices, the writing is another way of allowing one to become more aware of one's own thoughts by getting some healthy separation, making sense of the trauma and perspective. This type of introspective writing is quite different than an emotionally charged venting and is more intentionally directed towards noticing one's thoughts. It's possible that cognitive redirection and awareness may be more effective in relieving

²¹⁰ Nettle, 2005, p. 158.

negative affective symptoms more than increasing pleasure, though in some cases this may be significant and enough.

Aside from the same aforementioned drawbacks of writing techniques, I believe the technique is more culturally limited for a few reasons. Giving attention to a traumatic event can be culturally inappropriate or re-traumatising. I suspect this exercise would fair better in an individualistic culture, where taking time to focus on writing for oneself is appropriate. Doing so in a collectivistic culture could seem very selfish and foreign, without any outward benefits for others. Also, narrative storytelling may be more beneficial in collectivistic societies because it draws in social support and bonding shared experiences.

THE SCORECARD ON COGNITIVE BEHAVIOURAL DIRECTED WRITING

- ✓ Affect: Reduce Negative
- ✓ Cognitive Attributes: Appraisal and Processing, Benefit Finding
- ✓ Specific Coping Skills: Proactive, Reduce Stress
- ✓ Positive Personality Traits: Conscientiousness
- ✓ Physiological: Health Benefits²¹¹

5.1.7 FORGIVENESS

Practitioners focus so much on reducing symptoms, they frequently overlook some cultural value in forgiveness. Whilst forgiveness may not change the past, it may widen the future. When contemplating the role of forgiveness strategies, it is essential to be mindful of culture and religious beliefs. Though religious involvement tends to be positively correlated with self-reports of forgiveness,²¹² the domain of forgiveness for both distal and proximate cultural influences can vary significantly. I suggest that self-reports can also be culturally mediated. For example, if someone from a particular religion thought they were suppose to appear forgiving, they may actually rate themselves as more forgiving than they really are. Rather than taking the self-report

²¹¹ Nettle, 2005, p. 158.

²¹² Neto, 2007, p. 2314.

reports at face value, further scrutiny of functional forgiveness should seek more authentic cognitive shifts.

There is no specifically agreed upon definition in the field. Yet most researchers agree it differs from similar associations like pardoning, condoning, excusing and reconciliation²¹³ and look to a more intrapersonal context. Though the cognitive activity of forgiveness may offer many excellent possibilities as an adjunct to other growth interventions, and a willingness to forgive is associated with psychopathological traits integral to positive functioning,²¹⁴ it is not deemed as necessary.²¹⁵

Perhaps some the two most persuading factors correlate intervention-based forgiveness with both a cognitive reappraisal of meaning along with pro-social behaviour deemed agreeable to others. As psychologist Pamela Fischer articulated,

“Some individuals can forgive others for deep injustices and are able to liberate themselves, to some degree from resentment and bitterness and move forward in life. And when individuals reflect on the experience of having coped with a traumatic event, they can acquire a new way of thinking about and understanding themselves and the world.”²¹⁶

Those who are unable to forgive may experience more lasting resentment towards others, which presents itself in less agreeable behaviour. Conversely the pro-social nature of gratitude shows enhanced willingness to forgive.

THE SCORECARD ON FORGIVENESS

- ✓ Cognitive Attributes: Appraisal and Processing
- ✓ Social: Agreeable Behaviour
- ✓ Specific Coping Skills: Acceptance, Reduce Stress
- ✓ Gratitude Trait
- ✓ Positive Personality Traits: Empathy, Compassion
- ✓ Additional Correlates: Spiritual and Religious
- ✓ Physiological: Lowers Scores of Neuroticism²¹⁷

²¹³ Neto, 2007, p. 2314.

²¹⁴ Wood, Froh & Geraghty, 2010, pp. 895-896.

²¹⁵ Fischer, 2006; Lyubomirsky, Sheldon & Schkade, 2005, p. 120.

²¹⁶ Fischer, 2006, p. 327.

²¹⁷ Neto, 2007, p. 2321.

5.1.8 LAUGHTER AND HUMOUR

Laughter has many application advantages containing therapeutic and social support building properties. Laughter not only has virtually no contra-indications, but also simulating laughter techniques can be very easily implemented into recovery programs for individuals or groups. I personally met and took some classes with Dr. Madan Kataria, the founder of a *Laughter Yoga* (something quite different and unrelated to the physical images frequently associated with popular, modern yoga trends), which he started in India. I was impressed with the effects I witnessed, and later to discover a weekly, self-ran group sharing the techniques in a small village community where I was living in Indonesia. There are over 8000 groups now practicing his laughter techniques across the globe, from basic communities to vulnerable populations in prisons, cancer treatment groups and more.²¹⁸ This gives further testament that there is both a desire from vulnerable populations, and the techniques can easily be empowered by and applied across diversified cultures and settings.

THE SCORECARD ON LAUGHTER AND HUMOUR

- ✓ Affect: Positive
- ✓ Cognitive Attributes: Benefit Finding
- ✓ Social: Enhancing Bonds
- ✓ Specific Coping Skills: Reduces Stress, Anxiety, Depression
- ✓ Positive Personality Traits: High Energy, Agreeableness
- ✓ Additional Correlates: Optimism, Humour
- ✓ Physiological: Health Benefits

5.1.9 LEISURE ACTIVITIES

Active engagement in leisure activities is another frequently overlooked resource after trauma. The immediate response may be something along the line of “who has time to think of leisure when there is more pressing issues to be concerned with?” But

²¹⁸ Laughter Yoga, available at www.laughteryoga.org (consulted on 13 June 2012).

social behaviours such as humour, friendship and physical exercise can also contribute to self and community healing.

