



# **Say Yes to Satisfaction: A Positive Approach to Sobriety and Well-Being**

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**Washington University in St. Louis**

# Distinguishing Pleasure from Satisfaction

- Pleasure and Satisfaction are frequently confused with one another but are very different
- Pleasure is transient and a response to external stimuli, like sex or drugs
- Satisfaction is lasting and a response to internal meaning, like a parent making a sacrifice for the benefit of his or her children
- A life of satisfaction is healthy and happy whereas a life spent in pursuit of transient pleasures is unsatisfying, self-defeating, and often self-destructive

# (Intro) How can we eliminate drug dependence?

- What do mental health professionals need to do to prevent drug and alcohol dependence?
- What do people want and need for themselves?
- What changes are needed in society to improve people's well-being?
- What is the main problem with mental health care today?

# Major Observations and Recommendations

- Saying “No” to transient pleasures leads to frustration of desires and high risk of relapse into persistent addiction
- Saying “Yes” to lasting satisfaction leads to health and happiness, even if it requires letting go of transient desires to obtain what you really want
- Freedom and Responsibility emerge together with Positive Sobriety when people pursue lasting satisfaction and well-being in their life
- Health Care efforts need to focus on prevention by helping people recognize what each person truly finds can give his or her life meaning and satisfaction
- People need to actively redefine and clarify the important goals and value of society as a whole, which today is often confused with consumerism, celebrity, and the self-defeating pursuit of sex, wealth, and power

# What's the problem with mental health care ?

- **Mental disorder is the leading cause of disability worldwide among persons age 5 and older (Murray & Lopez, WHO, 1996)**
- **Acute response to treatment, such as CBT or medication, is only moderate (50-65% vs 30-45% placebo response) (Walsh et al, 2002)**
- **Drop-outs, relapses, and recurrences occur in most people who request treatment**
- **There is no diagnosis or correction of underlying causes producing the symptoms**
- **Focus on pathology is impersonal, demoralizing, stigmatizing and counter-therapeutic**
- **In sum, burden is large and standard symptomatic treatments are weak, incomplete, temporary, impersonal and stigmatizing**

# Health – WHO Definition

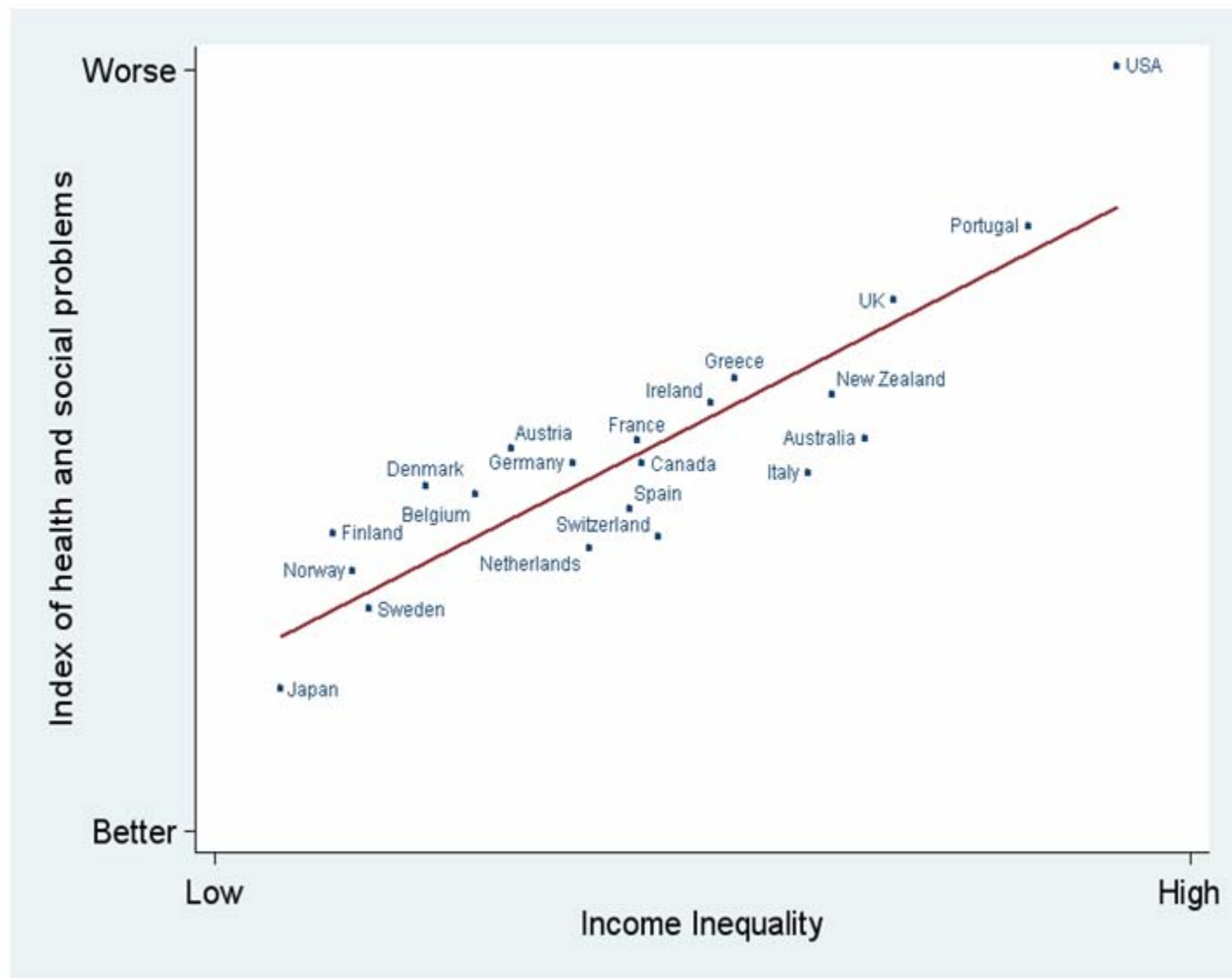
- A state of **physical, mental, social, and spiritual well-being** in which the developing person
  - Realizes and uses his or her own abilities
  - Can cope with the normal stresses of life
  - Learns to work productively and fruitfully
  - Learns to contribute to his or her community
- **Indivisible from physical health**
- **More than the absence of disease**

Herrman H et al (2005)

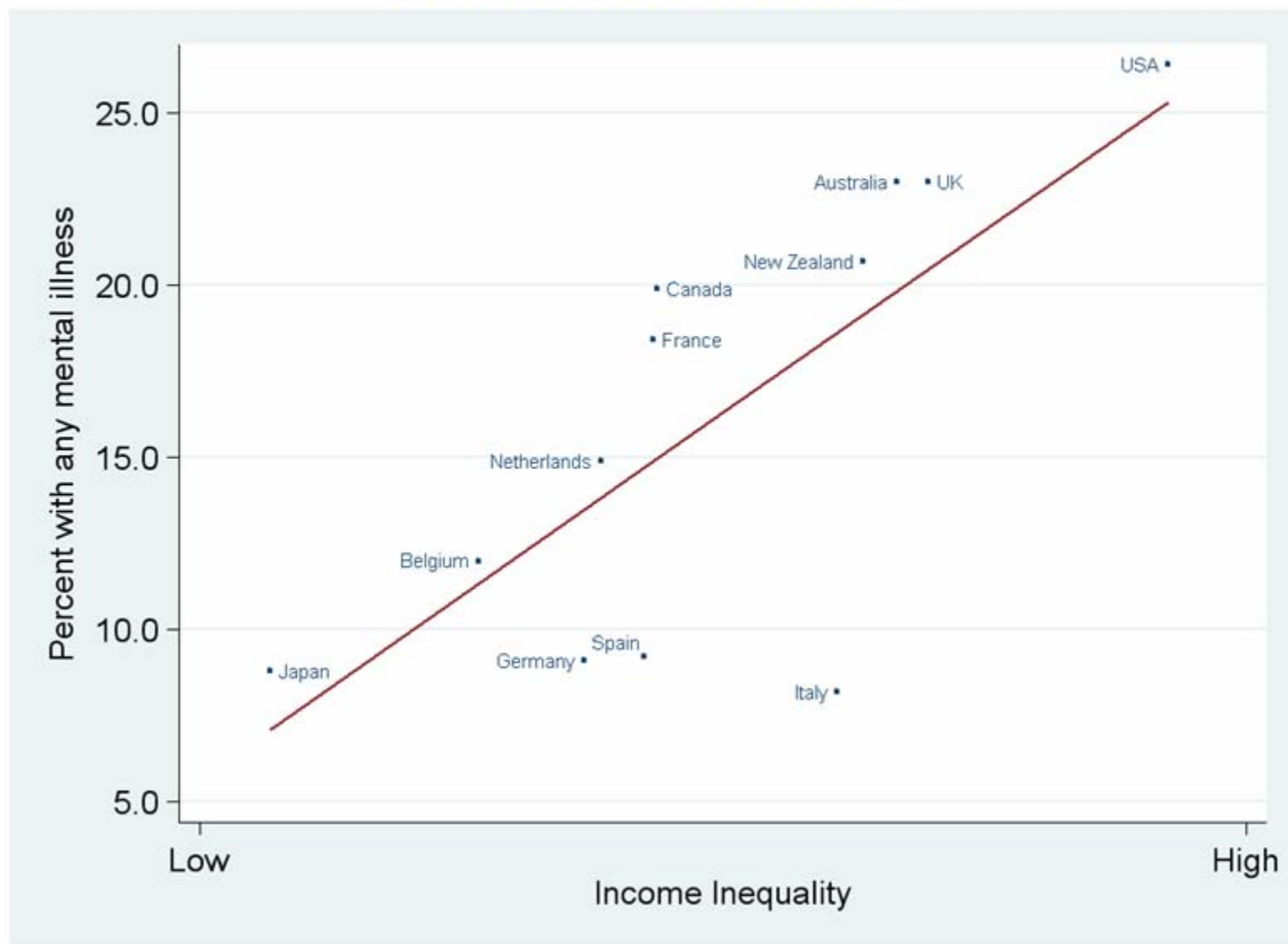
# Health and Social Problems are Worse in More Unequal Countries

## Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



## The Prevalence of Mental Illness is Higher in More Unequal Rich Countries





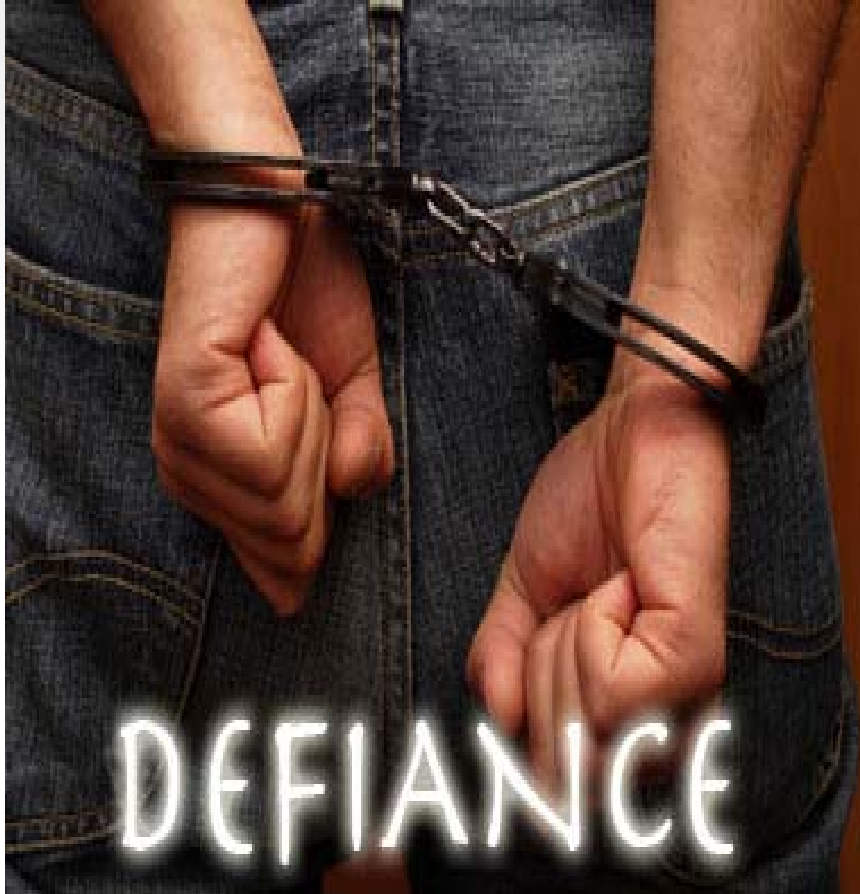
# What Really Kills People in the US?

**Table 2. Actual Causes of Death in the United States in 1990 and 2000**

Actual Cause	No. (%) in 1990*	No. (%) in 2000
Tobacco **	400 000 (19)	435 000 (18.1)
Poor diet and physical inactivity *	300 000 (14)	400 000 (16.6)
Alcohol consumption **	100 000 (5)	85 000 (3.5)
Microbial agents	90 000 (4)	75 000 (3.1)
Toxic agents	60 000 (3)	55 000 (2.3)
Motor vehicle *	25 000 (1)	43 000 (1.8)
Firearms *	35 000 (2)	29 000 (1.2)
Sexual behavior *	30 000 (1)	20 000 (0.8)
Illicit drug use **	20 000 (<1)	17 000 (0.7)
<b>Total</b>	<b>1 060 000 (50)</b>	<b>1 159 000 (48.2)</b>

\*Data are from McGinnis and Foege.<sup>1</sup> The percentages are for all deaths.

# An outlook of Separateness leads to a troubled life



- Whatever causes feelings of separateness leads to distrust and ill-being
  - Social inequality
  - Disrespect or Stigma
  - Abuse (sexual, physical, psychological)
  - Aggression (war, fighting, bullying)
  - Lack of opportunity or hope

DECEMBER 9, 1995

\$1.95

# TIME

**SPECS SPEED EVERYWHERE**  
The U.S. Roundup  
Accelerates



## Children Having Children

Teen Pregnancy  
In America



## SHATTERED LIVES



Portraits  
From  
America's  
Drug War

by Mikki Norris  
Chris Conrad &  
Virginia Resner



# TIME

SPECIAL REPORT/SCHOOL VIOLENCE

Is Jeff Gordon good for NASCAR?  
JIM CRAMER on should you day trade

## HOW TO SPOT A TROUBLED KID

DEPRESSION: Do pills  
help or hurt?

How bad is the  
copycat problem?

The tide turns  
on guns

JOE KLEIN: HOW CONSULTANTS RUINED POLITICS

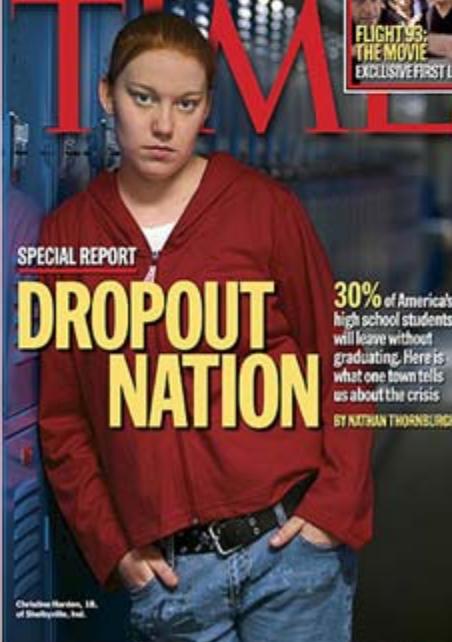
# TIME

FLIGHT 93:  
THE MOVIE  
EXCLUSIVE FIRST LOOK

SPECIAL REPORT

## DROPOUT NATION

30% of America's  
high school students  
will leave without  
graduating. Here is  
what one town tells  
us about the crisis  
BY KATHAN THORNBURGH

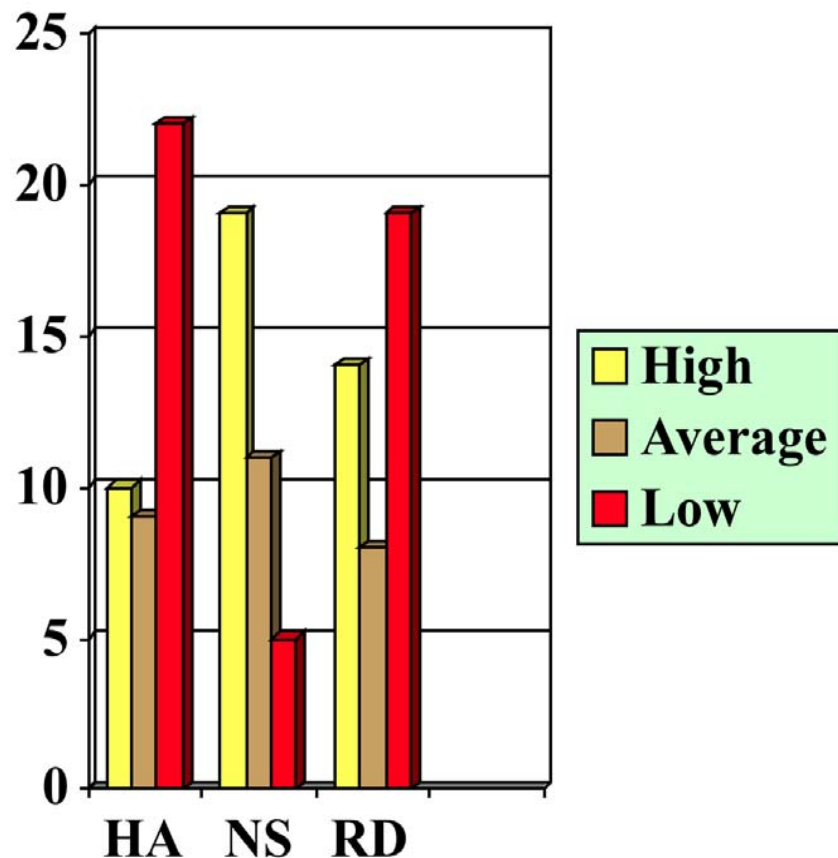


Christina Harkins, 18,  
of Shelbyville, Ind.

www.time.com AOL Keyword: TIME



# Prospective Predictors of Alcoholism -- Childhood Personality



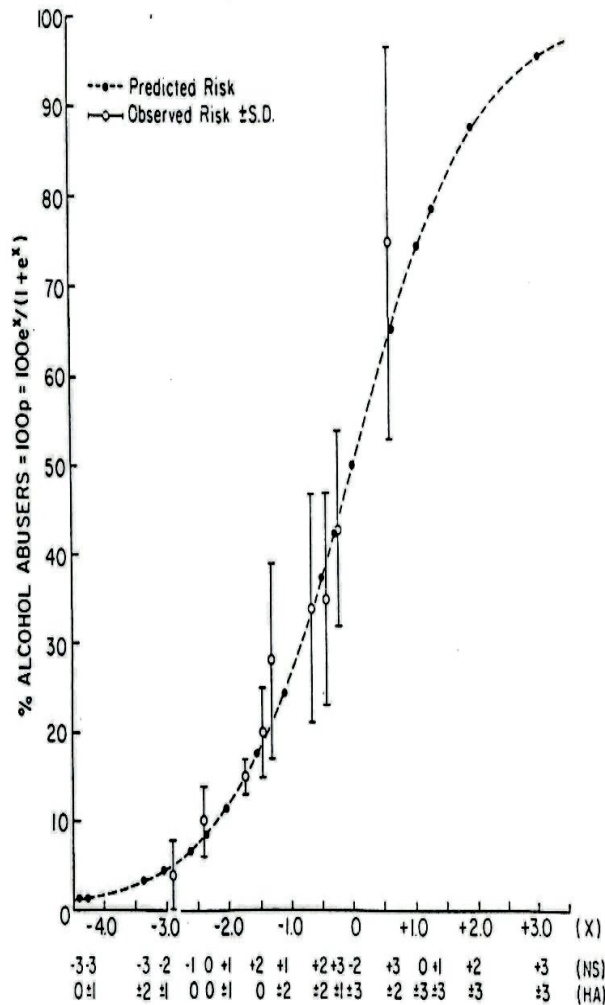
Cloninger et al, 1987

- 233 boys rated on personality at 11 yrs
- alcohol abuse rated independently at 28 yrs
- antisocial triad predicted alcoholism
  - low HA, high NS, low RD

