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Happiness, Pleasure and Longevity

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Abstract

Two of the most active subjects in research today are happiness and longevity. This paper aims to understand the difference between happiness and pleasure and further investigate the correlation between happiness and longevity. We have re-defined happiness by using Quantum Science and compared happiness and pleasure. We have concluded that if we focus more on real happiness, which is expanding consciousness, we can improve life expectancy with fewer diseases while enjoying more life. Furthermore, aligning human awareness with deeper levels of consciousness can bring greater coherence between mind and body, promoting balance and overall well-being. This integrative understanding opens new perspectives for exploring how conscious evolution can enhance both the quality and duration of life.

Keywords: Happiness, Longevity, Health, Quantum Physics, Pleasure, Addiction.

Introductions

Two of the most active subjects in research today are happiness and longevity (Sprott, 2010; Frawley, 2015). So, why not look at if there is a correlation between the 2 subjects? Who does not want to have more happiness? We could say almost everyone. In May 2017, a Harris Poll surveyed 2,202 Americans ages 18 and older and found that only 33% of those surveyed said they were “happy.” And then, when asked if they would like to be “happier” nearly 90% responded “yes” (Poll, 2017). OK, then let’s look at the longevity factor. Many years ago, I was at a Functional Medicine conference in the United States and the speaker asked: « By your experience as a medical doctor, do you think your patient wants to live longer? » The answer was no, meaning that most people do not want to live longer because most of the time with age, we become sicker. The right question should be: « Who wants to live longer if you are in good health? ». A study published in 2017 in the *Journal of Aging Studies* with the title « Is longevity a value for older adults? » answers that question. By doing 90 in-person interviews in 3 different countries, we noticed that most people wanted to live longer only if they would stay healthy (Ekerdt et al., 2017). But then, if you are in good health but are unhappy then now what? We are maybe back to square 1.

Ok, then the real question: does happiness increase lifespan? A study in the UK, called the Million Women Study by Liu et al. (2016) found that there is no correlation between the two. The question used for the study: “How often do you feel happy?” Possible responses were “most of the time”, “usually”, “sometimes”, or “rarely/ never”. Based on the difference between pleasure and happiness, this question was too vague. Do people really know what happiness is? In the French documentary of Julien ‘C’est quoi le Bonheur pour vous’ (What is happiness for you), observed that the definition

of happiness varies from person to person (Perron, 2020).

Although the concepts of happiness and pleasure are often used interchangeably in everyday discourse, their distinction holds significant implications for understanding their respective effects on health and longevity. Happiness is generally regarded as a long-term state of contentment, life satisfaction, and purpose, while pleasure tends to describe short-term sensory or emotional gratification (Goldman, 2018). Contemporary health research frequently measures happiness through subjective well-being scales or hedonic indicators that fail to distinguish between these two constructs (Mackie & Stone, 2013). This conflation has created ambiguity in interpreting results across studies linking emotional states to physiological health outcomes such as cardiovascular function, immune response, and mortality risk. For example, transient pleasure derived from external stimuli—such as consumption or entertainment—may stimulate dopaminergic reward pathways without necessarily contributing to sustainable well-being (Kringelbach & Berridge, 2017). In contrast, enduring happiness, often associated with meaning, social connection, and gratitude, has been linked to better stress regulation and lower inflammatory markers, factors that could theoretically support longevity (Mayanil, 2024).

The research gap, therefore, lies in the limited differentiation between these dimensions of positive emotion in epidemiological and psychological studies (Richman et al., 2005). Without this clarity, conclusions about whether happiness truly promotes longevity remain inconsistent and potentially misleading. Some large-scale studies, such as the US cohort by Zajacova and colleagues demonstrated that once self-rated health and socioeconomic status were controlled, happiness alone showed

no independent association with mortality, highlighting measurement and confounding limitations (Barger et al., 2020). In contrast, a Japanese longitudinal study by Ishida et al. found that lower subjective well-being significantly predicted higher all-cause mortality in both men and women, underscoring its independent prognostic value (Iwasa et al., 2006). These discrepancies may stem from methodological limitations in how happiness is conceptualized and measured. By explicitly separating the hedonic (pleasure-based) and eudaimonic (meaning-based) aspects of well-being, researchers can better evaluate which emotional experiences most strongly influence biological aging and disease resilience. Understanding this distinction is not merely academic—it informs the design of public health interventions and mental health strategies aimed at improving quality of life alongside lifespan. The present review therefore explores how happiness and pleasure, though related, may exert distinct effects on longevity, emphasizing the importance of nuanced measurement and conceptual precision in future health research.

