

The Psychology of Grit and Resilience

KAITLIN HENNESSY: Hello, everyone! And welcome to the Psychology of Grit and Resilience. My name is Kaitlin Hennessy, and I'm the program coordinator here at Global Connections. And our goal at Global Connections is to provide engaging extracurricular and co-curricular programming for online students anywhere they have an internet connection.

And tonight presenting for us is Dr. Paul Kwon. He is a professor in the Department of Psychology here at Washington State University. And before we get started here-- and before we get started here, as many of you are already doing, please do use that chat box to submit questions for our presenter. Or if you're having technical issues, myself or Kristen, who's also an event moderator this evening, we'll do our best to help you.

And Dr. Kwon will have some interactive questions or elements. And please do use that chat box to participate.

OK, thank you so much for coming. I wanted to give it back over to you, Dr. Kwon.

DR. PAUL KWON: OK, thank you, Kaitlin. Thank you to all of you for joining me tonight. It's really good to be here. I know you all have busy lives, so I appreciate your spending some time to hear this talk.

A funny, true story-- I was trying to figure out where I need to come for this webinar, and [CHUCKLES] I looked at my phone, which I assume always has accurate information, and it actually had incorrect information. So I was running around a mostly locked up building, absolutely panicked. And it did occur to me, even in my panic, that it's ironic that I'm panicking trying to find my resilience webinar. But I made it, so.

[CHUCKLES]

I wanted to introduce myself first, because most of you don't know me. I went to Williams College, which is up in the beautiful Berkshire Mountains in northwest Massachusetts. And I did my senior thesis on the reliability of children's memory. And the study that I did had implications for how reliable children's testimony is for courtroom cases.

And I studied with a cognitive psychologist whose picture you see on this slide. And I'm a clinical psychologist who works with adults. And my thesis had actually very little to do with what I do now.

And the most clear path to going into clinical psychology at grad school for me, would have been to work with a clinical psychologist. But that path just wasn't available to me. So I worked with Dr. [? Olensi ?], who I got along with very well. And it ended up working out OK.

It ends up that if you have research experience, there are elements of what you're doing that applies across different sub-fields or fields, even. And that's one aspect of resilience that I'll talk about-- that if the most apparent or obvious path isn't available to you, sometimes you need to find an alternative route and do some problem solving around that. And that often works out just as well.

So I did go on to graduate school at Penn State. I studied clinical psychology, and I also minored in social psychology. And I teach social psychology at the undergraduate level. But most of my teaching right now is in clinical psychology for the graduate program.

Just a point of trivia-- that Nittany Lion sounds exactly like Butch. And so I felt very much at home when I arrived here.

Incidentally, this is my first and only job here at the WSU. I've been here for 21 years. And so I've been a member of the Psychology Department for that time.

Before I came, I did an internship in Syracuse, New York, at the SUNY Upstate Medical University. And this year required some resilience, because it snows a lot in general up in Syracuse. There's a lot of lake effect snow that we get up there. And the year that I was there, it was the third snowiest winter, which meant that-- I think it snowed every day. And I drove around in my Ford LTD, which is not really meant to handle in the snow. So it's a minor miracle I actually survived that year. So maybe that's my biggest example of resilience.

[CHUCKLES]

OK, so at WSU, like I mentioned, the bulk of my teaching is in the graduate program. And our PhD program is based on a scientist-practitioner model of training. What that means is that the things that we study scientifically are based on things that we observe as therapists and vice versa.

I also do private practice. And a lot of the therapy that I use are based on research that studies what's most effective for various conditions. And that can be a comfort to clients when I talk about potential treatment plans-- that I'm not winging it. I'm suggesting a treatment plan that's based on something that's been studied scientifically. And I do my private practice down in Lewiston, Idaho, which is right across the border from Pullman, if you go south. It's about a 30-minute drive.

It's remarkable how different a community Lewiston is. And so that's one of the more interesting aspects of the private practice that I do-- is that it's in a cultural setting, if you will, that's very different from what we have here in Pullman.

In my profession, I'm interested in resilience in a number of different capacities. I study resilience in my research, and I'll describe that a little more today. I also talk quite a bit about resilience in my teaching. For example, I teach a graduate course on diversity issues. And when

we talk about disadvantaged groups, we talk about many examples of particular individuals who are resilient despite challenges in society. And we talk about the aspects of resilience that we can promote when we work with different clients of different backgrounds.

And in my clinical work, which is both in my direct therapy work in my private practice and also in my clinical supervision of my graduate students who are learning to do therapy, we focus quite a bit on promoting aspects of resilience in our clients. And if you think about the therapy process, you often think about therapy involving fixing things that are wrong in terms of symptoms or disorders.

But I think it's also really beneficial to talk with clients about, "Well, how did you overcome other struggles you've had in your life? What are examples of terrific strength that you have?" And by harnessing those positive qualities, that's just as effective, if not more effective than trying to fix whatever the person is struggling with.

It ends up I've been interested in resilience my whole life, even before I labeled it as resilience. And when I was a kid, the person that's pictured here was in the news almost every day. And does anyone know who this is?

Right, Melissa. He did have cancer. And he was doing a cross-country run to raise money. That is Terry Fox-- right, Julie-- and Cheryl. Good.

