The Science of Hope - Free Webinar Invitation Transcript

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Introduction to the science of hope

Welcome to The Explainer. Today, we're Welcome to The Explainer. Today, we're taking a clinical deep dive into an taking a clinical deep dive into an emotion that, honestly, gets emotion that, honestly, gets misunderstood way too often. We're going misunderstood way too often. We're going to unpack the rigorous biological to unpack the rigorous biological science of hope and look exactly at how science of hope and look exactly at how our bodies process both hope and fear.

our bodies process both hope and fear. So, go ahead and settle in because what So, go ahead and settle in because what we're covering today, it has profound we're covering today, it has profound implications for how we navigate implications for how we navigate healing, trauma, and chronic stress.

healing, trauma, and chronic stress.

What true hope means

Our Explainer today is structured into Our Explainer today is structured into four main pillars. First, redefining four main pillars. First, redefining true hope. Second, the biology of true hope. Second, the biology of emotion. Third, the cost of survival emotion. Third, the cost of survival mode. And finally, rewiring for healing.

mode. And finally, rewiring for healing. All right, let's jump right into part All right, let's jump right into part one, redefining true hope beyond wishful one, redefining true hope beyond wishful thinking.

thinking. thinking.

Hope as a biological signal

You know, if you're facing a severe You know, if you're facing a severe diagnosis or maybe just a really diagnosis or maybe just a really prolonged period of stress, you've prolonged period of stress, you've probably had well-meaning people tell probably had well-meaning people tell you to just stay hopeful or stay you to just stay hopeful or stay positive. And let's be honest, a lot of positive. And let's be honest, a lot of the time that just sounds like one more the time that just sounds like one more exhausting task you're supposed to exhausting task you're supposed to somehow get right. But here's the thing, somehow get right. But here's the thing, in clinical terms, hope isn't forced in clinical terms, hope isn't forced positivity. It's not just wishful positivity. It's not just wishful thinking. Hope is actually a biochemical thinking. Hope is actually a biochemical signal your body receives. It's a signal your body receives. It's a literal biological state.

literal biological state. To really grasp this, we need to look at To really grasp this, we need to look at a highly specialized field called a highly specialized field called psychoneuroimmunology.

psychoneuroimmunology. psychoneuroimmunology. Take a breath and let that word settle Take a breath and let that word settle for a second. Psychoneuroimmunology.

for a second. Psychoneuroimmunology.

Snyderu2019s three-part hope theory

It's the study of how our thoughts and It's the study of how our thoughts and our emotions interact directly with our our emotions interact directly with our nervous and immune systems. This field nervous and immune systems. This field is the clinical foundation for our is the clinical foundation for our entire Explainer today. It proves, entire

Explainer today. It proves, without a doubt, that what happens in without a doubt, that what happens in the mind absolutely does not stay in the the mind absolutely does not stay in the mind.

mind. mind. Clinically speaking, we really need to Clinically speaking, we really need to distinguish between three concepts that distinguish between three concepts that we routinely get mixed up, wishing, we routinely get mixed up, wishing, optimism, and hope. Wishing, well, optimism, and hope. Wishing, well, wishing waits. It's a passive desire.

wishing waits. It's a passive desire. There's no part for you to play. There's no part for you to play. Optimism expects. It's this general Optimism expects. It's this general assumption that things are just going to assumption that things are just going to turn out fine.

turn out fine. But hope, hope participates. It's the But hope, hope participates. It's the active belief that the future can be active belief that the future can be better and crucially that you actually better and crucially that you actually have a role in making it so.

have a role in making it so. And because hope participates, it And because hope participates, it requires a solid foundation. It isn't requires a solid foundation. It isn't just some fleeting mood you wait around just some fleeting mood you wait around for. Hope actually has a structure. It's for. Hope actually has a structure. It's a framework that you can actively build a framework that you can actively build and systematically strengthen over time.

and systematically strengthen over time. Kind of like working out a muscle. Kind of like working out a muscle. Which brings us to psychologist C. R. Which brings us to psychologist C. R.