What is Happiness?

We will define happiness from the Quantum Science perspective. In the Newtonian perspective, we confuse happiness with pleasure. Pleasure is chemicals and hormonal reactions. The feeling of pleasure comes and goes, while happiness persists. Often we find that women, who feel unhappy, start buying new shoes, clothes or ornaments to feel happy. What they are feeling is pleasure, which they confuse with happiness. Dr. Amit Goswami frequently says that happiness is not “eat, drink and be merry”. If you look at a beautiful flower and then smell it, you can feel some joy inside of you, Dr. Amit Goswami says it is an expansion of consciousness (Goswami & Pattani, 2021). Pollard (2003) and Lustig (2018) defined pleasure and happiness as *pleasure* relates to a transient emotional state resulting from the satisfaction of a desire, a craving, and *happiness* refers to a lasting emotional state of contentment, and euthymia. Pleasure is not a negative emotion, but it is not happiness. Since there are so many ways to look at happiness, for the rest of the paper, I will use the definition given by Goswami and Pattani.

After defining happiness through Goswami and Pattani's framework, it becomes crucial to understand why this distinction between true happiness and pleasure matters for human health and longevity. Numerous interdisciplinary studies have demonstrated that authentic happiness, conceptualized as an expanded state of consciousness and inner coherence, produces measurable physiological effects that differ fundamentally from the short-lived biochemical spikes associated with pleasure. Pleasure primarily activates dopaminergic reward circuits in the brain, providing transient satisfaction that rapidly diminishes through habituation and tolerance (Berridge & Kringelbach, 2015). In contrast, eudaimonic well-being—defined as meaning, purpose, growth, self-transcendence—activates broader neural networks and is associated with physiological regulatory benefits (Belzak et al., 2017). For example, the “ABC model of happiness” proposed by Esch (2022) delineates three neurobiological types:

(A) wanting/pleasure; (B) relief/avoidance; (C) non-wanting/staying/satisfaction—where the deepest type (C) aligns with older age and inner peace (Esch, 2022).

Epidemiological studies reinforce that higher subjective well-being (SWB) correlates with reduced morbidity and mortality. For instance, Veenhoven (2008) reviewed about 30 longitudinal studies and found that among initially healthy populations, happiness predicts longevity with an effect size comparable to not smoking (Veenhoven, 2008). More recently, a Singapore longitudinal study (n 6,073 older adults over ~11.7 years) reported each one-point increase in self-rated happiness (1-5) lowered all-cause mortality hazard ratio (HR) by ~0.85, though much of the effect was explained by psychological health and functioning factors (Song et al., 2023).

On the neuro-biological side, positive emotion states are shown to reduce right prefrontal cortex and temporo-parietal activity and increase left-prefrontal/ventral-striatal/cingulate activity (Machado & Cantilino, 2017). These neural patterns overlap with emotion-regulation, reward, meaning networks—linking happiness not only to feeling good, but to brain systems that can influence ageing processes. For example, eudaimonic well-being has been correlated with lower levels of disease-associated ceramides in middle-aged adults—serum sphingolipids inversely associated with purpose in life and self-acceptance (Berkowitz et al., 2021).

