Fear of Happiness with Relation to Mental Health and It’s Preventive Measure

Anuska Laha¹, Deshna Chatterjee²

¹Undergraduate Student at the University of Calcutta-B.Sc Psychology
²Undergraduate student at the University Of Calcutta B.A Psychology

Abstract
This research study examines the complicated phenomena of fear of happiness, including its social implications, psychological bases, and preventive measures. Fear of happiness has a substantial negative influence on one's general well-being, interpersonal relationships, and level of life satisfaction. It is frequently caused by subconscious beliefs or past experiences. This paper explores how fear of happiness appears in different situations and why it is detrimental to mental health, leading to self-destructive behaviors, heightened anxiety, and depression. It does this by using psychological theories and empirical research. Furthermore, the paper discusses preventive measures and interventions aimed at addressing the fear of happiness. They consist of mindfulness exercises, cognitive-behavioral methods, and positive psychology therapies that aim to eliminate unfavorable notions, foster self-compassion, and strengthen resilience.

Keywords: Fear Of Happiness, Mental Health, Preventive Measures

1. Introduction
A psychological condition that is characterized by an aversion or avoidance of experiencing joy and positive emotions is known as cherophobia, or the fear of happiness. The nuanced nature and cultural implications of this intriguing concept have been illuminated by research conducted across a variety of academic fields.

To start with, clinical studies investigate cherophobia's underlying causes and manifestations. People with this condition frequently harbor well-established convictions that correlate happiness with pessimistic results, for example, a trepidation that being too happy will welcome setbacks or lead to dissatisfaction. Cherophobia is caused by unresolved trauma or conditioning, in which people learn to associate happiness with vulnerability or loss. In research conducted by Eysenck and Michael W. (2015)¹, it was highlighted how certain childhood experiences, such as unpredictable parental behavior can contribute to the development of cherophobia in adulthood.

Moreover, sociological contexts divulge how cultural components influence attitudes toward happiness. In some societies, overt displays of joy or exuberance are discouraged by certain societal conventions, encouraging stoicism and restraint. In studies on cultural variations in happiness beliefs, Diener and Suh (2000)² illustrated how individuals belonging to a collectivistic culture may view excessive happiness as

selfish or disruptive to social harmony. For instance, the concept of ‘amae’ in Japanese culture accentuates the value of interdependence over individual happiness, potentially fostering cherophobic tendencies. Furthermore, philosophical investigations on cherophobia delve into the moral implications of avoiding happiness. Eminent scholars such as Seneca and Nietzsche have argued upon the merits of accepting and experiencing happiness versus incorporating resilience through agony. Philosophical debates warn against pursuing transient pleasures, claiming that true fulfillment comes from accepting life’s obstacles. In light of the ideology of existentialism, intellectuals such as Victor Frankl prioritize the pursuit of meaning over ephemeral happiness, advocating for a deeper engagement with the intricacies of life.

Conclusively, cherophobia is a complex psychological condition that is shaped by personal experiences, cultural standards, and philosophical perspectives. Through a variety of lens analyses, researchers can better understand the psychology of people and the social dynamics that surround happiness concerning cherophobia. Subsequent research endeavors may investigate therapies designed to mitigate cherophobic inclinations, advocating for a well-rounded strategy for emotional wellness that values both happiness and adaptability.

2. PSYCHOLOGICAL AND CULTURAL VARIATIONS IN THE FEAR OF HAPPINESS

A person's experience with cherophobia, or the fear of happiness, can vary depending on several psychological factors. One variety stems from attachment patterns; people with insecure attachments may become cherophobic as a defense against disappointment or loss that could be connected to happiness (Seligman, Rashid, and Parks, 2006). For instance, an anxiously attached individual may be afraid to fully experience happiness because they have underlying concerns about its transient nature or the possibility of experiencing negative emotions in the future.

Trauma or negative experiences in the past may be connected as an additional reason for developing a fear of happiness. People who have experienced severe trauma or setbacks may grow resistant to happiness as a coping mechanism or emotional control mechanism (Joormann, Jutta, and Catherine D'Avanzato, 2010). For instance, an individual with experience of failure and betrayal may develop cherophobia as a protective strategy to prevent further emotional suffering linked with positive experiences.

These variants demonstrate how intricate psychological processes, impacted by individual variances in attachment styles, coping strategies, and traumatic experiences, can give rise to cherophobia. More investigation into these differences can help better understand this phenomenon and guide the development of therapeutic strategies for effectively treating cherophobia.

Owing to cultural differences in social norms, values, and beliefs, cherophobia, or the fear of happiness, can emerge in several ways. Positive emotions may be internalized or suppressed in some cultures when overt displays of happiness are viewed as improper or boastful. Humility and modesty, for instance, are highly valued in some East Asian societies, such as Japan. Expressions of joy or excitement in public might be perceived as disruptive or socially inappropriate, which may cause people to inhibit their happiness and develop cherophobic tendencies.

