

Well-being therapy

Abstract

This study aims to describe the main characteristics of a novel psychotherapeutic approach, well-being therapy. The prominent adverse effects of psychological disorders are highly emphasized in psychiatric studies with a wide range of aspects. In this case, individuals' well-being is required to be the focus of psychotherapeutic interventions as the term well-being covers both the absence of illness and wellness together. Within this scope, the term of well-being is used to deal with positive emotions instead of the negative ones and to promote the life satisfaction of individuals by enabling them to have what they need in clinical settings. Although most of the psychotherapy approaches aim to strengthen the clients in psychological manner, one of the most comprehensive therapy method is well-being therapy which is based on Ryff's multidimensional model of well-being. This approach differentiates from other positive interventions as it involves a wider eudemonic perspective. In literature, well-being therapy has been reported to be an effective method mostly in the treatment of anxiety disorders, depression, post-traumatic stress disorder, affective disorder and obsessive-compulsive disorder.

Volume 4 Issue 2 - 2017

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Received: September 18, 2017 | **Published:** December 19, 2017

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World Health Organization (WHO) defines health not only as "the absence of disease and infirmity; but as a complete well-being on physical, mental and social aspects". Mental health studies have approached mental health as the absence of psychiatric diseases such as anxiety, depression, and schizophrenia. Nowadays, this approach became insufficient and mental health was attempted to be explained with various concepts such as happiness, pleasure, being positive, avoiding from pain, and feeling good. In this manner, the concept of psychological well-being has been raised.¹⁻⁴ Psychological well-being is defined briefly as the person's self-realization and fulfilling his/her psychological functionality. Ryff & Keyes⁵ have evaluated psychological well-being with the elements indicating psychological functionality, such as psychological well-being, meaningfulness of life, to be in good social relations and to have the dominion of their own lives.⁵ Ryan & Deci⁴ have addressed the concept of well-being in two main dimensions, satisfaction (pleasure) and happiness (eudaimonia).⁴ Therefore, the concept of well-being is a concept that addresses positive emotions rather than negative ones and the satisfaction that people get from the important things of their life. Obviously, the absence of well-being criteria affects the treatment negatively. Well-being therapy is based on Carol D. Ryff's multidimensional model of psychological well-being, encompassing six dimensions: self-acceptance, positive relations with others, environmental mastery, purpose in life, personal growth and autonomy.^{2,6,7} The key concepts of Ryff's multidimensional model are as follows:

Self-acceptance

Self-acceptance, which is an important feature of positive psychological functionality, is girding oneself with positive attitudes about him/herself. Having positive attitudes towards him/herself means thinking positively about past and the current conditions and accepting all of his/her characteristics, both positive and negative ones.^{2,7,8}

Positive relationships with others

Having positive relationships with others is acting sympathetically and compassionately towards them. Social support is a factor preventing mental illness.^{2,7}

Environmental mastery

Environmental mastery is defined as being able to benefit effectively from the environment and use the facilities properly according to the wishes and needs of the individual. In a way, for the individual it is leading his/her life in an active way. It is the ability of the human to adapt himself to the environment or to adapt the environment to himself in order to organize his surrounding and to fulfill his psychological and physiological needs.^{2,7}

Purpose in life

The purpose in life is an element that gives meaning to the individual's life. It is believing that the individual's past and present life has a meaning and purpose, feeling that his/her past and present position is meaningful and acting actively in order to reach his/her purposes.^{2,7}

Personal growth

It is using individual talents completely and evaluate his/her personal growth. It is known that people will gain social acceptance both in an individual and a societal sense when their personal growth is established and these will be effective on their well-being levels.^{2,7}

Autonomy

Autonomy is a feature that makes an individual from a person. For an individual, autonomy is to live feeling that they are not obliged to think and act according to social traditions; to make decisions through their own internal mechanisms without being dependent on others and without needing their consent; to regulate their own behavior; and to be able to live without being dependent on the social structure.^{2,6,7}