Snyder's foundational hope theory. He Snyder's foundational hope theory. He breaks down true hope into three breaks down true hope into three distinct parts.

distinct parts. First up, goals. That means defining First up, goals. That means defining exactly where you want to go, whether exactly where you want to go, whether that's short-term or long-term.

that's short-term or long-term. Second, pathways. This is identifying Second, pathways. This is identifying the practical routes to get there. And the practical routes to get there. And importantly, having a backup route ready importantly, having a backup route ready when that first one is inevitably when that first one is inevitably blocked.

blocked. blocked. And third, willpower. That's the And third, willpower. That's the internal drive to begin the journey and internal drive to begin the journey and the sustained energy to keep going.

the sustained energy to keep going. It's methodical. It's a highly It's methodical.

The biology of emotion and expectation

It's a highly actionable skill. actionable skill. Moving on to part two, the biology of Moving on to part two, the biology of emotion, mind and body connected.

emotion, mind and body connected. I want you to consider this profound I want you to consider this profound observation from Dr. Jerome Groopman observation from Dr. Jerome Groopman over at Harvard Medical School.

over at Harvard Medical School. He noted that there's a biology of fear, He noted that there's a biology of fear, a biology of anger, and a biology of a biology of anger, and a biology of depression.

depression. depression. Basically, there's a biology for every Basically, there's a biology for every emotional state. So, why not a biology emotional state. So, why not a biology of hope? An authentic biology of hope.

of hope? An authentic biology of hope. Just let the gravity of that settle in Just let the gravity of that settle in for a moment. An authentic biology of for a moment. An authentic biology of hope.

hope. hope. And here is exactly how that authentic And here is exactly how that authentic biology flows in your system. It's biology flows in your system. It's essentially one constant ongoing essentially one constant ongoing conversation.

conversation. conversation. It starts with the mind, which shapes It starts with the mind, which shapes what you perceive and what you expect. what you perceive and what you expect.

The brain then translates those abstract The brain then translates those abstract thoughts into physical chemical signals. thoughts into physical chemical signals.

Then, the nervous system acts like a Then, the nervous system acts like a superhighway, carrying those signals all superhighway, carrying those signals all throughout the body.

throughout the body. And finally, the immune system is And finally, the immune system is listening. It receives those signals and listening. It receives those signals and it responds.

it responds. These aren't separate, isolated systems. These aren't separate, isolated systems. They are one perfectly unified network. They are one perfectly unified network.

Your expectation directly alters your Your expectation directly alters your chemistry. In fact, neurological scans chemistry. In fact, neurological scans show that these chemical shifts can show that these chemical shifts can happen in mere fractions of a second.

happen in mere fractions of a second. What you expect, your body physically What you expect, your body physically takes part in. takes part in.

How chronic fear affects the body

Now, does hope cure illness all on its Now, does hope cure illness all on its own? No, but it is far more than just a own? No, but it is far more than just a comforting feeling. It's a biological comforting feeling. It's a biological catalyst. It initiates a massive cascade catalyst. It initiates a massive cascade of chemical responses.

of chemical responses. Let's ground this in some peer-reviewed Let's ground this in some peer-reviewed science, specifically from The Lancet science, specifically from The Lancet Oncology.

Oncology. Oncology. Take a look at these three lines of Take a look at these three lines of research. research. research. First, placebo research. This shows us First, placebo research. This shows us that simply expecting relief prompts the that simply expecting relief prompts the brain to release its own pain-relieving brain to release its own pain-relieving and reward chemicals like dopamine.

and reward chemicals like dopamine. Second, optimism markers. These have Second, optimism markers. These have been clinically linked to stronger, much been clinically linked to stronger, much more resilient immune measures. And on more resilient immune measures. And on the flip side, chronic stress, which has the flip side, chronic stress, which has been studied across hundreds of trials, been studied across hundreds of trials, is fundamentally associated with altered is fundamentally associated with altered and often suppressed immune function.

and often suppressed immune function. That brings us to part three, the cost That brings us to part three, the cost of survival mode, pathology of chronic of survival mode, pathology of chronic fear.

fear. fear. But what happens when the alarm keeps But what happens when the alarm keeps ringing for months, ringing for months, when you're navigating a severe medical when you're navigating a severe medical diagnosis or some ongoing crisis? That diagnosis or some ongoing crisis? That threat doesn't just vanish the second threat doesn't just vanish the second you close your eyes at night. It you close your eyes at night. It lingers.

lingers. lingers. Look, your body's survival mode is Look, your body's survival mode is brilliant. It really is. But it is built brilliant. It really is. But it is built exclusively for short bursts, a sudden exclusively for short bursts, a sudden threat.

