



UNIVERSITY OF TWENTE.

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Living a valuable Life: Differences in Experiential Avoidance and Psychological Well-Being after conducting the Positive Psychology Intervention “Geluk en zo”

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s1588478

B.Sc. Thesis

July 2017

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Abstract

The positive psychology intervention “Geluk en zo” is designed to help people identify why they perform specific actions, realize their negative thought-patterns and move towards a valuable direction in life. The intervention is based on Acceptance and Commitment Therapy (ACT), a relatively new form of therapy that pursuits psychological flexibility. This study investigated the effectiveness of the intervention by measuring the differences in experiential avoidance and psychological well-being after conducting the intervention for a period of two weeks. There were 19 participants in this study, who were approached through convenience sampling. Participants completed measures of the Acceptance and Action Questionnaire II (AAQ-II) and the subscale psychological well-being of the Mental Health Continuum Short Form (MHC-SF) before and after the intervention. The differences were computed by means of a paired sample t-test and a Wilcoxon Signed Rank Test. Additionally, participants were asked for their experiences with the intervention. The results revealed that there were no significant differences in experiential avoidance as well as psychological well-being. However, both constructs showed a tendency in the expected direction, meaning that experiential avoidance decreased and psychological well-being increased. The qualitative data revealed that the intervention was effective in enhancing participants’ awareness of their own actions. Some participants reported clarity problems regarding the exercises. There might be a bias due to the sample, since most participants had a high educational level. All in all, this research provides promising indications for the relevance as well as the effectiveness of the intervention “Geluk en zo”.

Introduction

The Dutch self-help intervention “Geluk en zo” can literally be translated as “Happiness and so” and is designed by researchers from the University of Twente to help people identify why they perform specific actions, realize their negative thought-patterns and move towards a valuable direction in life. This positive psychology intervention is based on Acceptance and Commitment Therapy (ACT) and aims to enhance a person’s well-being.

Many people try to avoid negative feelings and thoughts by distracting themselves and focusing on other things instead of accepting the difficulties in their life that they cannot change. This coping style is called “experiential avoidance” (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996) and it can have a negative effect on a person’s well-being or even worse, result in a psychological disorder (Chawla & Ostafin, 2007). Therefore, it is important to accept what cannot be changed and to emphasize the positive aspects that make life worth living, which is one of the core ideas within Acceptance and Commitment Therapy (ACT; Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

The fundamental concept of ACT lies in its name: “accept what is out of your personal control, and commit to action that improves and enriches your life” (Ciarrochi, Kashdan, & Harris, 2013, p. 2). Therefore, people have to engage in behavior that is helpful to live a rich and meaningful life. In order to achieve this, a person must have the right intention, independent of the resulting behavior. Hence, at the center of ACT stands the function of an action and not the form in which behavior occurs, meaning that a successful behavioral change begins in the mind. ACT has its roots in Relational Frame Theory, which is a theory about language and cognition. Based on this theory, ACT views psychological suffering as the result of an interface between language and cognition. This can be linked to cognitive fusion, a process in which people get stuck in their negative thought patterns, beliefs or attitudes. When people permanently try to change their negative thoughts and feelings in order to cope with the difficulties in their life, this can lead to psychological inflexibility (Hayes et al., 2006).

The aim of ACT is to achieve psychological flexibility. A person has psychological flexibility when he or she is consciously in full contact with the present moment and is able to persist in or adapt a specific behavior in order to serve a valued goal. Psychological flexibility is reached by means of six core processes, namely *acceptance*, *committed action*, *values*, *cognitive defusion*, *contact with the present moment* and *self as context* (see Figure 1; Hayes Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013). *Acceptance* is the reverse action of experiential avoidance. When using experiential avoidance, people do not solve problems, but

they make them worse by suppressing the reality and taking action to alter the negative experiences (Chawla & Ostafin, 2007). While people, who engage in experiential avoidance, try to avoid negative thoughts and feelings by distracting themselves, ACT sheds the focus on accepting adverse experiences and being willing to actively execute behavior that is helpful. This is done by engaging in *committed action* where people pursue specific goals and realize the values in their life. *Values* refer to those qualities that help a person to find a direction in life. In *cognitive defusion* people learn that their thoughts are verbal constructs rather than reality. They realize that their verbal activities do not need to regulate their actions. Reality is what is happening now. Therefore, people have to come in *contact with the present moment*, in order to experience their environment more directly and use language as a tool to describe things, not to evaluate or predict events. Moreover, the exercises of ACT stimulate people to experience the *self as context* – the capacity to observe oneself – which promotes self-knowledge and helps to gain more insight in oneself, instead of holding a self-concept that is judgmental and fused by one's life story (Hayes et al. 2006; Hayes et al., 2013).