Structure of well-being therapy

Well-being therapy is based on Ryff's cognitive model of psychological well-being.² In Ryff's² study, respondents consisted of 321 men and women divided into different age groups like young, middle-aged, and older adults. Various age groups were selected since it would be possible to investigate the life course patterning of the previously defined dimensions of well-being. The levels of education of the three groups were considerably high. With respect to health

ratings, self-ratings of the older respondents were significantly lower than the scores of middle-aged or young adult groups. Regarding to financial status, the great majority of respondents rated their situation as excellent or good. With regard to religious background, most of the respondents were Catholic and Protestant. In short, the predictor variables of well-being included broad demographic characteristics (i.e., age, sex, educational level, marital status, self-rated health and finances) except for the nationality and ethnic background of respondents. Well-being therapy is usually defined as a supporting method that was individualized and balanced to achieve ideal human functioning, avoiding polarization in positive psychological dimensions. Well-being therapy is a short-term therapy, consisting of 8 to 12 sessions, which can be done every week or every two weeks. The duration of each session is 30-50 minutes. It is a technique that includes self-observation and structured daily usage. Well-being therapy is a configured, directive therapy that is based on a training model.⁶ The stages of the sessions are as follows:

Initial Sessions (1-2 sessions)

This session is the one where well-being state of the patients are defined. An evaluation form measuring well-being, which was structured in the form of a journal, is given to the patients. This scale is evaluated between 0-100, where 0 represent the absence of well-being, and 100 the presence of the most intense well-being.^{9,10}

Mid Sessions (3-5 sessions)

After defining well-being status, the patient is encouraged to recognize the thoughts and beliefs that are wreaking damage on his/her well-being. The patient's automatic thoughts and cognitive distortions are reconfigured. These sessions are similar to cognitive therapy but focuses on well-being instead of stress.

The therapist gives activities to strengthen and promote the patient's well-being (for example, the task of taking certain pleasurable activities every day for a certain time). The focus of this phase of well-being therapy is always on the person's self-checking.⁹⁻¹¹

Final sessions (6-8 sessions)

At this stage, the therapist recognizes the dimensions where the patient experiences distress/impairment, according to the 6 sub-dimensions to Ryff's conceptual framework of well-being. The goal is to bring these impaired sub-dimensions to the optimal level. For example, if there is a trouble in autonomy dimension, the therapist would work for creating the patient's internal control zones.^{9,10} To conclude, a novel psychotherapeutic strategy to enhance psychological well-being, well-being therapy, has been developed almost two decades ago, and examined and validated in a number of randomized controlled trials from then on. It is obvious that well-being therapy provides clinicians with useful and valid psychotherapeutic strategies through its substantial clinical and conceptual framework. The efficacy of this model has been reported in some clinical studies.^{12,13} Furthermore, there are a number of studies where well-being therapy has been administered on patients with affective (mood and anxiety) disorders, depression, post-traumatic stress disorder and obsessive-compulsive disorder.^{9,14-16} For instance, Moeenizadeh & Salagame¹⁷ have conducted a research by forming two groups of forty high-school and university students in depression. Well-being therapy was administered on one group, whereas cognitive behavior therapy was used on the other. The results unequivocally indicated that major depression symptoms of the patients receiving well-being therapy were reduced compared to the patients in the other therapy group.¹⁷