Intentionally built well-being leisure activities are particularly relevant in vulnerable populations and the right types can foster capacity building in many life domains further allowing realisation of potentialities. This can be particularly true when the engagement is something valued, authentic, mindful, builds on personal and group resources, altruistic, increases positive affect, experiences, laughter and more. There are limitless and highly customisable possibilities for leisure intervention strategies. Activities can draw on a wide range of developmental resources; psychological, social, cognitive, physical and environmental.

Africa Yoga Project is leisure type activity programme I've been following for years, and illustrates successful applications. They've developed innovated programmes integrating teachings and practices of yoga to vulnerable communities in east Africa, including slums, displacement camps, homeless, prisons, remote villages, schools, to HIV/AIDS infected, with a goal to "foster peace, improve physical, emotional, and mental wellbeing, facilitate self-sufficiency, and create opportunities to learn."²¹⁹ In addition to bringing yoga, they've developed a mentorship program where social empowerment and opportunities have been created by educating and using local teachers. And though the communities they work with are exposed to poverty, illness, crime, drugs and more, there is massive interest with classes offered to nearly 4,000 students per week. Their core activities touch on many of the variables supporting PTG and consist of physical yoga practices, meditation, self-exploration through inquiry, health education, relationship building, community activism and performing arts as a vehicle for empowerment.

While many yoga programmes have been taken into vulnerable populations like prisons, orphanages, homeless, recovering substance abusers and cancer patients isn't new, I chose *Africa Yoga Project* as an example since it exemplifies the harnessing of strengths and self-concordant empowerment of the community rather than just delivering a philanthropic service.

²¹⁹ Africa Yoga Project, available at <http://africayogaproject.org/> (consulted on 13 June, 2012).

THE SCORECARD ON AFRICA YOGA PROJECT ACTIVITIES

- ✓ Affect: Positive
- ✓ Cognitive Attributes: Meaningful, Benefit Finding
- ✓ Social: Enhancing Bonds, Altruistic Reciprocity
- ✓ Specific Coping Skills: Proactive, Building Resources, Goal Oriented, Reduce Stress
- ✓ Gratitude Trait: Can Be Implemented, Optimism, Sense of Awe
- ✓ Positive Personality Traits: Strength Finding, Positive Identity, Self-Efficient, Self-Esteem, More Openness to Experiences, Conscientiousness, Empathy, Compassion, Love, Generosity, Appreciation
- ✓ Other: Spiritual and Religious
- ✓ Physiological: Health Benefits

5.2 SELF CONCORDANT MOTIVATION

When it comes to happiness, Aristotelian philosophy suggests that one essential element is that activities be intrinsically motivating and freely chosen.²²⁰ And though there are many factors that lend to whether happiness intervention strategies will be effective or not, research points to favourable gains when motivated, committed, dedicated, exerting effort and habitually performing ones both of interest and congruent with their personal values.²²¹ This self-concordant motivation (SCM) is thought to play a critical role in producing increases in well-being since those habitually performing intervention strategies are more likely to see gains. And those motivated are more likely to show commitment and follow through on exercises they take pleasure in.

Important to whether an intervention activity is enjoyed or not, is whether benefits and meaning congruent with values and goals can be identified. Though it is important to enjoy the activity, some short-term dislike of the exercise (like difficulty meditating) can still be effective, particularly if they know why they are engaging in an intentional

²²⁰ Kashdan, Uswatte, Julian, 2006, p. 180.

²²¹ Lyubomirsky, Dickerhoof, Boehm & Sheldon, 2011, pp. 397-399; Lyubomirsky, Sheldon & Schkade, 2005, p. 120-123; Seligman et. al, 2005; Sheldon, Lyubomirsky, 2006, pp. 73-82.

exercise, and that it can have considerable long-term benefits.²²² Since the effect of goal attainment is in some way dependent on how committed one is to achieving their goal, it's important that they are part of the agreement process and not left in the dark.

It's essential for the person to have a sense of control over their recovery experience, be able to decide how they want to participate, and even have a hand in selecting, which strategies they'd like to use. Conversely, I'd caution against giving too much information. On one hand, no sense of control can be another way of re-victimising and disempowering the person. On the other hand, they can also have a sense of loss of control when new practices are unfamiliar and too much information could have the potential for being overwhelming. Still, others who have an openness and curiosity for something different may continue to probe and want more. This is where a keen helping professional can play a key in finding the right balance. I suggest noticing if and what questions they're asking and message they're sending. Frequently they'll be giving out clues to how much information they'd like. The right balance and cultural considerations can be instrumental in giving them a sense of control rather than being merely passive participants.

5.3 LIMITATIONS AND ADAPTING STRATEGIES

Even after a lot of theoretical dialogue, research and studies, no one intervention is perfect, nor expected to do the job alone. Applying an intervention strategy is not as simple as identifying a type "A" blood accident victim, and transfusing them with type "A" or "O" blood. The science is more complex and every situation will be somewhat unique. Knowledge can be useful, but only if creatively adapted in order to transfer ideas from one country, situation and context to the next. This must be done carefully. Because we can only study the shoes one walks in (or footprint patterns), and never know exactly their experience in these situations, we should allow them to become the experts for us to learn from. This is where drawing aid and support from others in the community, particularly those who have stories of recovery, can be instrumental. They

²²² Lyubomirsky, Sheldon & Schkade, 2005, p. 123.

can be used as reference or as direct helping professionals. They are invaluable for allowing the most efficacious support and uncovering better responses.

How to ultimately choose a specific strategy will vary depending on the person's framework for understanding the world and goals. And some interventions may not be culturally appropriate for some people or groups. It's important to notice the nuances and cultural influences of how those in need might identify, interpret, express, use their language, terminology, analogies, cultural mythologies, beliefs, strengths, needs, personal and social resources, and other obligations in the context of these strategies and where we can meet.