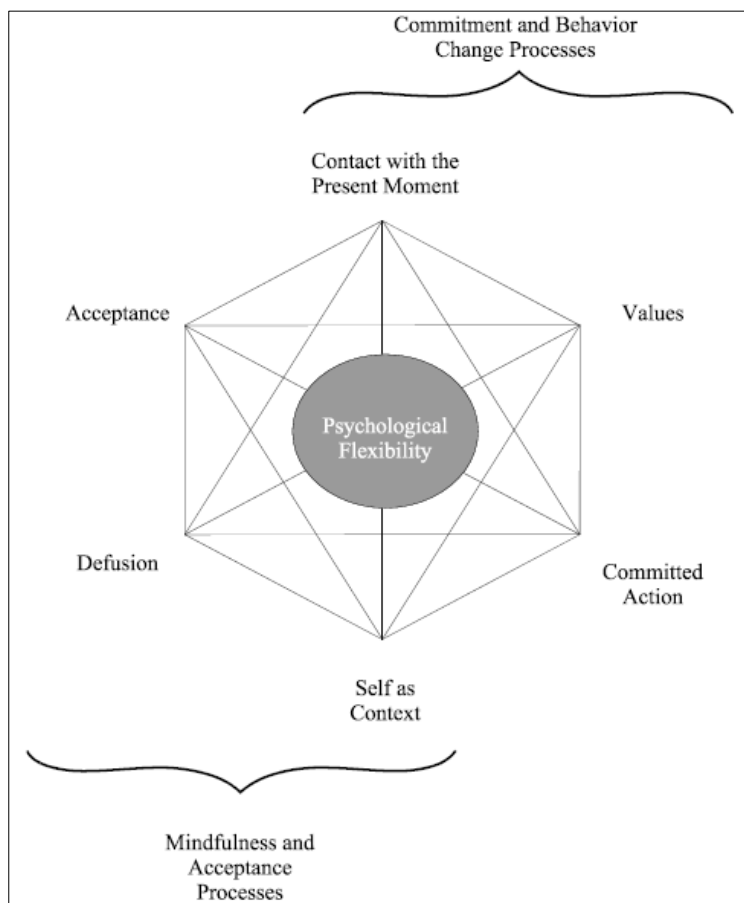


Figure 1. ACT model of health and treatment processes (adapted from Hayes et al., 2013).

In a meta-analysis on the efficacy of ACT, it was concluded, that ACT is not yet an established treatment for any disorder, but it is probably effective in treating tinnitus and chronic pain, and possibly effective in treating disorders like depression, mixed anxiety, obsessive compulsive disorder, psychotic symptoms, drug abuse and stress at work (Öst, 2014). Another meta-analysis showed that more research in the fields of change processes and quality of life on ACT is needed (A-tjak et al., 2015). However, A-tjak et al. also indicated that ACT is more effective than usual treatments or placebos and that it is as effective as established therapies like Cognitive Behavior Therapy in treating several mental health problems, such as depression, anxiety disorders or somatic health problems. Both meta-analyses imply that ACT is a promising therapy-form to treat several disorders and to contribute to a person's mental health.

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2014). This definition supports the view that well-being is not merely the absence of mental disorders but also the presence of positive psychological means (Sin & Lyubomirsky, 2009). The emphasis on the valuable things in life is rooted in the field of positive psychology and became a core element of psychological interventions and therapies. During the last two decades the field of positive psychology experienced a significant upsurge. Before, traditional psychology was mainly concerned with repairing harm and weaken psychological symptoms, thereby using a disease model of human functioning. The aim of positive psychology is to enhance well-being by focusing on character strengths and personal growth instead of one's weaknesses and problems (Seligman & Csikszentmihalyi, 2000).

There are three different forms of well-being within positive psychology, namely subjective well-being, social well-being and psychological well-being. Subjective well-being can be equated with the term “happiness” and refers to a high level of positive emotions and overall life-satisfaction (Deci & Ryan, 2006). Social well-being, includes how well people are functioning within their social life, considering the community and personal relationships. Psychological well-being, is associated with self-realization, full-functioning and health. Ryff's (1989) concept of psychological well-being consists of six dimensions. The first one is *self-acceptance*, i.e. having a positive attitude towards oneself. The second one is *positive relations with others*, meaning the importance of maintaining warm and trustful relationships. *Autonomy*, the third dimension, can also be described as self-determination. Autonomous people decide

and act according to their personal standards without being influenced by others. The fourth dimension is *environmental mastery* and refers to an individual's ability to choose or create a suitable environment by being capable of controlling internal and external factors. Broadly speaking, it means to be in charge of one's life situation. The fifth dimension is *purpose in life*, whereby pursuing specific goals, having intentions and a sense of direction are essential. *Personal growth* is the last dimension of psychological well-being. It includes the development of the self by expanding one's potential (Ryff, 1989). Psychological well-being is rooted in the eudemonic tradition, a philosophical tradition within the field of positive psychology. Eudemonism is defined by well-functioning and finding a meaning in life. Eudemonists emphasize a way of life in which an individual strives to be a better self by using one's virtues and abilities (Lambert, Passmore, & Holder, 2015). In order to increase a person's well-being and to contribute to quality of life, researchers aim to design effective positive psychology interventions.