Neuroscience further explains this dichotomy through the “broaden-and-build” theory of positive emotions, where happiness expands cognitive flexibility, strengthens prefrontal connectivity, and promotes parasympathetic dominance, all of which buffer allostatic load and improve systemic regulation (Garland et al., 2010). Such physiological coherence may translate into tangible longevity benefits: cohort analyses from the Women's Health Initiative and the Singapore Longitudinal Aging Study revealed that older adults reporting higher purpose and positive emotion lived significantly longer and had fewer cardiovascular and metabolic diseases 25,26. Even at the molecular level, greater eudaimonic well-being has been correlated with healthier gene-expression profiles, including reduced pro-inflammatory NF-κB signaling and upregulation of antiviral response genes (Lee et al., 2020).

From the standpoint of quantum science and consciousness studies, these findings support the notion that happiness represents a higher vibrational state of coherence between mind, body, and field—a state in which consciousness expands beyond self-centered awareness. When this state becomes habitual, it cultivates harmony across biological systems, influencing energy metabolism, neuroplasticity, and immune regulation. Pleasure, by contrast, represents momentary energy dispersion rather than sustained coherence. Hence, while pleasure may provide temporary relief, only true happiness—anchored in awareness, purpose, and compassion—produces the systemic alignment that supports both health and longevity. Recognizing this difference is vital for future research in health psychology and aging, as it reframes happiness not merely as an

emotion, but as a measurable state of expanded consciousness with profound biological consequences.

In their book *Quantum Psychology and the Science of Happiness*, Dr. Goswami and Pattani explain the Quantum Happiness Scale (Goswami & Pattani, 2021). It is graded from 0 to 6 where 0 has no experience of happiness. It is people who are in psychosis and neurosis. Level 1 is where there is some experience of happiness and most of those people experience neurosis most of the time. Where we see a shift is at level 2. It is where people can start experiencing happiness. It is not experienced most of the time, but it is where they can experience it and be consciously aware of it. This is where most of the population is, and it is called the base-level human condition. You still experience sometimes neurosis, but with the help of a therapist, coach, etc. you can get out of it with time and commitment. It is identified by the fact that people deal with a lot of me-centeredness, negative emotions, addiction to pleasure and addiction to information. So, we can say that her happiness is clouded by those four things. Let's take each of those aspects and see if we can bring longevity by removing those clouds.

Me-centeredness

Me-centeredness refers to people who remain centred on themselves. They are most of the time narcissists. They also don't love themselves and lack self-esteem. We have heard a lot of times that you cannot love others if you don't love yourself. So, by bringing self-compassion, you improve your individuals' well-being (Zessin et al., 2015). You can see that spending money on others brings more happiness than spending that money on ourselves (Dunn et al., 2008). We can see people who are not selfish are altruistic, they might help others with nothing in return, etc. In the publication of "Altruism, happiness, and health: it's good to be good" in 2005, they concluded that there is a strong correlation between well-being, happiness, health, and longevity (Post, 2005). Some people are helping others to receive attention. At the same time, some give with an expectation to receive. They are not real givers, but they are halfway between the person who only takes and gives nothing, and the real giver (Grant, 2014). Grant further mentioned in his book, that you need to be cautious to not be overwhelmed by helping others (Grant, 2014).

Helping is good for improving health, but the best thing to improve health is positive emotions (Danner et al., 2007). Several empirical studies highlight how addressing me-centeredness—the tendency to focus excessively on oneself—can positively influence health and longevity. Dambrun et al. (2017) distinguished between self-centeredness, marked by egocentrism and materialistic striving, and selflessness, characterized by interconnectedness and compassion. They found that self-centered individuals experienced transient, fluctuating happiness, whereas selfless individuals achieved enduring well-being associated with greater psychological stability and life satisfaction, factors known to promote better health outcomes (Dambrun et al., 2017). Similarly, Cloninger et al. (2020) demonstrated in a 20-year prospective cohort

study that individuals exhibiting higher interdependence and self-acceptance—traits opposite to self-centeredness—had significantly lower mortality risk, even after adjusting for demographics and health behaviors (Ng et al., 2020). These findings suggest that transcending self-focus fosters emotional regulation and social connectedness, both of which contribute to longevity.