In contrast, people may value the emotional health of the group more than their satisfaction in collectivist cultures where the focus is on fostering community peace rather than individual expression. This may

---

factor in cherophobic behaviors, in which people hide their happiness to avoid being noticed or causing conflict in the community. For example, cultural norms in some Indigenous groups could ban overt expressions of happiness that could upset community cohesion because they place a higher value on emotional control and communal balance. These cultural differences portray how societal norms and shared values can influence cherophobia and affect the expression and experience of happiness by individuals in their cultural situations. As such, culture has a significant role in shaping people's attitudes toward the experience and perception of positive emotions. Culture to culture and individual to individual have different reasons for supporting fear of happiness. But there seem to be four common reasons why people believe they should be afraid of happiness: (a) Happiness causes unpleasant things to happen; (b) Happiness morally degrades a person; (c) It is harmful to you and others to exhibit happy or cheerful feelings, and (d) It is bad for you and others to pursue happiness.

2.1. FEAR OF HAPPINESS AND MENTAL HEALTH

Individuals who identify as joyful typically live longer, are less likely to experience depression, and have fewer health issues. It turns out that happiness is something that most individuals can improve. According to research, genetics accounts for an average of 50% of an individual's overall pleasure. Nonetheless, people control 40% of the situation, while the remaining 10% is determined by external factors. Researchers analyzed data from 138 research evaluating over 11,000 participants globally to determine how facial expressions impact emotions. Their findings were published in the June 2019 Psychological Bulletin. They discovered that people feel happy when they smile, just as they feel angry and depressed when they frown and scowl. Although the effect was minimal, smiling can be quite appealing. Numerous research has previously established the link between negative affective behavior, unpleasant emotions, and various mental illnesses. In other words, it might be argued that a variety of mental health issues and diseases stem primarily from negative affective behavioral components and negative emotions. In Seligman's (2002) study, including 577 participants, happiness exercises were given to the subjects. Happiness exercises were proven to decrease participants' depression levels in the current study. According to a similar study by Phillips (1967), persons with mental disorders are undoubtedly unhappy by nature. The study went on to say that people who reported mental health issues like restlessness, difficulty falling asleep, upset stomachs, and similar symptoms would also report feeling unhappy. In this context, Phillips (1967) also proposed that social interaction raises happiness and that happiness lowers the degree of depression in those with mental illnesses. Happiness has been shown to reduce participants' anxiety levels, according to a study done by Kendall (1994) on the psychosocial treatment of anxiety disorders in students. A study conducted in 1991 by Clark and Watson also discovered the benefit of happiness as a treatment for depression and anxiety disorders. According to a study conducted by Ryan and Deci(2000), happiness directly lowers mental illnesses including stress, depression, and anxiety while also promoting wellbeing.

---


depression as a potential mechanism inhibiting a full experience of mental health.

3. FEAR OF HAPPINESS AMONG ADOLESCENTS AND CHILDREN

College students’ Fear of Happiness and childhood traumas were found to be related, according to Sar et al. Researchers have noted that traumatic events are not only the foundation of post-traumatic stress disorders, but that repeated exposure to traumatic events can also have negative effects such as depression, difficulty regulating emotions, and dissociative personality disorder. This correlation between childhood traumas and other psychological disorders can help clarify the significance and relevance of this phenomenon. Research has indicated a connection between traumatic childhood experiences and symptoms of anxiety and depression in adulthood, as well as symptoms of borderline personality, and non-suicidal self-injury.

3.1. ROLE OF CHILDHOOD TRAUMAS IN FEAR OF HAPPINESS

Although it has been confirmed that childhood traumas and FOH are related, not much research has attempted to look at the relationship. Traumatic events in early life alter the cognitive structure of the memory system, affecting executive functions, implicit and working memory, and emotional processing, among other cognitive domains. Investigating emotion regulation strategies in vulnerable children and adolescents, according to some experts, can reveal the biological pathways that link early childhood trauma to mental disorders in later life. One study looked into the function of cognitive emotion regulation as a mediator in the connection between Fear Of Happiness and childhood traumas. The findings demonstrated that students who experienced abuse and neglect as children were more likely to use maladaptive cognitive emotion regulation techniques (self-blaming, rumination, catastrophizing, and other-blaming) and less likely to use adaptive cognitive emotion regulation techniques (acceptance, positive refocusing, and positive reappraisal), which can fail to thrive (Fear Of Happiness).

---


3.2. FEAR OF HAPPINESS AMONG YOUNG ADULTS

Young adulthood is generally characterised as being between the ages of 18 and 22, or 18 and 25 (Massachusetts Institute of Technology, 2018). Researchers have identified young adulthood as a crucial biological period. People begin to acquire improved intellectual abilities, improved emotional regulation skills, and improved interpersonal abilities when they reach this period of life. Young people therefore experience significant growth that is similar to that which happens during their childhood and adolescence. According to research done by Rittika Chakraborty and Dr. Neerja Pandey (2023), a person's fear of happiness will have a detrimental impact on both their degree of hope and their capacity to flourish. They found out that, it is evident that there is a rise in both hope and flourishing when compared to fear of happiness; however, the increase in flourishing is significantly greater when compared to fear of happiness than it is when compared to hope17.