# Risk is NOT fully determined in complex behaviors

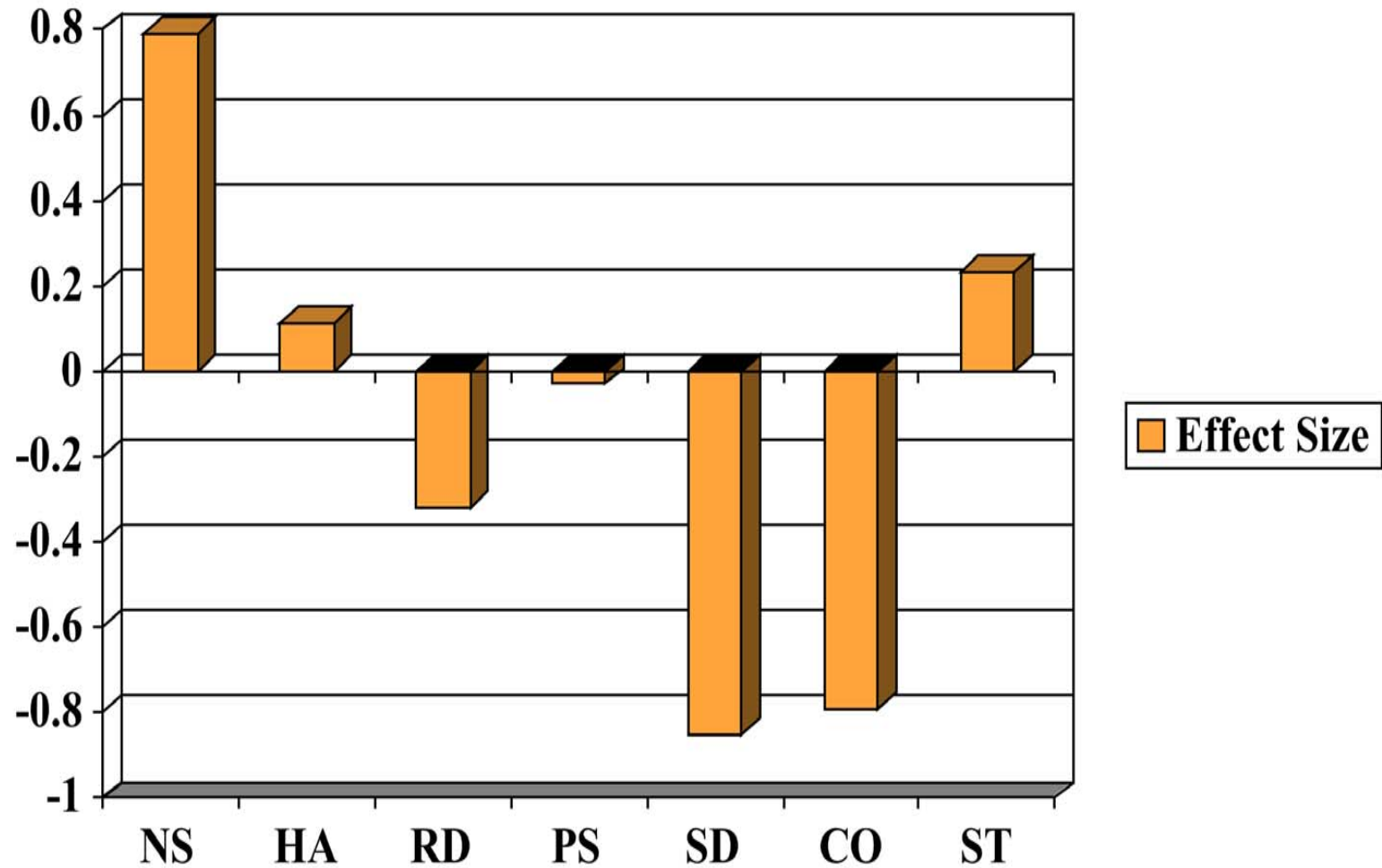
CHILDHOOD PERSONALITY PREDICTS ALCOHOL ABUSE IN YOUNG ADULTS

503



- Probability of adult alcoholism risk increases exponentially
- Most people have risks near the average
- A few people have extreme risks (5% or 95%)
- None have no risk (0%) or complete determination (100%)
- Everyone is partially free and responsible

# Effect sizes of adult personality on Severe Alcohol Dependence & Polydrug Abuse (COGA)



# What are the TCI profiles in eating disorders?

- **All eating disorders** are associated with High Harm Avoidance and Low Self-directedness, both before treatment and after recovery (Klump et al, 2009; Fassino et al, 2004)
- **Restrictive Anorexia Nervosa** – also High in Persistence and relatively higher in Self-directedness
- **Bulimia Nervosa** – also high in Novelty Seeking and less mature (depressive or disorganized profiles)
- **Binging/purging Anorexia** – intermediate to AN and BN, but most like BN
- **Obesity with Binge Eating** – high in Novelty Seeking (Grucza et al, 2007; Fassino et al, 2002)
- **Obesity without Binge Eating** – high in Novelty Seeking (Fassino et al, 2002; Sullivan et al, 2007)

# Personality influences eating attitudes & behavior

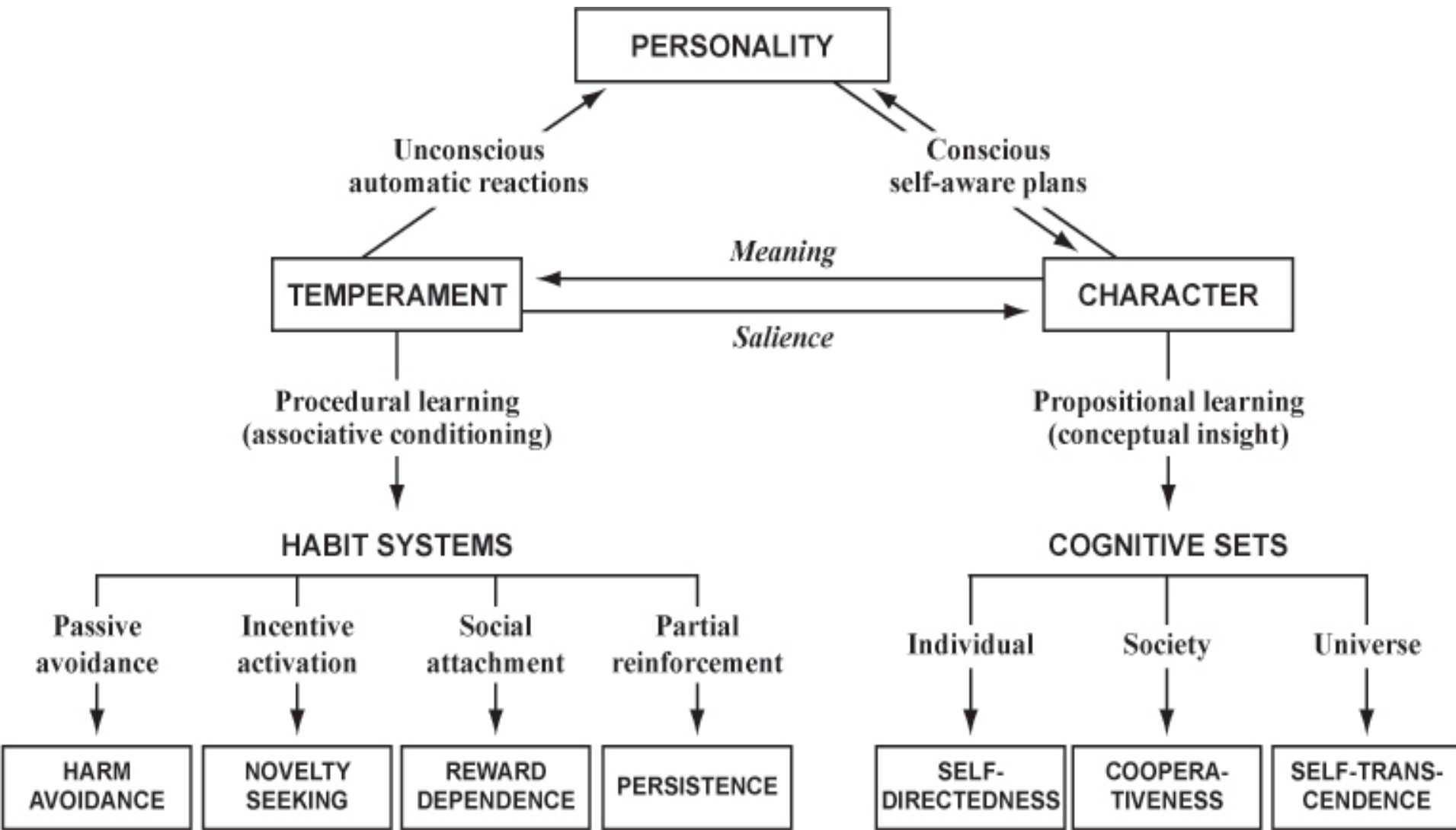
- **High Novelty Seeking** – impulsive and disinhibited eating (Kleifield et al, 1994, Gendall et al, 1998; Grucza et al, 2007; Sullivan et al, 2007)
- **High Harm Avoidance** – anxiety-prone, overly inhibited and self-conscious
- **High Persistence** – perfectionistic and unrelenting (Vervaet et al, 2004; Bulik et al, 2000)
- **Low Self-directedness** – lack of restraint and hunger susceptibility (Gendall et al, 1998), and strongest predictor of vomiting in bulimia (Abbate-Daga et al, 2005)
- **Low Cooperativeness** – reduced social support and treatment compliance
- **Low Self-directedness and high Self-transcendence** – prone to excessive fantasy and particularly reactive and susceptible to unrealistic societal messages about thinness (Gendall et al, 1998)



# Personality allows prediction of treatment response

- In **Bulimia**, high Self-directedness at intake predicts rapid improvement and sustained recovery from CBT at one year (Anderson et al, 2002)
- In **Anorexia**, high Self-directedness and high Cooperativeness at intake predicts full recovery from CBT, and those who do not improve are higher in Harm Avoidance and lower in Self-directedness (Bulik et al, 2000)
- In **morbid obesity**, high Self-directedness and high Persistence predict sustained weight loss after gastric banding (De Panfilis et al, 2006; Leombruni et al, 2007)
- CBT treatment leads to reduced Harm Avoidance and increased Self-directedness, with less consistent gains in Cooperativeness and positive emotions (Anderson et al, 2002; Bulik et al, 2000; Fassino et al, 2004);
- CBT treatment improves personality traits but they do not return to levels observed in healthy controls (Klump et al, 2009), indicating that these heritable factors are causal and not dependent on weight or metabolic status

# The Psychobiological Model of Personality (Cloninger 1993)



# Basic Emotional Predispositions



## ■ Harm Avoidance

- High: **anxious, depressive, internalizing disorders (Cluster C)**
- Low: **risk-taking, externalizing disorders**

## ■ Novelty Seeking

- High: **impulsive, irritable, craving (Cluster B)**
- Low: **rigid, internalizing disorders**

