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The Psychological Benefits of Awe

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Abstract

Experiencing awe is beneficial to mental health. Benefits of experiencing awe include the decreased severity of typical symptoms of depression, enhanced self-perception of the quality of life, and increased drive to improve one's future. Despite these benefits, the experience of awe is rarely implemented in treatment programs for physical or mental illness. Although it is not assumed that awe alone can "cure" depression or posttraumatic stress disorders (PTSD), for example, I suggest that elicited awe should play a greater role in treatment programs.

Keywords: awe, elicitor, dementia, Holocaust

Many people, regardless of their unique personality and life experience, have felt the powerful emotion of awe. Its triggers are as unique and complex as human personality: a glimpse of the vast and glittering Milky Way galaxy on a clear night, watching a sunrise from the ridge of a mountain, hearing the heart-rending melody of an orchestral suite, or other moving events. In such experiences, one perceives something sufficiently unexpected as to motivate the updating of one's mental schemas (Keltner & Haidt, 2003). The experience of awe may benefit the individual immediately as well as far into the future (Ekman, 1992; Frederickson, 2001). However, studies of the potential therapeutic benefits of awe are limited. In this this review I will examine the experience of awe and therapeutic improvements. My sources include peer-reviewed research studies that included awe-based elicitors in individual treatment plans and for personal improvement.

In reference to awe, Albert Einstein (as cited in Harris, 1995) once said, ". . .he to whom this emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead: his eyes are closed" (p. 1). Because awe is an emotion, it is not easily measured with the typical instruments of scientific analysis. However, though there is little published research on this subject, awe may

nonetheless function as a substantial aid in treating a number of major psychiatric conditions, including depression, post-traumatic stress disorder, and anxiety. It would be imprudent to say that the experience of awe could solve these problems by itself, but there are some studies that show that its presence certainly helps. Because some researchers have reported a strong correlation between the phenomenon of being awestruck and positive mental health, further exploration of the topic may yield specific methods for enhancing psychological well-being.

Understanding the Experience of Awe

The phrases "I'm in awe of . . ." or "That is awesome" are common phrases in many English-speaking societies. While these phrases express that an individual is experiencing awe, the intended meaning or level of awe in each phrase is doubtfully ever the same. Fortunately, researchers have provided definitions by which to standardize the phenomenon when it is reported.

The Concept of Awe: An Overview

Keltner and Haidt (2003) defined awe as the emotion that arises when one encounters something so "vast that it requires mental accommodation" (p. 297). Such accommodation is the adjustment of mental structures to experiences that could not previously be understood (Piaget

& Inhelder, 1969). Edmund Burke (1757/1990) described awe, or "the sublime" (p. 61), as the emotion that occurred when the mind attempted to grasp the greatest features of the universe, including power, terror, vastness, infinity, and obscurity. Schneider (2004) defined awe as "a fluid attitude which incorporates wonder, dread, mystery, veneration, and the embracing of paradox" (p. xvi). It also includes experiencing a meaningful process of change while in the presence of unfathomable and overwhelming stimuli.

Elicited Awe

Awe is not limited to gold medalists, astronauts, or intrepid adventurers. In fact, most researchers have found that awe is a regular feature of human life. Schurtz, Blinco, Smith, Powell, Combs, and Kim (2012) reported that middle-aged Americans experience awe powerfully enough to give them goose bumps about two times a week.

Natural (unconditioned) elicitors of awe include natural disasters such as severe thunderstorms and tornadoes (Rudd, Vohs, & Aaker, 2012), personal events such as childbirth or a successful major surgical procedure, and unparalleled structures, such as the Grand Canyon or the Great Wall of China. Each elicit an awareness of something previously unknown or unimagined.

Assessing the Benefits of Awe

When individuals experience something outside their assumed reality, they must either deny what they have experienced or extend their perception of reality (Keltner & Haidt, 2003). Among the potential benefits of the experience of awe that psychologists have identified are increased motivation to acquire new knowledge (Carstensen, Isaacowitz, & Charles, 1999), a greater tendency to help someone in distress (Darley & Batson, 1973), a momentary boost in life satisfaction (Rudd et al., 2012), a reduction of aggressive driving (Nationwide Mutual Insurance Company, 2008), more efficient use of time (Csikszentmihalyi & Hunter, 2003), and the reduction of symptoms of depression (Roxburgh, 2004). Schurtz et al. (2012) have asserted that the experience of awe has the potential to "stabilize social hierarchies and undermine the detriments of envy...and greed" (p. 205).

The relationship between awe and the perception of time is one in which awe elongates or expands time by accentuating the present moment (Vohs & Schmeichel, 2003; Rudd et al., 2012) or by instilling the sense of total timelessness (Csikszentmihalyi & Hunter, 2003). The effects of altered temporal perception include socioemotional selectivity (Carstensen et al., 1999), engagement in volunteer efforts and community service (Strober & Weinberg, 1980), increased frequency of family meals at home (Neumark-Sztainer et al., 2003), and consuming less fast food (Darian & Cohen, 1995).

Negative Elicitors

Some researchers (Burke, 1757/1990; Rudd et al., 2012; Schneider, 2004) have argued that awe can be elicited by negative events as well. Examples include witnessing the death of a loved one, watching a tornado destroy a house, or encountering monstrous ways in which people have treated other people. In interpreting the effects of negative elicitors of awe, it should be understood that awe does not override personal agency. Just as an individual can walk away from a positive experience of awe and subsequently become unhappy, individuals who have experienced some of the greatest horrors affirm that their experience changed them for the better (Frankl, 2000).

