

# *Wellbeing & psychological flexibility*

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Prof. Ernst Bohlmeijer

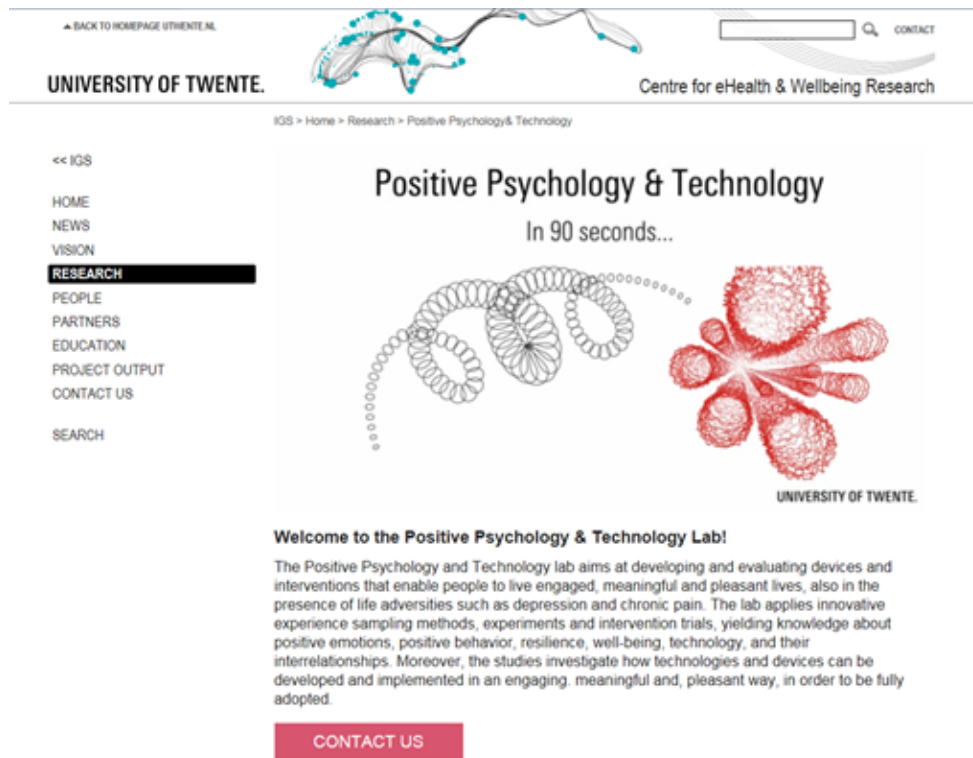
Studiedag NNNSA 30 september 2016

# Outline

- Well-being as a new transdiagnostic framework for balanced mental health care.
- Positive clinical psychology.
- Well-being interventions.
- Positive psychology & Acceptance and Commitment Therapy (ACT).

# Center for eHealth & Well-being Research

[www.cewr.nl](http://www.cewr.nl)



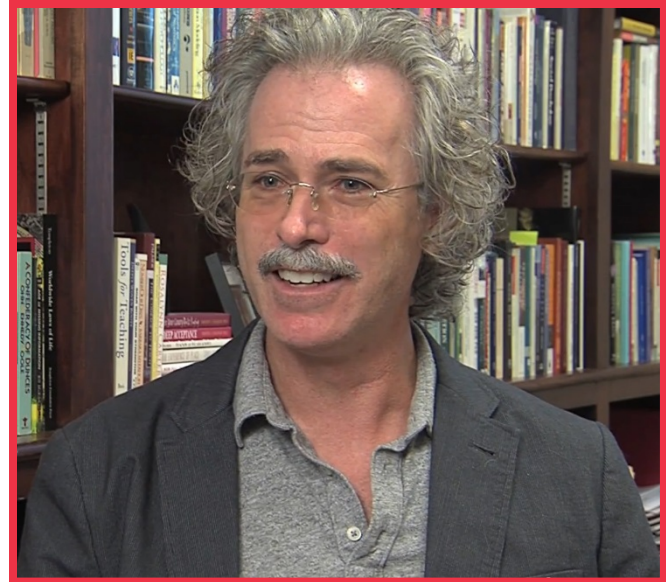
- Watch “The Positive Psychology & Technology Lab in 90 seconds - Centre for eHealth” by University of Twente: <https://vimeo.com/129191697>

**1.**

# **Well-being and flourishing: a new framework for mental health care and complete recovery**

“

If I have seen  
further it is by  
standing on the  
shoulders of giants.  
Isaac Newton.



IT'S A NEW DAWN,  
IT'S A NEW DAY,  
IT'S A NEW LIFE FOR ME

**AND I'M FEELING GOOD**



# Emotional well-being

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**Positive affect**

*The presence of positive emotions*

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**Negative affect**

*The absence of negative emotions*

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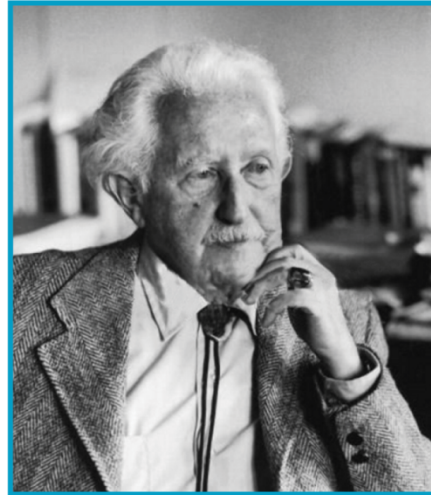
**Cognitive evaluation**

*Satisfaction with life*

Abraham Maslow



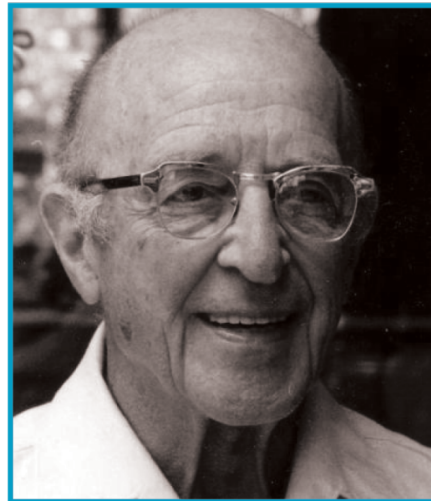
Erik Erikson



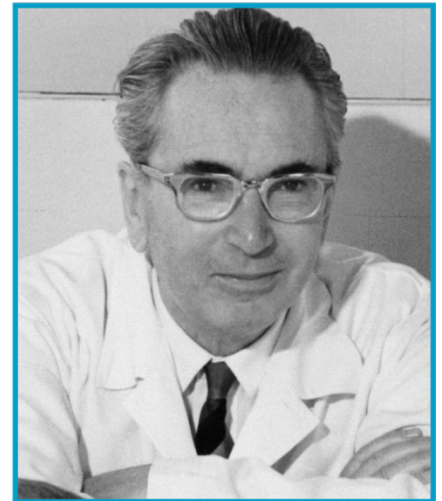
Charlotte Bühler



Carl Jung



Carl Rogers



Viktor Frankl



Every human being has both sets of forces within him. One set clings to safety and defensiveness out of fear, tending to regress backward, hanging on to the past...

The other set of forces impels him forward toward wholeness of Self and uniqueness of Self, toward full functioning of all his capacities...

Maslow

**Maturity**

Allport

**Executive processes of  
personality**

Bühler

**Fully functioning  
person**

Rogers

**Environmental  
mastery**

**Self  
acceptance**

**Personal  
development**

Erikson

**Autonomy**

**Self  
actualization**

Maslow

**Purpose in life**

**Personal  
growth**

**Positive  
relationships**

**Will to meaning**

Frankl

**Individuation**

Jung

**Mental health**

Jahoda

# Psychological well-being

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## Autonomy

*Is self-determining and independent.*

---

## Environmental mastery

*Has a sense of mastery and competence in managing the environment.*

---

## Personal growth

*Has a feeling of continued development; sees self as growing and expanding.*

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## Positive relations

*Has warm, satisfying, trusting relationships with others.*

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## Purpose in life

*Has goals in life and a sense of directedness*

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## Self-acceptance

*Possesses a positive attitude towards the self; accepts multiple aspects of self, including good and bad qualities.*

