

Symposium Positive Psychology

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Optimal Experiences and Occupational Health

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PhD Stipendiat

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[Theoretical background]

- Positive organizational psychology
- Assumptions
 - Positive experiences have positive effects on well-being and health
 - Positive and negative experiences are not necessarily opposite ends of a continuum

[Aim of presentation]

- To propose some theoretical distinctions of state positive experiences
 1. State positive experiences is better understood as two different dimensions, i.e. positive emotions and optimal experiences
 2. These two dimensions are related to occupational health in different ways
- Preliminary results

How does positive experiences influence health?

- Positive experiences influences health in different ways
 - Encourage health enhancing behaviors
 - Lower levels of stress hormones and stronger immune system
 - Building resources to cope with stress
 - Closer social contacts that facilitates approach behavior
 - Limbic structures contain the primary mediating neuronal pathways involved in emotion

Positive emotional style (PES): Short review of literature

- Negative emotions have long been accepted as predictors of increased risk for illness and mortality
- Review suggest PES is associated with
 - Lower morbidity
 - Decreased symptoms and pain
 - Increased longevity
- Strongest association between positive emotion and health are found in studies examining **trait** emotional style rather than **state**



- Nun study (Danner, Snowdon, & Friesen, 2001)
 - Number of positive emotional words and sentences in diary when young increased probability of being alive 60 years later
- Positive emotional style (PES) (Cohen et.al., 2003)
 - High levels of PE less likely to develop cold when exposed to virus (controlling for age, sex, immunity, education and negative emotions)
 - Report fewer symptoms, less pain and better health
- Famous psychologists, positive words in bibliography and association with longevity (Pressmann, 2007)
 - "Activated" positive words like engaged, inspired and curious had effect on longevity, not positive emotions
 - Lived on average 5,5 years longer

[Recent debate on operationalization]

- Positive experiences are not all the same...
- Optimal experiences is recognized by physiological/emotional arousal
- Scales consist of both positive emotions (happy) and optimal experiences (engaged, inspired)
- Confounding effect of optimal experiences on positive emotion?

[Emotions has an important function in regulation of behavior (Vittersø)]

- Ex positive emotion PLEASURE:
 - Signalizes well-being, a “return to homeostasis” message
 - Arousal reduction
 - Cognitive flexibility
 - Broadens up attention
 - Builds social relations, foster cooperation and playfulness
 - Driven by the “liking” system (opiates, oxytocin, vasopressin)
 - Regulate bodily processes such as feeding, drinking, temperature regulation (e.g. Panksepp, 1998)

[(Vittersø)]

- Ex optimal experience INTEREST:
 - Signalizes commitment and expectation
 - Postpones homeostasis
 - Arousal increase
 - Motivates problem solving, narrows attention
 - Effort and exploration
 - Important in building skills
 - Not a particular social emotion
 - Driven by the “wanting” / “seeking” system (dopamine) (e.g. Berridge, 2004) (see Vittersø, 2007)

[Preliminary results: Research questions]

- Positive experiences in specific situations at work
 - Do they represent two different dimensions, i.e. positive emotions and optimal experiences?
 - Do these two dimensions relate to occupational health in different ways?

[Method]

- Sample Norwegian Occupational Health Services (N=475)
- Sample cross-sectional within health services, mean age 48 (SD = 10) 65% female and 25% male
- Data collected by means of a questionnaire spring 2006
- Included a section with the Day Reconstruction Method, followed by positive and negative experiences
- Analyses included exploratory factor analysis and Pearson's correlation

Exploratory factor analysis state episode

	Factor		
	1	2	3
Interest	,859		
Engagement	,829		
Challenge	,822		
Creative	,761		
Inspiration	,744		
Anger		,775	
Frustration		,759	
Displeasure		,739	
Sad		,716	
Fear		,584	
Joy			,907
Happy			,907