Moreover, in one of the recent studies, Moeenizadeh & Zarif¹⁸ have implemented well-being therapy into their clinical trials in an attempt to find out the efficacy of well-being therapy for depression in infertile women, with assessment before and after therapy. The sample consisted of twenty-two infertile women (aged from 20 to 40) suffering from depressive disorders. The results indicated the feasibility and clinical benefits of including well-being therapy in the techniques for depression in infertile women. Similarly, in a study by Fava et al.,¹¹ they have investigated the efficacy of well-being therapy in patients suffering from recurrent major depression disorder. Their results suggested that the degree and severity of depressive symptoms in major depression disorder patients significantly decreased after treatment with well-being therapy. A 6 year follow-up also confirmed the results of post-test analyses. Furthermore, in a multi-center trial by Stangier et al.,¹⁶ 180 patients suffering from major depression were randomized to an integration of cognitive behavioral therapy and well-being therapy and mindfulness-based cognitive therapy or manualized therapy. The results showed that the experimental condition had a significant effect on the relapse rate of the patients who were under the risk of recurrence. With regard to the findings of those recent researches, well-being therapy may be considered as a therapeutic tool to be incorporated in a therapeutic plan¹⁹ since most of the patients have complex and chronic disorders. As a general indication, well-being therapy is prominently used as an additional ingredient of cognitive behavioral packages, and it is frequently used for the treatment of depression and prevention of recurrent depression. Later in the process, there is a need for further researches in order to examine the efficacy of well-being therapy as a therapeutic tool to be united in other therapeutic strategies for all the psychiatric diagnostic groups.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

1. Keyes CL, Shmotkin D, Ryff CD. Optimizing well-being: the empirical of two traditions. *J Pers Soc Psychol.* 2002;82(6):1007-1022.
2. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology.* 1989;57(6):1069-1081.
3. Ryff CD. Psychological Well-Being in Adult Life. *Current Directions in Psychological Science.* 1995;4(4):99-104.
4. Ryan RM, Deci EL. On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annu Rev Psychol.* 2001;52:141-166.
5. Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol.* 1995;69(4):719-727.
6. Fava GA. Well-being therapy: conceptual and technical issues. *Psychother Psychosom.* 1999;68(4):171-179.
7. Ryff CD. Beyond Ponce de Leon and Life Satisfaction: New Directions in Quest of Successful Aging. *International Journal of Behavioral Development.* 1989;12(1):35-55.
8. Kling CK, Wing HE. *Forging Macro-Micro Linkages in the Study of Psychological Well-Being. The Self and Society in Aging Processes.* In: Ryff CD, Magee JW, Editors. Springer Publishing Company, New York, USA; 1999. p. 247-278.

9. Ruini C. The use of well-being therapy in clinical settings. *The Journal of Happiness & Well-Being*. 2014;2(1):75–84.
10. Fava GA, Ruini C. Development and characteristics of a well-being enhancing psychotherapeutic strategy: well-being therapy. *J Behav Ther Exp Psychiatry*. 2003;34(1):45–63.
11. Fava GA, Ruini C, Rafanelli C, et al. Well-being therapy of generalized anxiety disorder. *Psychother Psychosom*. 2004;74(1):26–30.
12. Fava GA, Rafanelli C, Cazzaro M, et al. Well-being therapy. A novel psychotherapeutic approach for residual symptoms of affective disorders. *Psychol Med*. 1998;28(02):475–480.
13. Fava GA, Rafanelli C, Grandi S, et al. Prevention of recurrent depression with cognitive behavioral therapy. *Arch Gen Psychiatry*. 1998;55(9):816–820.
14. Fava GA, Ruini C, Rafanelli C, et al. Six-year outcome of cognitive behavior therapy for prevention of recurrent depression. *Am J Psychiatry*. 2004;161(10):1872–1876.
15. Ruini C, Fava GA. Well-being therapy for generalized anxiety disorder. *J Clin Psychol*. 2009;65(5):510–519.
16. Stangier U, Hilling C, Heidenreich T, et al. Maintenance cognitive-behavioural therapy and manualized psychoeducation in the treatment of recurrent depression: a multicenter prospective randomized controlled trial. *Am J Psychiatry*. 2013;170(6):624–632.
17. Moeenizadeh M, Salagame KK. The impact of well-being therapy on symptoms of depression. *International Journal of Psychological Studies*. 2010;2(2):223–230.
18. Moeenizadeh M, Zarif H. The efficacy of well-being therapy for depression in infertile women. *Int J Fertil Steril*. 2017;10(4):363–370.
19. Fava GA. Well-being therapy: current indications and emerging perspectives. *Psychotherapy and psychosomatics*. 2016;85:136–145.