Moreover, Cacioppo et al. (2017) showed that self-centeredness predicted subsequent loneliness, which is itself a robust predictor of morbidity and mortality, creating a feedback loop that undermines well-being (Cacioppo et al., 2017). Collectively, these studies demonstrate that reducing me-centeredness and nurturing empathy, compassion, and relational awareness can strengthen psychosocial resilience, lower physiological stress responses, and enhance life expectancy—supporting the notion that authentic happiness and expanded consciousness, rather than ego-driven gratification, are vital determinants of sustained health and longevity. Let's look at the second factor of the base-level human condition.

Emotions

Positive emotions are something very important for longevity. *Mary Katz, 107 years old says: "Yesterday was history. Tomorrow is a mystery. And today is a gift."* Brownstein (2022) Her secret is to never stay in the past or negative, so to focus on the goodness of the world since there are more positive people than negative ones. People who have positive subjective well-being like positive emotions, feelings and moods influence health and longevity (Diener & Chan, 2011). A handwritten autobiography of 180 Catholic nuns that lasted for 6 decades showed a strong inverse association between positive emotions and risk of mortality in late life (Danner et al., 2001). The nuns that have written positive emotions the most were living an average of 10 more years. We also see in the research of Xu and Robert in 2010 that when you have Positive Feelings, life satisfaction, and positive affect, it significantly reduces your risks of all-cause including natural-cause and unnatural-cause of mortality (Xu & Roberts, 2010).

Negative emotions (e.g., chronic anger, anxiety, sadness) are well-documented risk factors for morbidity and mortality. Kunzmann et al. (2019) found that negative emotions are increasingly associated with worsening physical health and higher illness severity in older adults, suggesting that the impact of negative emotions on health outcomes and life expectancy intensifies with age. Their longitudinal analysis indicated that both negative emotions and chronic illness severity tend to increase over time in later life, highlighting the importance of a lifespan perspective in understanding these dynamics (Kunzmann et al., 2019). For instance, the longitudinal Netherlands cohort found that higher baseline happiness predicted recovery from major depression and fewer symptom-recurrences over three years (Spinhoven et al., 2021). Thus managing negative emotional states and elevating positive/meaning states become crucial levers for improving lifespan.

Pleasure

Pleasure by itself can be something positive. Based on Esch and Stefano, it can even provoke growth, reduce stress and may help change some behavior (Esch & Stefano, 2004). The problem is when it becomes an addiction, an addiction to behaviour that brings pleasure. Foddy and Savulescu called pleasure addiction a pleasure-oriented desire (Foddy & Savulescu, 2007). Addiction to pleasure is not something usually discussed but based on Dr. Gabor Maté, MD who is known as an addiction expert, it is something very impactful because it is mostly related to past trauma. He defines it this way: « Addiction is manifested in any behaviour that a person craves, finds temporary relief or pleasure in but suffers negative consequences as a result of, and yet has difficulty giving up. In brief: craving, relief, pleasure, suffering, impaired control » (Foddy & Savulescu, 2007). These pleasure addictions are related to any positive or negative behaviour, it can be eating, drinking, shopping, sex, masturbation, gaming, sports, internet, social media, etc. There is no limit to what can become an addiction. Those addictions are only coping mechanisms to get away from something that we don't want to deal with emotionally. It only masks the problem. Even it is mentioned by addiction specialists that happiness and pleasure are confused by addicts related to their addictive behavior (Gros et al., 2020). So, every time you get upset and you are down, you go buy some new shoes or you go to social media, you might be confused that this action brings you temporary relief, but not happiness. A lot of studies show that different addictions have a negative impact on health. To look at the link between a pleasure addiction and longevity, we will look at the negative impact on health that addictions have. For example, Hou, Xing, Jiang, Song and Wang showed that social media addiction has a negative impact on mental health (Hou et al., 2019). In a study made with adolescents in Malaysian who are addicted to massively multiplayer online games, those adolescents had different physical health impacts like obesity, back pain, neck pain, orthopedic/joint muscle, eye sign problem, hearing problem and the one that everyone would know: physical inactivity (Aziz et al., 2021). We also see similar studies with internet addiction that lead to personality and psychiatric disorders including low self-esteem, impulsivity, poor sleep quality, mood disorder, and suicide (Tripathi, 2018). In the meta-analysis of Purwaningsih and Nurmala, they concluded that online game addiction can increase mental health disorders by 1.57 times compared to regular adolescents and it is associated with psychological, physical and social health problems (Purwaningsih & Nurmala, 2021). We know that addictions are never positive, and now more and more types of addiction are seeing the day like what Dr. Gabor Maté is saying. More and more studies are looking at shopping addiction for example because it is more and more prevalent (Griffiths et al., 2016). Most studies on behaviour addictions show a negative impact on mental health and also some on physical health. A negative mental health impact negatively impacts the lifespan of the individual (Vitetta et al., 2005). We also see that if you have positive mental health at retirement, you could survive an average of 2.5 more years (Ng et al., 2016).