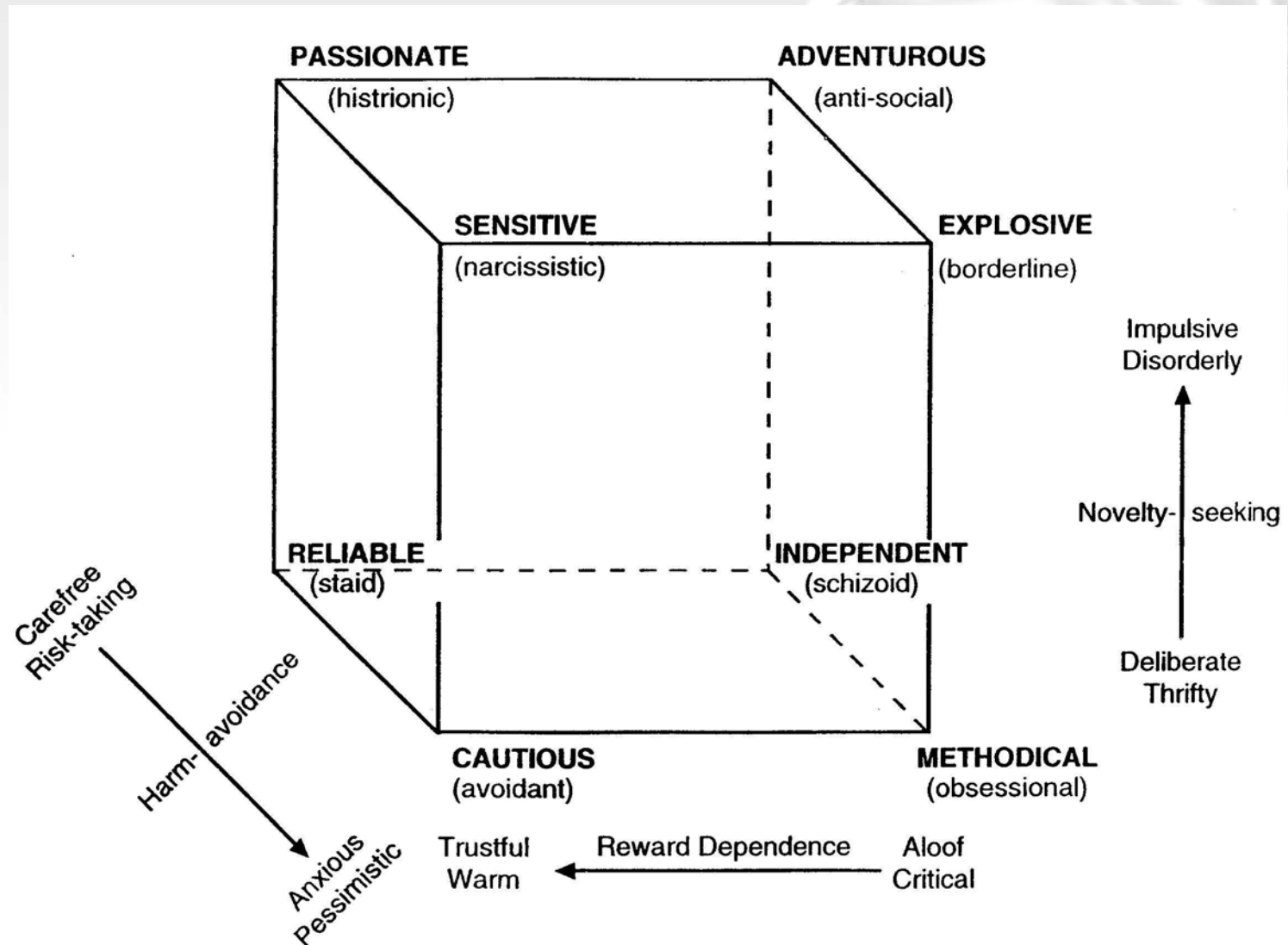
## ■ Reward Dependence

- High: **sociable or rejection-sensitive**
- Low: **aloof, cold (Cluster A)**

## ■ Persistence

- High: **ambitious, perseverating (Obsessive disorders)**
- Low: **phlegmatic, inactive, easily discouraged**

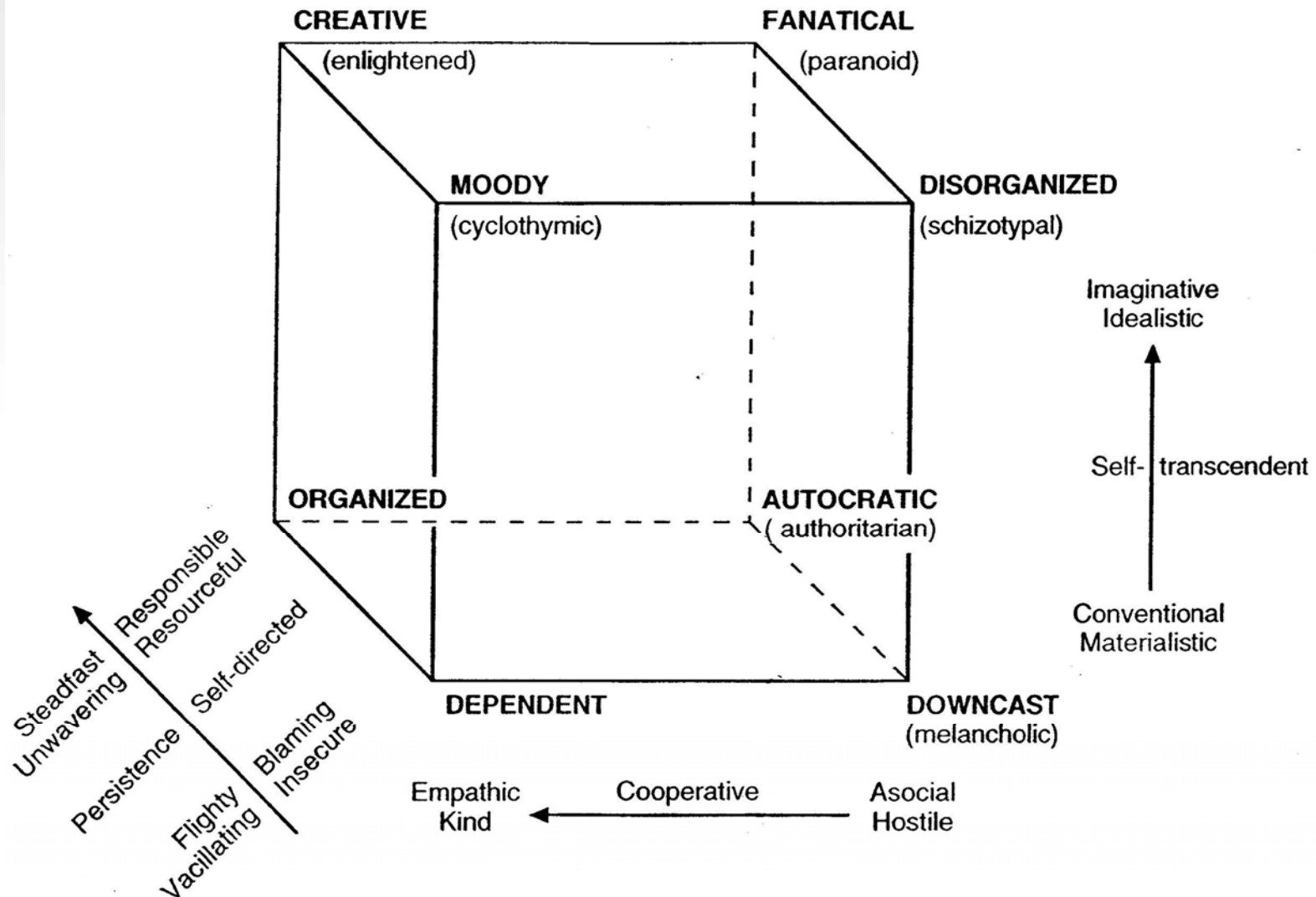
# The Temperament Cube (Cloninger 1987)



# Higher Cognitive Functions: Mental Self-Government

- **Executive Functions (Self-directedness)**
  - responsible, purposeful, resourceful
- **Legislative Functions (Cooperativeness)**
  - flexible, helpful, compassionate
- **Judicial Functions (Self-transcendence)**
  - judicious, insightful, intuitive

# The Character Cube (Cloninger 1993)



# Outline of Topics

- (Part 1) What is **Well-being**?
- (Part 2) Assessment of **Personality**
- (Part 3) Understanding the **Processes of Human Thought**  
and Tools for Developing **Self-Awareness**
- (Part 4) Living in Awareness of one's Unique **Spiritual Path**

# (Part 1) What is Well-Being?

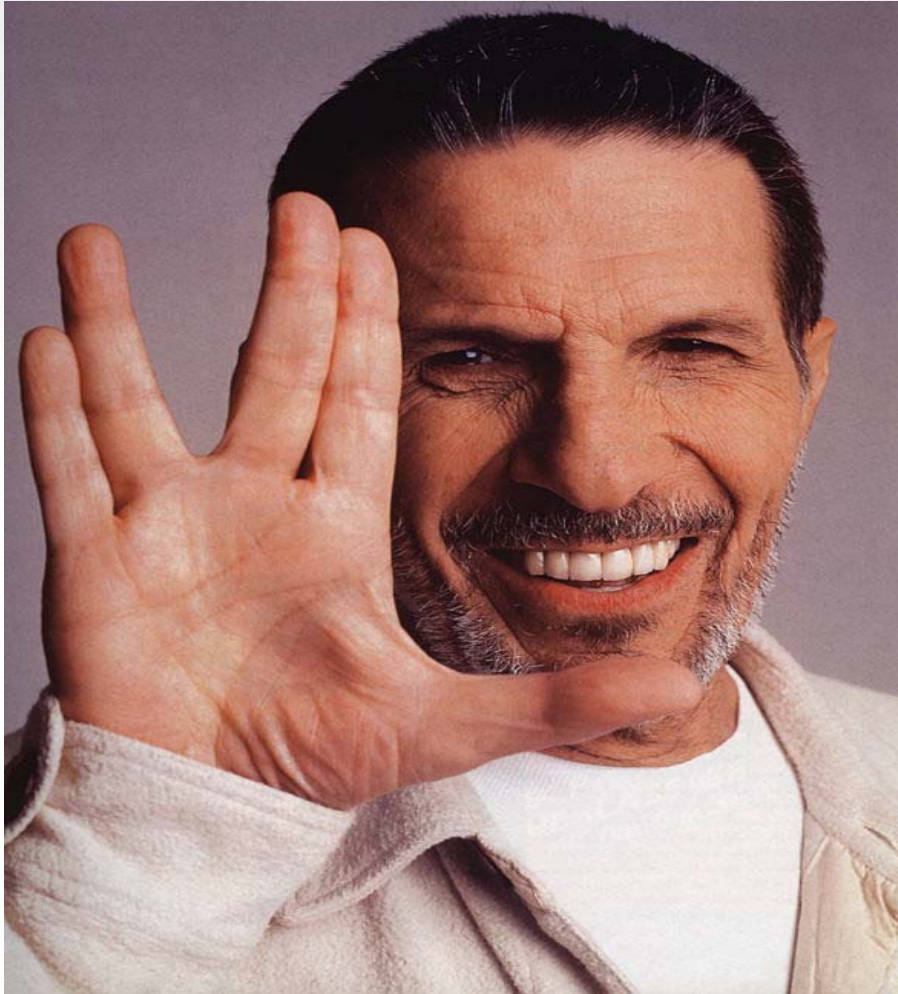
- “**Well-Being** is a contented **state of being healthy, happy, & prosperous; welfare**” (American Heritage Dictionary, 4<sup>th</sup> ed, 2000)
- Types or Components of Well-Being
  - **Hedonic Well-Being** – feeling good (deriving pleasure and happiness from life)
  - **Eudaimonia** – doing good – mature and actively virtuous living
  - **Wellness** – physical health, absence of disease or infirmity
  - **Prosperity** – success, good fortune, flourishing, satisfaction
- “**Ill-Being** is the absence of health, happiness, or prosperity”
  - Inactive or physically disabled
  - Unhappy
  - Unsuccessful or dissatisfied (not thriving)



# How can we learn to “Live Long and Prosper”?



# How can we learn to “Live Long and Prosper”?



- Even Spock can learn to smile !
- What are the principles of living well?
- Can these principles be integrated in education and therapy?
- What does this imply for training of therapists and educators?
- What does a focus on well-being imply for society?