In general, positive psychology interventions are becoming more popular, not only in the domain of psychopathology, but also as a helpful tool in everyday life. A meta-analysis on the effects of positive psychology interventions on the public and on people with specific psychosocial problems indicated, that positive psychology interventions were effective in enhancing psychological and subjective well-being, while also being able to reduce depressive symptoms (Bolier et al., 2013). According to Schueller and Parks (2014) particular positive psychology interventions were effective in promoting people's happiness. These researchers especially emphasized the importance of self-help interventions from positive psychology. They stated that it is important to develop such interventions that are easy to understand and open to the public, despite the fact that self-administered interventions showed to be still less effective (Schueller and Parks, 2014). Therefore, there is a need to develop effective positive psychology interventions that can be used in everyday life.

"Geluk en zo" is a positive psychology intervention that will eventually become an app with free access. The intervention is designed to help people moving towards a valuable direction in life. It includes three of the core processes of ACT, which are *acceptance*, *committed action* and *values*. Through these processes, "Geluk en zo" encourages people to recognize their intentions by asking them to write down what they are doing and why they do it in a specific moment. The intervention stresses the importance of being conscious of one's goals and values and becoming aware of the behavior a person does or does not execute to reach these. Furthermore, the intervention aims to enhance a person's well-being. Although all three

forms of well-being discussed are important for a positive mental health, it is chosen to shed the focus on psychological well-being. In both, psychological well-being and ACT a fulfilling and valued life is pursued and therefore this construct adequately fits the intervention “Geluk en zo”.

This research assessed the effectiveness of the intervention “Geluk en zo” to contribute to its improvement. The intervention was evaluated in terms of the differences in experiential avoidance and psychological well-being. The following research question arose: *What are the differences in experiential avoidance and psychological well-being after conducting the self-help intervention ‘Geluk en zo’?* Based on the previous information, it was hypothesized that (1) the intervention “Geluk en zo” would reduce experiential avoidance and (2) the intervention “Geluk en zo” would enhance psychological well-being.

To get a better insight into possible effects of the intervention, participants’ experiences regarding the content, understandability and perceived effectiveness of the intervention were included. The second research question was: *How did participants experience the intervention ‘Geluk en zo’?*

Method

Design

A pre-experimental pre- and posttest design was used to measure the differences in psychological well-being and experiential avoidance after conducting the intervention “Geluk en zo”. Additionally, a mixed method questionnaire survey design was used to identify the experiences of participants with the intervention.

Participants

The participants were approached by means of convenience sampling. They were either asked directly by the researcher if they would like to participate or they had access to Sona Systems, the test subject pool of the Faculty of Behavioral, Management and Social Sciences of the University of Twente. When enrolling on Sona Systems, participants got rewarded with subject-hours-points after taking part in the study. Inclusion criteria were a minimum age of 18 years and sufficient knowledge of the Dutch or German language, as the intervention as well as the questionnaires were conducted in either of these two languages.

The demographic data are displayed in Table 1. In total there were 19 participants in this study. Two of them were Dutchmen and the other 17 were Germans. Participants were between 19 and 57 years old with a mean age of 30 years, 63% were female and 37% were

male. On average, the group showed a high education level. Most participants (63%) were students and had a VWO-diploma as highest education level. The other had either a MBO- or WO-diploma.

Table 1
Demographic data of participants (n=19)

	Total	
	n=19	%
Gender (n=19)		
Male	7	36,8
Female	12	63,2
Age (n=19), 30.1 (SD=15.1)		
[Range 38.0]		
Nationality (n=19)		
Dutch	2	10,5
German	17	89,5
Education (n=79)		
mbo	3	15,8
vwo	12	63,2
wo	4	21,1

Procedure

At the pretest, participants were first asked to read an information paper and to sign an informed consent. Then, they received the first questionnaire. After filling in the questionnaire, participants received a detailed description of the intervention in written form as well as the workbook. They were asked to carefully read the description and to ask questions when something was unclear. Subsequently they had to begin with the first step of the intervention, whereby they had to think about their goals as well as the things they want to avoid in life consciously and write down what came to their mind. While conducting this exercise, no discussion with the researcher took place. When they were done, the researcher instructed them to conduct the other 8 exercises of the intervention during the following 2 weeks. After the intervention, the participants filled in the second questionnaire.

Materials

The Intervention “Geluk en zo”

The Dutch intervention “Geluk en zo” which is constructed by researchers of the University of Twente, is a positive psychology intervention that is based on ACT. It is designed for a duration of 2 weeks. A detailed description of the individual exercises can be found in Appendix A. For this study, the intervention has been translated from Dutch into German by the researcher in order to reach more participants.

During the intervention, participants have to conduct four steps. In step 1, they have to think about what they want to achieve in life and what they would like to avoid. This means, they have to find out in which direction they want to move, either away from something negative like adverse feeling, or towards something positive like a valued goal. While doing so, they have to write down their thoughts. For step 1 a time of one to one and a half hour is needed.

In step 2 participants have to write down in which direction they normally move during everyday life. In order to do so, they have to stop their exercises at three moments per day for one to two minutes and write down what they are doing. This can be categorized as moving away from something, as routine, or as moving towards something. Then they have to evaluate their actions on a 5-point-Likert scale ranging from 1=“completely true” to 5=“completely untrue”. One item is for instance “I like to do this activity”. This exercise has to be conducted on at least two days in week one, of which one is a working day and the other one a leisure day.