# Social well-being

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**Acceptance**

*Positive attitude towards others.*

---

**Actualization**

*Believing that society develops itself in a positive way.*

---

**Contribution**

*Believing that one can contribute to society in a valuable way.*

---

**Coherence**

*Experience that the social world is understandable and predictable.*

---

**Integration**

*Feeling part of a community.*

# Aristotle

Eudaimonia

Living well

Psychological  
well-being



Social  
well-being



# Epicurus

Hedonia

Feeling well

Emotional  
well-being



6

+

1

Eudaimonia

Living well

Hedonia

Feeling well

Psychological  
well-being



Social  
well-being



Emotional  
well-being



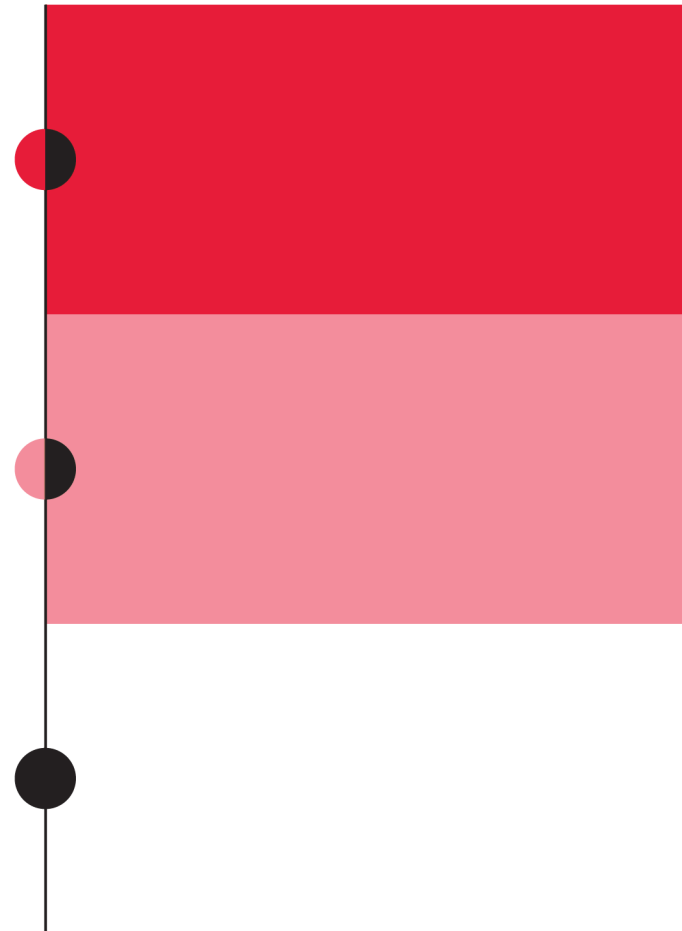
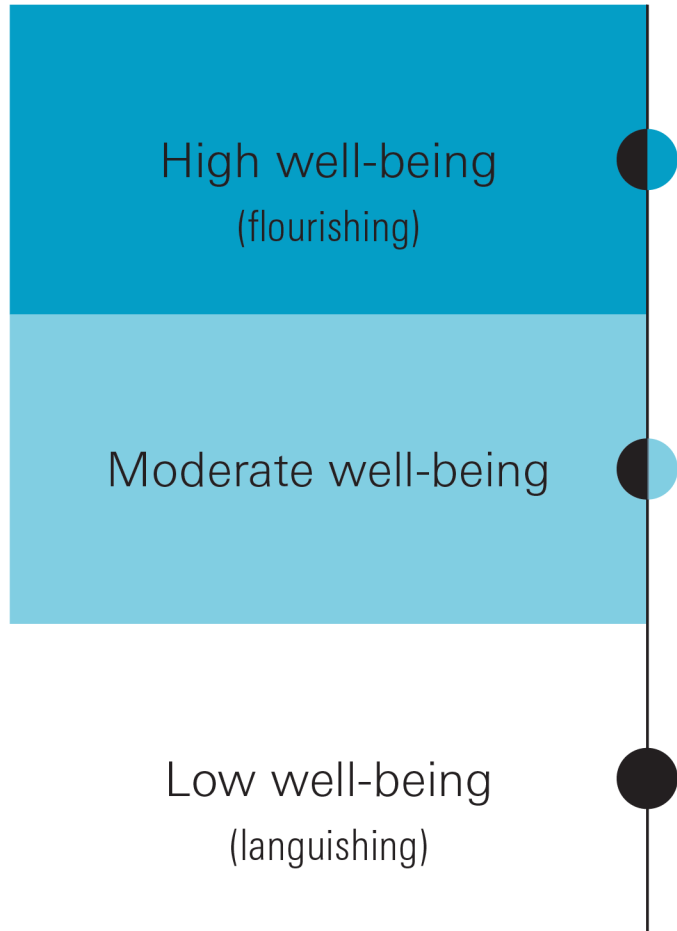
De volgende vragen beschrijven gevoelens die mensen kunnen hebben. Lees iedere uitspraak zorgvuldig door en omcirkel het cijfer dat het best weergeeft HOE VAAK u DAT GEVOEL HAD GEDURENDE DE AFGELOPEN MAAND.

In de afgelopen maand, hoe vaak had u het gevoel...

	Nooit	Eén of twee keer	Ongeveer 1 keer per week	2 of 3 keer per week	Bijna elke dag	Elke dag
...dat u gelukkig was?	0	1	2	3	4	5
...dat u geïnteresseerd was in het leven?	0	1	2	3	4	5
...dat u tevreden was?	0	1	2	3	4	5
...dat u iets belangrijks hebt bijgedragen aan de samenleving?	0	1	2	3	4	5
...dat u deel uitmaakte van een gemeenschap (zoals een sociale groep, uw buurt, uw stad)?	0	1	2	3	4	5
...dat onze samenleving beter wordt voor mensen?	0	1	2	3	4	5
...dat mensen in principe goed zijn?	0	1	2	3	4	5
...dat u begrijpt hoe onze maatschappij werkt?	0	1	2	3	4	5
...dat u de meeste aspecten van uw persoonlijkheid graag mocht?	0	1	2	3	4	5
...dat u goed kon omgaan met uw alledaagse verantwoordelijkheden?	0	1	2	3	4	5
...dat u warme en vertrouwde relaties met anderen had?	0	1	2	3	4	5
...dat u werd uitgedaagd om te groeien of een beter mens te worden?	0	1	2	3	4	5

EEN EMPIRISCHE VERGELIJKING VAN  
DRIE MEETINSTRUMENTEN

# GEESTELIJKE GEZONDHEID ALS POSITIEVE UITKOMST VAN BEHANDELING



**2.**

# **The impact of (not) flourishing**

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# Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia

Carol D. Ryff

University of Wisconsin-Madison, Madison, Wisc., USA

4482 Adults

$T_0$

Flourishing  
38%

Non-flourishing  
62%

3 years later

$T_1$

Anxiety disorder  
Mood disorder

Anxiety disorder  
Mood disorder



Flourishing reduced the risk of incident mood disorders by 31% and of anxiety disorders by 57%, three years later.

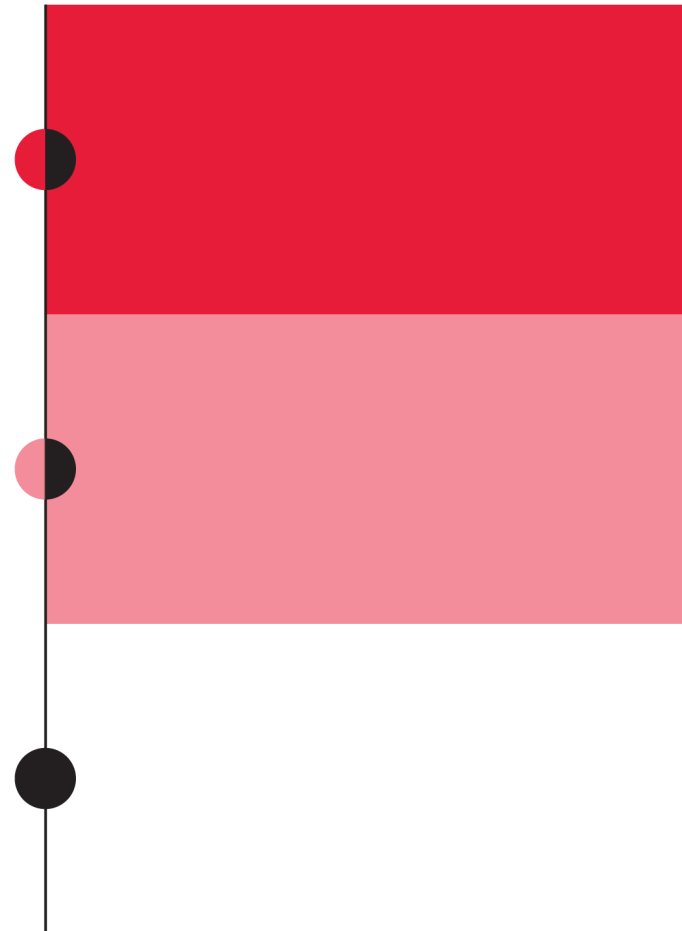
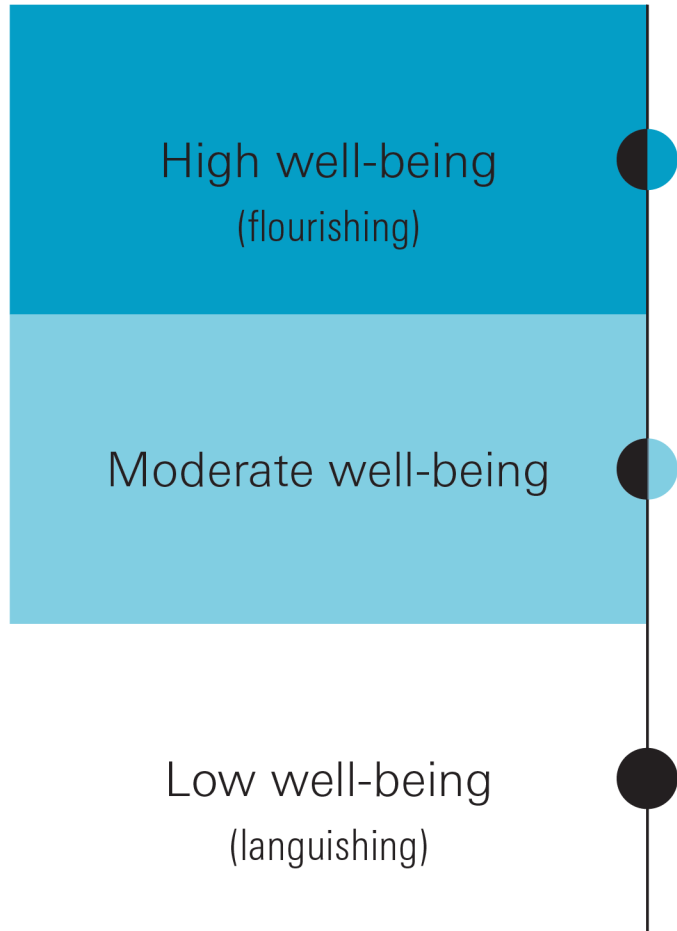
Schotanus et al., in press

“

One cannot answer [the foremost question of philosophy why one should not commit suicide] just by curing depression; there must be positive reasons for living as well.

Albert Camus

**3.**  
**Intervention**  
**Well-being**  
**Positive psychology**



# Recovery

Work in progress

Identifying fundamental aspects and criteria for eating disorder recovery: a systematic review and qualitative meta-analysis.

Sander de Vos, Andrea LaMarre, Gerben Westerhof, Charlotte Bijkerk, Mirjam Radstaak & Ernst Bohlmeijer

# Article selection

18 studies were finally included that...

- Reported on processes or criteria for eating disorder recovery.
- Included recovered individuals and/or uses a rigorous system to assess recovery.
- Used a qualitative design.
- Were published in peer-reviewed journals.
- Used a system for ensuring credibility of data-analysis

# Results

Strong evidence was found for:

- Self-acceptance
- Positive relationships
- Personal growth
- Decrease in eating disorder behavior/cognitions
- Resilience
- Autonomy



Applied positive psychology is the application of positive psychology research to the facilitation of optimal functioning of individuals, organizations and communities.

Linley & Joseph, 2004



Every age but ours has had its model, its ideal. All of these have been given up by our culture; the saint, the hero, the gentleman, the knight, the mystic. About all we have left is the well-adjusted man without problems, a very pale and doubtful substitute.