# Why Focus on Well-Being?

- **Well-being is a universal wish of human beings -- we all want happiness, love, and a meaning that is greater than our individual self (Cloninger 2004)**
- **Well-being therapies reduce initial drop-out, relapse rate, and recurrence risks for mental disorders, like mood and anxiety disorders, and psychoses (Fava et al, 1998, 2005; D'Souza & Rodrigo, 2004)**
- **Focus on positive health and enhancing resilience can reduce stigma and foster hope, respect, and dignity (WHO 2001; Mezzich 2005)**

# How is Well-Being measured?

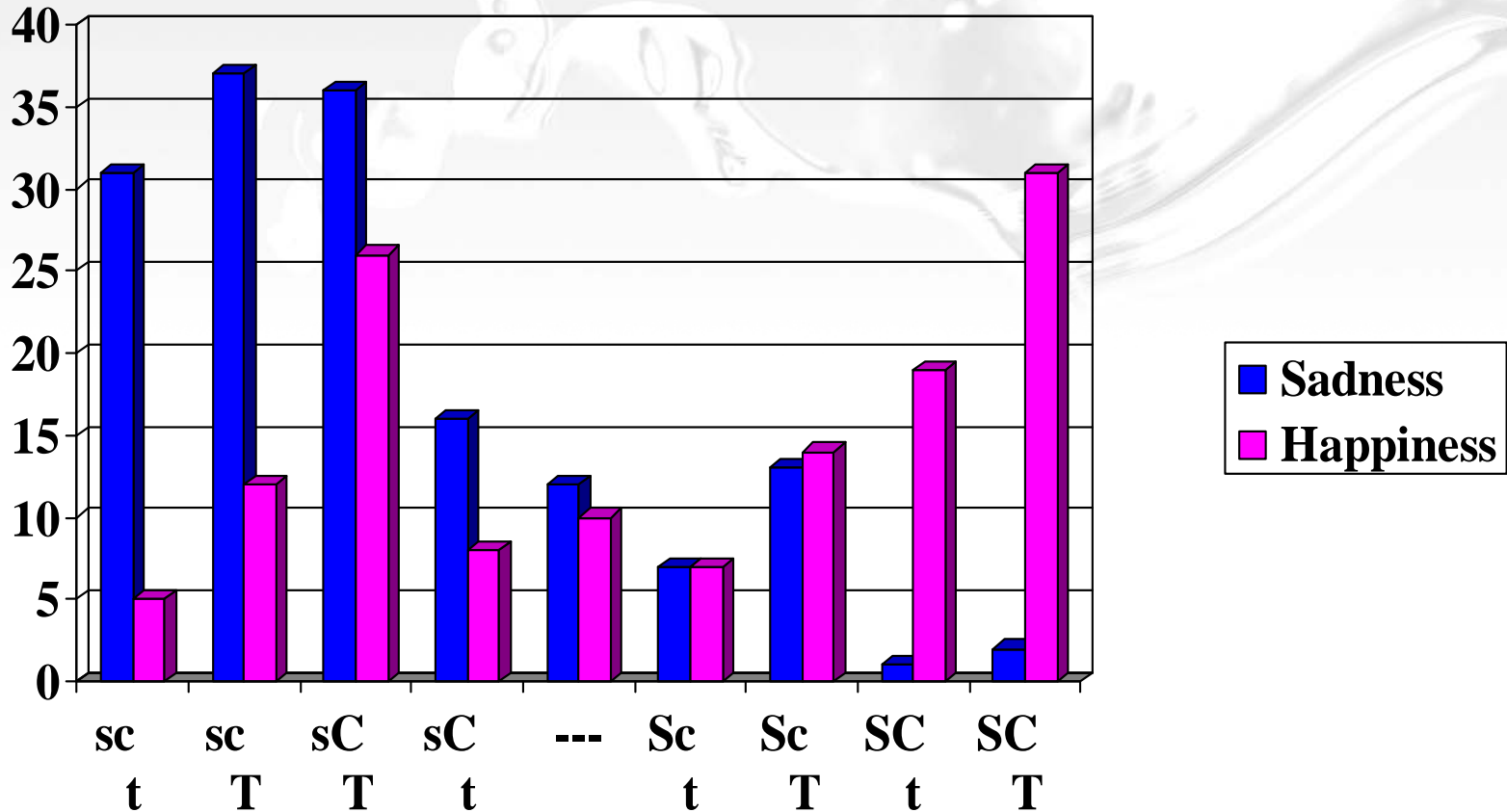
- **Emotions:** presence of positive emotions and absence of negative emotions, as in the Watson's PANAS
- **Personality:** maturity and integration of character traits, as in the Temperament and Character Inventory (TCI), Antonofsky's measures of coherence, or Ryff's measures of eudaimonic well-being
- **Life Satisfaction:** reliable subjective rating, as in Diener's SWBS or WHO's measures of Quality of Life
- **Virtues:** prototypical character traits like courage, trust, justice, moderation, honor, wisdom, patience, love, hope, and faith, as in Peterson and Seligman's Character Strengths and Virtues inventory

# Facts - What influences Well-Being?

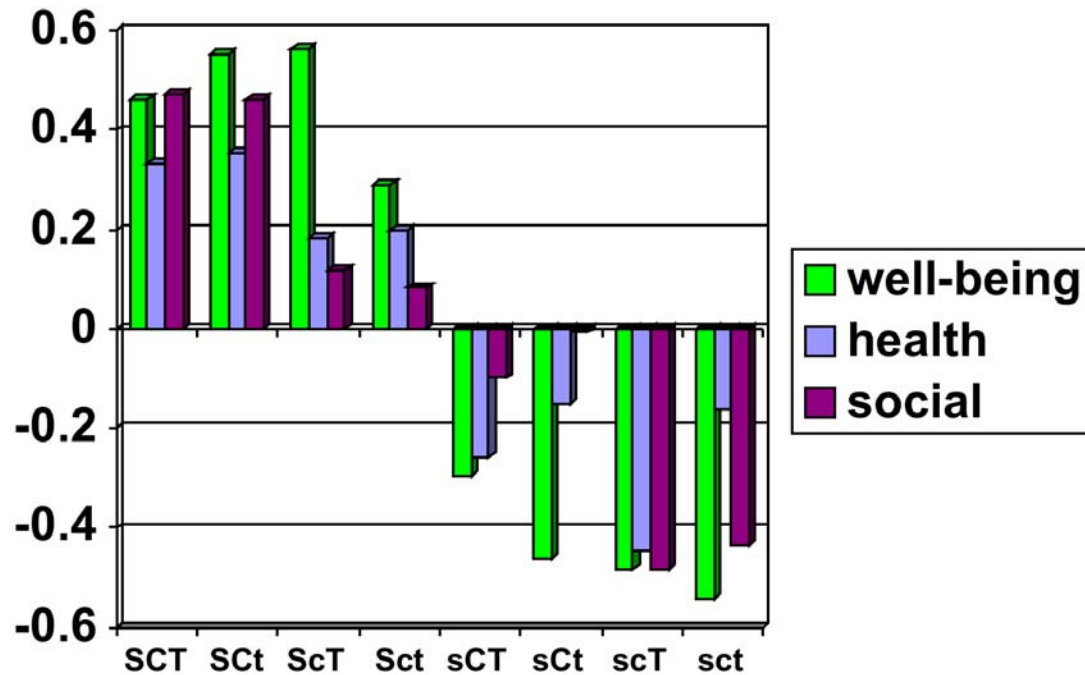
- Weakly related to age, gender, race, education  
(successfully retired men near 65 years old are happiest)
- Unrelated to increases in absolute income above poverty level (but associated with relative wealth when there is inequality)
- Associated with heritable personality traits
- Associated with meaningful work, mutually caring friendships, and spiritual values based on an outlook of unity
- Only growth in **self-awareness** consistently leads to a happy and satisfying life as an expression of a mature & integrated **personality**

# Character and Subjective Well-Being

- **Happiness** and **Sadness** depend on all 3 TCI character dimensions



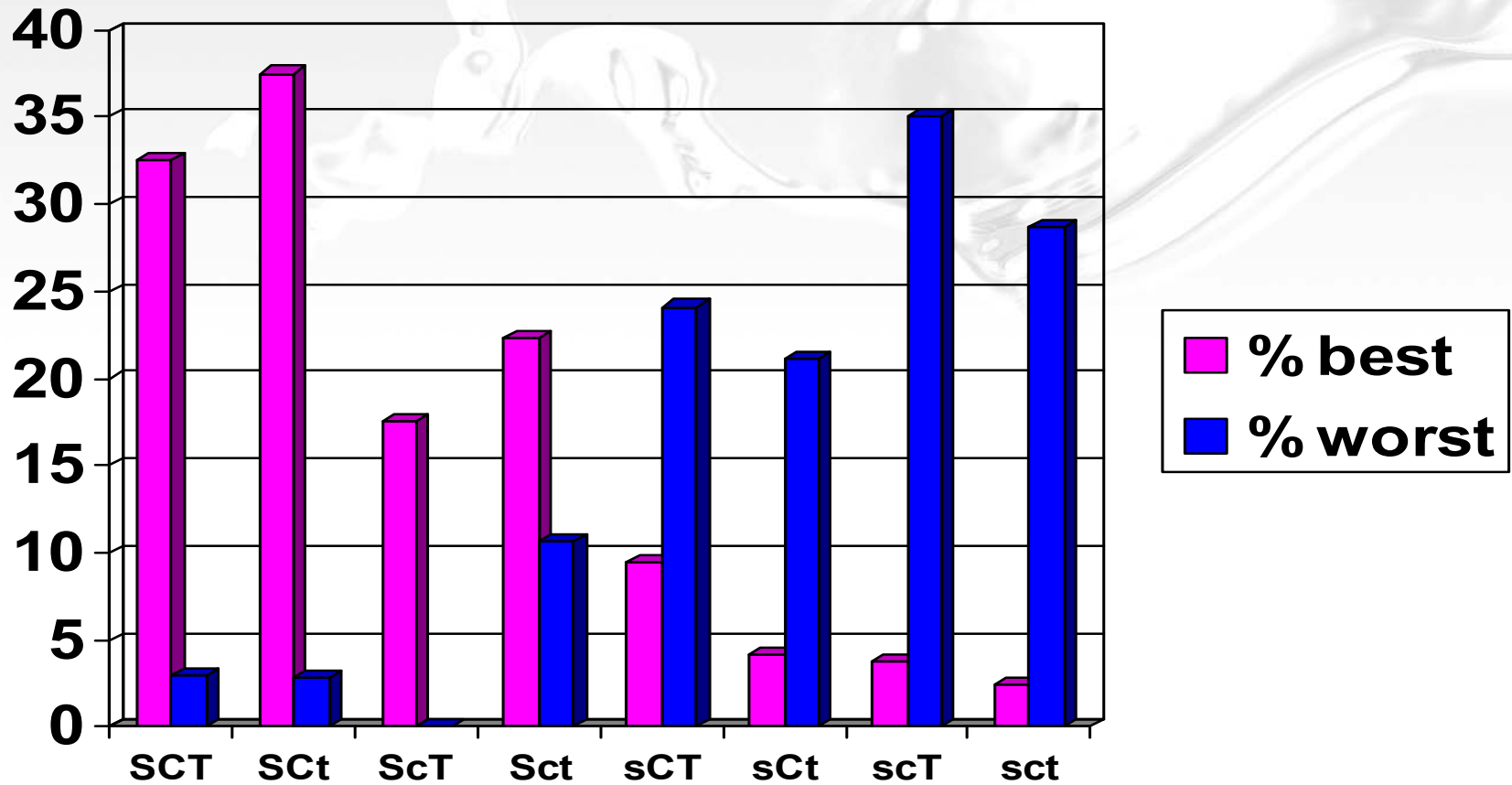
# Emotional, Physical, and Social Well-being depend on Character Profiles