Victor Frankl's experience of awe. During World War II, Victor Frankl spent three years as a prisoner in the Auschwitz and Türkheim concentration camps until he was liberated by American troops in 1945 (Frankl, 2000). The atrocities Frankl experienced produced insights into the monstrosity of human behavior. Frankl wrote that such events forced him to expand his understanding of personal

identity, including an understanding of what can and cannot be taken from a person. According to Allport (1984), this understanding may heighten the experience of awe within events that one normally takes for granted. Specifically, Allport (1984) wrote that "Hunger, humiliation, fear, and deep anger at injustice are rendered tolerable by closely guarded images of beloved persons, by religion, by a grim sense of humor, and even by glimpses of the healing beauties of nature—a tree or a sunset" (p. 11). This reflection contrasts with what Frankl (1959) wrote about those who found no such redemptive images:

> ". . . often it is just such an exceptionally difficult external situation which gives man the opportunity to grow spiritually beyond himself. Instead of taking the camp's difficulties as a test of their inner strength, they did not take their life seriously...they preferred to close their eyes and live in the past. Life for such people became meaningless." (p. 93)

The Contemporary Exclusion of Awe

American society has drastically changed throughout the centuries since its emergence. A primary reason for such change is the rapid evolution of technology in that time. Yet, some see today's technological feats as a "culprit for blame" (Goldsmith, 1993, p. 16) in some of society's greatest

problems. Americans now live in a world where common devices allow almost anyone to communicate with another at any distance at any time with almost no delay. Crossing an ocean has been shaved from months to hours. Current medical practices have almost doubled the life expectancy rate of white Americans since 1900 (Caplow, 2001). The internet has made information about countless different topics available instantaneously, and manual labor is widely performed by machines. In short, events that were once monumental are now ordinary, leaving a seemingly smaller space for awe.

Medication over Awe

American society has long associated awe with sentimentality, which is now viewed as questionable and possibly undesirable (Johnson, 1995; Nash, 1999). In addition, advances in medicine have displaced the role of awe in assisting recovery from physical and mental illnesses. The medical model asserts that changes in a patient's anatomy or physiology or both are responsible for the remission of symptoms as a result of treatment. Thus, the role of awe in promoting recovery is foreclosed.

Awe is Difficult to Prescribe

Despite published evidence that the experience of awe has therapeutic benefits, it is not directly implemented

in mental-health treatment programs. As previously stated, the prevailing view is that, because awe is an emotion, it cannot be precisely measured. Therapists cannot hold up a yardstick against awe in the effort to determine how much a patient has received or how much more is needed. Another reason for the absence of the application of awe in treatment programs is because awe elicitors are difficult to prescribe. Their positive influences are a function of the previous life experiences of the patient and thus not readily replicable across patients.

Making Awe a Conscious Addition to One's Life

Improved treatment programs could offer a structure that would allow patients to experience awe elicitors that would not usually be available to them. Potential roadblocks to the experience of awe might be overcome by current technologies, for example, an IMAX tour of the Grand Canyon or of a single cell. Social support that occurs as part of treatment groups during awe-instilling experiences might amplify their positive effects.

The self-taught and self-applied experience of awe outside of therapy might bring its own benefits to an individual. A perception of enhanced independence is a potential benefit of self-elicited awe (Roxburgh, 2004) as are self-concept (Shiota et al., 2005), self-worth, and self-

confidence (Branden, 1994). Increased self-confidence has been shown to reduce depression symptoms (Accordino, Accordino, & Slaney, 2000). The experience of awe has also been shown to decrease fear (Schurtz et. al, 2012) and anxiety (Sarnoff & Zimbardo, 1961). The experience of awe also have been linked to improved health goals (Vesico, Wilde, & Crosswhite, 2005) and a further enhanced value an individual places on living in the present moment (Adler & Fagley, 2005; Rudd et al., 2012; Vohs & Schmeichel, 2003). Valuing the here-and-now may also reduce post-traumatic stress disorder symptoms (Hackmann, Ehlers, Speckens, & Clark, 2005).

Improvement of dementia symptoms following exposure to awe-eliciting music. Awe elicited by music has also been found to reduce the symptoms of Alzheimer's disease, PTSD, and dementia (Clair, 1996; Crystal et al., 1989: Sinclair, 2010; Svansdottir & Snaedal, 2006). Typically nonresponsive and forlorn patients seem to "come back to life" and remember their past when they are exposed to music that has personal significance. The case of Henry, a patient who suffered from dementia in almost total silence for 10 years, is illustrative (Cohen, 2011). After many months of treatment, his therapists determined that the key to his improvement was listening to the band that was his

favorite when he was a young man. Before exposure to their recordings, Henry expressed no memory of his past, appeared to be very depressed, and never spoke to others. Upon listening to the music, his persona seemed to change. His eyes lit up, he no longer sat hunched over in his wheelchair, he moved his arms and rocked in his seat, while humming and singing along with the music. When the music was taken away, Henry would respond to questions in detail, recall events and people, and engage in active conversation. According to Cohen, "These musical favorites tap deep memories not lost to dementia and can bring residents and clients back to life, enabling them to feel like themselves again, to converse, socialize and stay present" (p. 2). Although this response typically faded after about 15 min, it reappeared each time Henry was re-exposed to the music.

Conclusion

Awe's therapeutic potential is frequently ignored professionally and neglected individually. More research should be done in the near future on the direct influences awe has upon individuals. Comparisons between self-elicited awe and professionally-elicited awe would be an asset to further understanding the influence of awe. In a world where instant access to information and gratification prevails, there is little inclination to take the time to re-instill a sense of

wonder about the world in which life unfolds. Fortunately, many of the most powerful awe-elicitors cost very little money to experience. Individuals must simply take the initiative to seek them in the context of personal life experiences and values.

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