Got Joy?
The Art of Happiness and Emotional Resilience as a Valuable Leadership Practice

Dr. Miko Rose
Assistant Professor
Joy Initiative Program Director
Michigan State University, Department of Psychiatry
College of Human Medicine
College of Osteopathic Medicine

"The one thing that can solve most of our problems is dancing."
James Brown
Dedication

To all medical students and physicians who have grappled with emotional distress and despair.

Outline

- Rationale: General population
- Rationale: Physicians
- Review of literature: Positive psychiatry
- Wellness programming at MSU
- Tools and techniques: Sample exercises
Goals

- Laugh
- Learn something that will change the way you feel

Mindfulness exercise: pens
Rationale: General Population

Each generation since 1900 has seen a higher incidence of depression.
- 1/25 approximately 1900; 1/5 or greater approximately 2000.

Seen in all industrialized countries
- Exceptions?: Maybe tightly knit non-industrial groups

Reason is unknown:
- Possibly change in social values?
- Change in diet
- Depression as an inflammatory disease?
- Unknown stressors?

Rationale

- Approximately 400 physicians commit suicide each year.
- Medical student burnout is estimated at 49-51%.
- Suicidal ideation is estimated at 11.2%.
- Burnout correlated with higher incidence of medical errors and decreased compassion in patient care.
- Physicians have a higher prevalence of suicide than the general population. *70% higher for male physicians 400% higher for female physicians.*
- Suicide was the only cause of death with risks greater for physicians than the general population.


What is Positive Psychiatry?
Victor Frankl 1905-1997

Martin Selgman
1998 American Psychological Association
What is Learned Helplessness?

Learned Helplessness
Martin Seligman, 1967
Learned Helplessness

- 1:8 dogs, helpless at beginning (before “training to learn helplessness”)
- 1:3 dogs did not learn helplessness

What is it about some people that imparts buffering strength, making them invulnerable to helplessness?

What is it about other people that makes them collapse at the first inkling of trouble?
What is Positive Psychology?

Well-Being Theory

PERMA

got joy?
Are Happy People Healthier? Do they really live longer?

The Nun Study (Danner et al., 2001)

Only positive feelings predicted longevity

Age 85: 90% of most cheerful quartile alive; 34% of least cheerful quartile alive.

Age 94: 54% of most cheerful quartile alive; 11% of least cheerful quartile alive
Heart Health & Happiness

- Erik Giltay in Holland followed 999 older men and women for ten years
- The upper third in optimism had half the heart attacks of the bottom third


Happy people...

- Work: better evaluations, higher pay, gainful employment more likely
- Select higher goals
- Perform better
- Persist longer
- **Endure pain, greater pain tolerance (ice bucket)**
- Take more health and safety precautions when threatened
- More likely to demonstrate altruism
- Less likely to die (half as likely)
- Less likely to become disabled

Seligman, 2004
Productivity

Happier people are more productive.

- Meta-analysis of 225 academic studies, researchers Lyubomirsky, King and Diener found strong evidence of a correlation between greater life satisfaction and successful business outcomes. (7)

- Innovative companies, such as Google, have extensive employee support programs to enhance well-being and increase productivity.

- Even, physicians, when in a study were provided with words of appreciation, were more creative and 50% more accurate at diagnosing patients when positive reinforcement was provided. (8)


What is Positive Psychiatry?

Success

Failure
What Positive Psychiatry is NOT...

- Does NOT imply that “the rest of psychiatry” is negative
- Is NOT “denial of the distressing, unpleasant or negative aspects of life”
- Is NOT an “effort to see [the negative aspects of life] through rose-colored” lenses

What is Positive Psychiatry?

GOAL: Flourishing
The goal of this study was to examine the efficacy of elements of mindfulness meditation, positive psychology and cognitive behavioral therapy on life satisfaction, happiness, and overall well-being.

Purpose

Literature: Medical Trainees

- Mindfulness
- Cognitive Behavioral Therapy and Positive Psychology
Literature Review

- **Mindfulness** meditation has been demonstrated to decrease symptoms of anxiety, including when provided in training sessions for medical students. (4)

- **Cognitive Behavioral Therapy and Positive Psychology** exercises have proven effective in decreasing depression symptoms and improving positive attitude and happiness/outlook on life, for the clinically ill and for people without pathology. (5,6)

Methods

- Resident physicians created and taught 60-minute weekly classes for 10 weeks at the Michigan State University College of Osteopathic Medicine.

- Half of each class was devoted to mindfulness training, and the other half of each session was devoted to Cognitive Behavioral Therapy.

The Joy Initiative

Would you like to experience more joy in your life? Does all this study of medicine make the “big picture” seem like a distant memory?