One of the important elements to consider when bridging is the terminology used. Perspective is everything and the way it's framed, delivered and use of culturally and demographically appropriate terms cannot be overlooked. So though I use "happiness intervention" as a label in this section, it is quite unlikely that I would do so in a real setting. Not only can it sound foreign, but it may also be insensitive and disconnected from what's really happening in a situation. For example, though I have given the example of "mindful meditation" practices, I may completely refrain from using that label and simply generalise the description of the practice itself. Even better is to identify something from within the culture that may have a similar practice or meaning and even allow the group to label it would they'd like. This would also allow them to have a sense of control over the experience by importantly making it their own.

But this terminology goes beyond the types of strategies and interventions and can include other nuances like how the victims are referred to and even whether they consider themselves a victim or traumatised. For example, in a case of women refugees from Kosova who had been raped and tortured, they were found to be unlikely to describe themselves as traumatised. Rather they identified themselves in terms of their collective role in the armed conflict.²²³

To move forward, I suggest exploring how and where these interventions can be bridged while remaining open to creating other desirable outcomes that may not have occurred to us. In the next section, I will be doing just that – by illustrating how intervention strategies may look in a hypothetically operationalised scenario.

²²³ Blanch, 2008, p. 13.

CHAPTER 6: A FIELD CASE APPLICATION OF *HAPPINESS*

In this chapter, I demonstrate what a new *happiness* based approach could look like when operationalised in a refugee setting. I've intentionally selected a case with refugee women because they suffer from very compounding and multi-dimensional difficulties. When it comes to refugees, rather than one stressful event, they suffer from a series of repeated negative experiences and trauma that can have harmful effects on cognitive and emotional integrity, coping, sense of agency and choice, place and identity in the world and more. There are many reasons for departing the originating "home." Many cases come from hostile environments in which there has been threat to life and physical security. Fleeing for safety "involves breaking life-long ties with family members, friends, community and cultural patterns."²²⁴ In others there is sure to be at least separation and loss in so many domains. Transit has its own issues creating fear, insecurity and threat from multiple dangers. Transition in refugee camps can be long and uncertain. Adjustments and difficulties arise from the unknown, differences in values and languages amongst other refugees. All of these and more can have devastatingly negative effects on SWB. Recovery in these cases can be influenced by so many variables.

And refugees can not be clumped into one group either, as they have their own diverse differences - reasons of migration, types of violations, differences in cultures, ethnic minorities, conditions of camps, whether it's mandatory, age, whether they have family with them or are expected to be repatriated, what new conditions and culture they immigrate into and how they're accepted and more. This just skims over the potential problems to show why there is no one cookie-cutter solution. Any approach Utilised must be adapted and sensitive to the realities of the people it's meant to support.

I have chosen a case with women due to their additional burdens and need for protection - not that men are not the subject of trauma and adversity, but because they suffer disproportionate vulnerabilities from gender based discrimination, exploitation, sexual abuse and violence. It is recognised that the situation of women requires special

²²⁴ Radan, 2007, p. 151.

protections and measures, as outlined in The Convention on the Elimination of All Forms of Discrimination against Women (CEDWA),²²⁵ and further supported by efforts of UN Women.²²⁶

More specifically, this field report comes from the Trauma Clinic of the Centre of Study of Violence and Reconciliation for a support group assisting women's reconciliation processes in a multi-cultural refugee shelter in Johannesburg, South Africa.²²⁷ Though the field study deals with a moment of time in the refugee camp, I am keeping in mind additional risks before departure, during transit and in resettlement.²²⁸ The report details the group's experiences, challenges, strengths and the (largely western based) therapeutic techniques applied. This is the same previously mentioned group that suggested changing their name from "Trauma Group" to "*Furaha*."²²⁹

6.1 FROM TRAUMA GROUP TO "FURAHA"

This group was facing several challenges and ongoing problems. Participants were from several different countries and cultures including languages. Aside from the vulnerable situation and difficulty of having fled their unsafe conditions, now they were relocated in a place where they continued to have practical issues with child care, food, money, document support, work, crime and looking for new place to live. On a psychological and social level, they displayed low-morale, disempowerment, loss, transience, disconnection from others, stress, were passive, tired, depressed, anxious and difficulty integrating new came and went outside of the scheduled group meeting time. Others would peer in through the open door. Socially they had language barriers, coupled with poor education and struggled with verbal sharing. They had difficulty living peacefully in shared spaces. There was disconnection from others and low social support. Jealousy and gossip were high. Despite squabbles and lethargy within the

²²⁵ CEDWA adopted in 1979 by the UN General Assembly available at <http://www2.ohchr.org/english/law/cedaw.htm> (consulted on 31 May, 2012).

²²⁶ UN Women, available at <http://www.unwomen.org/> (consulted on 31 May, 2012).

²²⁷ Ley, 2006, pp. 1-6.

²²⁸ Weiss & Berger, 2008, pp. 93-104 on PTG and Immigration.

²²⁹ *Faraha* means joy in Swahili.

group, they continued to express the desire for morale and psychological support and continuing the meetings.

The original therapeutic approach was to employ self-expression, communication and group team building work. The few projects that involved non-verbal expression such as creative and symbolic tasks fared quite well. I felt like too much emphasis was put on the traditional western approach of “talk-therapy” which included a lot of discussing and sharing. The women did not get along or communicate well verbally, nor did they feel safe in the group. Conversely, they seemed to enjoy and become cooperative with playful communal projects.

The women were quite inquisitive and wanted to learn more about the therapists, their culture, lifestyle, education, rituals, feasts etc. The groups perceived the therapists as role models. So though the report said the women had difficulty integrating new experiences, I believe their curiosity showed appreciable amount openness. This could've been a valuable opportunity to role-model and introduce new ideas, exercises, and practices that the women seemed curious, excited and interested in. The therapists were unfortunately burned-out, which I believe had negative modelling of lowered mood and morale.