So this is a story from 1980. Terry Fox was 18 at the time. I'm sorry. He was diagnosed with cancer when he was 18 years old. And then later, in 1980, he set a goal to run across Canada.

As you can see in the picture-- well, first of all, I can't imagine running across Canada. I don't know about the rest of you. But imagine doing that with a partial right leg amputation. And he did this for 143 days in a row.

As a kid-- I was just 10 years old at the time. As a kid, I just couldn't believe that level of courage for somebody at arguably the worst moments of this life, knowing that he had terminal cancer-- to decide to run across Canada to raise money.

So he ran across Canada for 143 days, every day. And he ran, essentially, a marathon a day-- 26 miles every day. And so he ended up running over 3,300 miles.

And he unfortunately died before he could fulfill his dream of going across Canada. He died, actually, the following year, in 1981. But the foundation he created raised over \$750 million in funds for cancer research. I'll just say that again-- \$750 million. It's just amazing. So, what an example of resilience-- to take what everyone would call a tragedy but to do something so ambitious and so terrific that establishes a legacy for him.

So in essence, as a researcher, I'm interested in quantifying and labeling these sorts of qualities that people have. I'm not sure where the statue is. It's in the hometown that he grew up in. And

I just don't have that information. If someone can Google that-- [LAUGHS] maybe we can post that for people.

It's a Google image. I should have looked into where it was, but I didn't.

KAITLIN HENNESSY: [WHISPER] I'll look it up.

DR. PAUL KWON: O.K. Thanks, Kaitlin.

So I've been studying resilience in a number of ways in my research in Ontario, thanks to Chelsea. I've been studying resilience in my research since I've been here. In the last 8 to 10 years, let's say, I've been interested in how we can study resilience in LGB individuals.

And the first thing I did was I looked into the research literature to see what we know about resilience. Obviously, we can think of so many examples in the LGB community of people who have done heroic things. We encounter LGB folks who are resilient every day.

And so I thought there would be a lot written about it, but it ends up that up until very recently, there was almost nothing on the subject. And this is a quote from 10 years ago-- not that long ago. This is Rich Sevin-Williams, who was similarly frustrated by the lack of resilience research in this community.

He noted, "I am hard pressed to identify any data-based positive attribute that characterizes the lives of same-sex oriented preadults relative to heterosexuals. Can this possibly be true?"

And of course, the answer is no. It's just that researchers hadn't really written on the subject, not only for preadults-- adolescents and kids-- but also for adults.

So the first project that I worked on in this area was to look at the research done on sexual minorities and to try to label the things that are emerging as resilience factors, and to try to create a framework that researchers can use as a springboard to do more work. And the three variables that came out in the articles that I read were social support, which is by far the strongest predictor of resilience for not only LGB folks, but for anyone.

Emotional openness-- I think I gravitated to noticing that this variable, most likely because I'm a clinical psychologist interested in that with my clients. And by emotional openness what I mean by that is the ability to accept your emotions, even the ones that are uncomfortable or distressing, and to not avoid them and to put them away, and to suppress them-- but to process them in a way that's insightful.

Sometimes when we encounter emotional pain, we just try to forget about it. And that makes a lot of common sense. If your elbow hurts, you avoid using it, and it gets better. But there's something about emotional pain where that just doesn't work. And so the ability to accept the fact that you have negative emotions and to try to derive some meaning from that, and to

figure out what you need to do to relieve yourself of those negative emotions ends up being a really important resilience variable.

Edward, it is similar to vulnerability, I think the reason we avoid negative emotions-- and I think this is especially true for men in our society-- is we're socialized to suck it up, to move past it. Think about the advice you typically get from friends after a painful event. "Just forget about it." "Let's do something fun."

So there's a way in which, I think, we get a lot of messages to not be emotional. And to be emotional and to share that with people does bring up a lot of vulnerability. And because of that, we often shy away from it.

But it turns out if you share your negative emotions, typically you get a good response. And that boosts social support, which we just talked about as being really important. So being able to accept your vulnerability and to deal with your negative emotions, I think, is really important.

And the third resilience variable that's really important that I saw in the research is hope and optimism about the future-- to have positive expectations about what's to come. And that's really important if you're going through any struggle in your present life-- to have the belief that you can overcome that-- that things will be better. And I'll talk about hope more specifically in this talk.

It's also about not being a passive passenger in terms of what's coming up in your life, but being very active, and figuring out what goals you want to set for yourself. That's a really important part of this Future Orientation box.

For sexual minorities, these three resilience variables lower reactivity to prejudice. And I put that as a central variable in this model, because what we know about LGB folks is that they're at about twice the risk for mental disorders. And there's no question about it in the research that that's entirely due to prejudice. And I can go into that, but it's out of scope of this talk. But there's really convincing evidence of that, that it's entirely about prejudice. And so reducing the reactivity to prejudice, which means the stress of negative thoughts about episodes of discrimination, is really central to promoting positive mental health and well-being for sexual minorities.

OK, so let's take the first variable that I just talked about-- Increasing Social Support. And I think we can all probably identify with this. Unfortunately, in our daily life, it's not that uncommon for people to hurt our feelings or for us to suspect that we did something wrong in a social interaction.

