

Dott.ssa Maria Beatrice Toro

“Abitare le presenze... per vivere il cambiamento”

Scuole in rete “Educare è un’Arte”

A.A. 2022/2023

IL LANGUISHING

- E' uno stato emotivo di "scarso benessere" in assenza di aspetti psicopatologici
- Riguarda specialmente gli adolescenti e sembra essere predittivo di successive difficoltà clinicamente manifeste
- In italiano "to languish" può essere tradotto con il verbo *languire*, ovvero trovarsi in una condizione di demotivazione, mancanza di scopo, energia e gioia
- Non si sta male, ma in qualche modo ci si sente "meno vivi"



GRANT E IL LANGUISHING

- Adam Grant ha rilanciato il termine languishing nel maggio del 2021, quando sono decadute in molti paesi parte delle restrizioni da pandemia
- Lo psicologo scrive che al fondo del languishing ci sono un senso di stagnazione e di vuoto: *“Ti senti come se ti stessi confondendo tra i giorni, come se guardassi la tua vita da un finestrino appannato. Questa potrebbe essere l’emozione dominante del 2021”*
- E’ un senso di stagnazione che demotiva la persona a mettere in gioco le proprie risorse e capacità, a esprimere se stessa, ad essere assertiva nel sociale e a “fiorire”
- Le persone che languono non sono depresse ma in qualche modo non stanno “prosperando”
- Grant ha ripreso il termine coniato nel 2002 in ambito sociologico da Corey Keyes

Corey Keyes colloca il languishing idealmente a metà lungo il continuum dello spettro “salute mentale - patologia”



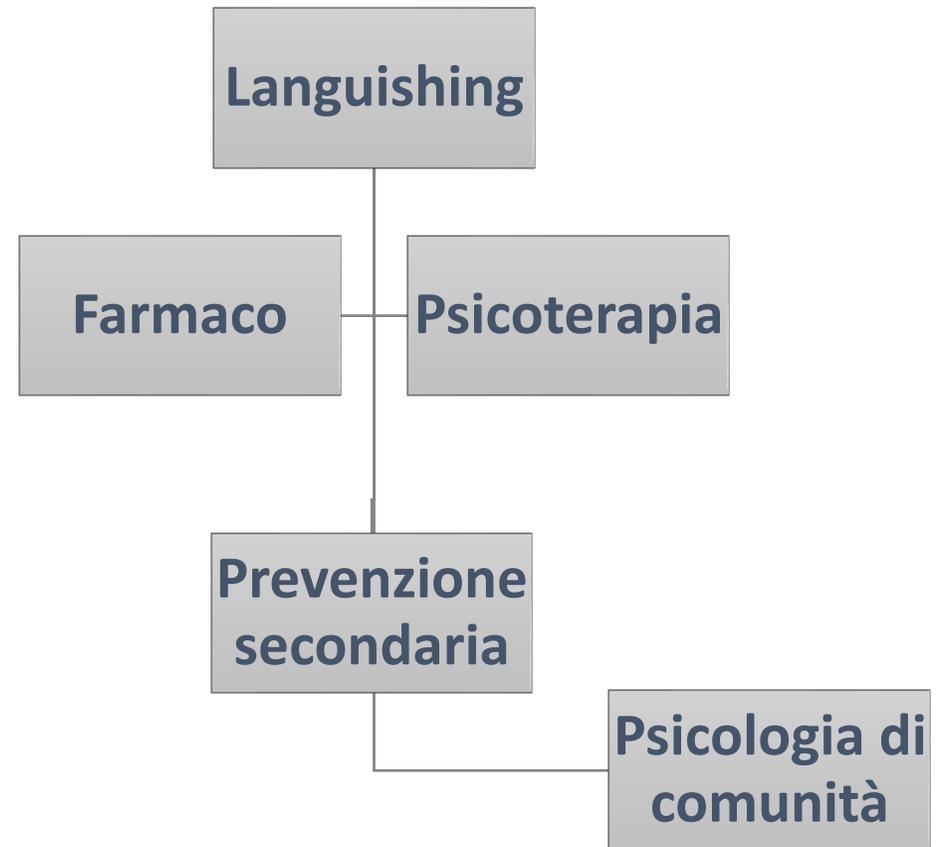
Esso rappresenta un fattore di rischio per lo sviluppo di disturbi mentali:

- depressione maggiore e disturbi di ansia

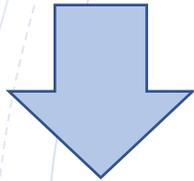
(IN TEMPI DI PANDEMIA ESSO SI ASSOCIA ANCHE AL DISTURBO DA STRESS POST TRAUMATICO)

IL LANGUISHING NEGLI ADOLESCENTI

- Il languishing si manifesta soprattutto nei giovani in quanto gli stadi evolutivi sono di per sé caratterizzati da **incertezza, sfide continue e altalene emotive**
- Richiederebbe, più che un farmaco o una psicoterapia, un intervento di prevenzione secondaria volto a sostenere a ritrovare senso e direzione
- Potrebbe essere oggetto di interventi di **psicologia di comunità**, più che di psicologia clinica