Cloninger & Zohar, JAD 2010



# Percentage of people with best and worst health by character type, (1047 people in Israel)



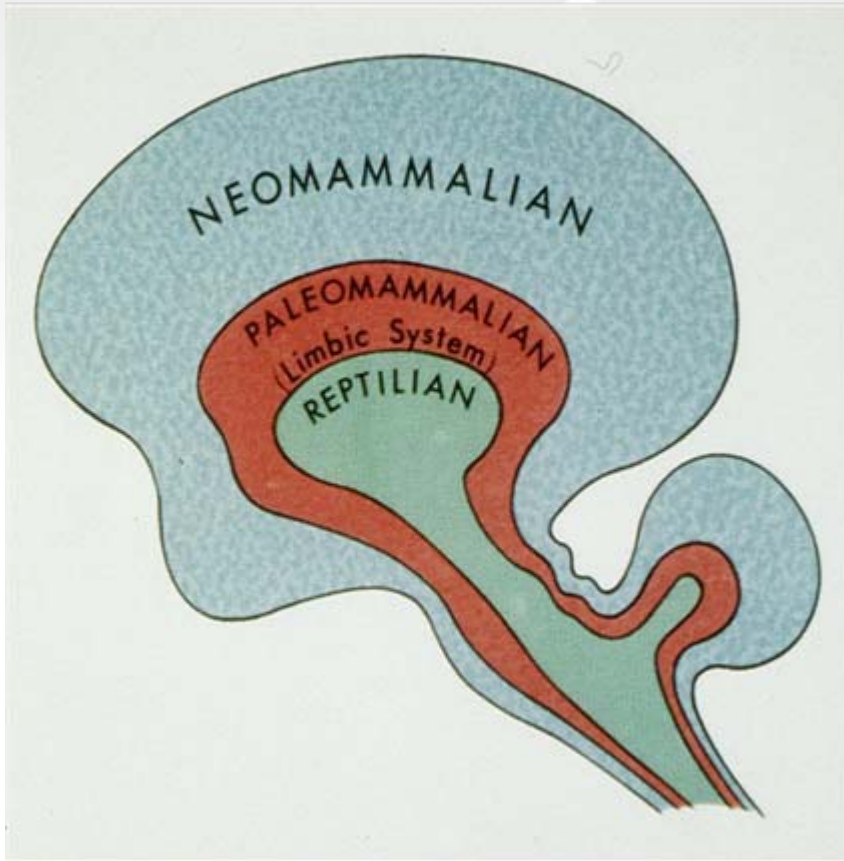
Cloninger & Zohar, JAD 2010



# What gives us a happy life?

- Not money or material security, although this can be helpful
- Not medication, although this can also be helpful
- Being **self-directed, cooperative, and self-transcendent** is associated with happiness and health
- Only growth in **self-awareness** leads to a happy, healthy, and satisfying life as an expression of a mature and integrated **personality with an outlook of unity and trust**

# Well-Being is built upon a stool with 3 legs



What happens if you remove even one leg of the stool?

# Summary about Well-Being

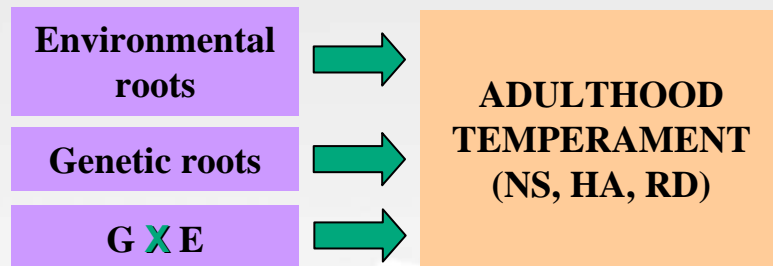
- Well-being has multiple aspects – sexual, physical, emotional, social, intellectual, spiritual
- These aspects are interdependent, not separate, but they are not identical
- As well-being increases, the health of each aspect converges so that people who are happy are also usually healthy and virtuous
- Well-being is strongly dependent on personality organization, particularly character traits
- Well-being and character development both depend on self-awareness
- Hence diverse interventions that promote self-awareness with an outlook of unity (e.g., physical exercise, nutritional counseling, social counseling, other psychotherapy, medications) can promote integration of personality and well-being

# Any Questions ?



# ?

# Environmental effects



## **Punitive Control of Child**

- Strict and unsystematic disciplinary style
- Low tolerance
- Emotional distance



**Adulthood NS**

## **Affectionless Neglect of Child**

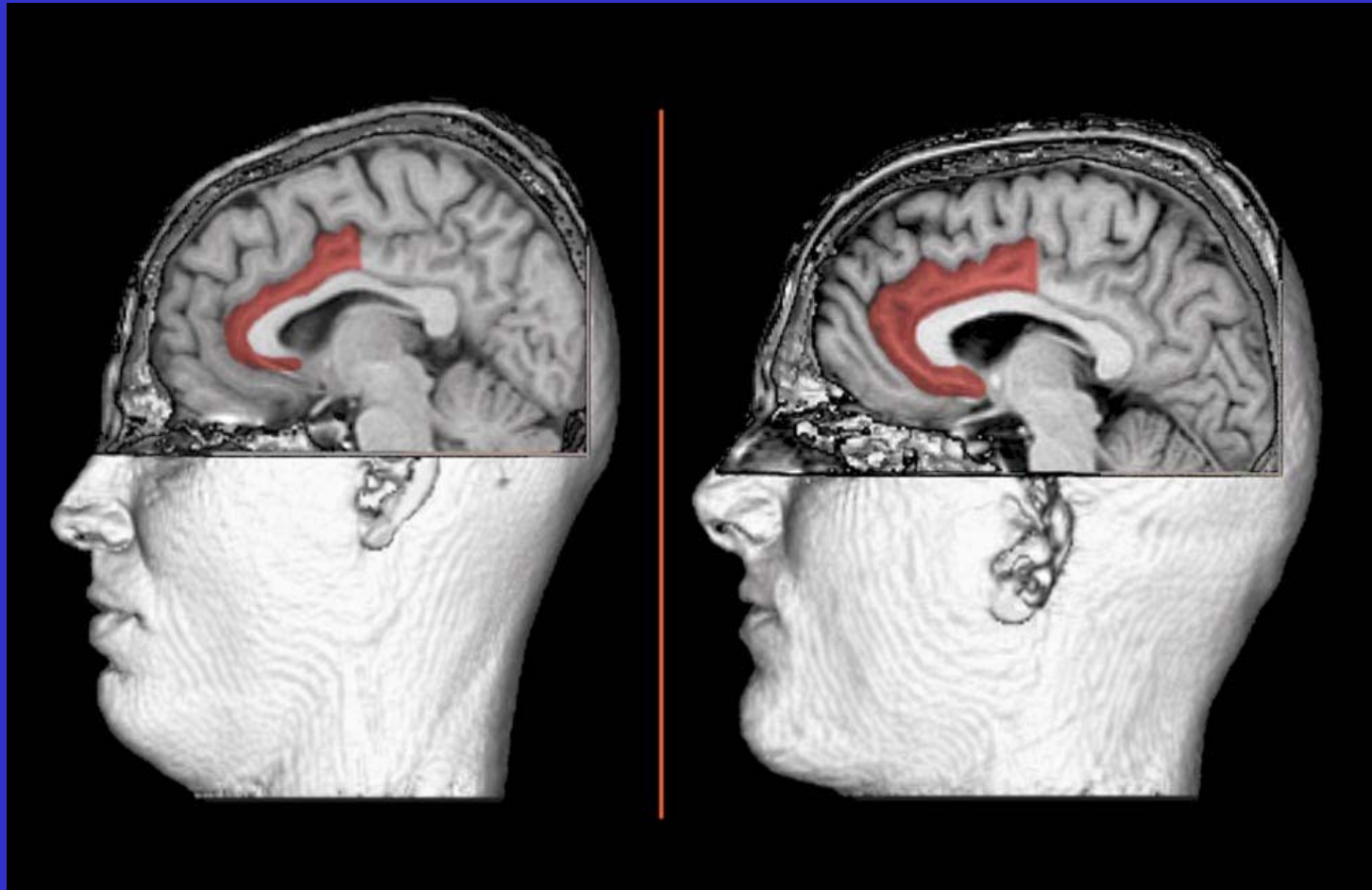
- Emotional rejection
- Maternal neglect
- Maternal life-dissatisfaction