threat. threat. A diagnosis, however, is a long ordeal. A diagnosis, however, is a long ordeal. When that alarm keeps ringing, your body When that alarm keeps ringing, your body stays braced. And when your body is stays braced. And when your body is perpetually braced, cellular rest and perpetually braced, cellular rest and repair have to take a backseat. So, repair have to take a backseat. So, those 3:00 a.m. thoughts, the tight those 3:00 a.m. thoughts, the tight chest, that bone-deep exhaustion that chest, that bone-deep exhaustion that sleep just doesn't fix, sleep just doesn't fix, those aren't signs of emotional those aren't signs of emotional weakness, not at all. They are weakness, not at all. They are biological signals that your body is biological signals that your body is locked in a prolonged state of locked in a prolonged state of self-protection.

self-protection. self-protection. And the psychological toll of this is And the psychological toll of this is profound, which we see in Barbara profound, which we see in Barbara Fredrickson's broaden and build theory.

Fredrickson's broaden and build theory. Fear literally narrows your vision. It Fear literally narrows your vision. It focuses your mind entirely on the focuses your mind entirely on the immediate threat, leaving very little immediate threat, leaving very little room for anything else. It's a room for anything else. It's a protective mechanism, sure, but hope?

protective mechanism, sure, but hope? Hope widens the lens. Hope opens the Hope widens the lens. Hope opens the room back up so you can actually see room back up so you can actually see your options, your pathways, and your your options, your pathways, and your next steps.

next steps.

Rewiring the nervous system for healing

Which leads us to our final section, Which leads us to our final section, part four. Rewiring for healing. part four. Rewiring for healing. Clinical interventions.

Clinical interventions. Here's the truth. You cannot simply Here's the truth. You cannot simply think your way out of survival mode. You think your way out of survival mode. You have to physically signal safety to your have to physically signal safety to your subconscious mind. And we do this subconscious mind. And we do this through the native language of the through the native language of the nervous system.

nervous system. One of the most effective accessible One of the most effective accessible tools for this is the safety breath. tools for this is the safety breath.

It's a simple intervention that uses a It's a simple intervention that uses a longer exhale to actively engage your longer exhale to actively engage your parasympathetic nervous system. Which is parasympathetic nervous system. Which is the exact network responsible for rest, the exact network responsible for rest, repair, and healing.

repair, and healing. Actually, let's practice this right now. Actually, let's practice this right now. We're going to take a brief real-time We're going to take a brief real-time pause.

pause. pause. Wherever you are, just breathe in gently Wherever you are, just breathe in gently through your nose for a count of four. through your nose for a count of four. One.

One. One. Two. Two. Two. Three. Three. Three. Four. Four. Four. Now, breathe out slowly through softened Now, breathe out slowly through softened lips for a count of six.

lips for a count of six. One. One. One. Two. Two. Two. Three. Three. Three. Four. Four. Four. Five. Six. Five. Six. Clinical applications suggest doing five Clinical applications suggest doing five rounds of this three times a day.

rounds of this three times a day. Maybe before an appointment. Maybe Maybe before an appointment. Maybe before a scan. before a scan. It's simple. It's completely free. And It's simple. It's completely free. And it acts as a biological reset switch.

it acts as a biological reset switch. As we close out today, I want to leave As we close out today, I want to leave you with a statement of absolute you with a statement of absolute clinical and personal certainty.

clinical and personal certainty. You are not your diagnosis. You are not your diagnosis. A diagnosis is merely a clinical A diagnosis is merely a clinical description of something happening description of something happening inside your body at this particular inside your body at this particular moment in time. It does not describe who moment in time.

Hope, healing, and closing reflections

It does not describe who you are. And it certainly does not you are. And it certainly does not describe what you're capable of. describe what you're capable of.

Hope is a skill. Hope is a skill. Healing is a collaborative process that Healing is a collaborative process that your mind and your biology participate your mind and your biology participate in together.

in together. Never forget, your body is always Never forget, your body is always listening. listening. listening. The real question is, The real question is, what are you going to tell it next?

what are you going to tell it next? Thanks for joining me for this Thanks for joining me for this explainer. Until next time. explainer. Until next time.

Take a deep breath. Take a deep breath.