Brain, Behavior, & Mind 2026 Fall Lecture
Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University
September 23, 2026

LECTURE TRANSCRIPT

Disclaimer: All statements, opinions, and assertions expressed during the Brain, Behavior, & Mind 2026 Fall Lecture are those of the speakers and attendees, and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the Department of War.

WELCOME & CONFERENCE ANNOUNCEMENTS

00:00:02:03 - 00:02:30:21
Dr. James Naifeh:
Hello, and welcome to the Brain, Behavior, & Mind 2026 Fall Lecture, sponsored by the Center for the Study of Traumatic Stress of the Uniformed Services University, or USU, in collaboration with USU's Department of Psychiatry, Neuroscience Program, Consortium for Defense Psychology, Department of Family Medicine, and Brain and Behavior Hub. My name is James Naifeh. I am a Professor of Psychiatry and Associate Scientific Director of the Center for the Study of Traumatic Stress here at USU.

On the Brain, Behavior, & Mind website, which is brainbehaviormind.org, you can find information about this event, including bios for the speaker and other participants, as well as information about previous Brain, Behavior, & Mind events. Today's event, the 2026 Fall Lecture, will feature a presentation by our distinguished speaker, Dr. Richard Davidson, followed by a moderated Question and Answer session. Please use the Q&A feature at the bottom of the Zoom window to submit questions to our speaker at any point prior to and during the Question and Answer session. Please also note that an ASL interpreter is available and can be viewed by following the instructions that we will post in the chat. Continuing Education credits are available for physicians, psychologists, and social workers through the American Psychiatric Association's Joint Provider Program. We will provide more information on Continuing Education toward the end of the event today, and we will make Continuing Education documentation available for download through the Zoom chat function, so watch for those messages.

This event is being recorded. Once the required transcription is complete, we will post the video and transcript on the Brain, Behavior, & Mind website for public viewing. All registrants will be notified when the video is available online. Lastly, a disclaimer: All statements, opinions, and assertions expressed during the Brain, Behavior, & Mind 2026 Fall Lecture are those of the speakers and attendees, and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the US Department of War.

With that, we will get things started with a message from COL Vincent Capaldi, Chair of the USU Department of Psychiatry.

COL VINCENT F. CAPALDI, II, MD
WELCOME

00:02:30:23 - 00:06:18:19
COL Vincent Capaldi:
Good afternoon, and welcome to Brain, Behavior, & Mind. I'm COL Vincent Capaldi, Professor and Chair of the Department of Psychiatry at Uniformed Services University. And on behalf of our Department and the Center for the Study of Traumatic Stress, thank you for joining us and making time to learn together. This series brings us together around a shared purpose: Advancing our understanding of the mind and translating that knowledge into better care.

So, whether you're joining us as a clinician, researcher, educator, trainee, or member of our broader community, your perspective enriches that conversation. Today, we're delighted to welcome Dr. Richard Davidson, Richie Davidson, from the University of Wisconsin-Madison for his lecture, “Born to Flourish.” His research explores the neural foundations of emotion and the potential for meditation and related contemplative practices to promote human flourishing.

That theme speaks directly to our mission at USU. Caring for service members and their families means helping people recover from illness and trauma, while also supporting their capacity to find purpose, sustain relationships, and live fulfilling lives. It means asking how our science can help people thrive through demanding circumstances, and how we can bring that understanding into our clinics, our classrooms, and our communities.

I want to thank our colleagues at the Center for the Study of Traumatic Stress, and everyone whose work makes this series possible. Their commitment to connecting research, education, and practice creates opportunities for learning that extend well beyond our university.

Before I begin, I would also like to invite you to stay connected with us through our Psychiatry One application available on Android and Apple devices. This app brings resources from USU’s Department of Psychiatry and the Center for the Study of Traumatic Stress directly to your phone. You can access educational materials, receive updates about upcoming lectures like this one, events, and opportunities to engage with our department. Please take a moment to download the app from the Apple App Store or Google Play and enable notifications so you can stay informed. They'll also give you access to our monthly newsletter. We also encourage you to share it with your colleagues and trainees wherever you practice, teach, or serve. We want our

Department to be a resource for you. So, thank you again for being part of this community and for the work you do every day on behalf of others.

Dr. Davidson, we're grateful to have you with us today and look forward to today's discussion. To close my welcome, I will share a brief video introducing our PSY One and how it can help you stay connected with our Department. Thank you very much.

00:06:18:21 - 00:06:52:09
Dr. James Naifeh:
Thank you, COL Capaldi. Next, a few words from Dr. Stephen Cozza, Director of the Center for the Study of Traumatic Stress.

STEPHEN J. COZZA, MD
WELCOME

00:06:52:11 - 00:09:30:15
Dr. Stephen Cozza:
Good afternoon, everyone, and welcome to the Brain, Behavior, & Mind 2026 Fall Lecture. My name is Dr. Stephen Cozza. I am the Director of the Center for the Study of Traumatic Stress and Professor of Psychiatry and Pediatrics at the Uniformed Services University. It is an absolute pleasure to have you join us today for this virtual forum. For those unfamiliar with our work, the Center for the Study of Traumatic Stress is dedicated to advancing the health, readiness, and resilience of military service members, their families, and the nation through vital research, education, and consultation on the impacts of trauma, war, disasters, and public health threats. The Brain, Behavior, & Mind Series is a collaborative global forum. Last spring's one-day conference attracted over 4600 registrants from 95 countries, with all 50 US states and the District of Columbia represented.

These events are proudly sponsored by our Center, in close partnership with several USU entities, including the Department of Psychiatry, the Graduate Program in Neuroscience, the Department of Family Medicine, the Consortium for Defense Psychology, and the Brain and Behavior Hub, along with other partners at the Henry M Jackson Foundation for the Advancement of Military Medicine. Our shared mission with this series is to bring together distinguished scientists, clinicians, and leaders whose work spans neuroscience, psychiatry, psychology, and public health.

Each lecture is designed to explore new insights into health and illness by integrating knowledge from the genetic level all the way to the community level, and bridging the gap from the research bench directly to bedside care. Ultimately, our goal is to advance the science and clinical care required by the diverse populations of the US military and our nation, individuals who routinely face complex, highly stressful, and demanding environments. Today's lecture promises to be an exceptional continuation of that mission, and we look forward to Dr. Richard Davison's presentation, “Born to Flourish.” Please enjoy the presentation and participate in the live, moderated Question and Answer session that will follow. I now turn things back over to Dr. Jamie Naifeh to get us started.