And so, oftentimes our worst enemy in getting social support and being willing to interact with people is our own negative thinking. So here's an example of something that might come up.

You're talking to a friend about your day, but she doesn't pay much attention to what you're saying, and moves onto a different subject. You conclude that you bored your friend by talking about yourself. Again, we tend to be our worst enemy-- our own worst enemy. And if somebody has a bad reaction, we assume that we caused that. And now we're anxious about that social interaction.

So look at that example. What's another possibility other than that the interpretation that you bored your friend? What else might be an explanation for that?

Yeah, the friend might be preoccupied. It might have nothing to do with what you're talking about. Good. Yeah, they have something on their mind, something they wanted to tell you. They're distracted.

Yeah, maybe she-- there-- she's self-involved; looking forward to talking to you about something specific-- good, Justin. All right.

OK, they might be uncomfortable with some other aspect of what you said-- your honesty. Good, Edward. Very good.

Yeah, maybe, Tiffany, maybe she didn't hear you very well.

Yeah, Dan-- has inability to focus. Maybe your friend's hungry. Maybe they're really tired. Good-- great examples.

So we can think of a number of other explanations. And as a social psychologist, we talk about the fundamental attribution error, which is somebody does something, and you assume it's something about their personality that they're bored by you. And you don't take into account situational variables. And there are a lot of situational variables that could explain a distraction-- hunger, didn't hear you well. Good.

And so one way of increasing your social support is to be aware of your negative thinking. And there's a automatic way that this just filters our experience. So for catching what your negative thought is, in particular, and then thinking of these alternatives, the way we just did as a group, can be very beneficial. And so that's a snapshot of something called cognitive behavioral therapy, which you might have heard about or might be familiar with, which can be very effective in dealing with anxiety or depression in therapy.

Another aspect of increasing social support is just confronting the anxiety that comes up in social situations. And the best remedy for all kinds of anxiety is to confront that and purposely challenge yourself-- to put yourself in situations to confront and overcome that anxiety.

The biggest driver of anxiety is avoidance. So, let's take an example of a fear of spiders. If every time you see a spider you run from it, that brings some short term relief, and that's analogous to being anxious about a party and deciding not to go. And so avoidance always feels good in

the moment, because immediately you'll feel less anxious, right? You don't have to go to the party. You don't have to deal with the spider.

But what happens is it teaches your brain every time you run from something that makes you anxious, it's teaching your brain that this is, in fact, something to be anxious about, right? If every time you see a spider you're running from it, your brain is thinking, "OK. A spider is really scary." Or "A new party is always scary," or "Meeting new people is, in fact, scary." So it conditions the brain to strengthen that association between what you're avoiding and your anxiety.

Would this be a good time to take some questions, Kaitlin?

KAITLIN HENNESSY: Yes. We do have a couple of clarification questions. Is emotional openness like emotional intelligence?

DR. PAUL KWON: It is. There are a lot of concepts that are really similar. So, I think that's very similar. Emotional intelligence involves the ability to read people, and also reading people's emotions, but also your own. So it might be a little bit broader in terms of the concept in that it also involves being able to read people's emotions other than your own emotions. It's very related.

KAITLIN HENNESSY: Another question asks, "Why don't emotional-- why doesn't open--" Sorry. "Why doesn't emotional openness, and hope, and optimism directly link to psychological health, like social support does?"

DR. PAUL KWON: It does. And I'm sorry if I misspoke about that. Social support is the strongest predictor. There are thousands of studies written about how social support contributes to well-being. There are fewer studies on hope and optimism and emotional openness for sexual minorities, specifically. And I'll talk to you about the research on hope and emotional openness. There's no question that those are very strong resilience factors. They're less studied in the sexual minority population, not because they're not as important, I suspect, but it's just received less attention.

What's received a lot of attention in the LGB research are the importance of family support, because family rejection is such a problem. Support from teachers, friends-- it just happens-- it happens to have received the most attention.

And one thing I wanted to mention about these three resilience factors is that these are important for everyone. So if we go back to this model, those three resilience variables are important to psychological health for everybody. And what I put in the middle, lower reactivity to prejudice, is specific to LGB people and also other stigmatized groups. But you can replace that box with dealing with stress and make it a broader model that would apply to anyone.

So, think about a time you had a bad day. It probably helped to talk to somebody, to get some social support for you to deal with your emotions about it in a healthy way, and also to think, "Well, tomorrow I'm going to have a better day." So these are really important resilience factors for everyone.

KAITLIN HENNESSY: Excellent. And the last clarification we'll do for right now before we let you continue in your presentation, is going back to your social support example, is that also an example of microinequity?

DR. PAUL KWON: I think so. I'm not sure if I'm interpreting that word correctly, but this is one of the reasons why with LGB folks and also the trans population, that there's just greater vulnerability. So there's inequity in terms of social support. We'll talk about microaggressions. That's a concept that I'm more familiar with, where these-- not major instances of discrimination-- but these very small, annoying things that come up as a member of a stigmatized group.

An example-- if I go to a conference, a lot of people think they've met me. And I suspect it's due to my ethnicity, where you get put into a stereotype. And people think that they met somebody else who's Asian, and they think they've met you. It's not discrimination, per se. It's just really annoying. And it's distressing. And so microaggressions are part of what I would put in that middle box in terms of reactivity to prejudice.