Come join us for a resident physician-directed class focused on enhancing and maintaining joy in your everyday life! We’ll be teaching mindfulness meditation and techniques that you can use for yourself, and your future patients—to focus on increasing your level of happiness and overall life satisfaction. This class will meet Tuesdays at 5:00pm, for 10 weeks, starting March 13. Lasting 60-minutes, with an optional 30-minute Q & A session afterwards. Dinner and materials will be provided. You’ll also be assisting with research in positive psychology. Even if you cannot attend the class, you may be able to participate.

If you’re interested, or for questions/more information, please email Miko Rose, DO (PGY-2, Psychiatry) at miko.rose@gmail.com. Faculty advisors: Alpex Say, DO, Dale D’Mello, MD, Albert Aniskiewicz, PhD and Christopher Giuliano, PhD.
Measures

- **Scales:** The Beck Anxiety Inventory (BAI), The Fordyce Happiness Scale, and the Authentic Happiness Inventory were used to assess the impact of the intervention.

- **Timing:** These surveys were administered at the outset, midpoint and termination of the 10-weeks intervention.

- **Controls:** Control data was collected from medical students who did not participate in the class sessions. The survey data was analyzed using SPSS software.

Beck Anxiety Inventory

- The mean BAI scores of participating (intervention) students declined from 12.8 (SD=8.1) to 6.8 (SD=6.8).

  ANOVA F=4.77, df=1, p=0.04.
Beck Anxiety Inventory

Intervention vs. Control

- The mean BAI scores of participating (intervention) students declined from 12.8 (SD=8.1) to 6.8 (SD=6.8).
- The mean BAI score for the 79 students in the control group was 9.7 (SD=7.5).

ANOVA F=4.77, df=1, p=0.04.

Fordyce Happiness Scale

Intervention Group

- The mean FHS in Intervention Group increased from 7.64 to 7.80.
- Difference in mean scores did not meet statistical significance criteria.
At the conclusion of the 10-weeks intervention the mean FHS of the Intervention Group was 7.8 (SD=0.46) vs the Control Group 6.83 (SD=1.97).

The differences in the mean values were not statistically significant.

The mean Authentic Happiness Scale Score increased in the Intervention Group from 79.23 to 87.3.

ANOVA F=3.5, df=3, p=0.017
At the conclusion of the 10-weeks intervention the mean Authentic Happiness Scale Score of the Intervention Group was 87 (SD=13.9) vs the Control Group 75 (SD=12.3); ANOVA 8.8, df=1, p=0.004.
Dilip Jeste, MD,
2012 American Psychiatric Association

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The Joy Initiative
The Many Faces of War:
Guest speakers, Dean William Strampel and Hideo Snider

RSVP: Dean William Strampel and Mrs. Hideo Snider, survivors of the Hiroshima atomic bomb, will be leading the discussions. Many students know Dean Strampel served in the armed forces, but most are unaware of the challenges he faced during his years of duty. Mrs. Snider, a former hospital social worker and Hiroshima atomic bomb survivor, will describe her direct experience of the war and how she not only adapted but survived under the most extreme of circumstances.

Please join us for these engaging monthly, open discussions to share your views, offer suggestions and receive support. All minority-identified medical students and their supportive colleagues are welcome to attend. As a bonus, a catered dinner is provided at each meeting.

Monday, December 2nd from 5-7pm
Panel Room, C-102, Faa Hall

Please RSVP by Wednesday, November 27th at noon by following this link to the Google document link/spreadd Sheet: [https://docs.google.com/spreadsheet/…]

Questions and inquiries may be directed to Dr. Wilma Rose, Project Director [Wilma.rose@wisc.edu]

Sponsors: Salina P Reese, DDS, WMA Satterfield Fellow, Dean William Strampel, DDS, William Falls, PhD, Alan Lin, MD, Jane Tiongco, MD, Christine PR, PhD, NSC/NIH Office of Student, Internship, Residency, NSC-109 Energy Goddess, NSC Department of Psychiatry
Monthly Joy Initiative Dinners

Student Services Funding for other Joy projects

Added staff positions to support for outreach and inclusion

Pre-orientation Programs

SNMA

Formal Elective in Joy and Resilience added to medical school curriculums

Post Study Outcomes

Increasing medical student Participation in wellness elective

Expanding into wellness programs in graduate medical education
Sample exercises (time permitting)
Vision-video Eco Comm

Self care and Self compassion -exercise
Happy Habits

- Handouts: sample joy lists
- Joy list exercise
- Bubbles
- Homework:
  - Personal joy list
  - Complete one

Goals

- Laugh
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References


Additional References