Maslow



Applied positive psychology is the application of positive psychology research to the facilitation of optimal functioning of individuals, organizations and communities.

Linley & Joseph, 2004

DE POSITIEVE PSYCHOLOGIE IS EEN SNELGROEIENDE stroming in de psychologie, die is gericht op veerkracht, optimaal functioneren en positieve gezondheid. Het is een stroming die nieuwe mogelijkheden biedt voor toepassingen in de geestelijke en algemene gezondheidszorg, het onderwijs en arbeidsorganisaties. De positieve psychologie zoals de auteurs van dit handboek die voorstaan, richt zich op het versterken van de mogelijkheden van de mens om een plezierig, zinvol en (op de ander) betrokken leven te leiden. Erkenning van en omgaan met negatieve emoties en moeilijke leefomstandigheden zijn hiervan wezenlijke onderdelen. Ook gaat het om een goede balans tussen het zelf (individueel functioneren) en de ander (samenleven en betrokken zijn, het zelf overstijgen).

DIT HANDBOEK BIEDT PROFESSIONALS DIE positieve psychologie willen toepassen in hun werk, een overzicht van de wetenschappelijke onderbouwing en praktische toepassingen van belangrijke thema's in de positieve psychologie, zoals: positieve emoties, talentontwikkeling, posttraumatische groei, hoop, waardenontwikkeling en positieve relaties. Daarnaast bevat het veel praktische oefeningen. Het handboek is ook zeer geschikt voor toepassing in het onderwijs aan studenten psychologie.

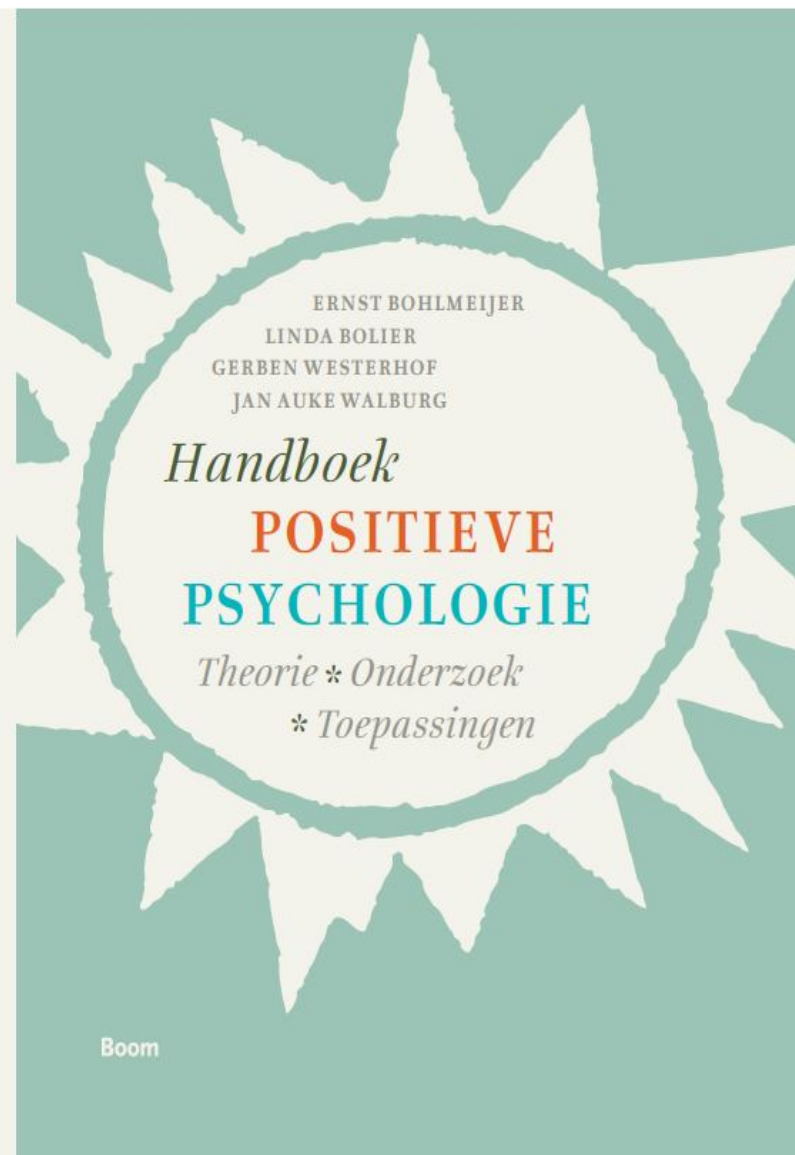
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ERNST BOHLMMEIJER \* LINDA BOLIER \* GERBEN WESTERHOF \* JAN AUKE WALBURG  
HANDBOEK POSITIEVE PSYCHOLOGIE

Boom



ERNST BOHLMMEIJER

LINDA BOLIER

GERBEN WESTERHOF

JAN AUKE WALBURG

*Handboek*

# POSITIEVE PSYCHOLOGIE

*Theorie \* Onderzoek*

*\* Toepassingen*

Boom

## 1 Emotions

- + Awareness and enjoyment of positive experiences. (broaden-and-build)
- Awareness, acknowledgment and acceptance of negative experiences. Self-compassion.

## 2 Context

- Personal value
- Course of life
- Setting
- Constraints
- Characteristics

## 3 Strengths

- Character
- Competence
- Skills

## 4 The future

- Hope
- Optimism
- Goals
- Imagination
- Action

## 5 Positive relationships

- Compassion
- Active listening
- Responding
- Kindness
- Forgiving

## 6 Relatedness

- Generativity
- Self-transcendence
- Spirituality

RESEARCH ARTICLE

# Can We Increase Psychological Well-Being? The Effects of Interventions on Psychological Well-Being: A Meta-Analysis of Randomized Controlled Trials

**Laura A. Weiss\*, Gerben J. Westerhof, Ernst T. Bohlmeijer**

Centre for eHealth and Well-being Research, Department of Psychology, Health and Technology, University of Twente, Enschede, The Netherlands

\* [l.weiss@utwente.nl](mailto:l.weiss@utwente.nl)



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## Abstract

# Meta-analysis

Work in progress

To assess the impact of PPIs on well-being, depression and anxiety in populations with mental disorders or physical diseases.

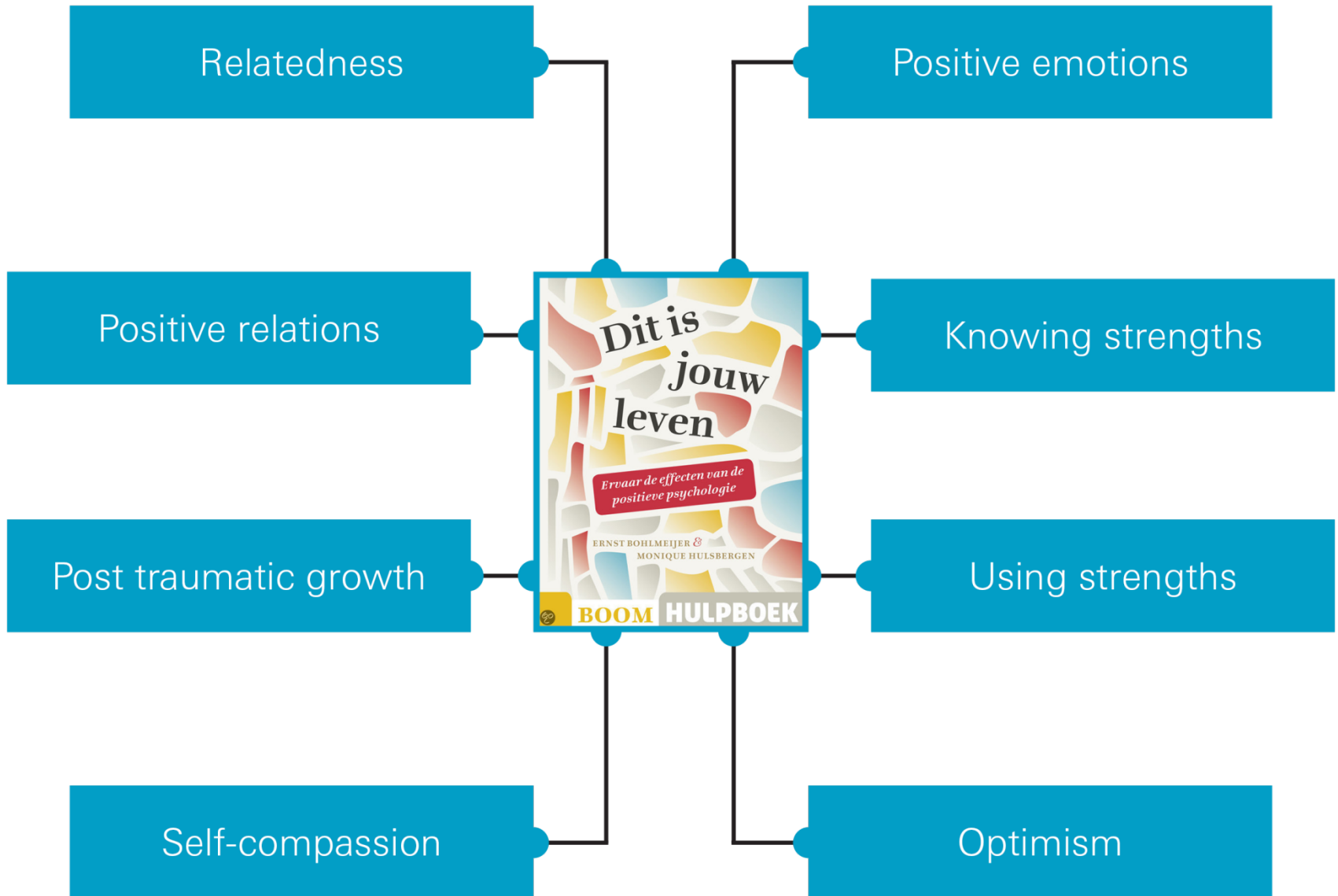
Farid Chackssi, Marion Spijkerman, Ernst Bohlmeijer

# Preliminary results

Effect sizes (Hedges'  $g$ ) in populations with mental disorders:

