

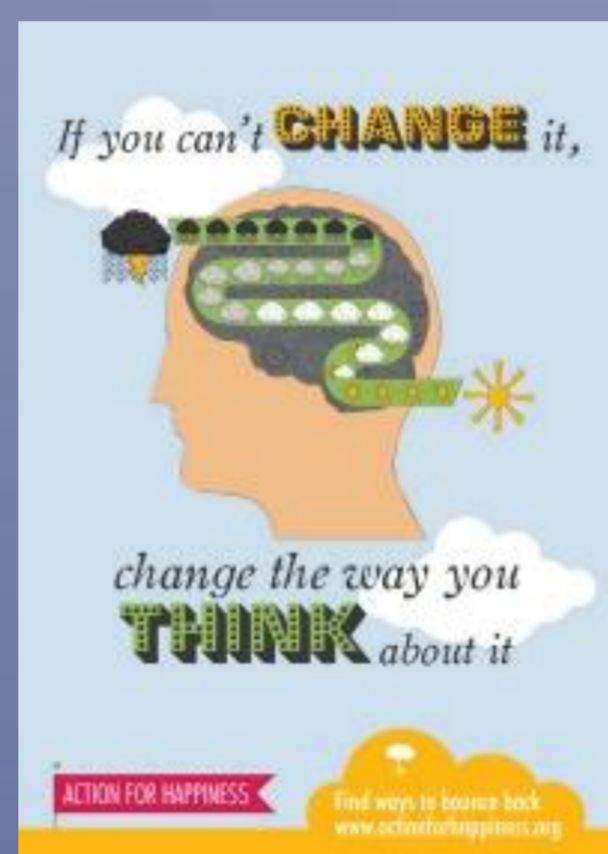
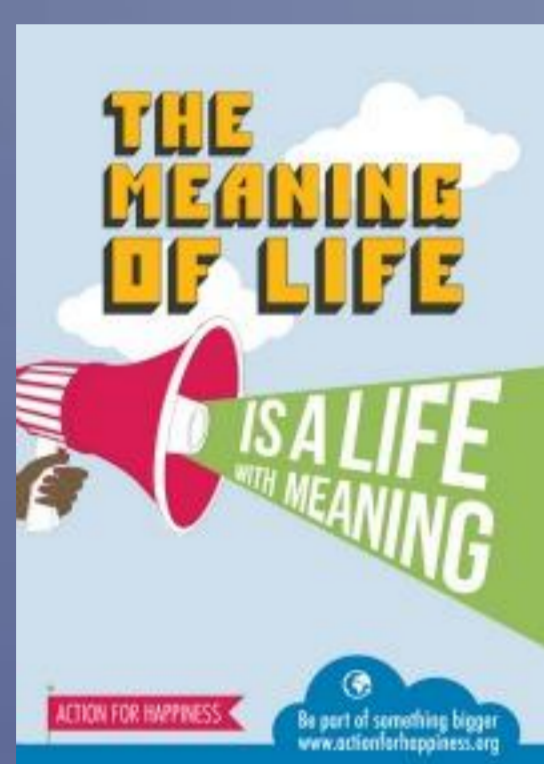
# Associations between happiness and health

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## Background

Chronic disease is the biggest health issue of our time and cardiovascular disease (CVD) is predicted to be the leading cause of death worldwide by 2030 (World Health Organisation, 2008). Positive psychology is a relatively new discipline that is interested in positive emotions and provides researchers with the option to study character strengths, virtues, optimism, happiness, and well-being. The aim of this research was to examine the relationships that may exist between CVD risk factors and between health behaviours and happiness.