KAITLIN HENNESSY: Thank you, Dr. Kwon.

DR. PAUL KWON: I'm not sure if I answered the question.

OK. All right. Let me say one more thing about overcoming anxiety about social situations.

One thing that I do with my clients who have social anxiety is I'll come up with a hierarchy of all kinds of combinations of potential social situations that they could encounter. And these are taking into account all sorts of variables, like, if you're going to a party, where is it? How new are the people at the party? Are you going alone or with other friends?

Each of these permutations will bring about a different level of anxiety. And so you can come up with a hierarchy, if you can picture that, of all these different situations and how much anxiety each one would bring about. And you start with the lower end, the things that make you less anxious. And you work your way through it, and you start to feel some self-efficacy about encountering these items on the list. And then you can work your way up to things that bring more and more anxiety. So it's important to have-- to not jump into the most anxiety-provoking situation, but to work yourself up the line in terms of things that make you nervous.

Yeah, doing taxes-- if you haven't done them yet, there's [CHUCKLES] probably some anxiety. And it's better to confront that. Sit down and do them. OK.

All right. The next part-- dealing with your emotions-- this is a chart that I developed with my lab for a different project that I won't talk about today. But sometimes you need to sell people on the idea that emotions are helpful. And intuitively, many of us are reluctant to sit with uncomfortable feelings.

Think about the last time you were angry. Did you really want to sit there and reflect on that? Probably not. It's an uncomfortable feeling. You want to be done with it as soon as possible.

So in this chart, I use this chart with my clients. One thing I'll explain is that there are six basic categories of emotions. And those are the bold words in the middle. And then everything else is a variant on one of these emotions that's less intense or more intense, on that basic emotion.

And you also have combinations of emotions. So jealousy would be a couple of different things; maybe anger, fear-- some combination of a couple of different basic emotions.

But one thing to recognize is that each of these basic emotions can be very helpful in the right situation. Happy-- we don't have to really process. That's great. I don't have to convince you that that's helpful.

But let's take anger. What would be an example of a time where it's helpful to feel some anger, and it's appropriate, and it might actually help you to have that emotion?

After a traumatic situation like rape-- absolutely, Daniel Anger can be helpful to avoid some of the myths that rape victims suffer from, unfortunately, in terms of self-blame. To have anger means that you're placing the blame appropriately on the perpetrator-- really good example.

Right. If somebody said something homophobic or racist, it helps to be angry about that so you don't feel embarrassed or shameful about it. You, again, put the responsibility on the offending person when someone has done you wrong. Good.

Betrayal of a spouse, OK, good, Edward. Yeah, that's appropriate. It might help you get away from that situation if you need to.

Combating an inequality-- good. And that's something we go over quite a bit in my research.

Part of grieving-- right. That can be a normal aspect of grieving. Good.

OK, good examples. What about disgust? Think about a time somebody disgusted you. How can that be helpful?

OK, you learn about the individual.

Fleeing a situation. Yeah, it keeps you away from people who are doing disgusting things.

Yeah, Jessica, the question was, "Think of a time when you were disgusted by somebody, and that was actually a helpful emotion to feel."

When something wrong has been done-- somebody committed a crime; infidelity.

Right, Tommy. Disgust is pooped attacked her. If you're disgusted by somebody, it's good to pay attention to that, because it cues you into the fact that they might have mistreated you, that you need to get away from them.

When we eat something disgusting, we spit it out. And if you're constantly disgusted by person you're interacting with, maybe you need to spit the person out and think-- and let them go. OK, good.

All right. And we can run through each of these emotions. I won't just for the interest of time. But each of these emotions has its place. In the right situation, it can be very helpful, because it's a cue for a behavior that you should be doing. Anger means you should stick up for yourself or decide to just get away from that person. Disgust means you want to distance yourself from that person. If you're scared, maybe there's good reason for that, and you should be more cautious.

Sad is a little trickier. Sadness is very helpful, because it's a signal that you need to take a break and do some things to take care of yourself, which may include reaching out to other people. So sadness is a cue to get some more social support. And so it's helpful to pay attention to that.

Being ashamed can be helpful if you robbed a bank. You should feel [CHUCKLES] some shame about it and stop doing that.

Another aspect of these emotions is the fact that sometimes we feel something, and the emotion is in fact misplaced. So it's not the case that every experience of anger is justified and we should pay attention to it. If you misread what somebody said, and now you're angry at something really harmless that somebody said to you, well, it doesn't pay to pay attention to that. It's better to figure out and use logic to figure out, "Well, I'm feeling angry, but it's not really warranted here. And I need to be smarter about it, and to not value that emotion the way I might with other emotions."

All right. Questions about that?

KAITLIN HENNESSY: There is a question in regards to, "Do you find that after they complete a step of the hierarchy that they continue to move on, or do they regress back to that as well?"

DR. PAUL KWON: On the anxiety hierarchy, people generally will keep progressing. And I think part of that is because people start feeling more confident.

Let's say you've conquered the lower anxiety-provoking items. And you can set up list so that each step is just a small step. And so what you usually find is that as you go up the list, people start feeling more confident. And each step is incremental enough or small enough so that it's not overwhelming. And they're ready to take on the next item on the hierarchy.