The group opened with someone being able to share about how they were feeling or how their week went. The tone was typically set by the first person that shared, which reportedly would send the group into a negative downward spiral. Pulling from one of the gratitude and strengths finding interventions, I suggest taking a more CBT approach and opening the circle with a more directed question such as “What went well today...and why?” This exercise would draw attention both to a positive, and seeing what led to the positive outcome. This could illuminate strengths within the person sharing, within the others identifying with the sharer, and within the collective, program and more. If other group, community and family members were identified, this could trigger gratitude simply by recognising the altruistic role of others, further making some connections in building social trust. Starting with attention on what went well in the day is not to dismiss any other issues, concerns, negative emotions or traumas that need to be spoken. This is still welcomed and valued. Instead, starting with a question focused on a more positive strength is intended to set a tone, and cognitive process which may

ultimately have the additional benefit of making it a safer place to talk about other issues of concern.

The original group tried to emphasise self-disclosure and sharing. This was typically seen as difficult for the group with one noted exception. It appeared to work during debriefings after a theft and car accident in which a child died. They were able to share about their fears and anxieties at that time and appreciated having the group. There is a productive processing that can allow for validation of their pains and outlets for relief. Here lies delineation between traumas and patterns of negative rumination. Sharing difficulties and struggles is valuable if congruent with the reality of what's happening, and there is a difference between sharing about a traumatic violation and negative rumination feeling hopelessness about a situation. The traumas may be more appropriate to share about in a disclosure way and searching for meaning and support while the general stressors allow for other types of creative and constructive opportunities. And when processing the traumas, it's important to not imply that there was anything positive with the traumatic experience itself, but rather locate the impetus for growth originating from the struggle with the event. Furthermore, growth after traumas should be viewed as originating from within the person and their social supports, rather than the traumatic event itself.²³⁰

Aside from purely sharing about the distress or reconstructing meaning after traumatic events, the other weekly sharing in oral ways was difficult. There could be a number of reasons for this from issues of safety, shyness to whether it was culturally appropriate. Many others, not apart of the group, would ease drop and pop their heads in. Gossip was known to be prevalent. And further, some may be more comfortable with deep sharing only to close family members, friends or religious leaders.

A possible effective way to use verbal sharing is by guiding it towards some nostalgic storytelling about what they loved, what they are grateful for, or a favourite festival or ritual from their life from before at "home." This is thought to serve a few potential benefits. Since the group was multicultural and inquisitive (or "gossipy" as the field report stated), this could allow the group members insight about others' lives in a constructive way. When someone shared, or even listened, this could be their own way

²³⁰ Calhoun & Tedeschi, 1998, pp. 215-238.

of processing through emotions and creating their own life narrative. Recalling things they were grateful for can trigger appreciation for even small things that they can recognise now. And whether the practitioner or by eliciting help from the group, strengths can be identified in someone's story of the past to draw on in the present. And even though they had cultural differences, they could likely find some related connections and see how and where they were similar. They even may be able to find some moments of humour in their stories. Having a connection to other fellow survivors is deemed important for growth. All these things could help build a foundation of group trust. And the group as an entity could be its own barometer of how deep or light they wanted to go with what they shared. This could also bring up a lot of other emotions of sadness, loss, pain, anger and more, which are all appropriate for healthy functioning. Since their openness is only likely to happen in a place they feel supported by and connected to the other women, this could be another indicator that there is perceived trust and social support.

If a pattern of sharing were identified as negative rumination not associated with an injustice, it could be appropriate to explore strength opportunities. A key to this group's success is that the women would be able to take what's learned and integrate it into daily life rather than just a place to share. For example, if a woman was complaining about space issues and not getting along with their neighbour, the leader could guide the discussion towards strengths and noticing the positive. This is an abridged and simplified example just to capture the concept.

Group Leader (GL): Have you ever liked each other or gotten along before...even a little?

Sharing Woman (SW): Not really.

GL: Really never? Can you think of even a small time when you did?

SW: Well a little bit in the beginning when my family and I just arrived.

GL: Okay, it sounds like they were welcoming which I'm sure felt really nice.

SW: Sure, but it's different now.

GL: On a scale of 1-to-10, at it's best, how well would you say you got along before?

SW: Two.

GL: Okay, two. What happened/what did you do that you were able to make it a two?
(Identify strengths – call attention to positives – when the opposite may have been true)

SW: *(she may share any number of instances or a situation that the leader can pluck strengths out of)*

GL: Great. Do you think you could make that number a three?

SW: I don't know. Maybe.

GL: What would you do differently to make it a number three?

Again, any number of responses may emerge. The leader would need to look for things in which SW could take very small and simple proactive steps for a sense of self-empowerment rather than creating more negative talk, rumination and social discord. It would be ideal for cognitive processing if they could self-identify. The group support and their inquisitive nature could also play a helpful role in finding solutions. In this way, the women contributing solutions are also aiding their own recovery by attributing themselves with the altruistic role of helper.

Stressors and trauma can develop into negative beliefs about the goodness of others and fairness in their surroundings. So it may not be uncommon to see broad and sweeping negative rumination. And a positive change in philosophy of life and sense of person strength and spirituality are associated with less distress.²³¹ If a woman, or even group, was complaining that today is just awful and that everyday is always awful, the group leader could redirect towards small philosophical shifts in beliefs by noticing any instances that weren't awful, something that may have gone well. The more specific details the leader can elicit, the better. This can also be role-modelled for others to participate in benefit finding. If it's simply noticing a positive, this is helpful for a sense of gratitude and challenging negative rumination. If the women were able to identify positive behaviour, rather than a generic positive, this would be even more advantageous.