Pleasure-seeking behaviours that become addictive — from tobacco and alcohol to opioids and other substances — have a large, measurable effect on morbidity and mortality, producing sizeable losses in life expectancy and markedly worse health outcomes. Large population studies have consistently shown that persistent use of high-reward substances shortens life: for example, comprehensive analyses of smoking indicate that long-term smokers lose roughly a decade of life compared with never-smokers, and that cessation substantially reduces that excess risk (cessation before middle age reduces the excess risk by many tens of percent) (Cho et al., 2024). These findings demonstrate that a behaviour driven by hedonic reward can translate directly into population-level decreases in life expectancy and increases in years lived with disease and disability. Similarly, cohort studies of people with opioid dependence have quantified dramatic life-expectancy deficits: large registry and cohort work in Australia found standardized mortality ratios many times greater than the general population and estimated life expectancy deficits on the order of 14–16 years for young adults with opioid dependence, with non-communicable diseases and drug-related deaths contributing heavily to their burden of premature mortality (Lewer et al., 2020). Alcohol use disorder (AUD), another archetypal pleasure-seeking condition with addictive potential, has likewise been associated with worse health-related quality of life and increased all-cause mortality in long-term cohort studies across large samples; in one population-based study of Chinese men, AUD was both common and significantly linked to higher risk of death and poorer quality-of-life indices (Lu et al., 2022). Beyond substances, research also links problematic behavioural addictions (e.g., gambling, severe internet use) and their associated social and psychological harms to elevated risks for suicide, comorbid mental and physical illnesses, and increased use of emergency and inpatient services — all signals of worse health trajectories (Ford & Håkansson, 2020). Taken together, these epidemiological and cohort data make a consistent point: when pleasurable behaviours escalate to compulsive, high-exposure patterns they drive avoidable disease, accelerate aging-related processes, and shrink life expectancy at the population level — a conclusion supported by observational cohorts and registry analyses across multiple countries and substances.

Crucially, the evidence also shows that addressing pleasure-driven addictions and promoting healthier forms of hedonic experience meaningfully changes outcomes: cessation, treatment, and positive psychological interventions can reduce mortality risk and improve quality of life. For tobacco, cessation at younger ages recovers most of the excess mortality risk associated with continued smoking — an effect documented in large, multi-decade analyses showing that quitting as early as middle age eliminates a large fraction of the elevated death risk and restores substantial life-years (Taylor et al., 2002). For opioids, engagement in evidence-based treatments (for example, opioid-agonist therapies and comprehensive addiction services) is associated with markedly lower all-cause mortality compared with untreated dependence, indicating that clinical interventions that reduce illicit use and stabilize

behaviour save lives (Santo et al., 2021). Alcohol interventions that reduce heavy drinking or treat AUD lower risks for liver disease, cardiovascular complications, injuries, and premature death, while improving health-related quality of life (Carlson et al., 2022). Importantly, the pathway is not only about removing harmful substance exposure: positive hedonic states and sustained enjoyment of life — measured in longitudinal surveys with validated instruments — predict longer survival independent of baseline medical status and health behaviours, implying that cultivating adaptive sources of pleasure (social connection, meaningful activities, sustained positive affect) can be protective. Thus, public-health strategies that combine prevention, accessible treatment for addiction, harm-reduction modalities, and policies that foster healthier ways to obtain reward (for example, programs that increase social engagement, treat comorbid mental illness, and reduce socioeconomic stressors) can shift population health substantially. The literature therefore supports a twofold message: unchecked hedonic overconsumption and addiction shorten life and worsen health, and concerted clinical and population measures that treat addiction and promote adaptive pleasure reliably improve survival and quality-of-life outcomes.