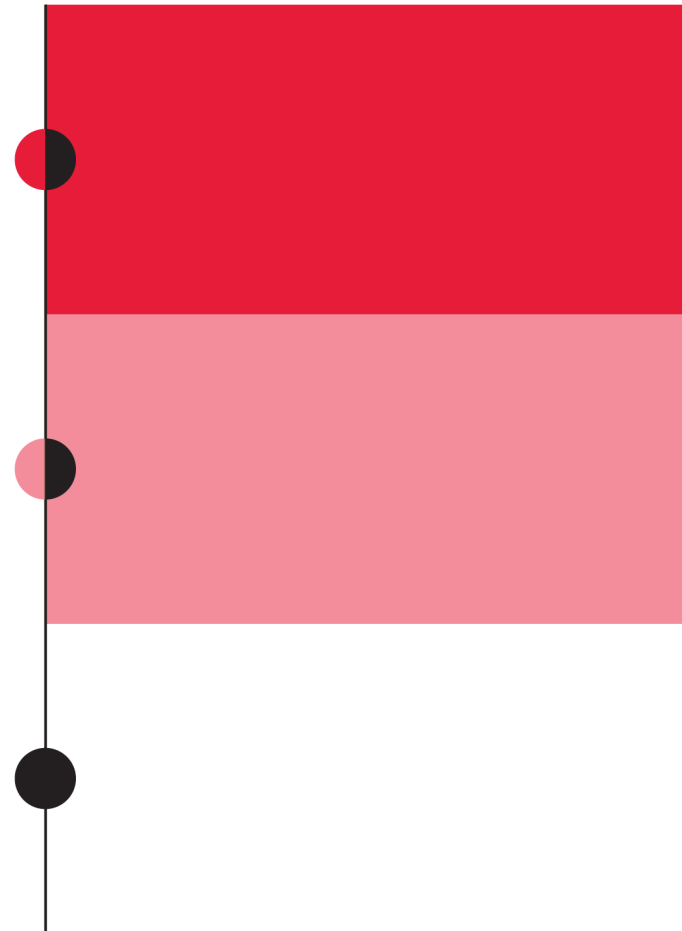
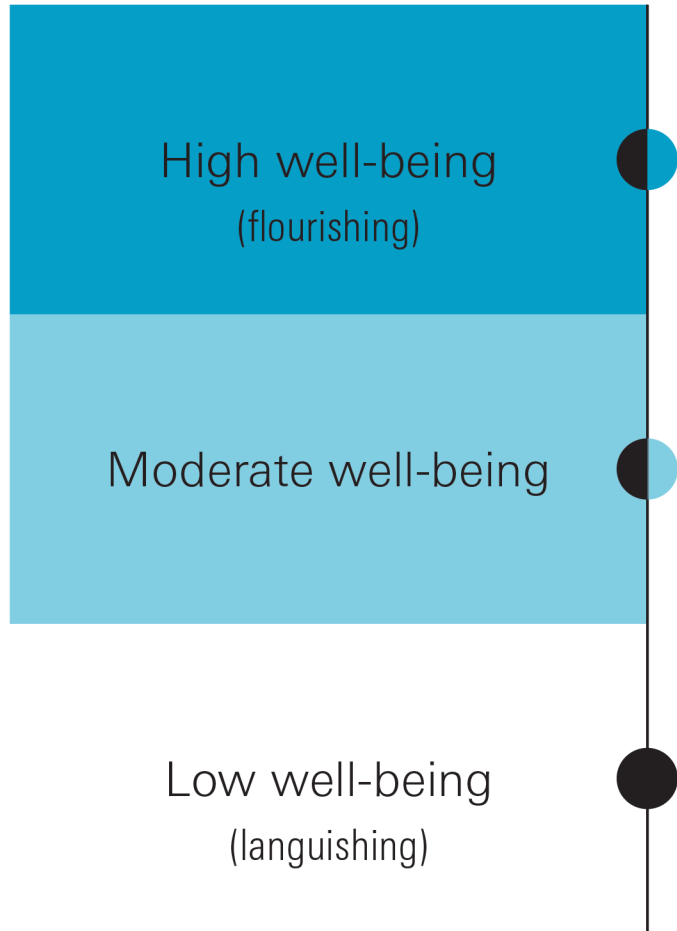
- Well-being: 0.24
- Depression: 0.55
- Anxiety: 0.99

# This is your life



# Design

- Randomized controlled trial (n=260)
- For people who are not flourishing
- This is your life (book) as guided self-help versus waiting-list.
- Intervention: 12 weeks to complete the 8 lessons.
- Weekly e-mail
- Feedback to supervised students master positive psychology
- Control group: waiting list for six months