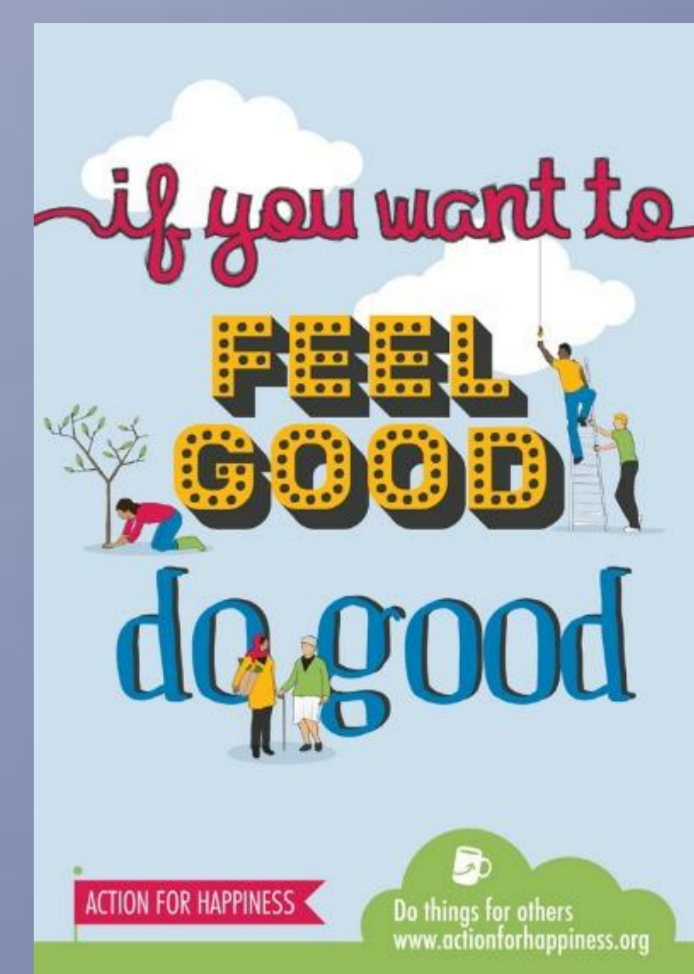
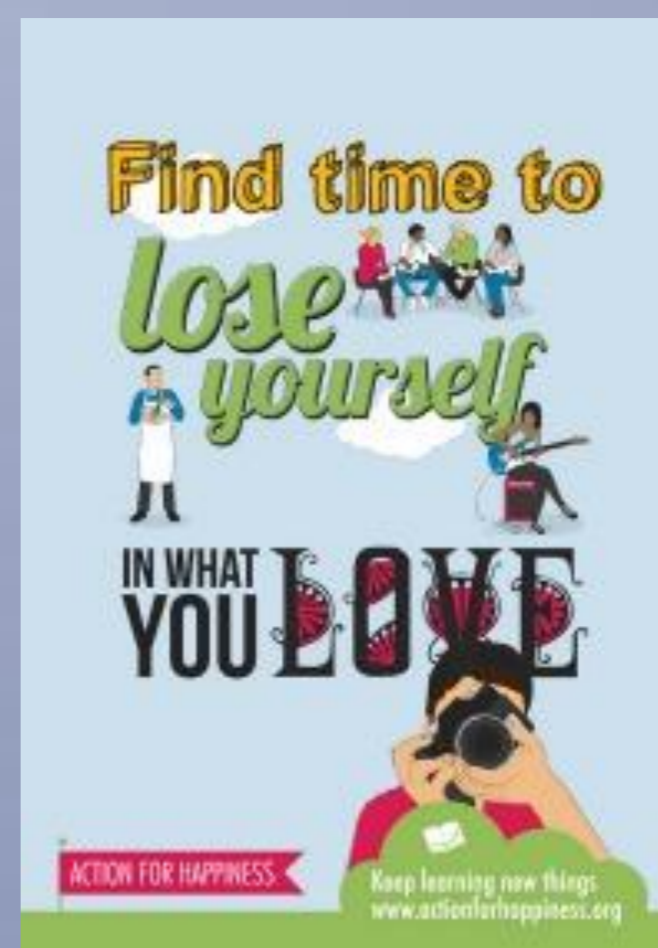