Information Addiction

To finish with the last aspect of the base-level human condition, we will discuss the addiction to information. When we are addicted to information, we lack meaning. To have meaning, we need to think. It takes time and now, we want everything super-fast. We are fed by media, social media, television, movies, AI, etc. We don't need to think anymore. Also, when we grow up, we never really have the opportunity to bring meaning to our lives. During our academic career, we were told to not ask too many questions. What we learn is the reality and not to question it. Only if we look at history books from the United States, Great Britain, Germany, Russia, and China, they all say different facts, but it is the same event that happened, so is it facts or facts with already the meaning that the country wants you to know? What we learn is biased by who teaches us. We get our meaning from somebody else. So, we lack meaning and purpose in our life. So how important it is to question things and having a life purpose for longevity. We can find lots of studies that show the importance of having a life purpose to diminish health complications and improve lifespan (Alimujiang et al., 2019; Hill & Turiano, 2014; Cohen et al., 2016). Even this meta-analysis published in 2016 with 136 265 participants that was published in the *Psychosomatic Medicine Journal* says that having a higher life purpose reduced all causes of mortality and cardiovascular events (Wacks & Weinstein, 2021).

Addressing information addiction—encompassing internet, smartphone, and digital media overuse—has been shown to significantly influence health outcomes and life expectancy. However, beyond the excessive use of devices lies a deeper issue: the compulsive and unreflective consumption of information itself. In the current fast-paced digital culture, individuals often engage with information as a checklist activity—reading articles, books, or posts rapidly to achieve

more rather than to understand more. This constant pursuit of novelty fosters a superficial engagement with knowledge, where the act of consuming information becomes a source of dopamine-driven pleasure, similar to social media scrolling. The absence of questioning, reflection, and meaning-making transforms learning into a repetitive cycle of stimulation without understanding, undermining deeper cognitive and emotional growth.

A study by Wacks et al. (2021) found that excessive smartphone use is associated with psychiatric comorbidities such as depression, anxiety, OCD, ADHD, and alcohol use disorder, as well as cognitive-emotional difficulties, impaired cognitive function, sleep disturbances, reduced physical fitness, and structural brain changes, emphasizing the broad impact on health (Zhu et al., 2025). Similarly, Zhu et al. (2025) reported that following the COVID-19 outbreak, smartphone usage among quarantined Chinese college students increased markedly, fostering greater dependence on their devices and adversely affecting emotional well-being. In a sample of 322 undergraduates, smartphone addiction was positively correlated with negative emotions, while these negative emotions, particularly depression, were negatively correlated with life satisfaction. Mediation analysis revealed that smartphone addiction exacerbates negative emotions, which in turn diminish life satisfaction, highlighting the critical role of emotional regulation in mitigating the mental health impact of excessive smartphone use (Shiferaw et al., 2025).

Building on these findings, a comprehensive review by Shiferaw et al. (2025) highlighted that digital addiction among youth, encompassing excessive and compulsive use of smartphones, computers, and social media, is linked to a broad spectrum of adverse health outcomes. Youth with digital addiction were more likely to experience physical issues such as overweight or obesity, poor self-rated health, and sleep disturbances including insomnia and poor sleep quality. In addition, they demonstrated higher risks of mental health problems, including depression, anxiety, stress, and suicidal tendencies, as well as increased engagement in risky behaviors such as smoking, problematic alcohol use, and drug consumption. These findings suggest that the modern digital environment not only fosters behavioral addiction but also encourages a cognitive pattern of consuming information rapidly without integration or meaning. This “fast information” culture mirrors the neurobiological mechanisms of addiction, where the pursuit of novelty replaces the pursuit of understanding. Addressing this phenomenon requires more than reducing screen exposure—it calls for cultivating reflective engagement, slowing down cognitive consumption, and restoring depth and purpose to how individuals read, learn, and interact with knowledge in the digital era.