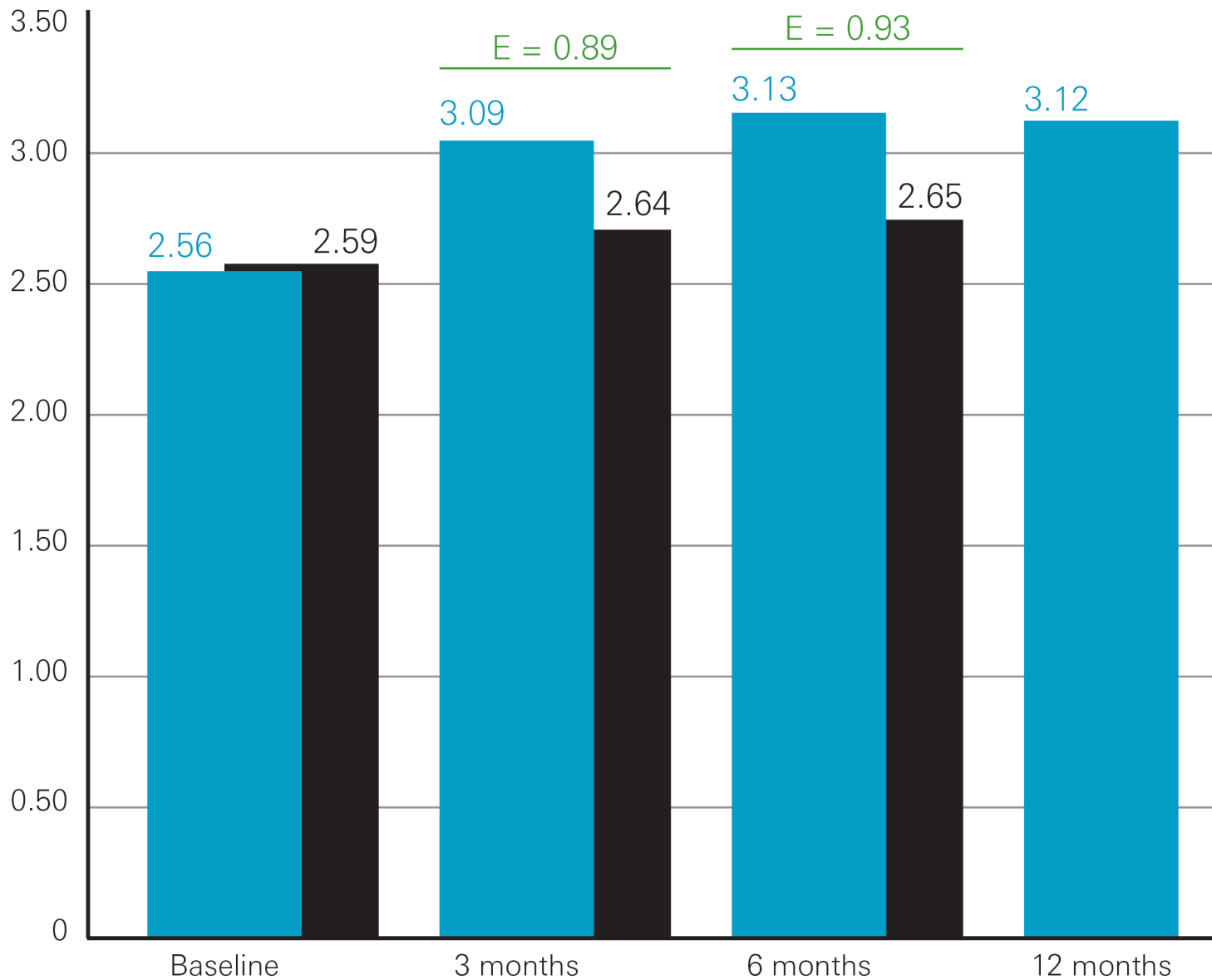


# Results

MHC-SF

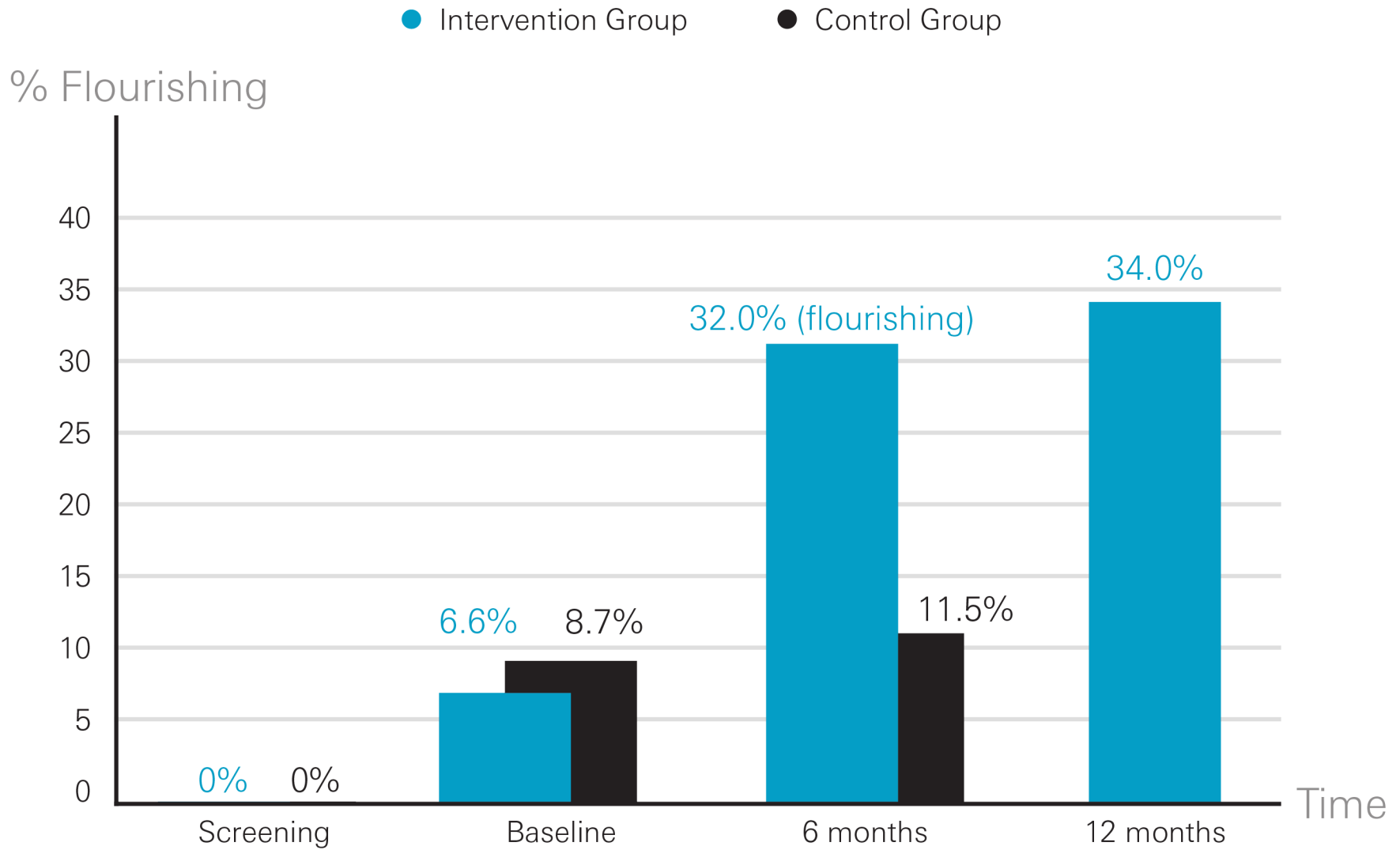
● Intervention Group

● Control Group

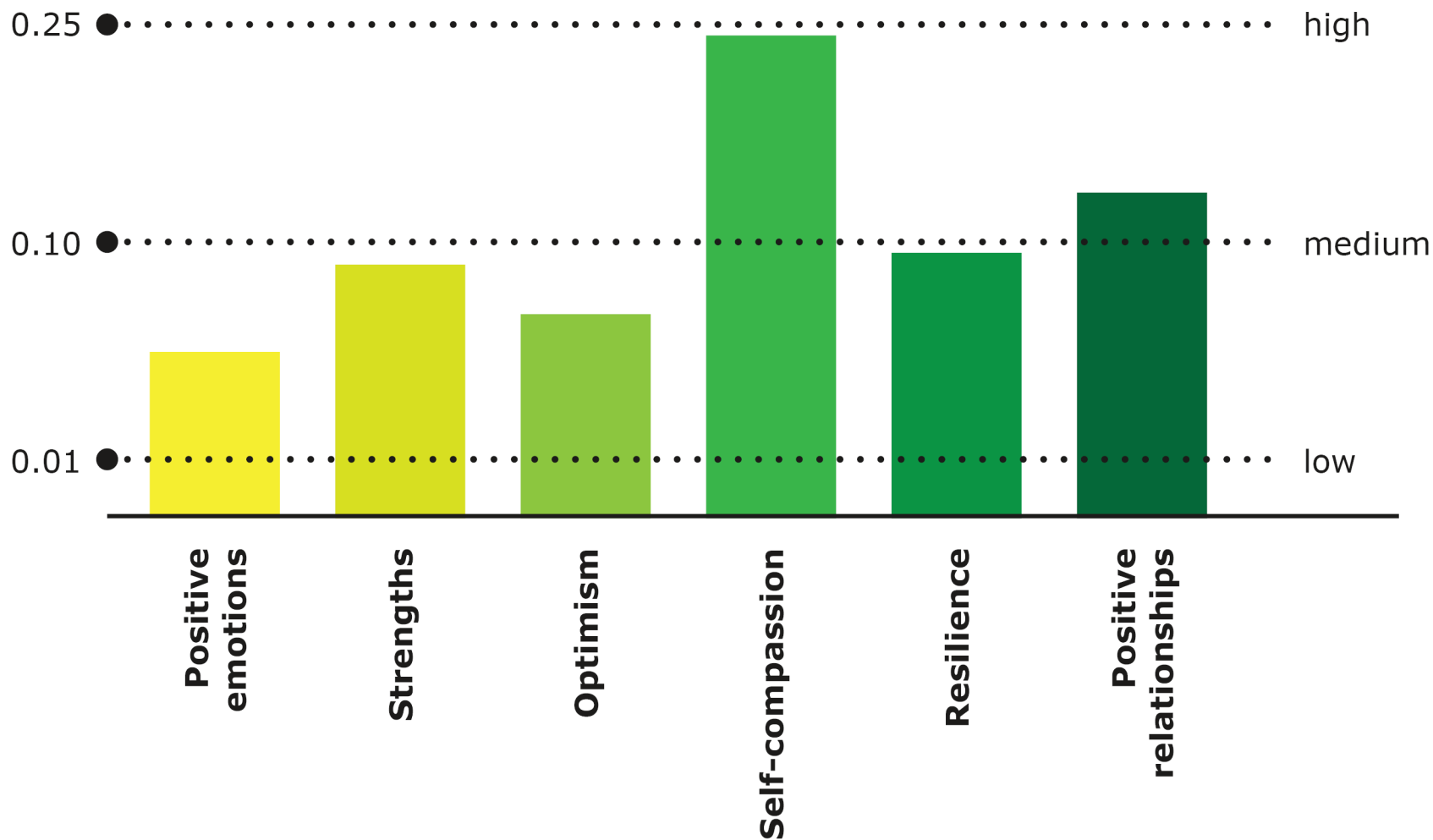


Time

# Results on flourishing



# Well-being



ORIGINAL ARTICLE

# A Comparative Study on the Efficacy of a Positive Psychology Intervention and a Cognitive Behavioral Therapy for Clinical Depression

Covadonga Chaves<sup>1</sup> · Irene Lopez-Gomez<sup>1</sup> · Gonzalo Hervás<sup>1</sup> · Carmelo Vazquez<sup>1</sup>

© Springer Science+Business Media New York 2016

**Abstract** Traditionally, treatments for depression have been primarily focused on reducing patients' symptoms or deficits and less concerned with building positive resources. This study aims to compare the efficacy of a manualized protocol of empirically-validated positive

## Introduction

Major depression is one of the most commonly occurring clinical problems (ESEMED 2004; Kessler et al. 1994). Depressive disorders affect up to 20 % of people at some

**Table 1** Positive interventions included in this packaged treatment

Module	Description of the session	Previous empirically-validated studies	Well-being dimension
1	Objectives, expectations and attitudes on treatment What is depression? Rationale for treatment from a positive psychology perspective	Based on Keyes (2007), Seligman et al. (2006), Gilbert (2012), among others	
2	Positive emotions: identify and name positive emotions and learn to promote them	Seligman et al. (2006)	Hedonic
3	Savoring to amplify the intensity and duration of positive emotions Emotion regulation through mindfulness attitudes	Bryant (1989) Kabat-Zinn (1990)	Hedonic
4	Gratitude. Counting one's blessings. Optimism. Best positive self	Emmons and McCullough (2003) King (2001), Seligman et al. (2006)	Hedonic
5	Positive relationships Kindness. Counting kindnesses	Lyubomirsky et al. (2005), Boehm and Lyubomirsky (2009)	Eudaimonic: Positive relationships
6	Self-compassion	Gilbert (2012)	Eudaimonic: Self-acceptance
7	Personal strengths. Complete VIA-IS and using one's signature strengths	Seligman et al. (2005)	Eudaimonic: Autonomy; self-acceptance
8	Sense of living. Obituary/Biography Goal Setting	Seligman et al. (2005) MacLeod et al. (2008), Sheldon et al. (2002)	Eudaimonic: purpose in life, personal growth
9	Resilience	Based on Folkman and Moskowitz (2000)	Eudaimonic: environmental mastery
10	Relapse prevention	Following same rationale as CBT	

*VIA-IS* VIA Inventory of Strengths (Peterson and Park 2009), *CBT* cognitive-behavioral therapy

**Table 2** Baseline characteristics

	CBT ( <i>n</i> = 49)	PPI ( <i>n</i> = 47)	Group differences
<i>Demographic characteristics</i>			
Mean age	50.73 (11.34)	52.57 (9.38)	$t = -0.86, p = .39$
Married or cohabitating (%)	65.3	61.7	$\chi^2 = 0.02, p = .88$
Primary or lower studies (%)	55.1	51.1	$\chi^2 = 0.04, p = .85$
Employed (%)	14.3	14.9	$\chi^2 = 0.00, p = 1$
<i>Clinical characteristics</i>			
Mean BDI-II score	35.84 (10.37)	34.35 (10.26)	$t = 0.71, p = .48$
Severe depressive symptoms <sup>a</sup> (%)	75.5	70.2	$\chi^2 = 0.12, p = .72$
Any other current Axis I diagnosis (%)	59.2	51.1	$\chi^2 = 0.35, p = .55$
Functioning <sup>b</sup>	58.55 (10.26)	60.86 (11.66)	$t = -1.00, p = .32$
Antidepressant medication (%)	61.2	60.0	$\chi^2 = 0.00, p = 1$
Mean no. of sessions attended	7.39 (2.55)	6.96 (2.94)	$t = 0.77, p = .45$

Standard deviations are shown in parenthesis; *CBT* cognitive behavioral therapy, *PPI* positive psychology intervention, *BDI-II* Beck Depression Inventory-II