KAITLIN HENNESSY: That's the only clarification I saw for now.

DR. PAUL KWON: OK, great.

KAITLIN HENNESSY: Oh, one just came in. "Are some emotions more likely to trump others in a reaction? For example, if a spouse cheats, is anger more likely to overcome sadness?"

DR. PAUL KWON: I think this really depends on the particular situation and also on the person. I think some of us are quick to anger than others. Anger is really uncomfortable for others of us. So I think we have a typical style emotionally.

So for a lot of people, when a spouse cheats, anger might be something that overcomes the other emotions. For other folks, anger may be really varied. And it may be really helpful to get to that. And that might require some help to get to that.

Yeah, absolutely, Tommy. It brings up aspects of emotion-focused therapy, because that's what I do quite a bit of. [CHUCKLES] So a lot of what I'm describing right now is something I would go over in an EMT-- emotion-focused therapy.

Yeah, Corina-- shame-- I mentioned an example where if you rob a bank, it's good to feel shame. And that's an obvious example.

But if you're feeling shame because you've been conditioned to feel that by your parents, if they're supercritical, and they made you feel ashamed of all sorts of things that were just harmless things you were doing as a kid, and now as an adult, if you've carried that pattern and you feel ashamed of all sorts of things that you haven't-- or things that you haven't done wrong, then that's an example of how that emotion is really not warranted, and how it helps to do some cognitive work to recognize that, and to recognize that that's an emotion that's not helping.

Emotion-focused therapy is helping people with this process that I'm describing, which is to acknowledge their emotions instead of interrupting their emotional experience. And by evaluating emotions and actually spending effort exploring them, that can be an important mechanism for change.

KAITLIN HENNESSY: We did have another clarification of, "How common is it to feel mixed emotions over a short period-- like the cheating example?"

DR. PAUL KWON: It's very common. So, with cheating, we can take grief as another example. Unfortunately, we're all familiar with the Kubler-Ross model from the 70s, where you work yourself through these different stages of grief. There's no empirical evidence of that stage model. It ends up we feel all those things probably at the same time.

We might feel some anger if we feel like the death was due to recklessness on the person who died, and we might have a real hard time with that. We might think that there's no role for anger and grief. "I've lost somebody, and I should just feel sad."

But chances are there are a lot of different emotions that come up with grief. There could even be relief if somebody has been suffering for a while. So it's not-- it's not the fact that you lose somebody and all you feel is sadness, or in the stage model-- denial. You might not have any denial. You might feel some next intense emotions right off the bat. So, yeah, it's very common to feel a number of emotions in a short amount of time.

OK?

KAITLIN HENNESSY: Excellent, thank you.

DR. PAUL KWON: All right? Thanks.

All right. So one simple exercise you can do to increase your emotional processing and emotional openness is from this 1997 article by James Pennebaker. And what you do is at the end of the day, you pick out the most stressful experience that you had that day or the thing that bothered you most. And for 15 minutes or longer you engage in a writing exercise. And for this, it's good to handwrite-- to handwrite instead of using a computer or typing. There's something about handwriting that accesses more emotions than typing.

And so for 15 minutes, the instructions would be for you to focus on your very deepest emotions and thoughts, which include-- because you're picking out a stressful event-- it will include very intense negative emotions if something stressful happened to you.

There are thousands of articles that have cited this one article that I just put up here. It's one of the more heavily studied things in psychology. And what researchers find time and time again is that doing that writing exercise as opposed to writing for 15 minutes on a neutral topic, will decrease the stress.

This has been shown in the general population for a variety of different stressful experiences. And it's also been shown specifically for LGB people in dealing with stressors related to their sexuality, including microaggressions, discrimination. And it also decreases the stress on instances in which they've come out to somebody and if that didn't necessarily go very well. So this is a very helpful writing exercise that I'll suggest to a number of my clients.

Shelby asked that-- "Would this help for somebody who experienced a traumatic event but doesn't want to openly talk about it?"

Yes but with a caveat. It's really important to do that in the context of getting professional help. With traumatic events, that has to be done carefully. If you were to do this emotional writing exercise on your own about a traumatic event, it may be too sudden or without the proper context to make that beneficial.

So PTSD-- I'm glad you asked that. PTSD is a different issue, because it absolutely requires professional help. And then in the context of therapy, this would be a major component of that. But there would have to be the right context set up to make sure that that's a healthy experience.

Are there other questions, Kaitlin, on this?

KAITLIN HENNESSY: Yes-- a clarification was, "Does writing help with depression as well?"

DR. PAUL KWON: Yes, it does. I don't know if it's number one on the list. There's something with depression where part of the problem might be rumination-- ruminating about a negative mood. So in depression, there's a way in which this may actually complicate things.

What would more important in depression is not writing about the worst thing that happened that day, but to be more positive-focused in your writing.

That's an excellent question. It's a really good caveat to what I just described.

To deal with a depressed mood, if somebody is clinically depressed, that would require a more positive focus. An example would be focusing on gratitude, which is very different from what I just described in this Pennebaker exercise. Focusing on things that you're grateful for and doing positive writing would be more beneficial for people who are depressed.