RICHARD J DAVIDSON, PHD
PRESENTATION

00:09:30:17 - 00:11:14:15
Dr. James Naifeh:
Thank you, Dr. Cozza. The speaker for this year's Fall Lecture, Dr. Richard J. Davidson, is William James and Vilas Research Professor of Psychology and Psychiatry at the University of Wisconsin-Madison, where he is also the Founder and Director of the Center for Healthy Minds. Dr. Davidson received his PhD in Psychology from Harvard University in 1976. His research is broadly focused on the neural bases of emotion and emotional style and methods to promote human flourishing, including meditation and related contemplative practices.

He has published more than 600 papers, numerous chapters and reviews, and edited more than 20 books. Dr. Davidson released his latest book, *Born to Flourish*, with Cortland Dahl in March 2026. The book brings together neuroscience and contemplative science to cultivate well-being and meaning amid the ever-increasing challenges of modern life. The book focuses on small, evidence-based practices while also grappling with the broader societal conditions shaping attention, emotion, and human connection.

In 2006, *Time Magazine* named Dr. Davidson one of the 100 most influential people in the world. He was elected to the National Academy of Medicine in 2017 and appointed to the Governing Board of UNESCO's Mahatma Gandhi Institute of Education for Peace and Sustainable Development in 2018. In 2014, Dr. Davidson founded Humin, a global nonprofit with a mission to make well-being real by translating science into action.

We will now begin Dr. Davidson's presentation, titled "Born to Flourish."

00:11:14:17 - 00:13:27:12
Dr. Davidson:
Good afternoon, everyone. I'm really happy to be with you and to share my insights around human flourishing with such an important and distinguished group, and I appreciate this opportunity. So, the title of my talk, "Born to Flourish," is also the title of a book that I co-authored with a colleague, Cortland Dahl, that came out just recently with this same title.

And I use this specific title to underscore the fact that the qualities of flourishing, that every human being has the capacity for, are qualities that we all come into the world with; that we're actually born with. But these are also qualities that require nurturing in order for them to fully be expressed. And this talk will really present a few highlights of a research program that's been going on now for a couple of decades that is focused on this idea that flourishing is a skill, and it is specifically focused on the core constituents that comprise human flourishing.

So let me begin by situating this work in a kind of autobiographical context. I'm a psychologist and neuroscientist by training, and in the early part of my career, I focused a lot on the brain mechanisms that give rise to anxiety and depression and stress-related disorders. But I also had, in the background, an aspiration to understand the other side of the human repertoire, if you will; the qualities that are critical for flourishing.

00:13:27:14 - 00:15:46:08
Dr. Davidson:
And my life changed in 1992 when I first met the Dalai Lama, who challenged me on that day in 1992, and said, “Why can't you use the same tools of modern neuroscience that you're using to study depression and anxiety and stress, and use those tools to study kindness and to study compassion and other constituents of human flourishing?" I did not have a very good answer for the Dalai Lama on that day, but that led to a pivot where we began to focus more on those qualities, and eventually it led to the establishment of a center at the University of Wisconsin-Madison, the Center for Healthy Minds, that I founded and currently direct. And the focus of our center is the cultivation of well-being and relieving suffering through a scientific understanding of the mind. So, let's begin this journey.

This is a picture that was taken... all of us are younger in this picture. This was taken in 2002. Actually, 2001. These were the very early days of functional brain imaging. And here the Dalai Lama was visiting our lab, and we were showing him how we can use MRI to interrogate the structure and function of the human brain non-invasively. This is the first time the Dalai Lama saw that. And it was a very pivotal moment for him, because he saw that a change purely in mental activity was expressing itself as a change in brain function that can be visibly discerned using the tools of modern neuroimaging. And this was a revelation to him, and something really important in his own education.

00:15:46:10 - 00:17:39:22
Dr. Davidson:
I want to spend a few minutes just situating this work in the current context of well-being being in rapid decline. This is from a report issued in 2023 by the then US Surgeon General on the epidemic of loneliness and social isolation. This is the first time in the United States history that a Surgeon General issued an urgent health advisory on loneliness and social isolation, and there are many important facts contained in this report.

But let me just give you a few key data points. This is a figure just showing the changes in the natural ecology of our everyday social lives over the last roughly 20 years of time. So, if you look at the figure in the upper left-hand corner, it's showing the change in social isolation and the data displayed from 2003 to 2020. So, this is all pre-COVID. And what you can see is that there is a dramatic change in the social fabric of the lives of Americans, where we are spending an increase of 24 hours per month in social isolation; that is, not in the presence of any other person. That's really a big change in the social ecology of our lives.

00:17:40:00 - 00:19:32:12
Dr. Davidson:
If you look at the figure in the lower left-hand panel, this is displaying data on social engagement with friends. And what you can see here is that there's a change of 20 hours per month, a decrease of 20 hours per month in social engagement with friends. These are big changes that preceded COVID, were exacerbated by COVID, but represent major shifts in our time spent with others.

Now, another really astounding fact that was contained in this report of the Surgeon General is how social isolation and loneliness gets under the skin and affects our biology. These data show that loneliness, or social isolation, is a greater risk factor for premature mortality than is smoking 15 cigarettes a day. And a lack of social connection is greater than two-fold a risk factor for premature mortality than is obesity.

So, this underscores the fact that these qualities get under the skin and affect our biology in ways that are deleterious for human health. Another report that the Surgeon General issued, just a few weeks after the report on loneliness and social isolation, was this report on social media and youth mental health. If I were delivering this talk live to you, I would ask you to please, for those in the audience, to please raise your hand if you are parents.

00:19:32:14 - 00:21:48:18
Dr. Davidson:
All of you, even if you're not parents, certainly have had contact with youth. Youth represents the leadership of the next generation, and the concern about youth mental health really should be a national concern. It really is a national security issue as far as I think many people are concerned. This report from the Surgeon General underscores the importance of social media as a factor that is eroding youth mental health.

And, of course, this has become an even more lively topic since this report from the Surgeon General was issued three years ago. But one of the data points in this report is presented in this slide. This comes from a paper in *JAMA Psychiatry* a few years ago. And if you just pay attention to the bars on the right, this is showing the prevalence of comorbid problems; that is, these are both internalizing and externalizing problems that are put together. This is in adolescence. And each bar represents a different amount of time on average that these youth were spending on social media per day, with the most extreme bar on the right representing youth that are engaged with social media for greater than six hours per day.

And what you can see is that among youth who are spending six hours or more a day on social media, the risk for serious mental health problems is greater than 20%. So again, this is strictly correlational. We don't know the causal factors here, but it does show that social media use among adolescents is at least associated with poor mental health outcomes and underscores the magnitude of the problem that we have today.