In step 3 participants take time to elaborate on the first week. They again have to look in which direction they want to move and they evaluate the first week. While conducting this, they might find a specific pattern in their actions. They learn how they experience “moving towards” something and whether “moving away” from something really helps. For step 3 a time of one to one and a half hour is needed.

In step 4 participants again write down what they are doing on three moments on a day, but this time for a period of 7 days during the second week. After noting what they are doing, they have to indicate whether they continue their action or not as well as the reason for their decision. After the second week, the intervention is completed.

Measurement instruments

The questionnaires included demographics, outcome measures and participants’ experiences with the intervention. The subscale *psychological well-being* of the Mental Health Continuum Short Form (MHC-SF) was taken to measure psychological well-being. The Acceptance and

Action Questionnaire-II (AAQ-II) was taken to measure experiential avoidance. Both questionnaires were available in German and Dutch.

The subscale *psychological well-being* of the MHC-SF includes six items, of which each item belongs to one of the six dimensions of psychological well-being. These dimensions are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. On a 6-point-Likert scale, ranging from 0=“never” to 5=“each day”, participants have to indicate how they felt during the last month. One item, corresponding the dimension *positive relations with others*, is for instance: “During the last month, how often did you feel that you had warm and trusting relationships with others?” A high score on the used subscale of MHC-SF is equal to a high psychological well-being. The validity and reliability of the Dutch version of the MHC-SF are moderately high (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes 2010). Officially, there is no tested German version of the MHC-SF available. However, the University of Twente developed a German translation that has been used several times by students and researchers of this University. Two items from this translation have been moderately modified by the researcher to be closer to the Dutch and English version (see Appendix B). In this study, the Cronbach’s alpha for the subscale psychological well-being of the MHC was found to be $\alpha=.79$ for the pretest and $\alpha=.8$ for the posttest.

In this research, the 7-item version of the AAQ-II was used as it was shown to be psychometrically stronger than the 10-item version (Bond et al., 2011). When filling in the AAQ-II participants have to indicate on a 7-point-Likert scale, ranging from 1=“never true” to 7=“always true”, how strongly they agree with a specific statement. One item is for instance: “Worries get in the way of my success.” A high score on this test means that a person often engages in experiential avoidance. The reliability and validity of the AAQ-II are good, for both the German and the Dutch version (Bernaerts, De Groot, & Kleen, 2012; Hoyer & Gloster, 2013). In this study, a Cronbach’s alpha of $\alpha=.91$ for the pretest and $\alpha=.89$ for the posttest were computed.

The second questionnaire also asked for participants’ experiences with the intervention (see Appendix C). It included one open question, which asked participants to report how they experienced the intervention and what they noticed during the intervention. Next, there were nine statements about the intervention. On a 5-point-Likert scale participants had to indicate to what degree they agree with a specific statement, ranging from 1=“strongly disagree” to 5=“strongly agree”. For the whole questionnaire, a Cronbach’s alpha of $\alpha=.89$ was computed.

Three items asked for participants' subjective opinion about the whole intervention and their motivation to participate again in such a research ($\alpha=.73$), for instance: "I can imagine to conduct (similar) exercises like that from the intervention regularly". Two statements were about the understandability of the intervention ($\alpha=.66$), for example: "The intervention was easy to understand". The last four items measured the perceived effectiveness of the intervention ($\alpha=.82$). One statement was as follows: "I have the feeling that the intervention helped me to concentrate on the positive things in live". The questionnaire was concluding with an open question giving participants the possibility to add some thoughts in relation to the evaluated statements.

Data-analysis

The data was analyzed with the statistics-program SPSS. A frequency analysis was conducted to get an overview of the demographic data. To find out about the effect of the intervention the scores of the pretest (t0) and posttest (t1) of the AAQ-II and the subscale *psychological well-being* of the MHC-SF were compared. The differences between pre- and posttest were the dependent variables, while the intervention 'Geluk en zo' was the independent variable.

First, a Kolmogorov-Smirnov test (K-S test) was conducted to determine if the data were normally distributed. It was chosen for the K-S test since it is also suitable for small samples. The test revealed that the data of the pre- and posttest of the subscale *psychological well-being* of the MHC-SF were normally distributed ($p=.20$). Therefore, a paired sample t-test was conducted to find out about the difference in psychological well-being. As only the posttest of the AAQ-II was normally distributed ($p=.068$) while the pretest was not ($p=.041$), a Wilcoxon Signed Rank Test was used to reveal whether there was a significant difference. For both tests a significance level of $\alpha=.05$ has been accepted.

The experiences of participants with the intervention have been investigated using two different methods. The statements were analyzed by comparing the mean scores in order to determine whether participants have a negative (a score between 1 and 2.5), moderate (a score between 2.6 and 3.5) or a positive (a score between 3.6 and 5) opinion towards the intervention. A moderate score is not very meaningful as it shows that participants have either no opinion or diverse opinions towards a specific statement. Moreover, the qualitative data have been analyzed by categorizing and coding the answers that were given by participants. The answers were transcribed per participant and then carefully read several times to detect consistencies, such as the use of similar words or constructs. When one or more sentences seemed to fit a similar pattern, they were copied into a cluster of comparable answers from other participants,

meaning that several quotes from one participant could be part of different categories. Afterwards, every category was named congenial to the appertaining quotes. Some quotes have not been coded when they either did not appear more than once or were general statements, like “I experienced the intervention positively”. The quotes used in the analysis were translated into English. The original quotes can be found in Appendix D.