KAITLIN HENNESSY: Another clarification on this was, "Has this study been replicated?"

DR. PAUL KWON: Yeah, it's been replicated hundreds of times-- less so with the LGB population. There are three studies that I'm aware of that have studied that as an intervention that's beneficial for sexual minorities. But in the general population-- and again, with the caveats that we're not talking about these clinical conditions like major depression or PTSD-- it decreases the stress in the general population.

KAITLIN HENNESSY: Excellent. Thank you.

DR. PAUL KWON: OK. That's all right.

OK, the final variable that I mentioned in the model is hope and optimism. And I'm going to talk about Hope Theory in particular, because that's been the focus of my research for a long time. And one measure of hope-- and actually, this is the basis of the first handout-- is from this article, which was the first to talk about Hope Theory, by Rick Snyder and a number of colleagues.

And in this model, hope consists of two different things. Hope is basically expecting that positive outcomes will occur in the future. And it's different from optimism in that optimism doesn't really concern itself with how you get to those positive outcomes. Hope Theory specifically focuses on the goals that you set for yourself and being able to reach those goals.

And there are two components. One is the amount of willpower that you have in pursuing goals. And that's something called Agency in this theory. And the other are the ways in which you accomplish goals, which includes being resourceful, surmounting obstacles that come up. And that's something called Pathways in this model. So in the first handout, an example item of agency is "I energetically pursue my goals." So it's about motivation and energy.

Pathways-- an example is "I can think of many ways to get out of a jam." Again-- resourcefulness-- how well you can navigate around obstacles that get in the way of your goals.

And if you scored the first handout-- just a point of comparison-- the average score in college students is about 48. And you can look at your agency and pathway score and see, "Well, what areas can I increase my hope in terms of pursuing goals?"

With folks in my lab, I recently wrote an article arguing that increasing hope would be a good preventive intervention. And there's-- and I reviewed, in this article, a number of studies that have shown that hope increases academic performance, athletic performance, getting over traumatic events. So I'll let you check out this article if you're interested in learning more about hope in particular.

With sexual minorities, I conducted a study a number of years ago in which we looked at LGB folks facing discrimination in the workplace. And what I found is that hope was really essential for people maintaining life satisfaction despite that workplace stress. And what's really interesting is that when there's a low workplace support, that's a very stressful workplace environment. That's the solid line on that graph.

People who have high hope actually end up being more satisfied with their life than people who have a very supportive workplace and have high hope. So it's almost like this defiance of their conditions and deciding, "I'm going to be satisfied with my life despite what I'm facing at work." And this was a longitudinal study over one month. So this was looking at change in life satisfaction over time.

OK, so in terms of increasing hope, I put together some handouts for you to-- and these are the same kinds of handouts that I would share with my clients and work with in therapy. So if you

look at handout number two, this is a handout that allows you to identify the values that are important to you.

Now, why is this important? We talked about how hope is focused on being able to accomplish the goals that are important to you. Well, the goals that are important to you are very individual. My life goals are certainly different from yours, most likely. And one exercise that you can do-- and this is a little bit morbid, but actually it's very helpful-- is to picture at your eulogy or if you had a tombstone, what would really mean the most to you to have on your tombstone or to have people say about your life?

And if you go through that mental exercise, it helps you identify the things that matter the most to you. Is it working 80 hours a week? Not for me-- I'm just going to say right off the bat. [LAUGHS] So, if it is, work accomplishment, being as productive as I can at work, then that's an important value to have.

But if what would mean the most to you, as people comment on your life-- are the people that you're friends with, your family, or other things-- your sense of adventure, traveling-- that helps you identify the values that mean the most to you in your life.

And the questions on the second handout are different ways of prompting you to think about the values, the things in your own life that mean the most to you. And the second part of the handout is to recognize the attributes, the adjectives, the traits that would mean the most to-- that mean the most to-- that mean the most for you to have.

[LAUGHS]

And I went through this exercise with a client recently who was depressed. He was unsatisfied with the job that he had, where he did a lot of analytical work. And when we went through this exercise, something I would not have known about him revealed itself in that creativity was incredibly important to him. And once we identified that, we were able to strategize, "Well, how do you get more of that in your life if it's not really present in your job?"

We were able to problem solve, "Well, woodworking is this hobby that I have that fell to the wayside. I'm going to spend more time doing that and cutting back on doing overtime at work." So that was really valuable in terms of shifting his priorities so that he could spend his week doing things that actually meant the most to him in terms of his values.

I'm watching the time. Maybe I'll come back and ask questions about these handouts after I've gone through them. OK.

So, for the third handout, that illustrates how you translate your values into goals. So the example that I put on the handout is if connection with other people is really important to you, that would potentially inform a number of long term goals-- number one, graduating with a degree in psychology, which involves working with other people; obtaining a job in which you

can help other people; and also making sure to maintain close relationships with the people that really matter to you.

And then from those long term goals, it helps to identify shorter term goals that are more immediate. So this would be within the next week or several weeks-- going to every class, studying every day except Sunday, participating in a study group. And so on these are the things that would help with the long term goal of graduating with a psychology degree.