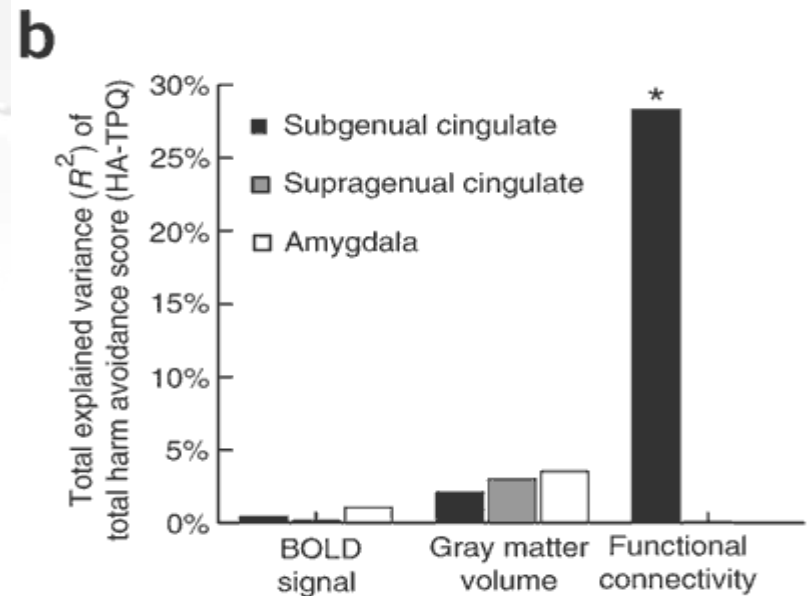
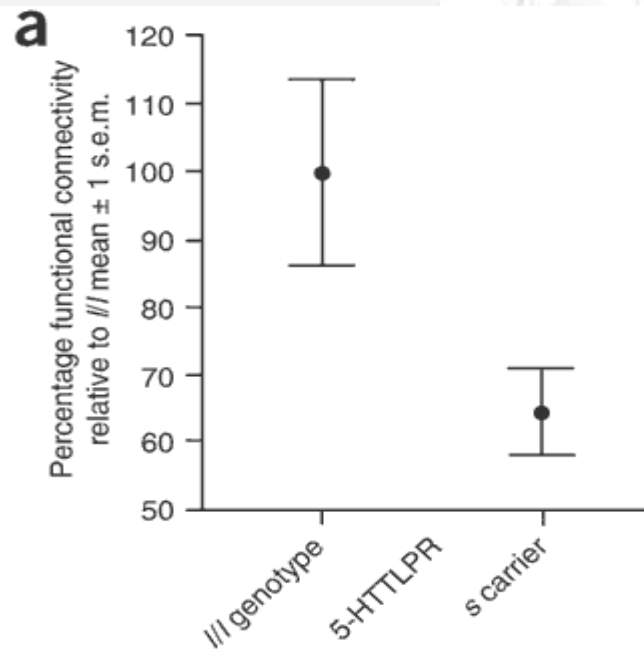
**Adulthood HA**

# Area of right Anterior Cingulate & Harm Avoidance

( $r = +.5$ ) (Pujol et al, 2002)



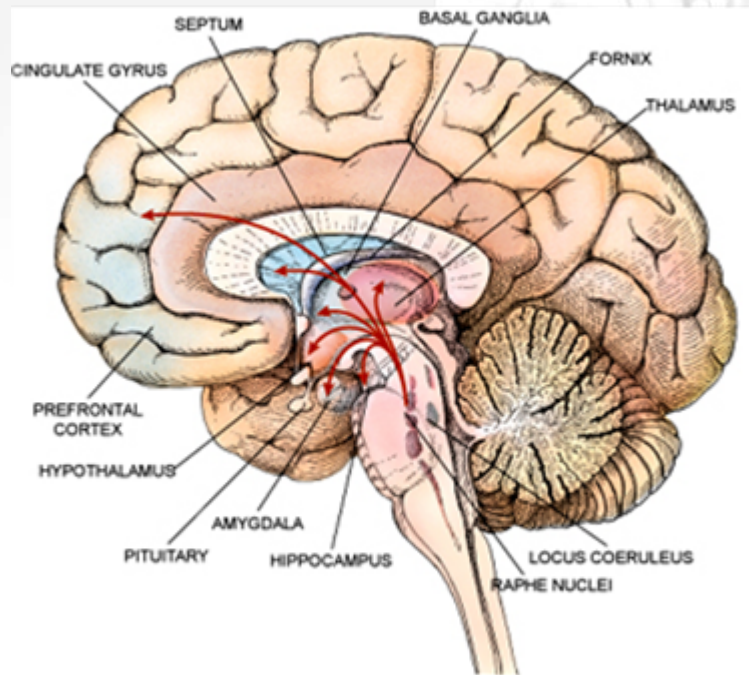
# Harm Avoidance predicts Amygdala-Cingulate Connectivity



Pezawas et al, *Nat Neurosci* 2005



# Fear shuts off Rational-Emotive Understanding



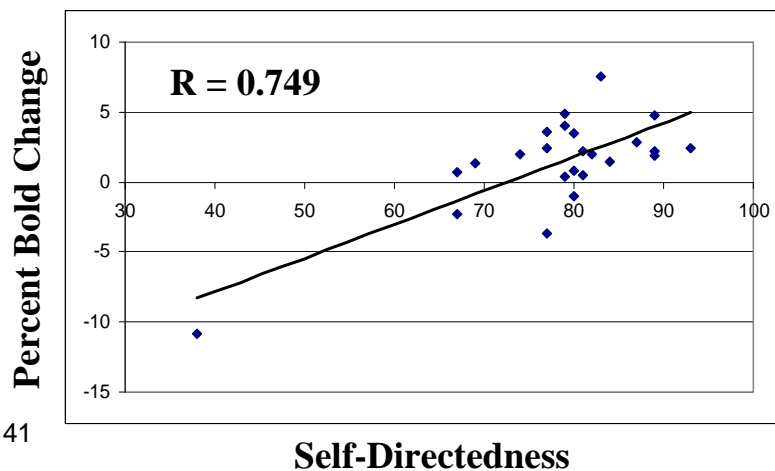
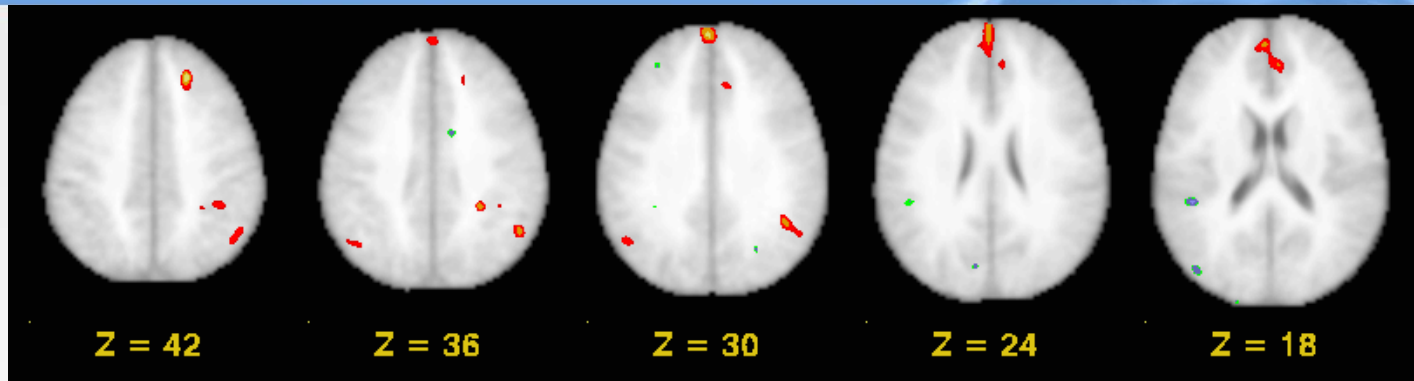
HA explains 30% variance in  
Amygdala-Cingulate Connectivity  
(Pezawas et al, 2005)



Munch's "The Scream"



# Self-Directedness and the Pre-Frontal Cortex



**Self-Directedness versus Percent Bold Change in Left Dorsal MPFC (Active –Control)**

Gusnard et al, 2001

## **(Part 3) Key Features of Human Thought**

- **Thoughts are discrete and brief (average duration of about 0.1 second)**
- **Different thoughts have characteristic pattern of connections in brain circuits**
- **Changes in thought are associated with changes in connections in brain circuits that are sudden, global, and reversible**
- **Changes in thought and brain connectivity are synchronous**

# Internet on the Brain (Web of Interconnectivity)

Netname:  
(1717)

as-ebone(3215)

as-telianaetse(3301)

bbn/gte(1)

digex(2548)

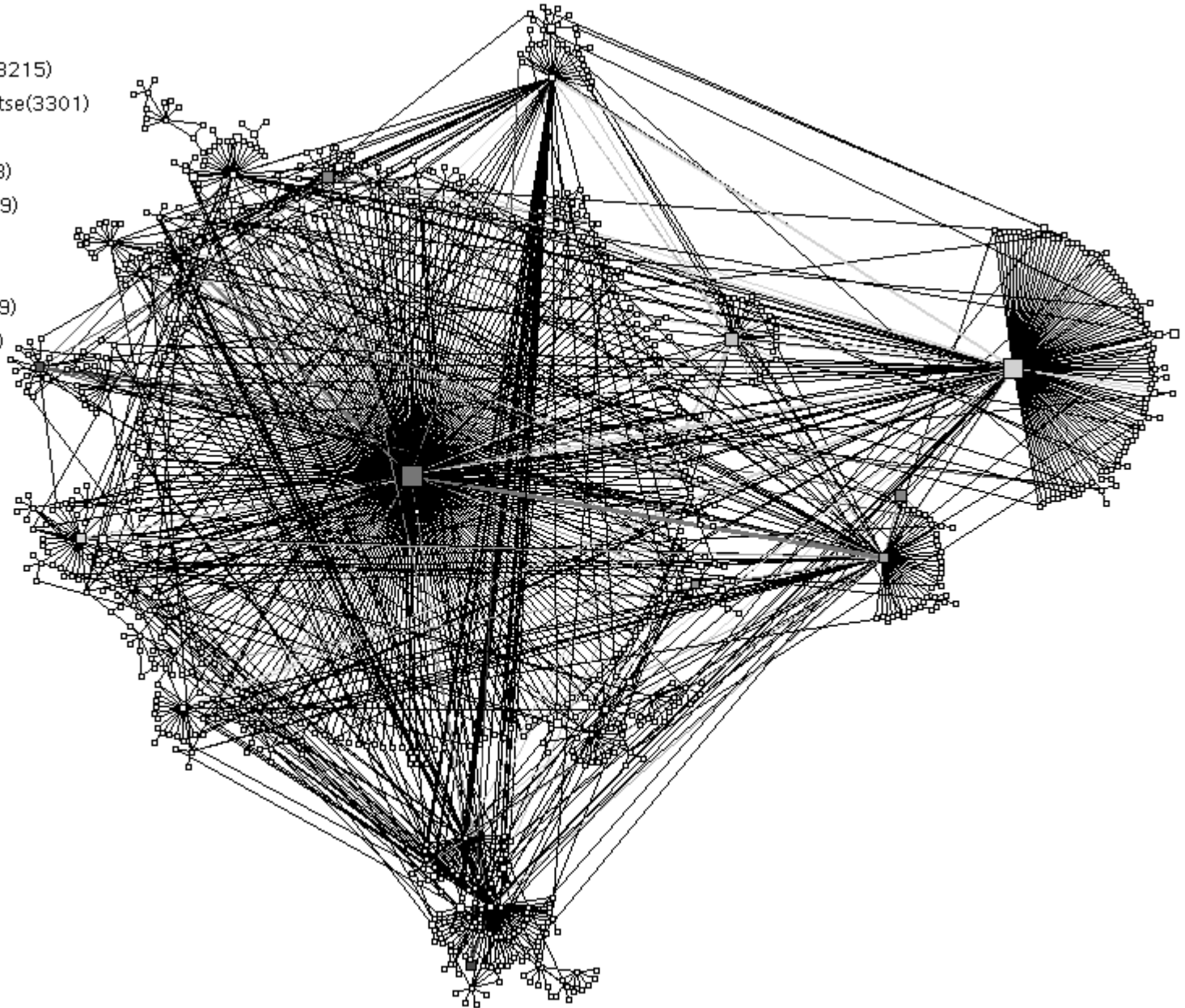
ebone(3269)

janet(786)