A correlational study was conducted which aimed to determine the relationship between fear of happiness and the five-factor personality traits among the students. Happiness and neuroticism were shown to be negatively correlated, while happiness and other personality characteristics were found to be positively correlated. Additionally, they stated that neuroticism and happiness are contrary and that the presence of one implies the absence of the other. Additionally, extroversion and happiness are positively correlated, according to the research's findings. Since extroversion and movement are typically closely related, this will result in acceptance, group orientation, and address orientation. Positive emotions are often associated with extroversion. Since agreeable people can adjust to varied situations, they feel happier, which helps to explain the positive correlation between agreeableness and happiness18.

4. IMPACT OF FEAR OF HAPPINESS

Fear of happiness, a belief that too much happiness could lead to negative outcomes in life, affects people's well-being a lot, especially their ability to thrive. Two primary findings of a study by Hacer Belen, Murat Yildirim, and Furkan S. Belen were: (a) a greater sense of hope was associated with a lower degree of fear of happiness, and (b) a relationship between fear of happiness and flourishing was mediated by hope agency and pathways19. Studies have demonstrated the impact of fear of happiness on people's well-being. They have found that fear of happiness is positively associated with negative affect and negatively associated with subjective happiness, life satisfaction, positive affect, autonomy, positive relationships with others, self-acceptance, environmental mastery, personal growth, and purpose in life.20,21,22 That is, lower levels of subjective and psychological well-being are reported by those who fear happiness more than others. Research findings also indicated a positive correlation between elevated levels of fear of

happiness and elevated levels of externality of happiness as well as decreased self-esteem. There is a relationship between fear of happiness and gratitude, with feeling less fear of happiness leading to higher levels of gratitude and higher levels of life satisfaction.

5. PREVENTIVE MEASURES

Fear of happiness is rooted in dysfunctional beliefs. Thus, part of treatment, including positive psychological therapies and therapeutic procedures meant to enhance general mental well-being, may involve assisting patients in reevaluating and altering their maladaptive views about happiness. Craske et al. have devised a therapy approach based on current studies on decreasing positivity (2016). These therapies, known as Positive Affect Therapy, are made up of modules that include activity planning for engaging in enjoyable activities and planning to participate in them. Furthermore, following a 14-week positive psychology intervention (PPI) program for university students from 39 different countries, Lambert et al. (2019) observed significant decreases in the intervention group's fear of happiness and belief in the fragility of happiness. These changes were maintained at the 3-month follow-up. The degree of life pleasure has increased dramatically. The control group did not experience reductions in beliefs (Lambert et al. 2019). Thus, taking part in a positive psychology intervention program and learning about positive psychology, in general, can be partly attributed to it. Consequently, it is believed that research on positive psychology can effectively lessen the anxiety associated with happiness. The Socratic questioning method and exposure technique, which are frequently combined with the Cognitive Behavioural Therapy approach, are two additional therapeutic methods for fear of happiness. The person can learn to manage their worries, get rid of the unfavorable ideas they link with happiness, and alter the dysfunctional schemas they developed as children thanks to these techniques, which are typical of the majority of phobias. One can see that being happy genuinely does not cause harm by going step by step through exposure and using Socratic questioning tactics.

6. CONCLUSION

The fear of happiness, known as cherophobia, is a multifaceted psychological phenomenon with profound implications for individual well-being and societal dynamics. This paper has explored cherophobia from various angles, shedding light on its underlying causes, cultural influences, effects on mental health across different age groups, and potential preventive measures and therapeutic interventions. First of all, the psychological processes that underlie cherophobia are profoundly influenced by individual experiences, societal standards, and philosophical viewpoints. Clinical research has demonstrated how unresolved trauma or conditioning can cause people to link happiness to loss or vulnerability, which might feed cherophobic tendencies. Sociological studies show how cultural factors shape views towards happiness. Philosophical debates further underscore the complexity of cherophobia, questioning the pursuit of transient pleasures and advocating for a deeper engagement with life's challenges.

---

Furthermore, studies show a connection between cherophobia and negative affective behaviors as well as several mental health conditions, including stress, anxiety, and depression. Knowing how the fear of happiness interacts with mental health can help with treatment plans and preventative strategies. Research has demonstrated the effectiveness of exposure approaches, cognitive-behavioral therapy, and positive psychology therapies in treating cherophobic tendencies and fostering emotional well-being.

Cherophobia presents differently in individuals of all ages, from teenagers to young adults, depending on attachment styles, early life experiences, and developmental phases. Studies highlight how crucial early intervention and support are in resolving cherophobic tendencies and averting negative consequences for mental health. The fear of happiness varies throughout cultures, highlighting the importance of common values and societal conventions in influencing people's views towards happiness. Developing culturally relevant solutions to address cherophobia within varied populations requires an understanding of these cultural distinctions.

To conclude, cherophobia is a result of a complex interaction of psychological, cultural, and social elements that calls for a holistic approach to comprehending and treating this phenomenon. Through advancing research efforts and executing customized treatments, we can strive to establish a community that prioritizes adaptability and happiness, cultivating emotional resilience and overall well-being for everybody.