And the other thing that's really helpful in doing this exercise is to do something immediate or to identify something that you can do immediately within the next 24 hours. And that just get things rolling. It's one thing to do this exercise and to identify some things you're going to do in the next week. But we might actually forget about that or not prioritize that. So it's helpful to get that ball rolling and to identify a concrete action that you can do right away. And that can sometimes get your momentum going.

The fourth handout is overcoming obstacles. So I'll use the one that I just described to you where I actually had no idea where to go for this [LAUGHS] webinar for a terrifying 10 minutes. OK, so that's an obstacle. I'm actually in the wrong place.

I actually thought of a number of different ways to overcome that obstacle. I can find Kaitlin's phone number. I can write her an email.

I have to tell you what I decided to do was just panic. [CHUCKLES] I was looking on my phone, and I just got frozen. And I just begged for mercy at a person that was in that building, and she was actually able to tell me where to go. So had I had my wits about me, I think I would have done a better job overcoming that obstacle. But panic happens, and sometimes you don't think straight.

So [CHUCKLES] the example that I put here is if you are sick, and you can't go to class, it helps to anticipate that. So you do this exercise not when you're sick, but before you're sick. So if I get sick, or if I have to go to work in this class, what would I do? It helps to plan that in advance.

OK. I'm going to get lecture notes from a friend. And now you can prepare for that. Who do I know in the class? And can I ask them in advance-- look, if I miss a class, can I get your notes? And vice versa maybe.

Or to start to get to know the instructor, which is incredibly valuable for a number of reasons. So contacting the professor if you've missed a class to make up for what you've missed, and perhaps getting some additional help because you've missed that class.

All right. So I wanted to ask you, just in terms of the values handout, if you had a chance to go through that and you're willing to share it, is there something you recognize about yourself from doing that? And did it prompt any shift in-- I don't know-- your behavior or what your plans are?

OK, so, Justin, it helped you figure out careers. Yeah, that can be very helpful for career planning.

And I apologize if it made you feel more anxious. That might be a signal that there's something to figure out. It might help to talk to somebody about that.

OK, valuing, recognizing to be more positive-- that can shift your perspective. That's great.

You have to recognize the strengths that you have-- being hopeful and optimistic. Good. All right. Great. OK.

All right, Jessica. It made you realize that your goals center not just around career, but family. Good.

Yeah, doing spring cleaning, yeah. It doesn't have to be a major life change, but just recognizing how you want to spend your time-- great. Yeah, great examples, thank you. OK. Were there other questions, Kaitlin?

KAITLIN HENNESSY: Yes, we did have a few questions. First of all, I just wanted to share with you-- there's a lot of appreciating of the handouts. So it seems like people enjoyed them.

DR. PAUL KWON: Oh, OK, great.

KAITLIN HENNESSY: And then, also, "Could you please describe the hope scale and what does a low number mean?"

DR. PAUL KWON: OK. If we look at the first handout, let's take a look at item number two. "I energetically pursue my goals." So you're rating that item on a 1 to 8 scale, and the higher your rating, the more that statement applies to you. So the agency score, these are the willpower items. They are numbers 2, 9, 10 and 12. That's why you're adding up those four items for agency.

And then with pathways, you're adding up the obstacles related questions-- 1, 4, 6, and 8. For example, "I can think of many ways to get out of a jam," is a part of pathways. And again, the higher your answer for each item, the more hope you have on that dimension. And then you come up with a total hope score by adding those two components, because they're related, and they're both important parts of hope.

So, what does it mean if your score is high? It means that you have a great deal of motivation and energy to pursue your goals. And it means that you can figure out a number of ways to reach your goals, even if things come up that get in the way.

And so one thing to notice about the average score in the hope scale, which is 48, if you divide that by 8 items, that would mean that the average rating on each of those items is a 6, which is

somewhat true. So the average college student is on the positive end of the hope scale, if that makes sense.

So the average rating for each of these items would be to think that it's somewhat true. So that's not surprising. People in college tend to have higher hope as a function of being higher achieving.

If you study clinical samples, for example, the average hope score would be lower.

So if you're-- and I'm not trying to put this handout out so that you're diagnosing yourself. Please, don't do that. But if your score is lower than what you would like, it might be a signal to use some of these handouts to figure out, how can you be clear about your goals? Identify your values. How can you be more resourceful and figure out how to get around different obstacles that might come up as you're pursuing your goals?

And I would always recommend, if anything that you did on these handouts makes you upset or make you feel like it would help to talk to somebody, I think finding a therapist can be very beneficial.

KAITLIN HENNESSY: And there's a clarification on the hope scale. "What are questions 3, 5, 7 and 11 for? They all seem to be negative."

DR. PAUL KWON: That's a great question. And I was on the verge of saying that, but I forgot to explain it. [CHUCKLES] Those are filler items. They have nothing to do with hope. And so they don't go into the scoring. And it's meant to just throw people off a little bit so that you're not responding to eight out of eight items dealing with hope. So those four filler items are hopefully fooling people into what the true intent of the scale really is.

KAITLIN HENNESSY: Excellent. And we have a question of-- someone states, "I'm curious about how chosen "family--" quote/unquote, "compares with family support for LGBT individuals with non-supportive families of origin." Can you speak to that?

DR. PAUL KWON: Absolutely, and it's essential. Unfortunately, family rejection happens in the coming out process for some folks. And in that case, it's really important to find social support in other areas. And having a chosen family is a great example of that.