Lo stato di disagio psicologico che riferiscono gli adolescenti **“non è ben specificato”** e determina **difficoltà nei meccanismi di attenzione e spegne la motivazione** generando, di conseguenza, la mancanza di scopo



E' possibile provare ad attuare un cambio di rotta attraverso la cura di 6 dimensioni:



ACCETTAZIONE

Il primo e più importante passo per riprendere in mano la nostra vita



AUTONOMIA E PADRONANZA AMBIENTALE

Diventare responsabili del nostro benessere



RELAZIONI POSITIVE

Coltivare rapporti profondi e continuativi con le persone



SCOPO NELLA VITA

Recuperare i propri valori, ciò che è significativo per la propria vita, e mantenere il focus su di essi



CRESCITA PERSONALE

Provare a considerare un momento di difficoltà come un'occasione di crescita

Mental Health in Adolescence: Is America's Youth Flourishing?

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A continuous assessment and a categorical diagnosis of the presence of mental health, described as flourishing, and the absence of mental health, characterized as languishing, are proposed and applied to data from the second wave of the Child Development Supplement (CDS-II) of the Panel Study of Income Dynamics (PSID), in which a comprehensive set of subjective well-being items were administered to a sample of 1,234 youth ages 12–18. Flourishing was the most prevalent diagnosis among youth ages 12–14; moderate mental health was the most prevalent diagnosis among youth ages 15–18. Depressive symptoms decreased as mental health increased. Prevalence of conduct problems (arrested, skipped school, alcohol use, cigarette smoking, and marijuana use) also decreased and measures of psychosocial functioning (global self-concept, self-determination, closeness to others, and school integration) increased as mental health increased. Findings suggest the importance of positive mental health in future research on adolescent development.

Keywords: flourishing, mental health, subjective well-being, adolescence

Adolescence is a period of intensive development that roughly spans the ages of 12–18 years old. Because of the importance of developmental success during this period, with implications for adult development and health, there is keen interest in the mental health status of this important subpopulation in the United States. Depression—an exemplar of mental illness—is prevalent in childhood and adolescence. Nearly 1 in every 10 children has an episode of major depression before their 14th birthday (Garrison, Schluchter, Schoenbach, & Kaplan, 1989). By the time they can legally vote, drive a car, and drink alcohol in some states (i.e., roughly 16–17 years of age) as many as 20% of youth will have had some form of an anxiety or mood disorder or some form of a disruptive or substance use disorder (Lewinsohn, Hops, Roberts, & Seeley, 1993; Shaffer et al., 1996).

The onset of mental illness such as depression is routinely linked to downward spirals in behavior and quality of academic performance. That is, depressed youth are more likely to exhibit the markers of the “turbulent” adolescent than nondepressed youth. Depressed youth are more likely to smoke cigarettes, to report substance use and abuse, to exhibit conduct disorders, to experience academic problems, and to drop out of school (Angold & Costello, 1993; Berndt et al., 2000; Covey, Glassman, & Stetner, 1998; Nolen-Hoeksema, Girgus, & Seligman, 1992; Rohde, Lewinsohn, & Seeley, 1991).

Researchers aim to assess the mental health of America's children and youth by focusing on the measurement of mental illness. Although it is clear that children with depression are not mentally healthy, the assumption that children without a mental illness are mentally healthy is dubious. Despite proclamations about health as

a complete state (e.g., World Health Organization, 1948), research has equated the health and well-being of children and youth, as well as adults, with the absence of disease, illness, disability, and malfunctioning. Measures of subjective well-being were developed to assess *positive mental health*, that is, mental health in terms of the presence of positive feelings toward one's life (Diener, Emmons, Larsen, & Griffin, 1985) and the level of functioning well in life (Keyes, 1998; Ryff, 1989). The purpose of this study is to investigate, using the positive mental health approach, the prevalence of positive mental health in youth and its association with important markers of adolescent developmental success.

Subjective Well-Being in Adolescence

Subjective well-being includes the evaluations and declarations that individuals make about the quality of their lives that are based on the review, weighting, and summation of the quality of experiences, accomplishments, relationships, and other culturally relevant and valued ways of functioning in life (Diener, Suh, Lucas, & Smith, 1999; Keyes, Shmotkin, & Ryff, 2002). Subjective well-being research has been adult-centric and hedonism-centric (e.g., Bradburn, 1969; Campbell, Converse, & Rodgers, 1976; Diener & Emmons, 1985; Diener et al., 1999; Kahneman, Diener, & Schwartz, 1999). Although mistakenly equated with happiness, subjective well-being consists of two compatible traditions: one that focuses on feelings toward life (hedonic well-being) and another that focuses on functioning in life (eudaimonic well-being; see Keyes et al., 2002; McGregor & Little, 1998; Ryan & Deci, 2001; Ryff, 1989; Waterman, 1993). Although both streams of well-being research have focused on adults, there is a growing call for a similarly inclusive approach to the study of the well-being of children and youth (Bornstein, Davison, Keyes, & Moore, 2003).