<sup>a</sup> BDI-II  $\geq 29$

<sup>b</sup> Global Assessment of Functioning Scale of SCID interview

**Table 3** Effect of time and treatment group on outcome ( $N = 96$ )

	Pre-treatment		Post-treatment		Cohen's $d$		Main effect (Time)			Interaction effect (Time $\times$ Treatment Group)		
	CBT M (SD)	PPI M (SD)	CBT M (SD)	PPI M (SD)	CBT	PPI	$F$	Adj. $p$	$\eta_p^2$	$F$	Adj. $p$	$\eta_p^2$
<i>Clinical measures</i>												
BDI-II	35.84 (10.37)	34.35 (10.26)	22.42 (14.01)	23.43 (12.39)	-1.09	-0.96	89.51	<.001***	.52	0.63	1.00	.01
BAI	32.04 (13.24)	29.04 (13.07)	23.23 (15.57)	22.04 (13.07)	-0.61	-0.54	26.45	<.001***	.24	0.76	1.00	.01
ATQ-30	89.89 (26.69)	84.82 (26.16)	71.06 (28.77)	67.07 (24.01)	-0.68	-0.71	40.20	<.001***	.33	0.04	1.00	.000
RRS	25.59 (5.61)	24.77 (6.00)	24.23 (6.27)	21.79 (5.89)	-0.23	-0.50	15.30	.002**	.16	2.11	1.00	.02
WBSI	38.24 (6.88)	39.82 (6.56)	37.69 (6.64)	38.08 (7.18)	-0.08	-0.25	2.82	.27	.03	0.76	1.00	.01
PANAS-NA	26.76 (9.46)	25.44 (6.87)	20.84 (8.94)	20.36 (7.77)	-0.64	-0.69	39.35	<.001***	.32	0.23	1.00	.003
Dampening, RPA	20.45 (4.65)	18.28 (4.97)	19.83 (5.23)	17.86 (4.10)	-0.12	-0.09	1.19	.28	.01	0.04	1.00	.001
DERS	88.21 (19.59)	84.95 (19.62)	81.12 (21.09)	74.19 (19.31)	-0.35	-0.55	21.77	<.001***	.21	0.92	1.00	.01
BIS	23.33 (2.94)	22.79 (3.50)	22.80 (3.18)	22.19 (3.73)	-.17	-0.17	6.45	.07	.07	0.03	1.00	.000
<i>Well-being measures</i>												
PHI	3.92 (1.65)	4.02 (1.63)	4.73 (2.18)	5.08 (1.82)	0.42	0.61	32.78	<.001***	.26	0.53	1.00	.006
Self-acceptance, PWBS	10.91 (4.20)	10.72 (4.38)	12.13 (4.26)	13.11 (5.41)	0.29	0.49	18.42	.001**	.17	1.93	1.00	.02
Positive relationships, PWBS	18.13 (6.56)	18.89 (5.10)	19.08 (6.90)	20.32 (5.49)	0.14	0.27	6.82	.07	.07	0.27	1.00	.003
Autonomy, PWBS	21.37 (6.78)	22.68 (6.09)	22.28 (6.21)	24.04 (6.13)	0.14	0.22	5.46	.10	.06	0.21	1.00	.002
Environmental mastery, PWBS	16.96 (3.56)	16.53 (2.99)	17.22 (3.85)	17.55 (3.35)	0.07	0.32	2.89	.27	.03	1.00	1.00	.01
Personal Growth, PWBS	13.48 (4.86)	13.64 (4.67)	14.57 (4.37)	15.62 (4.67)	0.24	0.42	11.67	.001**	.11	0.97	1.00	.01
Purpose in life, PWBS	15.70 (5.90)	14.32 (5.55)	16.61 (5.95)	16.37 (6.71)	0.15	0.33	8.26	.04*	.08	1.22	1.00	.01
SWLS	13.89 (6.46)	13.28 (6.11)	14.79 (5.67)	16.02 (7.22)	0.15	0.41	8.94	.03*	.09	2.30	1.00	.02
PANAS-PA	17.52 (5.24)	18.04 (5.53)	22.43 (9.77)	24.11 (9.20)	0.63	0.80	35.49	<.001***	.28	0.40	1.00	.004
Emotion-focus, RPA	9.09 (3.24)	9.08 (2.79)	9.39 (3.50)	10.49 (3.62)	0.09	0.44	5.60	.10	.06	2.35	1.00	.02
Self-focus, RPA	6.11 (2.56)	5.87 (2.05)	6.96 (3.34)	6.89 (3.05)	0.29	0.39	10.98	.01*	.11	0.09	1.00	.001
EOS	21.52 (7.74)	21.96 (7.44)	23.37 (9.30)	24.68 (7.73)	0.22	0.36	13.89	.001**	.13	0.51	1.00	.01
LOT-R	15.11 (3.94)	15.11 (4.45)	16.20 (5.27)	16.68 (4.69)	0.23	0.34	8.78	.03*	.09	0.29	1.00	.003
BAS	34.75 (7.05)	33.67 (6.05)	38.81 (7.96)	37.88 (5.46)	0.54	0.73	49.41	<.001***	.35	0.02	1.00	.000

Adj.  $p$  = Holm-Bonferroni adjusted  $p$  values for multiple comparisons

CBT cognitive behavior therapy, PPI positive psychology intervention, BDI-II Beck Depression Inventory, BAI Beck Anxiety Inventory, ATQ-30 The Automatic Thoughts Questionnaire, RRS Ruminative Response Style, WBSI White Bear Suppression Inventory, PANAS-NA Positive and Negative Affect Schedule, Negative Affect subscale; RPA Responses to Positive Affect questionnaire, DERS Difficulties in Emotion Regulation Scale, BIS Behavioral Inhibition Scale, PHI Pemberton Happiness Index, PWBS Psychological Well-Being Scales, SWLS Satisfaction With Life Scale, PANAS-PA Positive and Negative Affect Schedule, Positive Affect subscale, EOS Enjoyment Orientation Scale, LOT-R Life Orientation Test Revised, BAS Behavioral Activation Scale

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

# **4.**

# **Intervention Psychological Flexibility**

# Theoretical and empirical framework



## Behavior Therapy

Volume 44, Issue 2, June 2013, Pages 180–198

Theories and Directions in Behavior Therapy: ACT and Contemporary CBT

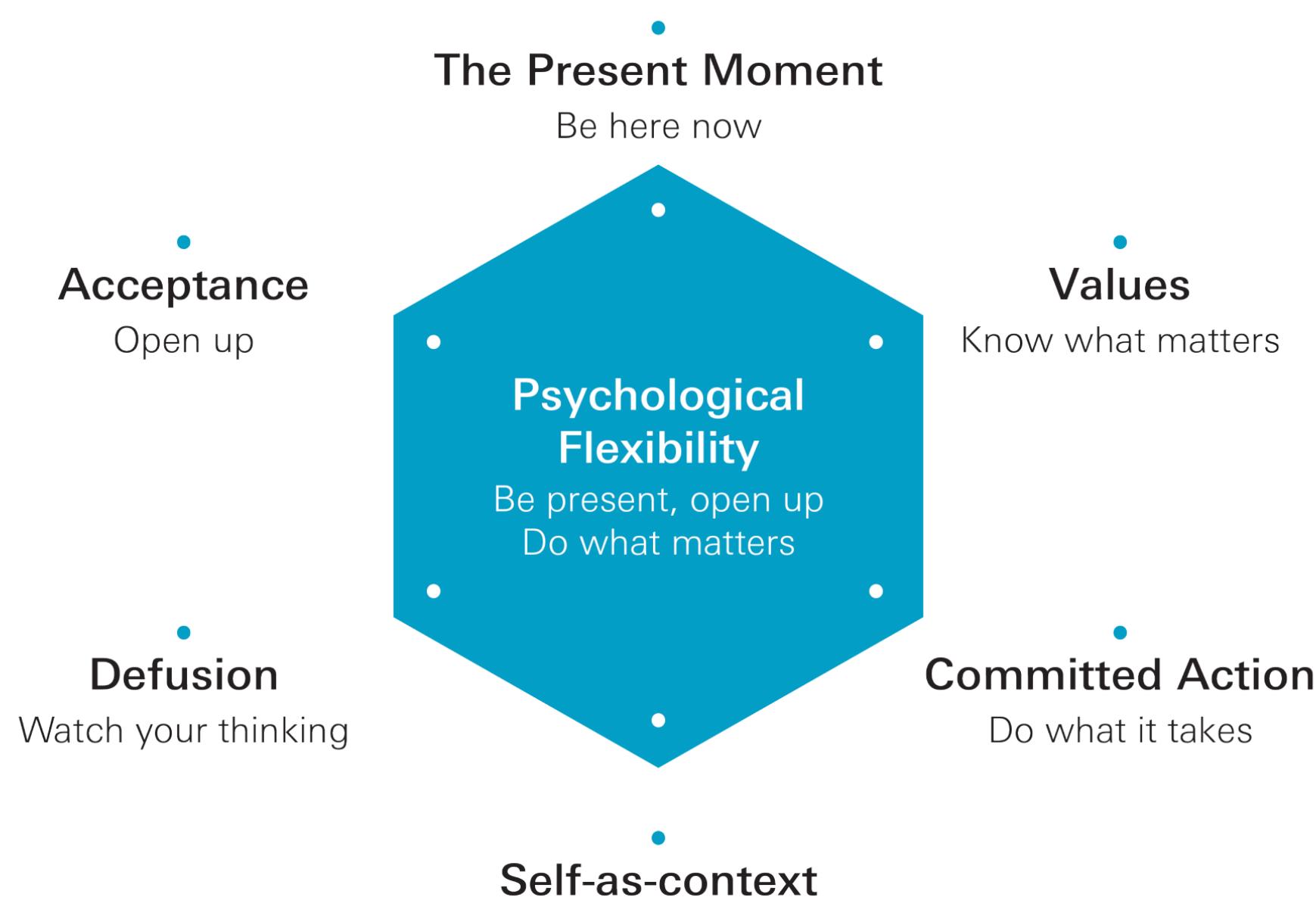


### TARGET ARTICLE

## Acceptance and Commitment Therapy and Contextual Behavioral Science: Examining the Progress of a Distinctive Model of Behavioral and Cognitive Therapy

Steven C. Hayes  , Michael E. Levin, Jennifer Plumb-Villardaga, Jennifer L. Villatte, Jacqueline Pistorello

- Pragmatic Contextualism (philosophy)
- Relational Frame Theory (learning, language & perspective taking)
- Behavioural, cognitive therapy