We have seen that being balanced in loving ourselves and others, helping others, etc. can improve our lifespan. We also seen that bringing positive emotions into our everyday life improves longevity. We also see that if we don't have behaviour addictions, we diminish our chance of negative mental health and mortality. The last aspect is finding a life of meaning and

purpose improves our health and longevity. So, it is not only 1 aspect but the 4 aspects of Quantum happiness that impact our mortality rate. Based on this, we can say that there is a correlation between happiness and longevity but be careful that happiness is not pleasure. Pleasure is also good, but in moderation, it is not about removing completely pleasure but balancing it out with happiness.

Recent advances across neuroscience, psychology, and biomedical science reveal that genuine happiness deeply influences both mental health and the biological processes that govern aging. Studies in brain imaging have shown that positive emotions and a sense of purpose stimulate regions responsible for emotion regulation and resilience, while reducing stress-related activity. Sustained happiness has also been linked to lower cortisol levels and balanced hormonal regulation, helping to minimize the body's physiological wear and tear. On a molecular level, individuals with higher well-being demonstrate healthier gene activity, marked by reduced inflammation and improved immune function. These patterns suggest that happiness not only enhances mood but also contributes to better physical health and longer life expectancy.

Psychological frameworks emphasize that happiness built on meaning, engagement, and connection supports a stable and healthy mind-body system. When people cultivate positive emotions and purposeful living, they experience stronger social bonds, reduced stress responses, and more efficient physiological recovery. Emerging research in consciousness and coherence proposes that alignment between mental and physical states can improve the body's energy balance and cardiovascular harmony. Long-term population studies support this, showing that those with greater life satisfaction and a strong sense of meaning tend to live longer, maintain healthier biological markers, and experience fewer chronic illnesses. Altogether, the evidence suggests that happiness, when grounded in awareness and inner fulfillment rather than fleeting pleasure, forms a measurable state of balance across brain, hormonal, and cellular systems—slowing biological aging and promoting greater longevity.

Conclusion

We conclude that the four aspects of the base-level human condition namely me-centeredness, negative emotions, pleasure addiction and information addiction, increase our chance of mortality and diminish the quality of our lives. Me-centeredness, marked by excessive self-focus, undermines social connectedness and produces transient happiness, whereas cultivating selflessness, empathy, and altruism enhances emotional stability, reduces loneliness, and supports longevity. Negative emotions, including chronic anger, anxiety, and depression, particularly in older adults, exacerbate illness severity and elevate mortality risk, emphasizing the importance of emotional regulation.

Pleasure addiction, whether through substances like tobacco, alcohol, or opioids, or behaviors such as gaming and social media use, directly impacts life expectancy by accelerating

disease processes and aging-related decline. In contrast, eudaimonic well-being—rooted in meaning, purpose, and self-transcendence—promotes physiological coherence and protective health effects. Information addiction similarly diminishes life satisfaction, emotional regulation, and cognitive engagement, highlighting the need for purposeful, reflective activity to counter its effects.

Addressing these four dimensions can foster authentic happiness, enhancing both lifespan and quality of life. Interventions such as mindfulness, hypnosis, emotional freedom techniques, and chakra psychology offer promising approaches to transform maladaptive behaviors, reduce stress, and cultivate sustained well-being. In addition to these methods, emerging integrative models that draw on quantum physics and consciousness-based frameworks are beginning to explore the relationship between human perception, energy dynamics, and well-being. Those approaches open valuable avenues for understanding life, meaning, and health from a multidimensional perspective. Future research should focus on practical, evidence-based strategies to promote holistic health by integrating psychological, behavioral, and physiological mechanisms.

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His thesis is: How to remove the unconscious veils so that people rediscover their true purpose and happiness.

He is obsessed with the practicality and science of spirituality to understand Consciousness, Source and the meaning of life.

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