## Methods/Results

In this study a sample of participants (n=195) underwent a CVD risk assessment and answered three questionnaires: the Authentic Happiness Inventory (AHI), a physical activity and nutrition patterns questionnaire, and a demographic survey. Pearson's correlations were conducted to examine associations between the AHI sum results and each demographic and health variable. Only trivial or no significant associations were found. Analysis of variance revealed small differences in happiness scores by ethnicity (Asian Indians were the happiest ethnic group), total cholesterol and low density lipoproteins (LDL) cholesterol (the lower the total cholesterol and LDL cholesterol the higher the happiness score). Bivariable and multivariable logistic regression were used to further examine relationships between variables and AHI classification (lowest versus highest tertile of AHI). After elimination of non-significant factors, only smoking status remained associated with AHI classification ( $p = 0.016$ ). This indicated that non-smokers are happier than smokers in this sample and this is consistent with other research. Overall there was little evidence of associations between happiness and health variables. Whether this was because of homogeneity in happiness scores or a real lack of association is unclear. Happiness can be difficult to examine due to the fact that many people report being at least moderately to very happy regardless of how they may actually be feeling.

### References

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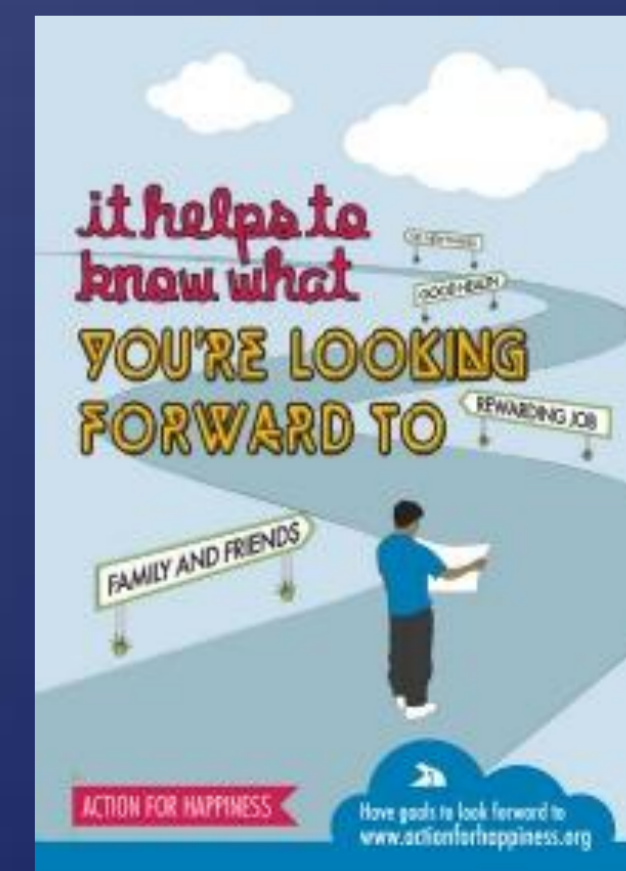
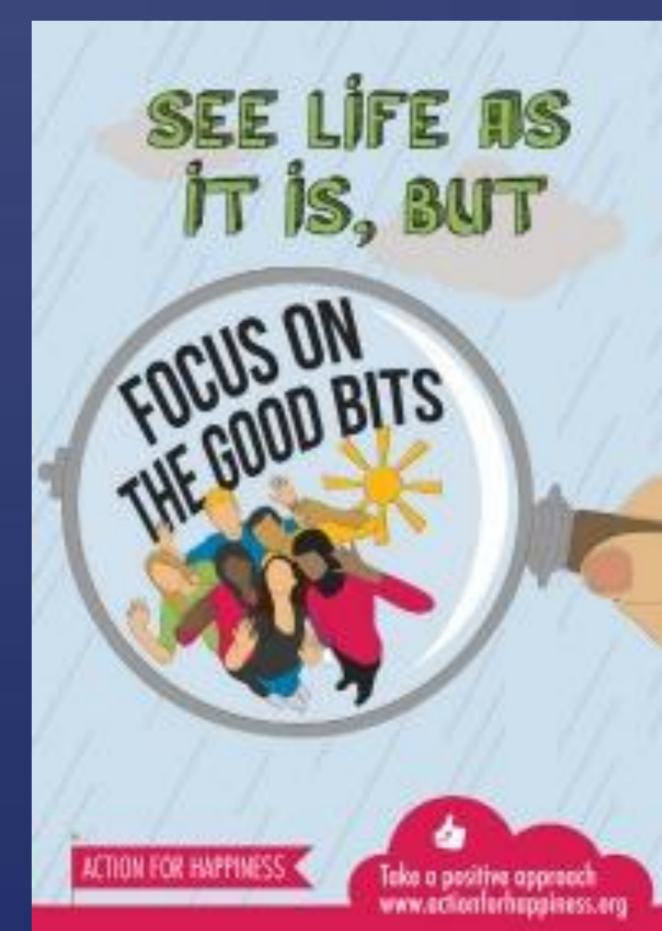
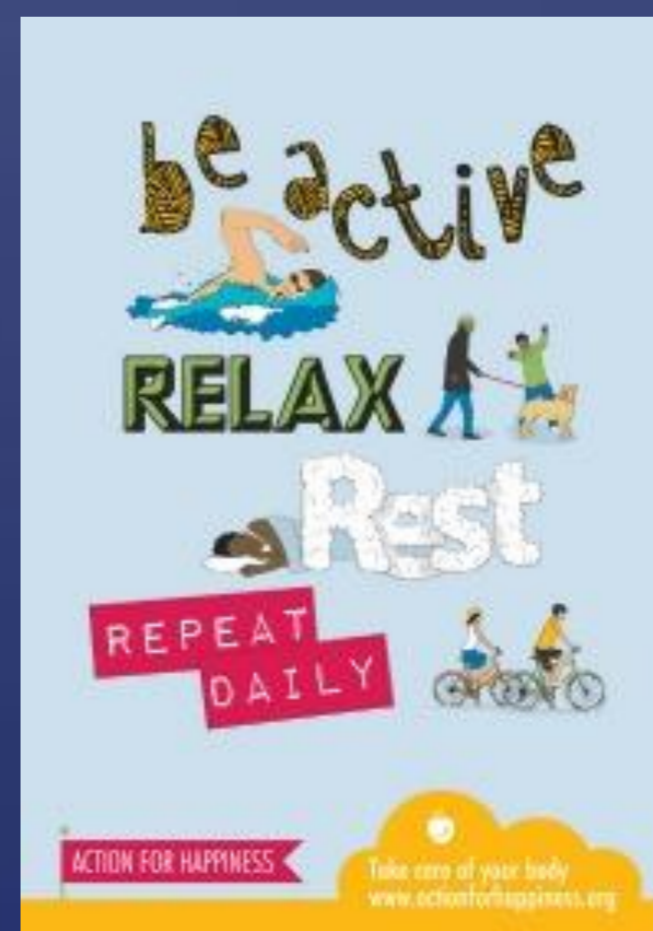