**The Present Moment**

Be here now

**Acceptance**

Open up

**Values**

Know what matters

**Psychological  
Flexibility**

Be present, open up  
Do what matters

**Committed Action**

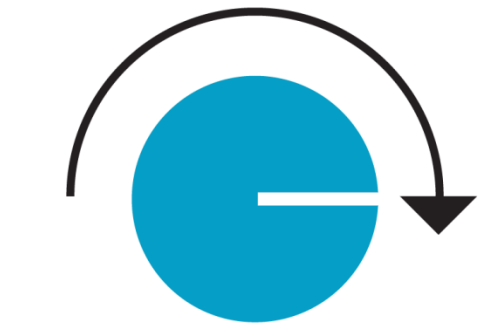
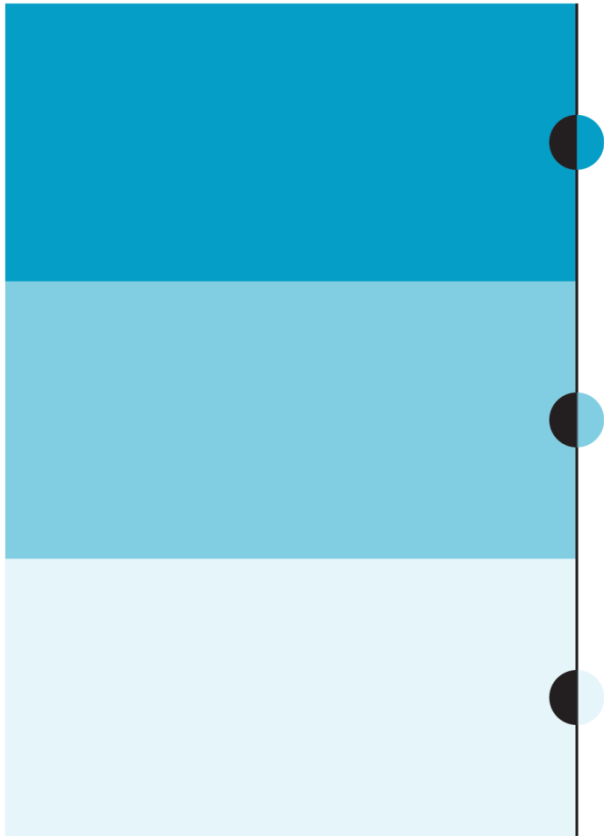
Do what it takes

**Self-as-context**

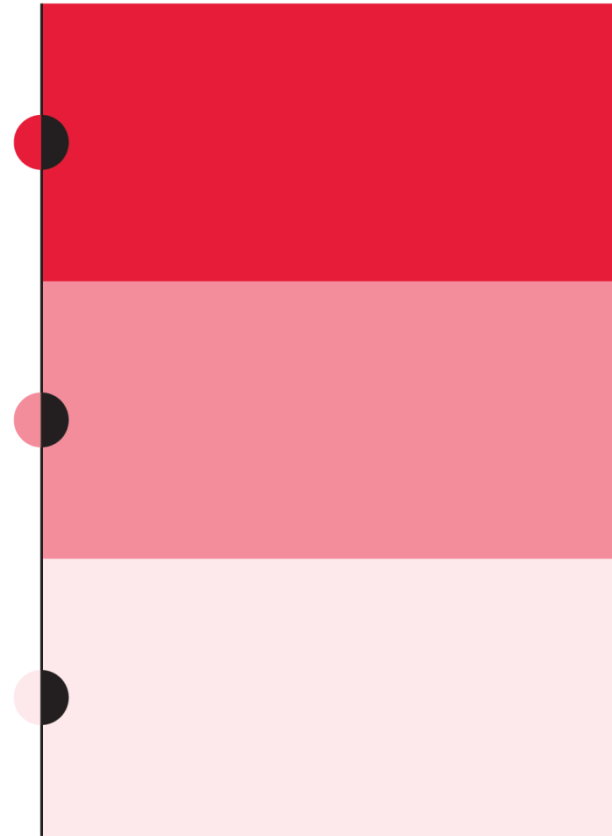
Pure awareness

**Defusion**

Watch your thinking



**Committed Action**



**Willingness**

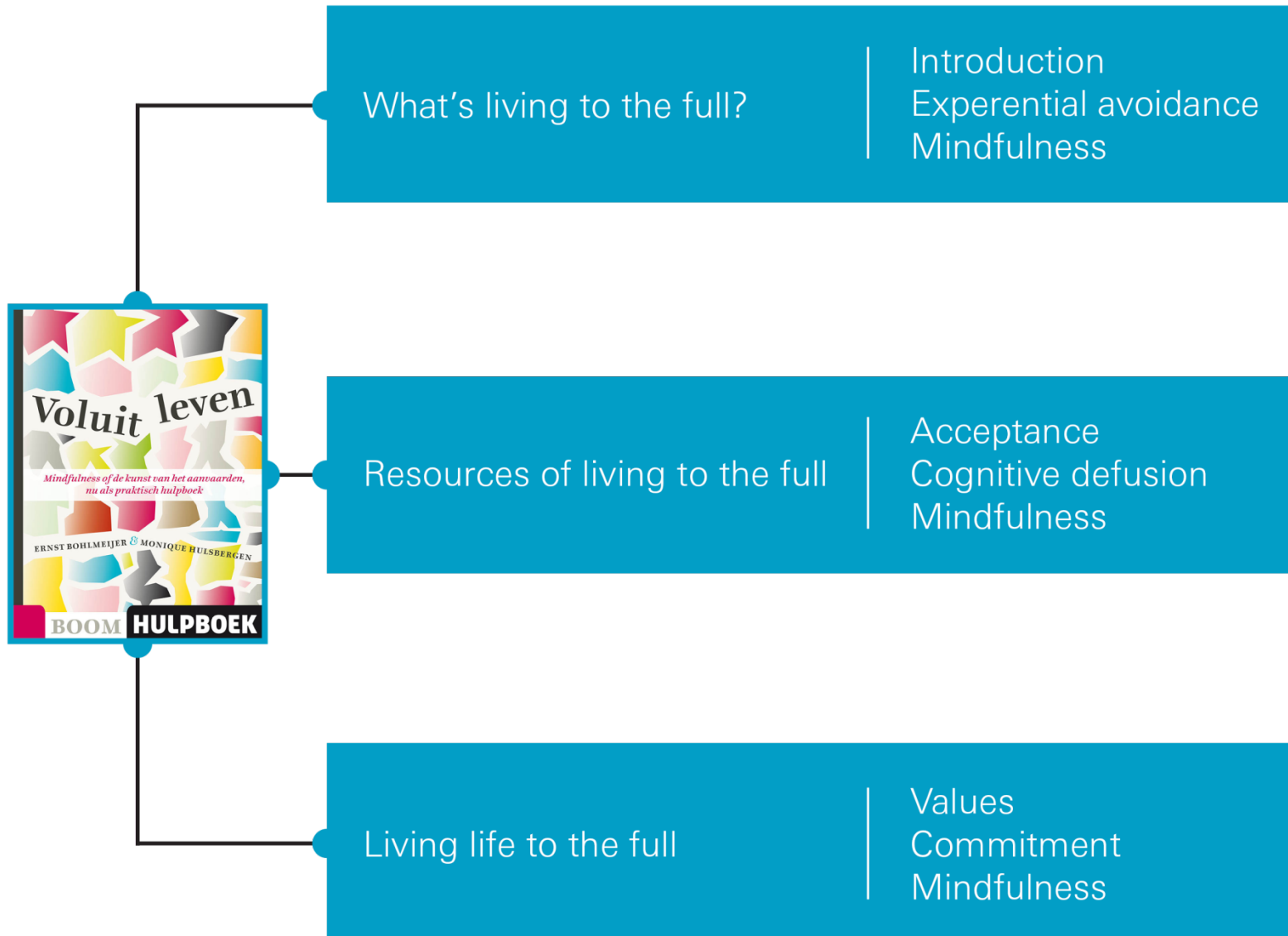


# *Welbevinden als uitkomst van acceptance and commitment therapy*

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ERNST BOHLMEIJER, SANNE LAMERS & KARLEIN SCHREURS

# ACT intervention



# Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial

M. Fledderus<sup>1\*</sup>, E. T. Bohlmeijer<sup>1</sup>, M. E. Pieterse<sup>1</sup> and K. M. G. Schreurs<sup>1,2</sup>

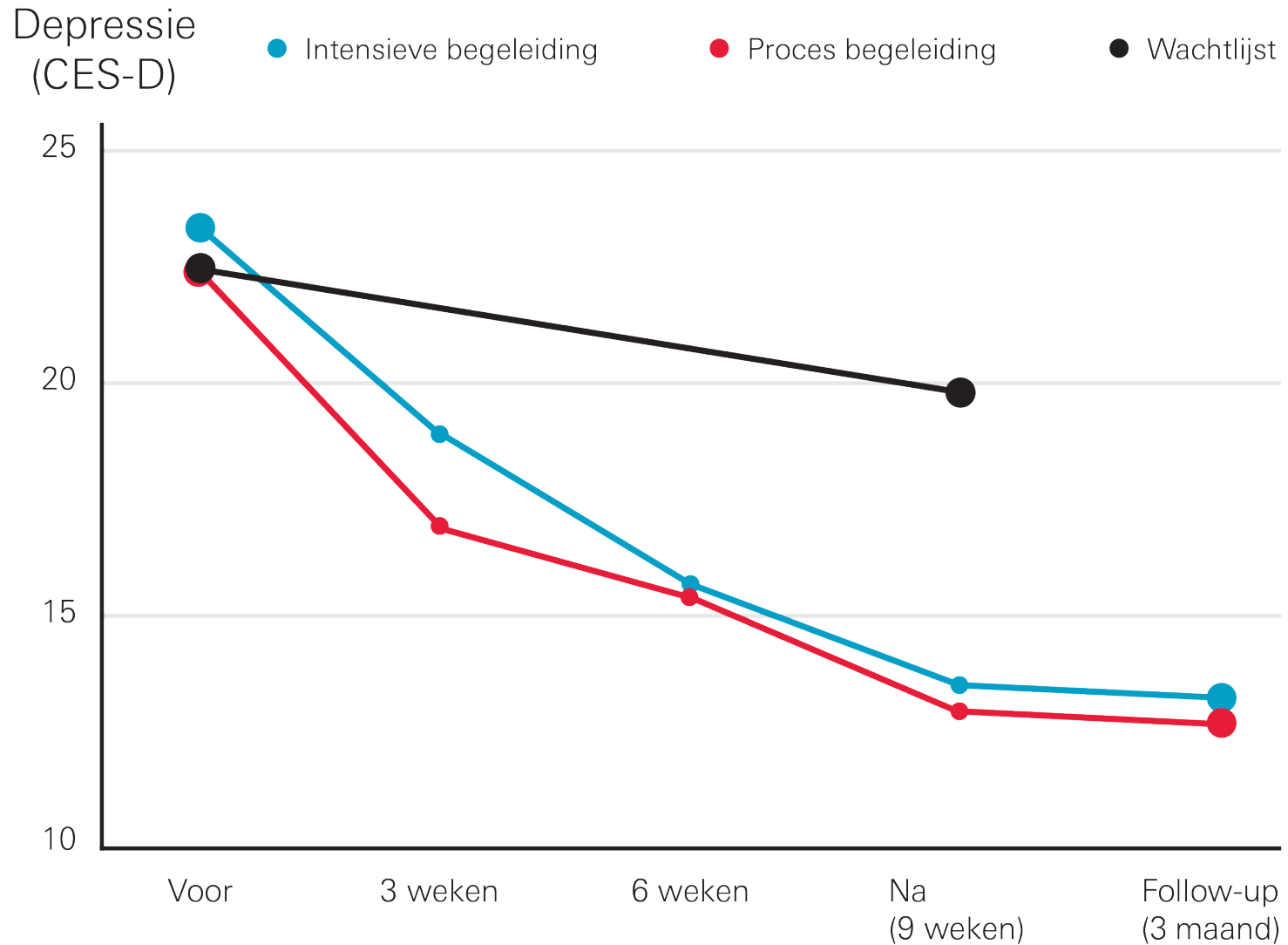
<sup>1</sup> *University of Twente, Faculty of Behavioural Sciences, Department of Psychology, Health and Technology, Enschede, The Netherlands*