00:21:48:20 - 00:23:55:19
Dr. Davidson:
I want to show you one other data point. These are trends from the World Happiness Report. Over the last, roughly, decade of time, from 2010 to 2020. This was reported in the 2025 World Happiness Report. This is a report that originally was issued under the auspices of the United Nations, and is now issued under the auspices of a center at Oxford University.

And I chose a few specific countries to highlight: China, Finland, the United States, India, France and Germany, each of which is displayed in a different color. The United States is this bar in kind of rust color, which you see over the course of this period declining. There are periods when the declines are steeper than at other points in time, but in general, the trend line is going down.

And what you can see for China is that the trend line is, for the most part, going steeply up. India, which is displayed in this blue color, displayed a precipitous decline, peaking around 2019, and then a very steep rise since that time. So, this is simply another data point to underscore the fact that in the United States today, compared to a number of other major countries in the world, our happiness or well-being, at least by this metric, is indeed in decline.

00:23:55:21 - 00:25:44:01
Dr. Davidson:
So, one other data point here at the outset, before I dive into the heart of the talk. And that is a study that was published a few years ago, looking at the average well-being in 152 countries throughout the world in relation to life expectancy in that country. Sorry, there's 151 countries.

So, in this figure, life expectancy is on the Y axis, and well-being on this 10-point Cantril scale is on the X axis. And what you can see is that there's a very strong association at the country level between the average well-being of citizens in the country and life expectancy. And if you look at the data points in the upper right-hand quadrant of this figure, countries where the citizens are reporting high levels of well-being… and you compare the life expectancy among those citizens to citizens in the lower left-hand quadrant who are reporting low levels of well-being.

What you can see is that the difference in life expectancy in these cases is more than 20 years; in certain cases, more than 30 years. So, these are not trivial differences in life expectancy that are associated with these variations in well-being. These are enormous differences and, again, underscore the fact that well-being gets under the skin and affects our biology in ways that are associated with our health and longevity.

00:25:44:03 - 00:27:45:13
Dr. Davidson:
Okay. One of the key take-home messages of this work is that well-being actually is best conceptualized as a skill that can be learned. And the very same mechanisms that encode adversity, that encode suffering, including neuroplasticity and epigenetics, can be harnessed for the good. And these mechanisms shift when we intentionally cultivate well-being, when we train our well-being. And the next section of this talk will present evidence in support of this.

So, I'd like to now turn my attention to the factors that contribute to resilience in flourishing. And we've articulated these components in this paper that was published in 2020 called “The plasticity of well-being: A training-based framework for the cultivation of human flourishing.” And in this article, we present evidence for four key pillars of well-being or a healthy mind.

Two of these pillars are commonly found in most other frameworks for understanding well-being, and two of them we think are pretty unique. And they’re unique because this framework is informed by both modern neuroscience as well as traditions that have evolved over the course of several thousand years of training the mind. These are contemplative traditions that have as their focus how human flourishing can indeed be enhanced through the intentional training of the mind.

00:27:45:15 - 00:29:37:06
Dr. Davidson:
So, what are these four key pillars? The first we call Awareness. And I'll first name each of the four pillars, say a little bit about them, and then we'll take a deeper dive and talk about evidence specifically in support of each. So, the first framework, the first pillar, rather, is Awareness. It's about being present. And this is where skills of mindfulness and self-awareness are contained. Also, what scientists call meta-awareness. Meta-awareness is the faculty of knowing what our mind is doing, which is really a, we believe, necessary prerequisite for all other forms of transformation. The second pillar we call Connection, and this is about feeling connected to others and to one's place and context. It includes skills that are important for healthy human relationships; skills like appreciation, kindness, compassion, and gratitude, for example. All are contained within this pillar of Connection. And I talked a little bit earlier about the Surgeon General's report on loneliness and social isolation. Loneliness is really the antithesis of connection. And the consequences of loneliness, the correlates of loneliness, illustrate what happens when human connection is, in fact, broken. The third pillar we call Insight, and Insight is about getting curious about how our minds construct the narrative that they construct.

00:29:37:12 - 00:31:37:00
Dr. Davidson:
Every human mind has a narrative. It's a set of beliefs and expectations about who we are. And what's really important for well-being and flourishing is not so much changing this narrative, but it's changing our relationship to this narrative, so that we can see the narrative for what it is. That is, it's a constellation of thoughts and expectations and beliefs.

And so, even for people who have a very negative narrative, who may have negative beliefs about themselves and low expectations for themselves, research shows that one of the key elements of improving their condition is not initially so much changing the narrative, but it's changing the relationship to the narrative. So that they can see the narrative for what it is; a set of thoughts and beliefs.

And finally, the last pillar is Purpose. Purpose here is about staying motivated, clarifying our values. And it's not so much about finding something grand and more purposeful to do with one's life, but how can we find meaning and purpose in even the everyday, pedestrian activities of daily living? In taking out the garbage, be connected to our sense of purpose. And of course it can be. It just requires a little bit of a mindset shift, which is something that we can learn through intentional training. Okay. So, let's now take a deeper dive into each of these pillars. The first pillar, Awareness. I'm sure many of you recognize this distinguished gentleman on the right, who is William James, one of my heroes in psychology.

00:31:37:02 - 00:33:39:09
Dr. Davidson:
And in 1890, James published a two-volume tome, *The Principles of Psychology*. And he has in that book a chapter on attention. And there's a remarkable passage in that chapter on attention that I'd like to read to you. James said, “The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. No one is *compos sui* if he have it not. An education which should improve this faculty would be the education *par excellence*. But it is easier to define this ideal than to give practical directions for bringing it about.” The italics, by the way, are in the original William James. This really is an extraordinary passage and is visionary in both the understanding that attention can be learned and that attention is so central to judgment, character, and will.

So, one of the ways that we have studied this has been with testing very long-term meditation practitioners who spent years training their mind specifically around skills of attention, where they have learned to self-regulate their attention in very specific ways. And we've looked at the neural correlates of that kind of attentional self-regulation using both brain electrical measures, as we see here, and also with MRI. The very first paper we published with long-term practitioners was published in 2004, and a figure from it is illustrated here.

00:33:39:11 - 00:36:00:01
Dr. Davidson:
We observed in these long-term practitioners who, by the way, had an average of 34,000 lifetime hours of practice. You can go do the arithmetic at home, but 34,000 hours is a very large number. And what we found in these long-term practitioners is when they were in this meditation state, they displayed these very high amplitude gamma oscillations that you can see in the EEG with the naked eye. And you can see the enhancement of these gamma oscillations during the meditative state compared to the resting state.