Results

Effectiveness of the Intervention

The means, standard deviations, test statistics and p-values of the subscale *psychological well-being* of the MHC-SF and the AAQ-II are displayed in Table 2.

Although a difference of .246 between the pretest and posttest of the subscale *psychological well-being* of the MHC-SF has been found, this increase was not significant [$t(4)=-1.447$; $p=.083$]. Experiential avoidance decreased by an amount of -.165 between pre- and posttest of the AAQ-II, but this difference did not show to be significant [$z=-1.596$; $p=.056$]. However, both constructs showed a tendency in the expected direction.

Table 2

Mean scores, standard deviations, test statistics and p-values of the subscale psychological well-being of the MHC-SF and of the AAQ-II

Measurement tool	Mean score t0 (SD)	Mean score t1 (SD)	Test statistic	p
MHC-SF psychological well-being	3,509 (0,771)	3,754 (0,651)	$t(18)=-1.447^1$.083 ¹
AAQII	2,752 (1,028)	2,587 (0,940)	$z=-1.596^2$.056 ²

¹Paired t-test

² Related-Samples Wilcoxon Signed Rank Test

Experiences of Participants

In general, the intervention was evaluated positively by participants. The mean scores and standard deviations of the answers to the statements are displayed in Table 3. The subjective opinion towards the intervention was mostly positive among participants and many of them would participate again in this or a similar intervention if they get the chance to. The understandability of the intervention was high, as it was also evaluated positively by participants. The perceived effectiveness was moderate, but this was due to the different statements in this category. One statement was evaluated very positively by most participants, namely “Due to the intervention I experience my actions more consciously”. This shows that

the intervention contributed to participants' awareness of their behavior. Participants only moderately felt that the intervention helped them to accept the negative things in their life. Furthermore, the intervention had little influence on the attitude towards life, since this statement was evaluated most negatively. The answers to the open questions confirm the evaluations of the statements.

Table 3

Means and standard deviations of participants' answers to the evaluative questions of the intervention "Geluk en zo"

	Mean	SD
Total Evaluation of the Intervention	3.674	0.159
Subjective opinion	3.877	0.747
I liked the intervention.	4.000	0.667
I would participate again in this (or a similar) intervention if I get the possibility.	4.105	0.937
I can imagine to conduct (similar) exercises like that from the intervention regularly.	3.526	1.123
Understandability	3.921	0.712
The intervention was easy to understand.	4.000	0.882
When conducting the exercises I knew exactly what I had to do.	3.842	0.765
Perceived effectiveness	3.408	0.834
Due to the intervention I experience my actions more consciously.	4.158	0.958
I feel that the intervention helped me to focus on the positive things in my life.	3.684	0.946
Due to the intervention it is easier for me to accept the negative things in my life.	3.105	0.994
Due to the intervention my attitude towards life has changed.	2.682	1.204

The qualitative data could be classified into five codes, namely *Awareness*, *Motivation to Change*, *Same Attitude & Thinking-Behavior*, *Poor Clarity* and *Duration of the Intervention*. There was a large difference in frequency between the code *Awareness* and the other codes. All codes including a description, a typical quote, the frequency and the number of participants who responded congenial to a specific code are displayed in Table 4. The general opinion about the intervention was positive. Most participants stated that they "*like the intervention*" and one of them wrote that "*it was a good exercise*". The code *Awareness* emerged most frequently when participants were describing their experiences with the intervention. Hence, the awareness

of one's own actions was most obvious and valuable for participants, since almost every participant emphasized that the intervention helped them to be more conscious of their actions. One participant wrote for instance: *"The permanent reflection of your own behavior illustrates the (sometimes petty) things you deal with in your everyday life."* Another participant appreciated the fact that she *"takes [her] actions more serious now and that [her] own responsibilities came more into focus"*. Moreover, the data revealed that some participants value things in their life more than they did before the intervention. One of them even found out *"what makes life worth living"*.

Table 4

Qualitative findings: Codes, descriptions, typical quotes, frequencies of participants' answers to the open questions regarding their experiences with the intervention and number of participants (N) who responded congenial to a specific code

Code	Description	Typical quote	Frequency	N
Awareness	Participants were more aware and conscious of their own actions. They noticed when they moved away or towards something and the influences this had.	<i>"The reflection of my own actions causes a conscious experience of everyday life."</i>	20	18
Motivation to Change	Through awareness, participants were more motivated to change their behavior or thoughts.	<i>"As a result, I pay more heed to moving towards my goals."</i>	7	6
Attitude & Thinking Behavior	The attitudes and thinking behavior of some participants did not change because they already thought about their intentions and had a positive attitude before the intervention.	<i>"My attitude towards life was similar to that conveyed in the intervention but it has confirmed and strengthened my attitude."</i>	7	7
Poor Clarity	Some parts of the intervention were unclear to participants. They especially reported problems with deciding if they are moving towards or away from something.	<i>"Sometimes I was a bit confused or I did not know what to write when an activity was neither moving towards, moving away, nor routine."</i>	5	5
Duration of the Intervention	Participants reported that the intervention was too short to change behavior or attitudes in the long term.	<i>"I think it was too short to really change something huge."</i>	5	5