Principal Component Analysis. Explained variance 66%

Exploratory factor analysis state episode

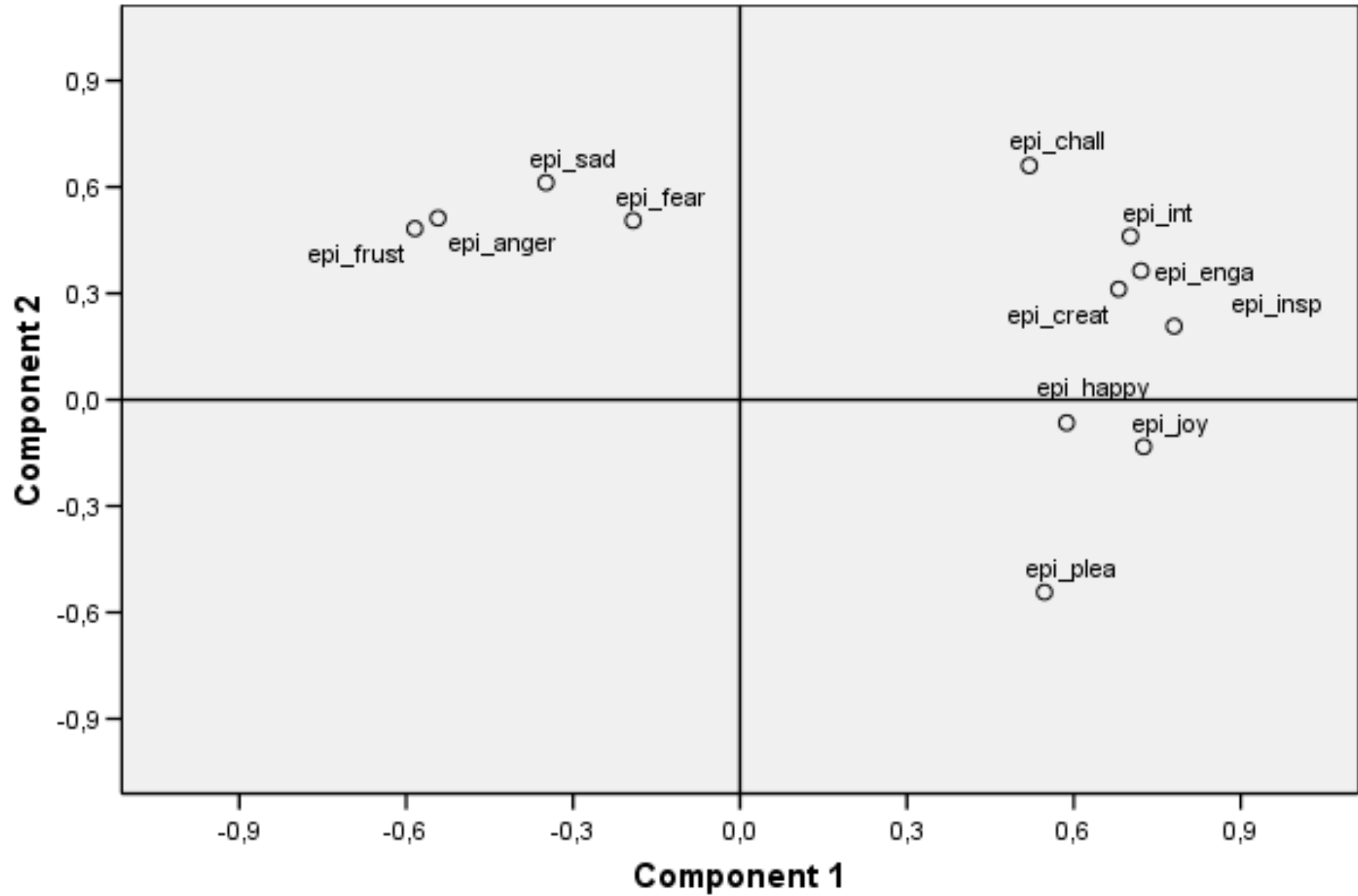
	Factor			Chronbach alpha
	1	2	3	
Interest	,859			Factor 1 = .86
Engagement	,829			
Challenge	,822			
Creative	,761			
Inspiration	,744			
Anger		,775		Factor 2 = .77
Frustration		,759		
Displeasure		,739		
Sad		,716		
Fear		,584		
Joy			,907	Factor 3 = .85
Happy			,907	

Principal Component Analysis. Explained variance 66%

Pearson's correlation

	Optimal experience	Positive emotion	Negative emotion	Subj. health	Sick presence
Positive emotion	,42**				
Negative emotion	-,14**	-,20**			
Subjective health	,06*	,02	-,09**		
Sick presence	,01	-,03	-,08**	,36**	
Sick absence	-,01	-,01	,01	,38**	,59**

Component Plot



[Implications]

- Small effects, but
 - Only four situations over the course of one working day
 - Linear correlational methodology itself is inadequate to identify the phenomenological experience of happiness and well being
 - State positive experiences can explain only a limited amount of health
- Overall, there is provocative evidence that trait PA may influence health and well-being

[Why is this important?]

- Theoretical as well as empirical presentation
- Although small effects, on to something important?
- Next step – gather data on a larger episodic scale / larger sample
- Practically, if we aim at facilitating positive experiences because it is important for well-being and health, we need to know what kind of experiences we should aim for

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