This enhancement of gamma oscillations is also a trait-level phenomenon. We observed greater density of gamma oscillations in the resting state of these long-term meditation practitioners, compared to the resting state of age- and gender-matched controls. So, these gamma oscillations both reflect state changes during the meditation itself, but they also reveal trait-level differences in these long-term practitioners.

In other work, using both functional and structural MRI, we found differences in functional connectivity and in structural connectivity with short-term training in meditation skills. And so, these data here are showing findings from our lab with a two-month course of mindfulness-based stress reduction compared to an active comparison condition that's called HEP; stands for the Health Enhancement Program, which is rigorously matched to MBSR [Mindfulness-Based Stress Reduction] in terms of expectancy effects and practice.

00:36:00:03 - 00:37:33:11
Dr. Davidson:
And there's a third arm in this three-arm randomized controlled trial, WL. It stands for the Waitlist control. And what we found are changes in resting-state functional connectivity that are associated with this mindfulness training. And these are changes in connectivity between a key region of the default mode, the posterior cingulate cortex, and a region of the prefrontal cortex, the medial frontal gyrus, that's displayed here.

We also see that this change in resting-state functional connectivity, which is illustrated in this middle figure, is associated with changes in the diffusion-weighted imaging from the superior longitudinal fasciculus. This is changes in fractional anisotropy in this major white matter fiber bundle connecting these regions over the course of this two-month period. And, finally, among individuals who are in the mindfulness-based stress reduction group, the changes in functional connectivity are related to the number of days that they practiced the meditation skills.

00:37:33:13 - 00:40:00:07
Dr. Davidson:
So, these findings indicate that changes in the brain are not restricted to long-term practitioners. These are individuals who receive two months of training, totaling approximately 30 hours. And here we see changes in both resting-state functional connectivity and changes in white matter connectivity. For the superior longitudinal fasciculus, a major white matter pathway connecting these regions of the brain.

Okay. Let me say a little bit about connection. And I want to illustrate this in this study that we did that was published now a number of years ago, a randomized controlled trial where we randomized two groups of individuals; one group to receive training in compassion meditation, and another group who received training in cognitive reappraisal that was derived from cognitive therapy.

The compassion training was a standard meditation practice involving generating compassion. We start with focusing on the loved one, then on oneself, then on a stranger who you recognize but don't know very well, and finally ending with a difficult person who kind of pushes your buttons. And in addition to the standard kinds of self-report measures that one would typically find in a study like this, we also had at the end of the two weeks of training, in this case, that people received, we gave them an economic decision-making game derived from the literature in behavioral and neuroeconomics to look at a hard-nosed behavioral measure of altruism or generosity. And our prediction was that individuals assigned to the compassion training would

behave more altruistically compared to their counterparts who received training in cognitive reappraisal. We also examined the extent to which changes in the brain predicted changes on this behavioral measure.

00:40:00:13 - 00:42:30:05
Dr. Davidson:
And so, what we found is that after two weeks of compassion training, participants indeed behaved more altruistically compared to two weeks of training in cognitive reappraisal. And we found that changes in the brain, in this case, functional connectivity between a region in dorsolateral prefrontal cortex and the ventral striatum, specifically the nucleus accumbens. The greater the strength of this connection, the more altruistically participants behaved on the economic decision-making task. And this is after a total of seven hours of training, 30 minutes a day for two weeks. And they received this training that was delivered over the internet.

And so, these findings underscore the fact that connection and the skills of connection can indeed be trained. And those changes are associated with changes in the brain and changes in behavior. Okay. Now, Insight, if you recall, is insight or understanding of the narrative that each of us have about who we are; our constructed self, if you will. We all carry around this narrative. And one of the places where we can really interrogate the nature of the consequences of this narrative is around pain, physical pain. So how do we get to this place? Well, we commonly will describe a situation where we might have pain, as we might say, a sentence like, “I'm in pain.” And when we talk like that, it's actually quite interesting. And here we can utilize the skills of insight to interrogate the nature of this relationship.

00:42:30:05 - 00:44:28:18
Dr. Davidson:
When we say, “I am in pain,” who is the I that is in pain? Is it really all of me that's in pain? Is there any little part of me that's actually not in pain? And by examining the nature of this narrative, we can begin to deconstruct, if you will, the nature of the pain experience itself. And research shows that we may be able to disentangle pain from distress or suffering. And so, we probed the effects of training in insight, using very specific meditation practices that are designed to cultivate insight. And we examined their impact on physical pain.

And for this study, we used a thermode that delivered a painful stimulus created by heat. The thermode was strapped to the ulnar area of the arm, around the wrist. It's a very sensitive area; and this experiment was a really simple one, where we presented a cue that denoted the upcoming presentation of either a warm stimulus or a stimulus that was painfully hot. And the heat was at 49°C, and the stimulus occurred for 10 seconds.

00:44:28:19 - 00:46:51:02
Dr. Davidson:
And this was a really simple experiment. We brought non-meditators and long-term meditators into the laboratory, and we gave them an experience of this painful heat stimulus. And in the experiment, we presented a tone that denoted the upcoming presentation of a painful stimulus. And a certain pitch of tone denoted that the stimulus would be painful.

Ten seconds after they got the tone, they got the painful heat stimulus for 10 seconds. And then there was a recovery period. And we were specifically interrogating circuits in the brain that we know to be responsive to this kind of physical pain. And I'll illustrate the findings from this study in this cartoon, for the purposes of simplifying the presentation. The specific findings are in this paper that appeared by Lutz et al. (2013).

Antoine Lutz was a postdoc and a scientist in our lab at that time. So, the non-meditators come in, they hear the tone denoting that the painful stimulus would be coming in 10 seconds. And as soon as they heard the tone, prior to the presentation of any painful stimulus, the pain matrix began to activate in the brain. And once the painful stimulus occurred, the pain network continued to activate.

And then there was a very slow recovery. The long-term meditators came in. They heard the tone denoting that in 10 seconds there'd be this painful stimulus, and there was no significant activation in the pain network. None whatsoever. Once they received the heat stimulus, the pain networks significantly activated. And in fact, certain regions of the pain network, specifically somatosensory areas, were significantly more activated in the meditators than in the controls; but they rapidly returned back to baseline.

00:46:51:06 - 00:49:04:01
Dr. Davidson:
And we'd like to suggest that this is the neural signature of resilience; rapid recovery from adversity, and very little anticipatory anxiety. Okay, let me say a little bit about purpose. Purpose, as I mentioned earlier, is not so much about doing something grand with one's life, but how can we connect meaning and purpose to even the simple things in life?