## Conclusion

A cross-disciplinary approach of psychology and public health could allow us to move beyond the current deficit model that exists in medicine and public health. This deficit model, to borrow a metaphor from Gable and Haidt (2005), attempts to bring people up from negative eight to zero, whereas a positive health model could help people rise from zero to positive eight. In real terms, traditional CVD and chronic disease prevention and management is focused on lowering risk factors and minimising harmful health behaviours which, to date, has not succeeded in bringing about sustainable behaviour population change. By adopting well-being as a goal of positive health, we may be able to change the negative health behaviours that contribute to CVD and chronic disease, into positive health behaviours that decrease chronic disease while promoting positive health.

Happiness may not be the best measure of psychological well-being and an alternative known as flourishing was promoted as a new goal of positive psychology. The focus of positive psychology is well-being and the gold standard for measuring well-being is flourishing. The ability to measure well-being means Positive Health, a new field proposed by Seligman (2005), could link health with positive psychology to improve health outcomes and well-being. The approach of positive health could provide us with the vehicle to take us full circle back to WHO's optimistic definition of health in 1946 and make it a reality in the not too distant future:

*A state of complete positive physical, mental and social wellbeing and not merely the absence of disease or infirmity", (WHO, 1946).*



Images from [www.actionforhappiness.org](http://www.actionforhappiness.org)



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