The losses in their lives run deep and should not be overlooked. I suggest an exercise that incorporates identifying both what they have and haven't lost. Being able to express sadness, anger, and frustration as well as some positives they still have can both be an outlet as well as identifying some enduring strengths and qualities. If the group were

²³¹ Linley & Joseph, 2004, pp. 11-21.

literate, a simple writing list exercise would be employed. Though this is not likely. Inline with their project and creative tendencies, I can see an art inspired approach. Two very large poster-sized papers could be laid out on the ground. As a group, one poster would be designated for them to draw what they missed and lost. On the other sheet, what they were grateful for and still had. They group could then decide if they'd like to hang them on the wall or do something else in a ritual form with them.

Building on their curiosity and value of educating, I would teach them what resiliency, PTG, and pro-social behaviour were. But of course without using that terminology. The original group leaders did employ some techniques of telling animal stories that had signs of cunning and strength. The women would finish the narrative and it seemed to work very well for them. Since it was a positive exercise, I would continue to elaborate on this theme by having them create stories both from animals that show pro-social behaviour and others that seem to be adaptive and resilient. Further direct connections could be explored in their own lives. Have they noticed any time where they became stronger after something happened and why? And if it was too difficult or uncomfortable for them to identify or disclose something about themselves, they may be able to identify someone within their family or community that they've noticed this to be true.

In order to create a greater sense of empowerment, boost strengths and congruence with a sense of accomplishment, I would adapt one of the strengths building interventions. Where the original clinical intervention identified more specific virtues, I would expand this to include any identified positive strength, area of competence, and skill. This could be anything from being good at creating things with their hands, being the best bread maker, having the loudest voice, being perceived as fair and just and on and on. Once a specific strength were identified, either by the woman, group or with the leader's help, I would assign the task for them to look for a new way to use their strength outside the group during the week. If they were familiar with a word similar to "homework," this would be changed into something like "home-*play*." At the next group meeting, they could be given the space to share about what they did. This gives the one who'd tried or thought of something new a sense of accomplishment and

empowerment. It could motivate others in the group by role modelling how to adapt their strengths.

Because there was a lot of pettiness in the group, another “home-play” game would seek to elicit more altruistic behaviours through “acts of kindness.” This strategy could be adapted in many different creative ways to inspire greater liking within the social circle and charitable reciprocity. It could identify another person in the group who they thought could use extra support that week, or be adapted to someone on the outside.

An additional “acts of kindness” adaptation would be to involve the entire group in supporting their community. Though they seemed to do well with group projects while in the group, they didn’t seem to continue getting along well outside. I would have them come up with ideas and structure the execution of a group “act of kindness” exercise that they could do together. The original group leaders had them do a drawing type craft exercise in which they had to work together constructing a make-believe communal garden. Though the exercise seemed to be liked, I believe it can go farther. If healing were considered from the context that some communities seem to recover better when they are involved in physical work and reconstruction,²³² then this could be integrated into the group. From a post-conflict case in Mozambique, being actively engaged in everyday life was seen as the most significant part of the healing process and “proactive activity could itself be considered the main agency of healing.”²³³ The difference is that this community is still in transition, so they are not rebuilding their new homes for permanent settlement. I do however think adapting it to active involvement in contributing to the community through group efforts that support the greater welfare can be vital. So if this exercise were to adapt, it could be from something very simple to complex, requiring them to come up with the object of their giving, along with a creative and appropriate way to carry it out. Whenever possible in this and other exercises, the group is encouraged to be an active part in generating the specifics. In this way, the group would be able to appropriately select the best fit. To give the project a greater chance of follow-through success, the goals, roles, timing and details should be agreed upon while in the session. In addition to the empowerment, their involvement

²³²Gibbs, 1997, pp. 227-238.

²³³ idem. p. 232.

would allow for better congruence of values, goals, sensitivity, solutions and ideas that an outside group leader may not have even thought about, whilst serving a greater good for the community and potentially having synergistic and reciprocal benefits.

The “gratitude visit” intervention could prove potentially difficult in its original form, though an adaptable approach could work well. In its original form it would identify someone that hadn’t been properly thanked and require the giver to read a letter in person. The problem is that the person may not be physically present (or living), and many of the women could not read or write. In an adapted version, I would suggest the women to identify anyone, or collective, in the refugee camp whom they were grateful for and hadn’t been properly thanked. Suggested ideas could be someone from within the group, a family member, another family, neighbour, aid worker, a store, child or familiar face from their daily life. The idea here is to build on their immediate social resources and build on reciprocity. If they weren’t able to read and write, this could turn into another craft project by making a small token gift. When they give the symbolic token they could tell the other simply that they would like to thank them for whatever it is that they hadn’t been properly thanked for. There could be some potential trouble depending on whether it was culturally appropriate to give a small symbolic token, or to share with someone in that way - for example if it were someone of the opposite sex. This is likely to be eluded since the woman would be able to select the other person herself. And if she was particularly shy or it wasn’t culturally appropriate, it could also be turned into a secret random act of kindness.

Exposure and interaction with other resilient woman can help model and give hope about healthy coping. And refugees frequently create surrogate type families and communities while in transition. There can be value in building upon a more deliberate role-model structure. Depending on the best cultural fit, it could be something like a big-sister/little-sister or another appropriate analogy. This modelling would build social support, friendship, and altruistic behaviour as well as educate about effective skills.

Laughter exercises may be so intriguing and different from what they expected to show up for in a “trauma group” that it’s likely to make them laugh and draw in other curious onlookers. The group laughter session could be reserved for the women’s group only. Or if they felt safe to expand, I would encourage attendance to allow others in the

community interested to join in and participate. There is manual²³⁴ of laughter yoga exercises with suggestions for different populations. Some could be used directly out of the book while others could easily be adapted. Besides the positive affect and health benefits, it can give their minds a break from negative rumination in a social exercise, which anyone of all ages, and languages can participate in. And if it was well received with more interest, I would encourage it to evolve into it's own self-ran group practice. With a little oversight, training and direction, others from within the group can put their strengths to use in this creative and fun way and offer it as a social activity in the camp.