And I'll just give one example of this. There's a whole cottage industry of these kind of studies. These are data dividing people at the 90th and the 10th percentile in perceived sense of purpose. And the 90th percentile is the dotted line, the 10th percentile is the solid line. And on the Y axis is the cumulative hazard ratio of dying.

And this is looking at a group of older people, 70 years and older; matching these people in their medical histories at the onset of the study and then following them for five years. And what you can see is that people who are in the 10th percentile, having a low sense of purpose are more likely to die sooner compared to those people who are in the 90th percentile.

Having a strong sense of purpose is protective of longevity. Okay, I want to just spend the last few minutes of this presentation on how we have been scaling the training of well-being through the Healthy Minds program. I founded a non-profit organization that has created the Healthy Minds program. It's a freely available training program in each of these four pillars of well-being.

00:49:04:01 - 00:51:03:08
Dr. Davidson:
You can see some screenshots here. This app has been named one of the three best meditation apps for several years in a row by *The New York Times* Wirecutter. It's entirely free. There's absolutely no paywall, and it's the only app of its kind that really has rigorous scientific evidence backing its efficacy. If you're interested in learning more about it, you can go to this website and download it from wherever you get your apps.

These are just data showing a few randomized controlled trials that have been published; one on the left, one on the right. The one on the right is with 662 public school educators in Wisconsin comparing the Healthy Minds program over four weeks to a waitlist control [group] on measures of distress. This is the combined average of the PHQ-8, the GAD-7, and the Perceived Stress Scale.

And what you can see is there's a rapid decline in distress, and these gains are sustained at three-month follow-up. We have shown… this is data from a new study that's currently under review… in another school system in Louisville, Kentucky, in the Jefferson County public school system, with educators showing a reduction in distress and an improvement in measures of well-being.

00:51:03:10 - 00:53:18:06
Dr. Davidson:
And some of these measures are sustained at a six-month follow-up. One of the things that we're able to do in this Louisville study is to look at the effects on the students. So, here in a sample of more than 11,000 students, we compared students who were taught by teachers randomly assigned to the well-being training and compared them to students who were taught by teachers randomly assigned to a control group.

We're looking here at the effects on standardized tests of reading and math achievement. And particularly on math achievement, we see that the students who are taught by teachers randomly assigned to the well-being training are performing significantly better than students who are taught by teachers randomly assigned to the control group. These are data that underscore the fact that flourishing actually is contagious; and when a teacher shows up in the classroom and is fully present, is socially connected, has insight into how their expectations are affecting those around them, and who comes in with a strong sense of purpose, the students of those teachers actually do better. So, I'm going to skip this most recent study, but just show one data point from this.

This is an extension to patients with symptoms of depression. In this fully remote study, we acquired dried blood spots and looked at measures of inflammatory cytokines. This is looking at IL-6. And what we found is that participants in the Healthy Minds program showed a reduction in IL-6 compared to the untreated controls. We also found group differences in a number of species of bacteria in the microbiome that are associated with well-being training.

00:53:18:08 - 00:55:00:13
Dr. Davidson:
This is in a sample of approximately 1,100 depressed adults. These are among the first data of their kind. They clearly will need to be replicated. But there are some exciting findings in the butyrate pathway, which has as one of its important functions the ceiling of the lining of the gut, that may be important in decreasing risk for inflammatory bowel disease.

So, let me end by underscoring the fact that training in well-being we regard as an urgent public health need. And we believe that the evidence now suggests that when we train our mind, we can indeed change important things in our world today.

And the data show that even small amounts of training can have measurable differences in our experience, our behavior, and our biology. I'd like to end with this quote from the Dalai Lama that was in a book called the *Art of Happiness*, where he said, “The systematic training of the mind-- the cultivation of happiness, the genuine inner transformation by deliberately selecting and focusing on positive mental states and challenging negative mental states-- is possible because of the very structure and function of the brain… But the wiring in our brains is not static, not irrevocably fixed. Our brains are also adaptable.”

I want to thank the many scientists and collaborators who have importantly participated in this work, whose pictures are illustrated here. And for those of you who wish to learn more, please go to these websites. And I want to thank you all for your kind attention and look forward to answering questions. Thank you.

QUESTION & ANSWER SESSION
Richard J. Davidson, PhD
Moderator: MAJ Thomas Nassif, PhD

00:56:00:15 - 00:57:12:03
Dr. James Naifeh:
What a fantastic presentation. We are privileged to be joined now by Dr. Richard Davidson for the Q&A portion of today's event. Our Moderator for this portion of the event is US Army MAJ Thomas Nassif. Dr. Nassif holds a PhD in Behavior, Cognition, and Neuroscience and currently serves as the Deputy Vice Chair for Research in USU's Department of Psychiatry. He was previously Chief of the Sleep Research Center at the Walter Reed Army Institute of Research. MAJ Nassif is a certified yoga teacher and mindfulness instructor, having previously delivered integrative health and wellness programs in stress management, yoga, and mindfulness to patients in the Department of Veterans Affairs. Within the Department of War, MAJ Nassif has briefed US Army general officers on the mental health, physical health and operational performance benefits of mindfulness and yoga during Basic Combat Training and beyond.

As a reminder, please submit questions for Dr. Davidson using the Q&A function at the bottom of the Zoom window. MAJ Nassif, please proceed when ready.

00:57:12:05 - 00:58:15:03
Dr. Thomas Nassif:
Thank you, Dr. Davidson, for that really fascinating talk. The four pillars of a healthy mind. I think that it's generated a lot of interest. We have many great questions for you to consider on this topic. So, I'll begin with… several of these are pillars-specific. But the first one asks about flourishing. Flourishing is influenced by both our internal emotional architecture and the environment in which we live. What do you think is the most important shift needed in neuroscience and mental health practice? From trying to reduce psychological suffering to actively cultivating the conditions in which human beings can flourish?

00:58:15:05 - 01:01:29:00
Dr. Richard Davidson:
So, thank you first for having me. Thank you for all you are doing for improving the mental health, particularly of those who serve our country. And I really want to just express my appreciation and gratitude.

With regard to the specific question; we know, of course, that there are many external factors that influence our well-being and flourishing, and also internal factors. And we basically decided that we would focus on those factors that are more under our control. There are many external factors which, I think, most would agree may influence our flourishing, over which we have very little control. And so, the factors that we're talking about are factors that can be influenced by an individual's own intentional regulatory capacity. And the four pillars that I've described-- awareness, connection, insight and purpose-- are all capacities that every human being shares. And these are capacities that we know, from our own research and from the research of others, can be enhanced. They can be nourished; they can be cultivated through certain kinds of training. And we know that that training can then have important impact on improving a person's well-being.