Gaining awareness through the study helped some participants to focus more on the positive things in life. Hence, participants indicated a *Motivation to Change* and wanted to shed their focus in a more valued direction. As a result, one participant tried to shift her goals towards the center of attention and when she did not feel like studying for example, she tried to “*take it calmly and concentrate on the positive things*”. Another participant decided to change something she wants to move away from. The data showed that the positive aspects outweigh the negative ones in the intervention. Therefore, some participants reported to not have the feeling that they can better accept the negative components of their lives. However, one participant wrote that, although she cannot accept the negative things more easily, this is not a bad thing, because it is more important to focus on the positive.

Although the awareness of the actions motivated participants to change, this had not a big influence on their attitude towards life, which is reflected by the code *Attitude & Thinking-Behavior*. Some participants reported that they already did reflect on their lives or had a positive attitude towards life before the intervention. Even so, one participant stated that the intervention “*has confirmed and strengthened [her] attitude*” and another found it beneficial to elaborate on her thoughts.

However, the code *Poor Clarity* shows that some things of the intervention were ambiguous or confusing to the participants. Four participants pointed out that they sometimes did not know in which category an action belonged, for instance watching a series. One participant stated that “*it does not give [her] energy [...] to write [her] bachelor thesis, but it is still ‘moving towards’ although it takes energy away from [her] and [she] need[s] things to compensate*”. Another participant experienced some exercises as “*inappropriate or strange for some situations*”, but she did not elaborate on this. Furthermore, one person wrote that exercise 6 was unclear, but also did not explain why.

Additionally to the comments about the content of the intervention, some participants concluded that the intervention was too short to really be effective. This can be found back in the code *Duration of the Intervention*. On the contrary, one participant said: “*when you accomplish to integrate the exercises in your daily routine in an uncomplicated manner, then they are certainly helpful in the long-term*”. Another participant stated that it can have an impact when one remains conscious about the exercises.

Discussion

The aim of this research was to find out whether there is a difference in experiential avoidance and psychological well-being after conducting the intervention “Geluk en zo”. Moreover, it was asked for participants’ experiences to gain deeper insight in the effectiveness of the intervention.

Effectiveness of the intervention

The results show that there were no significant differences between pre- and posttest for both the AAQ-II and the subscale *psychological well-being* of the MHC-SF after conducting the intervention “Geluk en zo”. This means that there was no significant decrease in experiential avoidance and no significant increase in psychological well-being. However, both constructs showed a tendency in the expected direction.

Although only tendencies have been found, the results indicate a promising basis for the use of the intervention “Geluk en zo”. One of the core processes of ACT, that the intervention is based on, seems to occur in the results. *Acceptance* – the opposite process of experiential avoidance – encourages people to accept adverse experiences and actively executing behavior that is helpful (Hayes et al., 2013). Since experiential avoidance was a bit lower after conducting the intervention, this implies that the process *Acceptance* was indeed part of the intervention and had the expected influence on participants. The low increase in psychological well-being suggests that the ACT-process *values* was also part of in the intervention. *Values*, which help a person to find a direction in life (Hayes et al., 2013), can be compared to the psychological well-being dimension *purpose in life*, in which pursuing specific goals, having intentions and a sense of direction are essential. Psychological well-being, in general, is associated with having a fulfilling, healthy and valuable life (Ryff, 1989). Since psychological well-being was slightly higher after conducting the intervention, it seems that the intervention has the potential to help people finding more meaning in life.

A comparable study of Fledderus, Bohlmeijer, Pieterse and Schreurs (2012) investigated the effect of a 9-week self-help intervention based on ACT on psychological distress and positive mental health. This study included a self-help program with two experimental conditions, i.e. extensive email support and little email support, as well as a control group. Unlike the current research, the results of Fledderus et al. (2012) showed a significant effect for experiential avoidance as well as psychological well-being in the experimental groups. A possible explanation for the significant results is that the investigated intervention lasted much

longer than the intervention “Geluk en zo” (9 weeks as compared to 2 weeks). There is evidence that positive psychology interventions are more effective when they are of longer duration (Bolier et al., 2013). Moreover, the email support probably had a positive influence on participants’ experiences with the intervention, since they had the possibility to ask questions and report their progress.

An explanation for the found tendencies in experiential avoidance and psychological well-being is the sample itself, as most participants had a high educational level. A research about the eudemonic approach to psychological well-being showed that an individual’s psychological well-being and educational level are positively linked, meaning that psychological well-being is higher in high-educated persons than in low-educated persons. This relation was especially indicated for the dimensions *personal growth* and *purpose in life* (Ryff & Singer, 2008). Therefore, it might be that psychological well-being did not increase significantly because participants already had a high psychological well-being.