Religion and rituals were an important part of life for many of the woman. They seemed to do well connecting with symbolic gestures. This could be integrated and Utilised to a greater potential than what was being done. Involving a ritual to promote a sense of collective transformation of traumatic experience help them find meaning, strength, and comfort. There may be a way to incorporate simple rituals or traditions within the group as well. Suggestions can be taken from the group on how they'd like to open or close the group. This could be through a very small gesture, song or something that someone from outside the group demographic may not have instinctually considered.

A few things can be done to end the group on a positive note. Currently the group was using a mediation type relaxation technique, which involved visualising an inner "safe-place." Some of the women liked this, while others said they didn't feel safe when their outer experiences were so terrible. Since the technique showed some interest and gains, I think it can be improved upon. I would continue to have it a guided mediation since it is easier to follow than trying to do it alone, and the key would be to focus the attention in a particular direction. If adapted towards the LKM approach, the leader could draw the story towards themes or noticing compassion, warmth and caring while further encouraging them to silently fill in the gaps or even reshape one's story. For example, the leader could specify different particulars someone is grateful for by prompting them to imagine "another woman who's smile or laugh lights up the room," "a specific meaningful relationship," - "something they think is beautiful," - "sacrifices

²³⁴ Laughter Yoga Manual, available at www.laughteryoga.org/downloads/Leader%20Manual.pdf (consulted on 27 June 2012).

or contributions others have made for them, their family or community,” - “any advantage or opportunity they’ve had at this time or in the past,” or “something they’ve never notice that they’re thankful for but can identify now.”

To allow them further use this of strategy outside of the group, I would encourage them to access it as a healthy outlet for affect modulation. In a time of stress or needing to emotionally regulate, they can simply close their eyes for a minute and think of things they’re grateful for, or refer to a prayer or something that gives them comfort.

An alternative or additional finish could easily pull on their cognitive and gratitude resources and symbolic expression. I would have them share one word about something they’re grateful for. And if they’d agreed on a symbolic or traditionally meaningful way to end the meeting, I would want them to close in a way making it feel like their own.

6.1.1 Further Application Considerations:

Promoting well-being and post-traumatic growth for these women (or any group) means more than merely implementing specialised intervention techniques. It needs to involve integrating valuable knowledge, support from family, friends, role-models from within the group or community, peers, spiritual leaders, religious community and other traditionally used mechanisms for collective support. The small social networks, surrogate families, and connections with whom they interact with on a daily basis can provide meaningful social support systems, significant to emotional support, growth and influence their adaptation.

Showing up to the group though helpful is insufficient. In order for it to be truly effective, the foundations for growth are solidified outside of the group time. This is why it would be crucial to have “home-play” type of exercises. The more the practices can be integrated, reoccurring and self-sustained, the more effective they can be.

In line with a broadened paradigm juxtaposed to the illness model’s approach, it’s important not to pathologise the suffering of these women, by assuming that they’re all traumatised or identify them as victims. This was identified in this group, at least with the terminology, as they didn’t want to be identified as a “trauma group.” Though it’s safe to assume they’ve all undergone very difficult experiences, and may benefit from

some kind of support, they are not all in the same level of need or appropriate to be labelled. One model, symptom designation or style of intervention cannot be applied in the same way. Instead, a broader array of strategies that respect the individuals' personalities and community culture is more appropriate to their collective healing process.

It's important not to insinuate feeling bad if they're suffering or not happy. Happiness is not always the end-all, be-all solution and goal. In some cases, particular if the trauma was quite fresh, happiness would be absolutely the wrong response. There is a reason and value for a range of emotions. There is a time for these women to be joyous, and a time for them to be fearful, anxious, angry and so on. The ones who are healthy and adapted will be able to access and show congruence with a wide range of responses. They'd also do well to be discontent for any injustices done to them along the way. This may be from traumas they've experienced before fleeing and also any shortcomings to the fulfilment of their needs while in the camp. A level of discomfort mixed with well-being is more likely to produce a voice that demands change and injustices to be righted.

Aid workers and helping professionals can also suffer from severe burnout and depressive symptoms working with traumatised and vulnerable people.²³⁵ And keeping with the spirit that you can not transmit or share something you haven't assimilated, the therapists may very well benefit from many of these techniques they're espousing as well.

6.2 GENERAL LIMITATIONS

Just as no fixed diagnose or plan of recovery can be applied, neither can the guarantee of growth or resiliency. There is a broad range of subjective responses which may be due to independent reasons or which are culturally prescribed. Indeed, the paradigm and expectations of professional helpers can be expanded, however even

²³⁵ To see more on quality of life suggestions for trauma workers, see Larsen & Hudnall Stamm, 2008, pp. 275-293.

under the most optimal conditions, not all traumatic experiences or stressful events will lead to growth or resiliency. People and their communities may be damaged and unrecoverable for life. If helping professionals know that growth is possible, they can look for strategic opportunities to keep from thwarting potentials, particularly when the possibility for growth is desirable and appreciated. On the other hand, if professional helpers are solely fixed on expectations for growth, this narrowed view can re-traumatise someone by making them feel as if they are poor copers choosing to hold onto unnecessary pain.

Not all traumas are equal in their psychological, social and physical impact and vary greatly in their stressor dimensions. Differences can be expected in the type of trauma and whether it was a single event or a series. Those intentionally inflicted with cruel and inhumane intent can have vastly different effects than accidents, or those caused by natural disasters. Events happening to one person or a few can have quite differing consequences than that which has permeated every strata of the social environment. A community with a history of recurrent adversity is likely to have a collective psychology, narrative and reactions dissimilar to those who haven't experienced it within recent generations. Adversity impacts different sectors of the population unfairly. Those who are vulnerable, poor, sick, weak, mentally ill, disrespected and have fewer opportunities and resources will suffer more.²³⁶ Social settings embedded with distrust, suspicion, injustices, corruption and unfairness all effect conditions for recovery. Country and communities are not equal in stability, democracy and opportunities to realise eudaimonic happiness. Therefore someone recovering for example in Sweden may have vastly different outcomes than someone in post-conflict Sri Lanka. And still, refugees or other traumatised may still suffer even when their new circumstances afford them greater security and a host of opportunities. An environment fostering safety and all these variables influence outcomes.