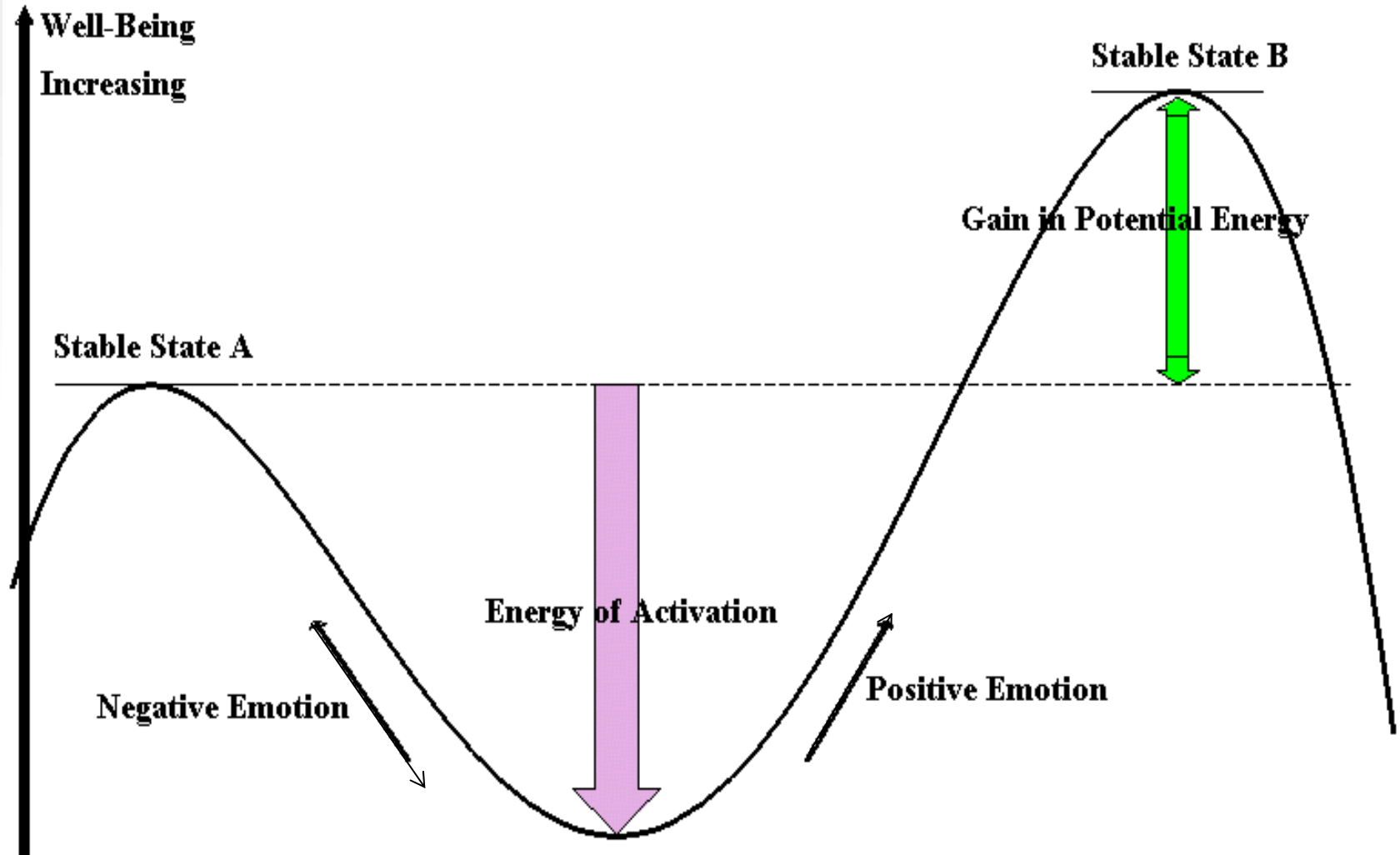
mci(3561)

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# The Dynamics of Well-Being



# 3 Major Steps in Thought (Keys for Treatment Planning)

- **First Step** – *the initial perception*
  - pre-verbal intuitions direct attention and organize responses, usually unconsciously but accessible in contemplation (**meta-meta-cognition = meta-perception = perception of own perception**)
- **Second Step** – *words*
  - produced as interpretations, and are based on the outlook and events in context, may be subconscious or conscious and declared, accessible impartially in **meta-cognition**
- **Third Step** – *the words start to function automatically to produce feelings and actions expressing habit patterns*
  - may be quieted by relaxation and letting go

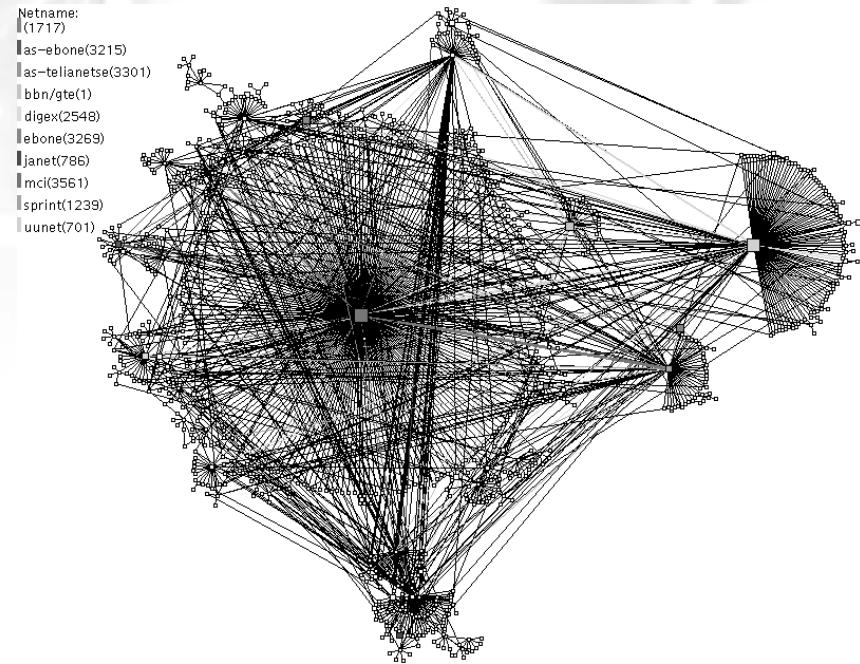
# Components of Integrative Care

- Awareness of the personality and health of the patient
- Establish a working alliance with shared goals
- **Are doctor & patient calm and respectful?**
  - Reassurance and relaxation to permit acceptance and reasoning with **compassion and courage**
- **Are doctor and patient empathetic and reflective?**
  - Encourage reflection through empathetic dialogue with **hope and patience**
- **Are doctor and patient genuinely humble and aware of how and why to promote health wholeheartedly?**
  - Promote well-being through genuine humility and awareness with **realistic awareness and faith**



# The Principles of Cultivating Self-awareness

- Perception of **Undivided Wholeness** from varying attitudes or perspectives
- **Uniqueness of associations** – vary with individual genotypes, experience, culture, situations
- **Coherence Principle:** strengths in one component can leverage change in other components
- **Interactivity Principle:** Proactive coping with specific situations allows cultivation of well-being by modifying a person's outlook and epigenetic expression





- Diverse evidence-based physical, emotional, social, cognitive, and experiential techniques are integrated in a systematic way to identify satisfying personal goals that motivate hope and self-directedness, empathy and cooperativeness, authenticity and happiness
- Coherence therapy is a synthesis of personality assessment with Roger's Person-centered therapy, CBT, logotherapy, psychodynamic therapy, positive psychology, mindfulness and other self-directed experiential therapies with recognition of the interactions among processes that are biological, emotional, symbolic (intellectual), and self-aware (e.g., autobiographical narratives)
- Part 1 – Exploring Your Personality
- Part 2 – Understanding Thought
- Part 3 – Quieting The Mind
- Part 4 – Opening to the World
- Part 5 – Using Intuition

# Parts 3 -5 – Three Psychobiological Exercises

- Three meditative exercises
  - Quieting the mind
  - Union with Nature
  - Using Intuition
- Applications in real life situations
  - Acts of kindness
  - Acts of hope (purposeful and resourceful)
  - Acts of awareness (including integrity and acceptance of self)
- Building the tools needed for
  - calmness,
  - meta-cognition (observing flow of own thoughts without judging)
  - meta-perception (awareness of own outlook to allow shifts of viewpoint)

# Well-Being depends on combining 3 attitudes to life

## ■ The 3 principles of coherent living in well-being:

### 1. Working in service of others

- Enjoy giving of yourself
- Be respectful & kind

### 2. Letting go

- Don't fight or worry
- Be empathic & patient

### 3. Growing in awareness

- Be happy to adapt and to learn constantly
- Be genuine & humble



Diver of Paestum

# Aids for Busy Doctors and Interested People

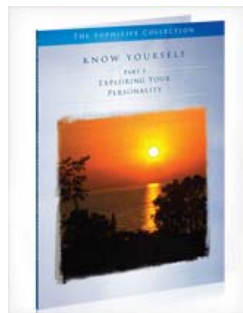
- To optimize the quality and efficiency of personal interaction, adjunctive tools are available to assist busy doctors and to provide extended access to education and support for the patient
- Reliable measurement of personality and emotionality – **Temperament and Character Inventory (TCI) and other tests**
- Educational videos to teach relaxation, meditation, and lifestyle principles in an inspiring and enjoyable way – **Know Yourself DVD series**
- Light and inspiring recreational materials that promote well-being – **Sophiarte Music, Movies**
- In the near future there will also be opportunities for **professional development and training in Coherence Therapy**.



Learn more about the TCI  
and Coherence Therapy at  
[psychobiology.wustl.edu](http://psychobiology.wustl.edu)



... and more about the *Know Yourself*  
DVD series and other therapeutic  
tools at [anthropedia.org](http://anthropedia.org)





# Major Observations and Recommendations

- Saying “No” to transient pleasures leads to frustration of desires and high risk of relapse into persistent addiction
- Saying “Yes” to lasting satisfaction leads to health and happiness, even if it requires letting go of transient desires to obtain what you really want
- Freedom and Responsibility emerge together with Positive Sobriety when people pursue lasting satisfaction and well-being in their life
- Health Care efforts need to focus on prevention by helping people recognize what each person truly finds can give his or her life meaning and satisfaction
- People need to actively redefine and clarify the important goals and value of society as a whole, which today is often confused with consumerism, celebrity, and the self-defeating pursuit of sex, wealth, and power

# Any Questions ?



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