And in many cases, those improvements are enduring. They endure past the point of the original intensive period of training; although we view the kind of training that we're studying as the kind of practice, if you will, that would become lifelong skills like other health-promoting practices. I mean, all of you know that you can't expect, for example, to go to a gym or to work with a personal coach and physically exercise for a month, and then if you stop exercising, we all know that the effects will dissipate after some period of time. And we regard the benefits of the kind of training that we're talking about in the very same way; that if you don't continue to nurture them, they will eventually begin to dissipate as well. So, these are the things that we're really focused on, because they are the ones that we believe can lead to enduring changes in our flourishing

The external factors, even if we could have some modicum of control over them, we know that they change and that there are other things that may arise. And so, ideally, we want to cultivate qualities that will persist in the face of virtually any external event. And that's what we're really talking about here.

01:01:29:02 - 01:02:10:19
Dr. Thomas Nassif:
Thank you for that response. And building on that comment; there was a question about…what you would believe is the most important next step for translating the neuroscience of meditation and flourishing, and even the Healthy Minds app, into accessible, culturally adaptable interventions for communities experiencing chronic stress and adversity. And I'd like to… based on my research with high-stress occupations, like the military and also even first responders, how do you see this fitting in with the larger picture? Having done this research with teachers, which is a high-stress occupation in itself, the promising results there; where do you see this going from here?

01:02:10:19 - 01:04:18:17
Dr. Richard Davidson:
And let me say, it's a really important question. I should just mention that we have indeed worked with first responders as well. We've worked with police and with firefighters in various kinds of studies, and data from both of those groups have already been published. But let me just say that in terms of where I think this is going; I think we now need large-scale implementation trials, where we can rigorously deploy these interventions in large samples, really large, ideally in the thousands, if not tens of thousands, and in organizations and/or communities where distal outcomes that matter are tracked. And so, for example, in the military, one of the distal outcomes that can be tracked, if you have a sufficiently large sample, is suicide rate. And we believe that we can make a dent in that through this kind of training upstream, if you will.

And there are other distal outcomes in other kinds of communities that may be most relevant to those communities. There are many distal outcomes that we feel would be modifiable through training in a sufficiently large percentage of the population who are comprising that community. So, some of the distal metrics that we're talking about include health care costs, for example. We have a vision of a flourishing city where this can be brought to all major sectors of a city.

01:04:18:19 - 01:05:34:14
Dr. Richard Davidson:
And if you did that, there are distal metrics in the city that are the kind of data that are regularly tracked, like crime rates in the city, substance abuse, the aggregate health care costs across multiple sectors, even longevity. We know that in cross-sectional studies, measures of flourishing or psychological well-being are associated with life expectancy.

And so, we believe that if flourishing is enhanced, eventually metrics like life expectancy would be impacted as well. So, only with very large-scale implementation trials would we have a sufficiently large sample to be able to track these distal outcomes that matter. But that's where I really think this work is headed. And the kinds of next steps that we critically need.

01:05:34:16 - 01:05:58:02
Dr. Thomas Nassif:
Thank you for that comprehensive response. And it really seems like the sky's the limit there. There are a lot of opportunities here. And just a couple more questions related specifically to the teaching, the findings from the teaching research. So, for the recent study in which teachers were trained, are there observations on what changed in their teaching and approach? And then the second part of the question is: Can you see this possibly translating into the therapeutic relationship between patient and provider. So, teacher and student and patient and provider/caregiver.

01:05:58:04 - 01:07:31:16
Dr. Richard Davidson:
Yes. Those are wonderful questions. So, the honest, simple answer to the first question is no, we don't have measures of the sort that I think the person who has the question is really asking about. And clearly, if we had those measures, it would be great. But in order to get them, you'd really want to do classroom observation, and that would require a whole other layer of this kind of work, which would be extremely costly. Not impossible. We've done classroom observation in other kinds of studies, but in more limited samples. But from self-report measures, we do have some rough indication of what some of the changes are associated with, and from other studies that we and others have done with observational measures in much smaller sample sizes.

01:07:31:18 - 01:09:50:04
Dr. Richard Davidson:
But a lot of it has to do with the teacher's responsiveness to the students in the classroom and the classroom environment. And in other research that we've published, we've found that classroom measures, direct observational measures of the classroom environment, do change as a consequence of this kind of training. But, ideally, it would be great to have more direct measures of this and to see if changes on those measures are actually mediators of the change that we see in student performance. We don't have that yet.

With regard to the generalization question; might this generalize to a patient-therapist kind of relationship? Or it may be a health care provider-patient more generally? Those are great questions, and we're actively looking at that. We've done a similar study that I did not present in my talk, just for lack of time, but with a large number of health care providers, with more than 2,000 health care providers, both physicians and nurses in mostly emergency departments.
And we looked at metrics of the efficiency with which those departments work. And we also looked at patient outcomes. And we did, in that study, also find some signals where primarily measures of organizational change, how the emergency departments worked in their efficiency, were shifted by having a certain percentage of the health care provider staff receive training of this kind, compared to control sites where none of the health care providers were receiving this training.

01:09:50:08 - 01:11:29:20
Dr. Richard Davidson:
So, there's some indication… I don't want to oversell these data. There are clearly limitations to this work at this point in time, but all the arrows are pointing to these real kind of effects of the spreading. And one of the slogans, if you will, that has emerged from this work, which I hope you will appreciate, is that we think that flourishing is contagious. That when you are around people that are flourishing, there are impacts that occur on the people around them or the individuals that they serve. And so, if you train well-being in groups that have leverage, so to speak, where they interact with many, many others, and teachers are a good example of this. Health care providers are another really good example of this. Then you really can achieve a lot of leverage, because their demeanor, if you will, has direct impact on the outcomes of the individuals they serve. And that is extremely good news, because it suggests that we can very efficiently affect very large numbers of people by strategically choosing to work directly with people who are in these positions of leverage.

01:11:29:22 - 01:11:56:19
Dr. Thomas Nassif:
Wonderful. Thank you for that. And I'm going to zoom out a bit and ask a personal question. So, Dr. Davidson, what are some things you do daily to nourish your mind?

01:11:56:21 - 01:13:54:24
Dr. Richard Davidson:
Yeah, I'm happy to answer that. First, I have a daily meditation practice. I've been meditating daily for, kind of remarkably, but it really is true, for more than 50 years. Maybe I'm just one of those people who needed it the most, and so I've stuck with it. But whatever it is, I've been doing that, and I do think it's helped me. And I think that if you look at certain qualities of my behavior 20 or 30 years ago compared to today, I think, over this long haul, there are some differences, although one can attribute them, of course, to developmental or age-related differences that may have nothing to do with meditation.