Further research and studies are needed, since most of the clinical evidence has been drawn from western-based sources. Luckily, budding empirical studies such as gratitude practices with PTSD diagnosed combat war veterans (the first study known to employ

²³⁶ Tov & Diener, 2009, p. 22.

these techniques in a post-traumatic population),²³⁷ as well as lessons learned, have begun to emerge from various populations and cultures from around the globe.²³⁸ Though findings are promising, taking what's learned and generalising its application to diverse populations can yield unwanted implications. We cannot assume that this can be generalised across all cultures and violations. Cases can be pulled from the unfortunate number of violations and catastrophes. And each presents innumerable variables. However, if we carefully and sensitively examine the lessons learned, coupled with a fresh understanding of a wellness paradigm, it can surely result in creative and adaptive intervention strategies.

Happiness is one way, but should not be assumed as the only way or approach. What each culture values or would direct their attention to can vary. Though most in the world express wanting happiness, this does not mean it's valued the same, deeply meaningful, desired to the same degree or the ultimate goal. For many, being a martyr, making sacrifices for the community, family members, delayed satisfaction etcetera have more value. For this reason, the concept of life-satisfaction must be built on a foundation of their own nature, values, goals, interests and needs.

²³⁷ Kashdan, Uswatte, Julian, 2006.

²³⁸ Weiss & Berger, 2010.

CONCLUSION

7.1 WHAT WE KNOW:

A number of researchers and thinkers have argued that the ability to be happy and contented with life is a central criterion of positive well-being and life satisfaction. Besides just appearing to be more flourishing (both inward and outwardly), research shows happy people are more likely to gain tangible benefits in many different life domains from their positive state of mind.²³⁹ Evidence is pointing towards the relationship between high levels of life satisfaction and happiness to a wide range of human rights and important life domains, such as physical and psychological health and social relations. The numerous, positive by-products can be beneficial to individuals, families, and global societies.

International obligations acknowledge both damage done to victims and a commitment to pursue happiness. In addition to its application of recovery after extreme situations of adversity or trauma, a broadened happiness paradigm may also provide greater resources across many beneficial spectrums. This is being further affirmed by implication of The United Nation's Resolution 65/309 in Happiness.²⁴⁰ As a result, happiness was officially added to the agenda in the Rio +20 United Nations Conference on Sustainable Development held this June 2012²⁴¹ and is meant to be at the heart of Member State initiatives for further development, and contributions of shared information.

Recovery after trauma is more than simply “returning to normal.” And what is “normal” after someone has experienced a gross trauma and adversity such as rape, violence, genocide, torture, starvation, ethnic cleansing, and starvation – violations that

²³⁹ See Diener, 1984; Taylor & Brown, 1988 for further studies for effects on positive mental health, Lyubomirsky, King, & Diener 2004; Fredrickson, 2001 for research on other positive by-products and as referenced by Lyubomirsky, Sheldon & Schkade, 2005, p. 111.

²⁴⁰ The United Nations, Resolution 65/309. Happiness: towards a holistic approach to development, *A/RES/65/309* (public), 19 July 2011, available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/420/70/PDF/N1142070.pdf?OpenElement> (consulted on 6 May 2012).

²⁴¹ Rio +20. United Nations Conference on Sustainable Development 2012, available at <http://www.uncsd2012.org/> (consulted on 03 July 2012).

have profoundly disrupted and permeated a multitude of lives? When an individual, community or state is brought to grave states of vulnerability, how can symptom elimination constitute “normal” for the individual and collective?

Current post-traumatic recovery models are just not good enough. They are insufficient for the attainment of true happiness and return to dignity. Much of the approaches to remediation, research and psychological treatment have been skewed towards the “illness model” of functioning that view victims’ adaptations through the lens of pathology rather than health. What the illness model does is make miserable people less miserable, damaged communities less damaged, and the prospect that victims will suffer less. Its focus is on ameliorating the adverse effects that have disrupted normal patterns of daily living, rather than determining the processes by which they can transform the psychological and physical traumas into the best possible outcomes.

The famous quote, “What does not kill me makes me stronger,”²⁴² from Friedrich Nietzsche expresses the notion that adversity makes people stronger if they can survive it. It is not the trauma or adversity that makes one stronger, but the processing, shift in self-regulation, perception, reinterpretation of life’s goals, values, identification of strengths etcetera all geared towards survival that can bring perceived positive changes.

Research reveals similar variables between what creates “happy” people and what those demonstrating PTG or resiliency. And because research suggests that intervention strategies for psychological resilience “can be learned, modelled, imitated, analysed...and taught in preventative ways as posttraumatic education,”²⁴³ these attributes will be useful in developing specific intervention strategies later.

7.2 HOW CAN IT BENEFIT?

When happiness and well-being needs are actualised, they allow for greater human capacities, which become capabilities. The human capacity for well-being, for example,

²⁴² Nietzsche, 1888, cited from, http://en.wikiquote.org/wiki/Friedrich_Nietzsche (consulted on 14 June 2012).

²⁴³ Wilson & Agaibi, 2006, p. 375.

implicates a need for happiness. Unless this need is satisfied, the capacity for well-being will not develop properly and limit intrinsic potentials for autonomy, agency and human freedom.