<sup>2</sup> *Roessingh Rehabilitation Centre, Enschede, The Netherlands*

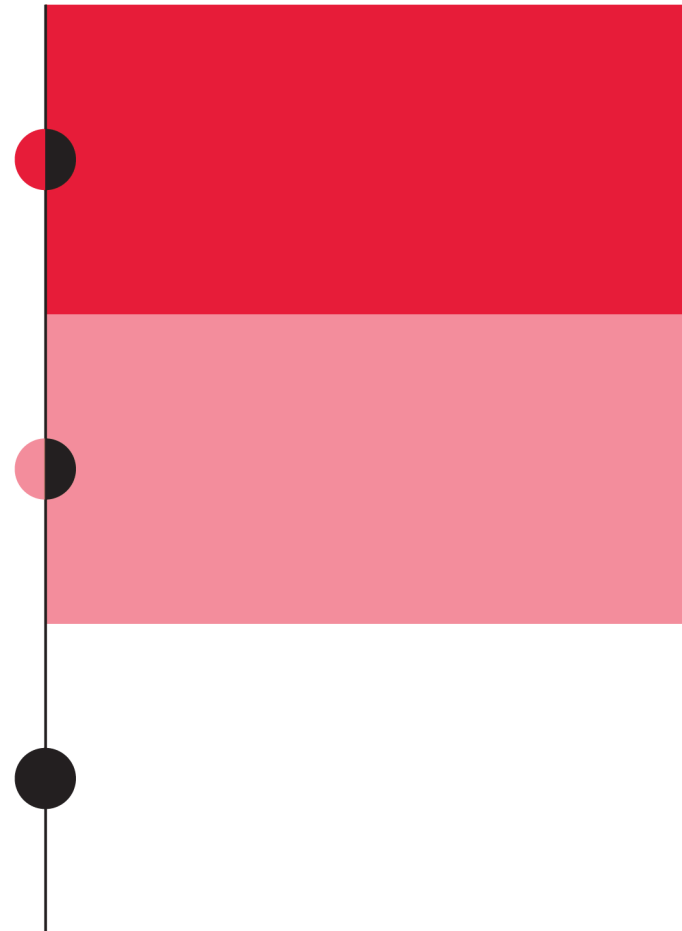
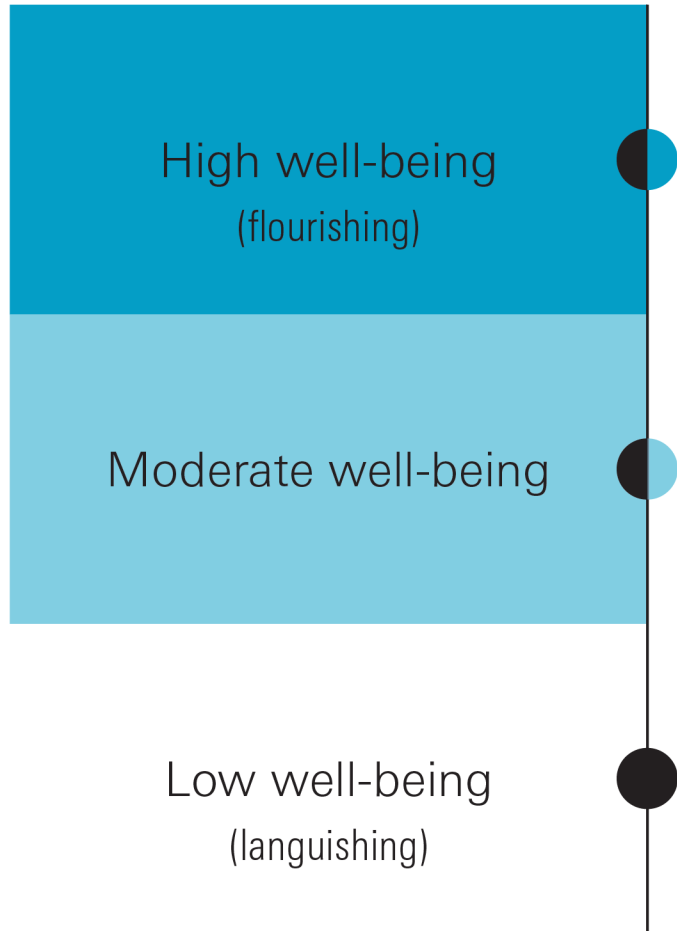
**Background.** In order to reduce the high prevalence of depression, early interventions for people at risk of depression are warranted. This study evaluated the effectiveness of an early guided self-help programme based on acceptance and commitment therapy (ACT) for reducing depressive symptomatology.

**Method.** Participants with mild to moderate depressive symptomatology were recruited from the general population and randomized to the self-help programme with extensive email support ( $n=125$ ), the self-help programme with minimal email support ( $n=125$ ) or to a waiting list control group ( $n=126$ ). Participants completed measures before and after the intervention to assess depression, anxiety, fatigue, experiential avoidance, positive mental health and mindfulness. Participants in the experimental conditions also completed these measures at a 3-month follow-up.

# Resultaten: Depressie (CES-D; 0-60)



27-5-2011





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Shorter communication

### Flourishing in people with depressive symptomatology increases with Acceptance and Commitment Therapy. Post-hoc analyses of a randomized controlled trial

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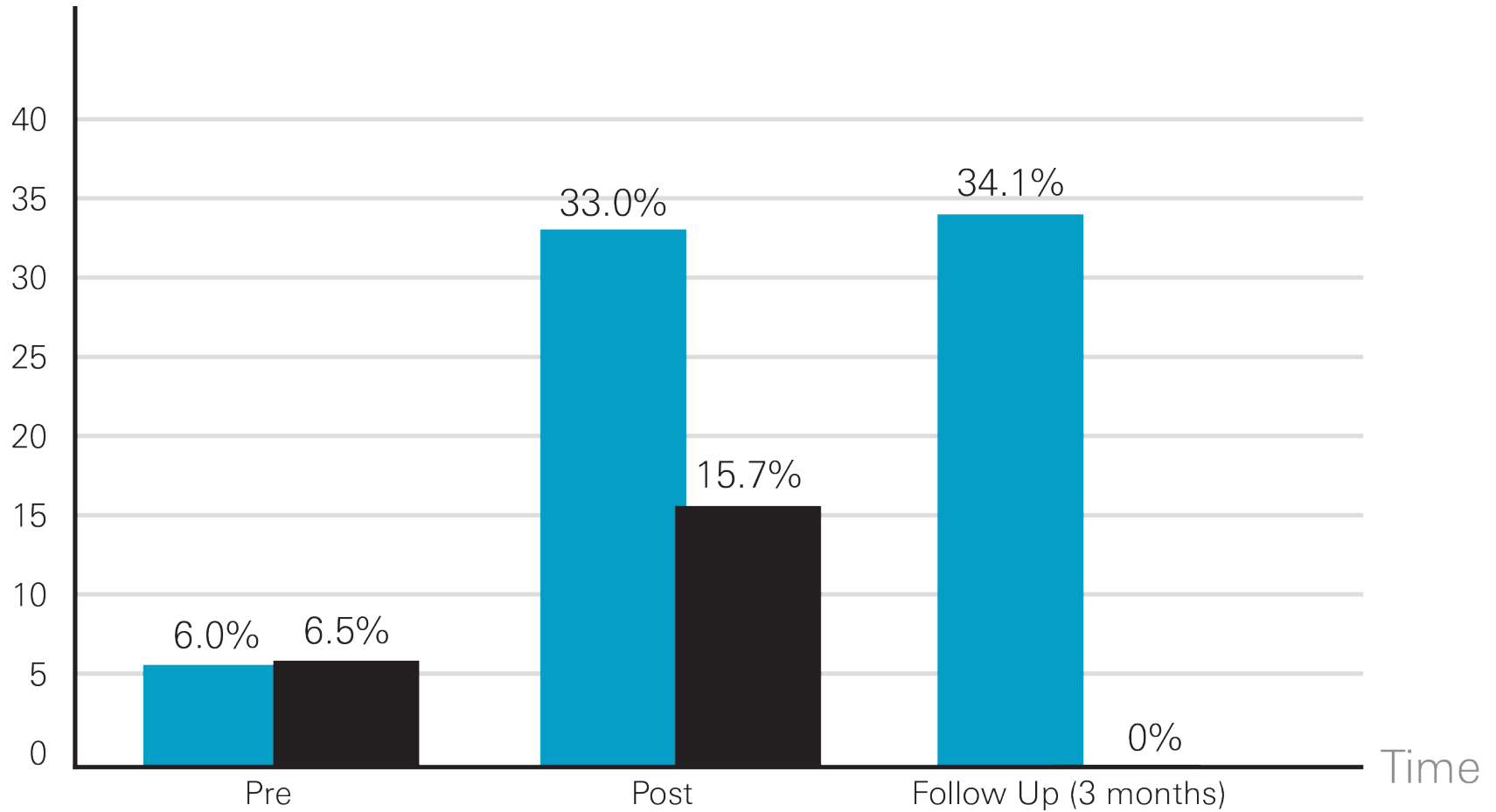
<sup>b</sup> Tactus, Deventer, Netherlands



# Results on flourishing

● Intervention Group    ● Control Group

% Flourishing



# SUMMARY

- Well-being and distress are two continua.
- Well-being seems to protect against mental illness.
- Recovery is absence of illness and presence of well-being.
- Patients articulate well-being as core components of recovery.
- Let's aim for a more balanced mental health care.
- There is growing evidence for the effectiveness of PPIs in clinical populations.

Thank you for your attention  
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