But I certainly keep meditating because I believe it is helpful. But I also have these little kinds of nuggets that I do every day that are not part of my formal meditation practice. They are derived from it, but they are something that, they're totally accessible, that anybody could do. So, I'll give you two examples. Very specific examples.

One is that in the morning, before I start my workday, on workdays. I don't do this on weekends, but I do it on workdays. I look at my calendar, it takes about 90 seconds, and I look to see all the things I'm doing that day, all the people I'm meeting with, and I simply think about something positive related to it. You know, it sounds a little corny. But I really do this, and I do it virtually every workday. And even if I don't know the people, just imagining something positive. Or if I know something about what they do, just bringing that to mind and knowing that they're… you know, the kind of people I meet with are usually the kind of people doing good work in the world, and I just spend a few moments appreciating.

01:13:55:04 - 01:14:20:11
Dr. Richard Davidson:
And this sense of appreciation is really a kind of elixir for our well-being. It really helps. So that's one thing I do every day; takes, as I said, not more than 90 seconds. And it makes a difference. **Dr. Thomas Nassif:** Loving-kindness, compassion. That type. **Dr. Richard Davidson:** Yeah, just really simple. Very simple. Yeah. And so that's one.

The other thing that I do is, and we talk about this… There's a new book that I wrote with a colleague; the book is called *Born to Flourish*. It was written with Cortland Dahl. It came out a couple of months ago. And we talk about this in the book. And we talk about the certain activities of daily living that you can use to piggyback these simple practices on; and one of the activities of daily living that most humans do every day is they eat.

And it's a great opportunity to simply pause and reflect on how many people it took for you to have food on your plate. And it very quickly can give you a sense of interdependence, that we're not alone. It really helps to counteract this epidemic of loneliness that our Surgeon General in 2023 pointed out in his report on loneliness and social isolation. So that's really helpful. And again, it doesn't take more than a minute or so to do this. And even if you're eating with others, you can do this in your mind. You don't need to tell anyone, if it might be viewed as weird in some way. A simple thing that you can do in that way. And so those are the simple activities of daily living that we can use to connect with and nourish one or more of these pillars of well-being as we engage in those activities.

01:16:22:08 - 01:16:47:02
Dr. Thomas Nassif:
Wonderful. Thank you for those drop-in practices. I think that we all can... I think it'd be interesting to at least try and see how the rest of your day changes, right, as a result of having these gratitude, loving-kindness, practices. There were a couple of questions, interesting questions here, about what your thoughts were on Dr. Britton's research on the risks of meditation. And I think there was another question about whether there were any concerns or risks related to mindfulness that we should be aware of.

01:16:47:04 - 01:17:39:20
Dr. Richard Davidson:
So, I appreciate the question. I also should just say that I know Willoughby Britton at Brown University, who has been in the news lately for her work. I respect her work. I appreciate her bringing these concerns to the general public. Having said all that, I also believe that, and this really comes from the data, that simple meditation practices that are done on a daily basis, such as those offered through an app, are pretty harmless.

And let me elaborate. And I should also say a few more things about this. One is that I often get asked by people-- who have serious psychiatric illness, who may have a history of bipolar disease or schizophrenia-- about meditation. And I always say the same thing: If you're interested in trying meditation, please do it under the guidance of a mental health professional; ideally, who also has some experience with meditation. And there are quite a few providers who have that combination of expertise. And those are the kind of individuals that I think may be at risk. And I am very clear in saying, please, if you've had a history of serious psychiatric illness, don't meditate on your own, but do it under the guidance of a mental health professional.

01:18:39:05 - 01:20:00:17
Dr. Richard Davidson:
Putting that category aside, however, the data actually show that there are more adverse effects for not meditating than meditating. And we've actually published serious scientific work showing that. And so, individuals in a control group, who are not receiving meditation, are more likely to have various kinds of adverse effects compared to those randomly assigned to a meditation condition. And we've carefully and systematically documented that.

And so, while I think Dr. Britton's work is important in highlighting the potential for meditation, particularly intensive meditation, to produce some adverse effect-- especially in individuals who are, because of family history or prior personal history, at risk for serious psychiatric illness-- I don't think that it is of concern for the majority of the population. And I would say the risk profile for meditation is considerably less than for virtually all other forms of treatment in the armamentarium of modern psychiatry.

01:20:00:19 - 01:20:42:10
Dr. Thomas Nassif:
Thank you for that response. Appreciate it. And so, there was another interesting question. It says, “I am researching any relationship between music education and the school setting and trauma resilience factors. What associations have you seen in your work regarding factors like group membership and self-awareness that appear in activities like music and sports?” And I'll add to that- researching in military settings, unit cohesion is something that's very important; that we've seen mindfulness can beneficially impact… when you think about group settings and high-stress occupations where unit cohesion is an important driver of performance. But what are your thoughts in terms of group memberships, self-awareness? And even music education, school settings, high-stress occupational settings?

01:20:42:10 - 01:23:09:06
Dr. Richard Davidson:
So, there are a lot of different issues embedded in that. Interesting question. And there are many things to say about it. Let me first begin by saying that there's a little bit of research, of which I'm aware, that suggests that certain kinds of meditation may benefit group cohesion, cooperation, kinds of elements. And so may be beneficial in that way to a group. There's also evidence to suggest that group activities by themselves, irrespective of meditation, may be beneficial; particularly, kind of, ritualized activities. And it could be it could be music, it could be group singing, it could be group meditation, it could be group physical exercise. But there is something about doing it in a group as opposed to as a solo individual that may impact… bonding within the group, group cohesion, and so forth. And so, I think the causal direction probably goes in both directions. And so, I think that this is all interesting territory that warrants further serious exploration.

There's even work at a more biological level suggesting a biological synchrony, and entrainment can occur across a number of different biological systems, ranging from synchronized brain activity that's been assessed with various kinds of hyperscanning, to synchronization of respiratory rate, for example, among members of a group that predicts certain features of group cooperation and cohesion.

01:23:09:08 - 01:23:39:12
Dr. Thomas Nassif:
Thank you for that. And we had another question here about sleep. Are there any data on the impact of the Healthy Minds program on sleep?

01:23:39:14 - 01:25:15:14
Dr. Richard Davidson
It's a great question. And we're actively studying that in collaboration with a major sleep research group at the University of Wisconsin-Madison that is directed by Giulio Tononi, who's a well-known scientist. We don't have any answers to that at the present point in time, other than reports on subjective sleep quality scales. But with Giulio, we've been looking at objective sleep measures from recordings in the sleep laboratory itself. So, we don't have those data available yet, but we are actively in the process of working on that.