What's interesting is that family-- nuclear family support-- is extremely important in adolescence. And that makes sense, because there's dependency on parental support. So that's a really vulnerable time for people if when they come out, they get rejected by family. It's a really vulnerable time.

But in adulthood, peer support and coworker support end up being more important than nuclear family support. It's not to say that that's not important anymore. It's always important. But if there's a deficit in that, in adulthood, when you have an opportunity to construct your

own social support network, it's good to know that peer support and coworker support can actually be more important than family support at that stage of life.

KAITLIN HENNESSY: Excellent. And we did have another clarification question. "In handout one, what is the relationship between number nine and agency?"

DR. PAUL KWON: So, "My past experiences have prepared me well for my future." That really speaks to your feeling prepared to tackle goals. So part of motivation and drive to pursuing goals is to feel like, OK, I'm actually prepared for this. I've done a number of things that are similar and have been successful in that. And that's the source of motivation. And so it belongs in agency rather than pathways, because it's not really dealing with the issue of, how do I get around obstacles? It's really about the issue, "I feel prepared for that goal."

KAITLIN HENNESSY: And before we move on to some other related questions, I wanted to see, is there anything you wanted to do to wrap up this section first?

DR. PAUL KWON: No, that's really what I planned on asking about the handouts. So, yeah, I'm prepared to take questions.

KAITLIN HENNESSY: Excellent. So we'll move to our general Q&A portion. We will try to get through as many questions as possible this evening. But we are going to end our question and answer portion generally at about 7:15.

So to get started, one question is, "How do you feel about Duckworth's research on grit?"

DR. PAUL KWON: That's a great question.

All right. So, maybe I can explain it this way. I got contacted by researchers at a different university to test a model that I had developed. And they said, "We like the three resilience variables, but we think you missed one. Let's include grit." And I said, "OK. Let's include grit."

And it didn't add anything to hope. And that actually made me happy, because I think the thing that I like about hope is that it's clear to me how you increase hope. You set these goals. You figure out what in your past has prepared you for that. You remind yourself of those strengths, and you prepare to get around obstacles that come up.

Grit seems to be more about just character. I think every time in sports, people talk about grit. It's the application of "I have the character to get through difficult things." And that's important, but I find that Duckworth doesn't really acknowledge the decades of work that's been done on hope. And I always have a sense of, "I don't know if we need to reinvent this wheel in a differently-worded way." So that's my honest opinion about grit. That grit-- I-- yeah.

[LAUGHS]

KAITLIN HENNESSY: Thank you. And "Is it useful to identify mental or emotional obstacles to hope?"

DR. PAUL KWON: Yes. So, with the obstacles exercise, I think I talked about practical things that come up. But you can also imagine mental obstacles. I'll feel discouraged. Or I'll-- I don't know-- I'll feel burned out when it's at this point in the semester. And then just preparing for that and figuring out some things that would actually help in those situations can be a really good use of that exercise as well.

KAITLIN HENNESSY: And we had a statement earlier about, "I'm curious if there are any links between creative expression and resilience." Can you speak to that?

DR. PAUL KWON: Wow, that's a really good question.

I think creativity is really important, and it-- I think it encompasses a lot of resilience variables. You can make the case that creativity is really important for hope. Creativity leads to goals that are more advanced. Creativity is a big part of overcoming obstacles.

So I would argue it's a really-- part of hope, but also well-being, more broadly. I think creativity helps with more than just dealing with stress, but also living a life that's more meaningful. So there's probably a more direct path to well-being as well, apart from resilience.

KAITLIN HENNESSY: Thank you. And "Can writing objectively rather than exploring emotional experiences be helpful if one is ruminating?"

DR. PAUL KWON: If somebody is ruminating as a result of depression, then I don't know that the writing exercise would be the thing to do. I think the more positive writing exercises would be more appropriate. If rumination is coming up outside the context of depression, I would bet that it's a result of not confronting the deepest emotions involved.

I think we have a way of ruminating about the concrete details of things that have happened to us. And I think that sometimes that's a way of avoiding the painful emotions that we have about it. And so I think writing about the details, the concrete details of what happened would probably just keep that pattern going. And the thing to focus on in that exercise would be your deepest emotions about it.

And that's a really generic answer to something that demands more specifics. [CHUCKLES] So, yeah-- I'll throw in that caveat.

KAITLIN HENNESSY: And "How close are resilience and perseverance?"

DR. PAUL KWON: That's a really good question. I think, to me, resilience is about bouncing back from defeat, from stressors that come up. Perseverance-- this might just be a Webster's thing.

[CHUCKLES] It seems a little broader. Things could be going great, and you're still persevering. So it seems like a broader concept to me.

KAITLIN HENNESSY: Thank you, Dr. Kwon. Those are all the questions we have for right now. And I would like to thank everyone for coming tonight. I would love to get your feedback on what you thought of tonight's webinar and what you would like to see in the future. Please let us know at that link I just put in the chat box, or you can go to Connections.WSU.edu/eventsurvey and let us know your thoughts.

Thank you so much. I appreciate you all coming.

DR. PAUL KWON: All right. Thank you very much. Thanks for joining me tonight.