The results of this study have to be interpreted with caution. As the found differences are small, they may have occurred randomly, or they occurred because participants filled in the questionnaire twice in a period of only two weeks. However, when testing the quantitative data, a significance level of $\alpha=.05$ has been used. Since the sample size was small, it would have been defensible to use a significance level of $\alpha=.1$. If this significance level was used, both tests would have shown significant results, supporting the effectiveness of the intervention in reducing experiential avoidance and enhancing psychological well-being. Accepting a higher level of significance also brings some drawbacks as the question arises where to draw the line. The reason for conventionally using an alpha value of .05 as the maximum acceptable probability for determining statistical significance is that it showed to be an established limit value (Cowles & Davis, 1982). Moreover, when accepting a higher p-value as being significant, the possibility of the type 1 error would be increased, namely rejecting the H_0 -hypothesis while it is actually true. Due to these reasons, it was decided to adhere to the widely accepted significance level of $\alpha=.05$.

Additionally, the fact that no control group has been included in this research makes it possible that the discovered differences are a result of the participants’ environment, meaning that they were influenced by other sources than the intervention during the period of two weeks.

Participants’ Experiences

According to the results, participants’ experiences with the intervention “Geluk en zo” were mostly positive. All three constructs of the questionnaire, namely the *subjective opinion*

towards the intervention, *understandability* and *perceived effectiveness* were evaluated moderately to high. The quantitative data were consistent with the qualitative data. Five codes have been found, namely *Awareness*, *Motivation to Change*, *Attitude & Thinking Behavior*, *Poor Clarity* and *Duration of the Intervention*. Statements that fit the code *Awareness* occurred most frequently.

The most important construct was *Awareness*. Participants reported that they were more aware and conscious of the own actions. Moreover, they noticed when they moved away or towards something and which influences this had. This code implies that two ACT-processes seem to be part of the intervention, namely *contact with the present moment* and *self as context*. In the former process, people have to experience their environment more directly so that their behavior becomes more flexible. The latter process refers to the capacity to observe oneself, which promotes self-knowledge and helps to gain more insight in oneself (Hayes et al., 2006). Although the intervention was not actively based on these two processes, it seems that they still play an important role to reach a valued and fulfilling life. *Awareness* is apparently the basis to change one's behavior. Therefore, due to the obtained awareness, some participants reported a *Motivation to Change*. This indicates that people were motivated to engage in *committed action*, another core process of ACT. However, it became clear that their *Attitude and Thinking Behavior* towards life did not change, but were confirmed by the intervention. Most participants reported that they had a positive attitude towards life before the intervention or that they have definite ideas about life in general. This implies why most participants appreciated the awareness they achieved by means of the intervention, but did not experience a behavioral change. Apparently, many of them know exactly what they want in their life and how to achieve this. Moreover, Participants reported that the intervention was too short in order to reach a long lasting change. This is in accordance with Bolier et al. (2013), who state that the effectiveness of a positive psychology intervention is positively linked to its duration. Furthermore, *Poor Clarity* was reported, especially when participants had to decide, whether an action is categorized as "moving towards" or "moving away" from something. On the one hand, this seems to be a limitation of the intervention, but on the other hand this uncertainty stresses the fact that one and the same action can be categorized as both "moving away" and "moving towards". Hence, it depends on the individual's attitude towards the action if it is evaluated as positive or negative. The intervention got participants to think consciously about their intentions and what they try to reach with a specific action. This can be linked to psychological flexibility, which is the aim of ACT. A person has psychological flexibility when he or she is consciously

in full contact with the present moment and is able to persist in or adapt a specific behavior in order to serve a valued goal (Hayes, 2013). While conducting the intervention “Geluk en zo”, participants were permanently asked what they are doing and why they do it. In the second week of the intervention they were even asked if they want to change their behavior in a specific moment or not. It seems that the intervention was able to demonstrate the importance of understanding that the function of an action matters, rather than the form, by making clear that the function is determined by the person who performs it, while the form – the action self – remains the same.

Again, the educational level of participants could have influenced the results. According to Ryff and Singer (2008) high-educated people have a higher score on *purpose in life*, than less educated people. This is consistent with the finding that participants had a definite *Attitude & Thinking Behavior* towards life. Another research on well-being at midlife among high school-educated and college-educated adults showed that there are differences in the perception of well-being between these two groups. For instance, college-educated participants put more emphasis on self-related categories, such as *fulfillment*, *accomplishment* or *seeking new learning*, than high school-educated participants (Markus, Ryff, Curhan, & Palmersheim, 2004). Therefore, it is possible that people, who are less educated, do feel less certain regarding their goals or attitude towards life.

Limitations and Recommendations

Firstly, limitations and recommendation for future research will be discussed. Secondly, a practical recommendation will be given, to contribute to the quality of the intervention “Geluk en zo”.

One limitation of this research is that the qualitative data were interpreted by only one researcher. This can lead to interpretation errors. If more than one person had analyzed the data, other codes may have been found. Therefore, the qualitative results have to be interpreted with caution. In future research, two or more researchers should interpret the qualitative data and develop a suitable coding scheme.