The study of subjective well-being has been divided into two streams of research. Both streams of subjective well-being research grew from deeply ingrained, philosophically ancient, and fertile viewpoints that have animated human thought and conduct

The Mental Health Continuum: From Languishing to Flourishing in Life*

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This paper introduces and applies an operationalization of mental health as a syndrome of symptoms of positive feelings and positive functioning in life. Dimensions and scales of subjective well-being are reviewed and conceived of as mental health symptoms. A diagnosis of the presence of mental health, described as flourishing, and the absence of mental health, characterized as languishing, is applied to data from the 1995 Midlife in the United States study of adults between the ages of 25 and 74 (n = 3,032). Findings revealed that 17.2 percent fit the criteria for flourishing, 56.6 percent were moderately mentally healthy, 12.1 percent of adults fit the criteria for languishing, and 14.1 percent fit the criteria for DSM-III-R major depressive episode (12-month), of which 9.4 percent were not languishing and 4.7 percent were also languishing. The risk of a major depressive episode was two times more likely among languishing than moderately mentally healthy adults, and nearly six times greater among languishing than flourishing adults. Multivariate analyses revealed that languishing and depression were associated with significant psychosocial impairment in terms of perceived emotional health, limitations of activities of daily living, and workdays lost or cutback. Flourishing and moderate mental health were associated with superior profiles of psychosocial functioning. The descriptive epidemiology revealed that males, older adults, more educated individuals, and married adults were more likely to be mentally healthy. Implications for the conception of mental health and the treatment and prevention of mental illness are discussed.

There are grave reasons for concern about the prevalence and etiology of mental illness. Unipolar depression, for example, strikes many individuals annually and recurrently throughout life (Angst 1988; Gonzales, Lewinsohn, and Clarke 1985). Upwards of one-half of adults may experience a serious mental illness in their lifetime; between 10 percent and 14 percent of adults experience an

episode of major depression annually (Cross-National Collaborative Group 1992; Kessler et al. 1994; Robins and Regier 1991; U.S. Department of Health and Human Services 1999). As a persistent and substantial deviation from normal functioning, mental illness impairs the execution of social roles (e.g., employee) and it is associated with emotional suffering (Keyes 2001; Spitzer and Wilson 1975). Depression costs billions each year due to work absenteeism, diminished productivity, healthcare costs (Greenberg et al. 1993; Keyes and Lopez 2002; Murray and Lopez 1996; Mrazek and Haggerty 1994), and it accounts for at least one-third of completed suicides (Rebellion, Brown, and Keyes 2001; U.S. Department of Health and Human Services 1998).

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PHUBBING

- Il termine *phubbing* è un neologismo che deriva dall'unione di due parole:

snubbing (snobbare)

phone (telefono)

- Indica l'atto di ignorare qualcuno per prestare attenzione al proprio smartphone

(non solo mandare i messaggi ad un altro soggetto,

anche controllare compulsivamente i social network, le e-mail, gli sms o più semplicemente qualsiasi tipo di notifica)

- La manifestazione di questo comportamento può interessare ogni tipo di relazione

*Tale fenomeno crea continue sensazioni di presenza-assenza,
provoca inquietudine, delusioni e risentimento nel rapporto relazionale*

COME GESTIRE IL PHUBBING?

- Prendere coscienza del problema (chi “osserva” dovrebbe far riconoscere all’altro la cattiva abitudine)
- Riflettere su sé stessi e sulle proprie abitudini, anche quelle involontarie
- Se ci si accorge di abusare nell’utilizzo del telefono bisogna fare **delle pause per contrastare la dipendenza**
- **Sileziare le notifiche**, almeno quando si è impegnati in un’attività (studio, lavoro, tempo libero con amici)
- Importante **imparare a concentrarsi su chi si ha davanti**: se si entra in empatia con l’altro ci si accorgerà del benessere che apporta una conversazione
- Imparare a stare nella realtà, **accogliendo il silenzio**

VALENZA EDUCATIVA DEL SILENZIO

E' molto importante insegnare a valorizzare il silenzio per trarne tutti i suoi *benefici*:

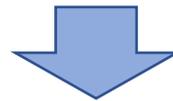
- Contrastare lo stress causato dal rumore eccessivo. I suoni maggiori di 30 decibel sono capaci di causare stress e ipertensione arteriosa.
- Riunificare l'attenzione
- Favorire la concentrazione per la risoluzione dei problemi
- Aiutare lo sviluppo e il recupero del sistema immunitario
- Cogliere profondamente la realtà che ci circonda

COSA SIGNIFICA EDUCARE AL SILENZIO?

NON SIGNIFICA IMPORLO, INTERROMPERE VERBALMENTE!



creare le condizioni affinché esso si manifesti spontaneamente,
offrendo al bambino un ambiente non rumoroso senza essere interpreti dei suoi pensieri



consentire al bambino di godere di ciò che offre il mondo,
affinché possa mettersi in ascolto di sé stesso, dando spazio al suo racconto interiore e personale