A happiness recovery paradigm is a way of describing, noticing and allowing greater potentials for communities and people, both in terms of what is and what it ought to be. A limited paradigm on humanity and potentials sets beliefs that include limiting statements and assumptions regarding what can, and what cannot exist. A broadened paradigm expands what can be discovered or done for traumatised people, and how it can be known and done. The model extends several benefits – dignified, expansive, happier, more resilient, potentials for greater outcomes. In addition to defining what goals can be expected in recovery, a new paradigm suggests what goals humanity and human rights attention should pursue.

Though indeed multidimensional and riddled with negative symptoms, emotions and adverse effects, there is also great value in studying and supporting what drives traumatised individuals towards health and happiness. As we've seen, approaches of happiness and positive emotions can be vehicles for individual growth and social connection. We can support the bodies of knowledge, which employs these new notions of positive emotions strengthening recourses and reorganise opportunities for increased resiliency, happiness and SWB. The approach shows that by looking at an individual's strengths and potentials, people have the opportunity to transform their trauma and adverse experiences.

Our growing knowledge about the properties and function of happiness and the various situations in which it provides advantages for can provide valuable insights and foundations for individual and community interventions, for both traumatised and vulnerable populations. Perhaps most hopeful is if these new discoveries and possibilities can be embodied within the structures of organisations and programmes supporting goals for the development and attainment of a range of human rights. But rather than just adding happiness interventions to existing programs of recovery, this would entail a paradigm shift in the way we think about intrinsic values within human life experiences.

Drawing on some of the current information and empirical findings – happiness, well-being and gratitude related variables are correlated to resiliency,²⁴⁴ greater self-regulatory and coping abilities, bolstered immune systems, relationships to survival and greater longevity,²⁴⁵ then building these characteristics in vulnerable populations can be an important sustainable development objective. The plethora of benefits occurring from these practices could serve to build social bonds, empower local communities, build strength, improve physical and mental health, bolster resilience and strategies, educate and other advantageous resources during untroubled times, which would then become additional aids to people and communities for living full and productive lives. This compelling evidence for creative ways to implement happiness can prove useful for policy makers, governments, various programmes, community centres, social activists, hospitals, institutions, schools, employers and more to direct attention and resources that implement frameworks for collaboration of sustainability and happiness.

7.3 WHERE TO GO FROM HERE?

The study of approaches to aiding resiliency and posttraumatic recovery should incorporate positive forms of coping and growth. Having a full understanding how experiences of trauma and adversity can be transformed into adversarial growth is critically important to the approach, development and integration of recovery programmes to best aid those affected.

Even when a happiness and PTG model is desired, how do we bridge the gap between researchers and policy makers wanting objective definitions and qualifiers and imperfect concepts of happiness and well-being which are based largely on subjective measures? How do we measure it? What's the barometer? Although the definitions and values can be illusive, and further differ in cultural contexts, this can also be an advantage since different aspects of it can be emphasised depending on what happiness

²⁴⁴ Wood, Maltby, Gillett, Linley, Joseph, 2007.

²⁴⁵ See Aspinwall 1998; Fredrickson & Joiner 2002; Keltner & Bonanno 1997 for further research on coping abilities as referenced by Lyubomirsky, Sheldon & Schkade, 2005, p. 112. See Lyubomirsky, King & Diener, 2005 for further research on health benefits, increased life-span & survival as referenced by Pavot & Diener, 2008, p. 141.

means to them, in their lives, for attaining their goals, needs and more. This flexibility would allow people and communities greater autonomy, by becoming their own experts, allowing for both universal applicability and diverse variances.

The World Happiness Report²⁴⁶ commissioned for recent United Nations Conference on Happiness, looks to address some of these plaguing issues. This can give some guidance on addressing problematic issues when trying to regulate or implement it into policies.

The collective, individual and even opposing viewpoints are valuable in paving new pathways. Each person and community should have the right to select the most advantageous path towards greater capacities for happiness, well-being and freedom. This is another way of allowing happiness and well-being to become democratically implemented in various programmes and policies. But without proper discourse and transmitting lessons learned, the pathways may be obscured from view and impassable from those who could benefit the most.

Though laws and policy changes march along with science, they are frequently limping behind. The time has come when the changes within the international community have begun to mirror the intrinsic values of happiness by humanity. It could not have come at a sooner time. Policy-makers, politicians, advocates, academics, helping professionals are revisiting what the world's potentials are, and have begun in earnest with “the pursuit of happiness” as a fundamental goal.²⁴⁷ Therefore, inspiration for recovery approaches could not be more timely, and appears to be in direct line with what Assistant Secretary-General to the UN Development Programme reflects on as the need to study inspiring stories to “highlight the importance of aspiring towards transformational change in our programming and offer clear findings that will provide momentum to take us forward.”²⁴⁸

²⁴⁶ Helliwell, Layard, & Sachs, 2012.

²⁴⁷ The United Nations, Resolution 65/309. Happiness: towards a holistic approach to development, *A/RES/65/309* (public), 19 July 2011, available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/420/70/PDF/N1142070.pdf?OpenElement> (consulted on 6 May 2012).

²⁴⁸ Email from Olav Kjørven, Assistant Secretary-General, United Nations Development Programme, 23 November 2011.

Aspiration of a broadened paradigm, on how we view humanity and potential outcomes is perhaps captured by Baha'i International Community's address to the UN World Summit on Social Development:

The turmoil now convulsing human affairs is unprecedented, and many of its consequences enormously destructive. Dangers unimagined in all history gather around a distracted humanity. The greatest error that the world's leadership could make at this juncture, however, would be to allow the crisis to cast doubt on the ultimate outcome of the process that is occurring. A world is passing away and a new one is struggling to be born. The habits, attitudes, and institutions that have accumulated over the centuries are being subjected to tests that are as necessary to human development as they are inescapable. What is required of the peoples of the world is a measure of faith and resolve.²⁴⁹

²⁴⁹ Baha'i International Community, cited by Penn & Malik, 2010, p. 666.

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