So, in terms of other data in the field, there's a little bit of work. But I wouldn't place any bets on it at this point in time, I think the jury is still out. But it clearly is a super important area that I think needs to be actively explored. And I should also say that there's some reason to think that, again, the causal arrow goes in both directions. I think that improved sleep quality is likely an important determinant of more effective meditation, in the sense that the skills of meditation might be acquired more effectively following a night of better sleep. And so, I think that it's a reciprocal kind of relationship.

01:25:15:16 - 01:25:42:09
Dr. Thomas Nassif:
Thanks for your response. Another question. A bit broader here, zooming out again. In my own experience of training the mind to stay in the present moment through meditation, I've witnessed what feels like remarkably powerful changes in attention, emotional response, and inner peace. What does neuroscience currently tell us about how such a simple practice can produce such profound changes in the brain and in human flourishing?

01:25:42:11 - 01:27:53:20
Dr. Richard Davidson:
Wonderful question. Thank you for asking it. Although there's a lot that's known about brain changes and meditation, we're still in the early days. But having said that, here is a very brief, because we don't have too much time, but a kind of thumbnail sketch/summary of findings from what I consider to be among the methodologically more robust studies that have examined this. Basically, simple mindfulness kinds of meditation appear to influence three networks in the brain. Those three networks are the default mode, the salience network, and the central executive network. And what it does primarily, although there are certain caveats to this, which I'll mention, but it primarily affects connectivity among those three networks. And so, various measures of connectivity. And here we're talking about resting state functional connectivity as well as structural connectivity that's assessed with diffusion weighted imaging.

And we, among other labs, have published data showing white matter changes, particularly in the superior longitudinal fasciculus, which is the main pathway connecting major structures of the default mode. We see changes in the diffusion weighted parameters with just modest amounts of meditation training among novices. We see these changes after approximately 30 hours of meditation training.

01:27:53:22 - 01:29:39:24
Dr. Richard Davidson:
In longer-term meditators, we do see changes in the activation of the default mode itself, with some data indicating that the default mode goes offline, if you will, is at least transiently inhibited during these practices, and likely persisting beyond them. And how that may result in feelings of inner peace, that this person who has the question is describing… And here I'm just speculating, because we don't really have the right kind of data at this point. But what I would say are two things. One is that our mind wandering, which our minds tend to do, and particularly our worrying about the future and ruminating about the past, which is something that the default mode is certainly participating in, that that kind of mental, self-referential mental activity, because of changes in connectivity with the default mode, particularly with the salience network, is just not bothering us as much.

So, we may have the same kind of mental activity. We may think about the future and the past, but we're not… It's not bothering us as much. The other possibility is that we are actually staying in the present moment more, and we're spending less time thinking about the future and the past. And so that is intrinsically more pleasurable.

01:29:39:24 - 01:30:27:22
Dr. Richard Davidson:
And there are other kinds of evidence to indicate that being in the present moment is more pleasurable. There's a very famous paper that was published in *Science* many years ago by a group of Harvard psychologists called, “A wandering mind is an unhappy mind.” And we don't have time to go through the methods, but it's a beautiful little study. It's not so little. It was done in several thousand participants; but they found, essentially, that when people's minds were wandering, they reported themselves to be less happy. When their minds were focused, they reported themselves to have higher levels of well-being. So, I'll stop there. I know we're, I think, at time.

CLOSING REMARKS

01:30:27:24 - 01:30:57:15
Dr. James Naifeh:
Thank you so much, Dr. Davidson, for being here. And thank you to MAJ Nassif for moderating this discussion. I'm going to turn it over now to Dr. Cozza to give us some closing remarks.

01:32:30:14 - 01:33:41:11
Dr. Stephen Cozza:
Dr. Davidson, on behalf of the Center for the Study of Traumatic Stress, thank you so much for taking the time to be with us today, and for sharing your research on human flourishing. On behalf of everyone here, we deeply appreciate your insights into how we can scientifically understand and cultivate well-being. You set the stage by sharing how a 1992 challenge from the Dalai Lama shifted your research path, asking why brain imaging wasn't being used to study positive qualities, like kindness and compassion, alongside anxiety and depression.

Decades later, your work proves that well-being isn't a fixed trait, but a set of skills we can actively build. As you showed us, developing these skills has never been more vital in a world facing steep declines in mental health, where loneliness carries physical health risks that rival smoking or obesity, and young people face unprecedented digital strain. Your research offers practical, science-backed work and a way forward.

01:33:41:13 - 01:34:49:18
Dr. Stephen Cozza:
The true value of your work lies in the framework you've given us through the four pillars of awareness, connection, insight, and purpose. Rather than treating happiness as an abstract idea, this model gives us a concrete roadmap to stay present, build genuine relationships, reframe our internal narratives, and ground our daily lives in meaning. Something to think about and to incorporate into our research and into our clinical practice.

Also compelling in your presentation was your deep dive into the science behind those principles. Knowing that intentional mental training can rewire neural pathways, lower markers of physical inflammation, and even boost student achievement when teachers practice well-being gives us incredible hope. It proves that human flourishing isn't just possible, it can be deeply contagious. Thank you again, Dr. Davidson, for showing us that building healthier, more compassionate minds is truly within our reach.

01:34:49:20 - 01:35:17:01
Dr. Stephen Cozza:
I also want to thank Dr. Tom Nassif for skillfully moderating today's Question and Answer period, and our audience for your active participation and thoughtful questions throughout. It was a great discussion. We look forward to continuing these vital conversations at our next Brain, Behavior, & Mind event. Our one-day conference is scheduled for April 2027. We hope to see you all there. Dr. Naifeh, once again, back to you.

01:35:22:02 - 01:36:15:17
Dr. James Naifeh:
Thank you, Dr. Cozza. Before we end, I would just like to once again thank Dr. Davidson, as well as MAJ Nassif and everyone else who contributed to this event and everyone who attended. As Dr. Cozza mentioned, we have an upcoming event in the spring. We hope you'll join us on April 20th for the Brain, Behavior, & Mind 2027 Spring Conference.

Our outstanding lineup of speakers includes Roy Perlis, Jeffrey Iliff, Iryna Frankova, John Torous, and Ann Masten. We anticipate fascinating presentations and discussions on topics ranging from traumatic stress in children and adults, to the use of artificial intelligence and mental health, to the importance of the glymphatic system. So, please watch for those announcements. And until then, take care, and we'll see you next time.