Another limitation is that the open questions about the intervention were too general. On the one hand, an open question about the experiences of participants without giving additional information was valuable, because they could report their experiences without external influences. On the other hand, this led to missing explanations. When reporting that some exercises were unclear or inappropriate, participants did not add what they found confusing. Therefore, more specific questions about giving explanations or writing down their

difficulties with each exercise should be included. Additionally, interviews could be conducted, because this allows the researcher to react directly to the participant, making it easier to reveal problems. A third possibility would be to include email support like in the study of Fledderus et al. (2012) or at least one meeting with the researcher during the intervention to prevent misunderstandings. By using this method, participants had the opportunity to ask questions or report their progress.

Furthermore, the intervention was translated from Dutch into German by the researcher. Although this translation was checked by a native Dutch speaker, no retranslation had been made. This could account for small differences between the German and the Dutch version of the intervention. This could not be investigated since only two Dutchmen took part in the study. However, it is possible that the understandability of the German intervention is lower than that of the Dutch one. One suggestion for future research is therefore to include more Dutch participants and compare the understandability of the Dutch and the German version. Additionally a retranslation should be made.

As already discussed, there might be a bias due to the sample of this research, since most participants had a high educational level. In future research, the intervention should be conducted with a more various sample to compare the differences in well-being and experiential avoidance between groups with a high and low educational level. It has to be investigated whether there is an interaction effect between conducting the intervention or not and the educational level of participants. For this purpose, a control group has to be included in the research.

The only limitation regarding the content of the intervention was missing clarity. It seems that some exercises were misleading, especially with regard to the categorization of an action. One recommendation for the intervention is therefore to make it clearer that the same action can be categorized as “moving away” and “moving towards” and that it is indeed not always easy to decide to which side it belongs. A more distinct explanation in the description of the intervention can contribute to this.

Conclusion

Although no significant differences in experiential avoidance as well as psychological well-being were found, there was a tendency of both constructs in the expected direction. Additionally, the qualitative data revealed that the intervention led to more awareness of the own actions, which was valuable to participants. All in all, this research provides promising indications for the relevance as well as the effectiveness of the intervention “Geluk en zo”.

References

- A-tjak, J. G., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A., & Emmelkamp, P. M. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics*, 84(1), 30-36.
- Bernaerts, I., De Groot, F., & Kleen, M. (2012). De AAQ-II (Acceptance and Action Questionnaire-II), een maat voor experiëntiële vermijding: normering bij jongeren. *Gedragstherapie*, 45, 389-400.
- Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: a meta-analysis of randomized controlled studies. *BMC public health*, 13, doi: 10.1186/1471-2458-13-119
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy*, 42(4), 676-688.
doi:10.1016/j.beth.2011.03.007
- Chawla, N., & Ostafin, B. (2007). Experiential avoidance as a functional dimensional approach to psychopathology: An empirical review. *Journal of clinical psychology*, 63(9), 871-890.
- Ciarrochi, J., Kashdan, T. B., Harris, R. (2013). The Foundations of Flourishing. In T. B. Kashdan & J. Ciarrochi (Eds.), *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being* (pp. 1-29) Oakland: New Harbinger Publications.
- Deci, E.L., & Ryan, R. M. (2006). Hedonia, Eudaimonia, and Well-Being: An Introduction. *Journal of Happiness Studies*, 9, 1-11. doi: 10.1007/s10902-006-9018-1
- Fledderus, M., Bohlmeijer, E. T., Pieterse, M. E., & Schreurs, K. M. G. (2012). Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial. *Psychological medicine*, 42(3), 485-495.
doi:10.1017/S0033291711001206
- Hayes, S. C., Levin, M. E., Plumb-Villardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*, 44(2), 180-198. doi:10.1016/j.beth.2009.08.002

- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25. doi:10.1016/j.brat.2005.06.006
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of consulting and clinical psychology*, 64(6), 1152-1168.
- Hoyer, J., & Gloster, A. T. (2013). Psychologische Flexibilität messen: Der Fragebogen zu Akzeptanz und Handeln II. *Verhaltenstherapie*, 23(1), 42-44. doi:10.1159/000347040
- Lambert, L., Passmore, H. A., & Holder, M. D. (2015). Foundational frameworks of positive psychology: Mapping well-being orientations. *Canadian Psychology/Psychologie canadienne*, 56(3), 311-321. doi:10.1037/cap0000033
- Lamers, S., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. (2011). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *Journal of clinical psychology*, 67(1), 99-110. doi:10.1002/jclp.20741
- Markus, H. R., Ryff, C. D., Curhan, K. B., & Palmersheim, K. A. (2004). In their own words: Well-being at midlife among high school-educated and college-educated adults. In O. G. Brim, C. D. Ryff, R. D. Kessler (Eds.) *How healthy are we*, (pp. 273-319). Chicago: The University of Chiago Press.
- Öst, L. G. (2014). The efficacy of acceptance and commitment therapy: an updated systematic review and meta-analysis. *Behaviour research and therapy*, 61, 105-121.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well being. *Journal of personality and social psychology*, 57(6), 1069.
- Ryff, C. D. & Singer, B. H. (2008) Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13-39. doi:10.1007/s10902-006-9019-0
- Seligman, M. E. P., Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi:10.1037//0003-066X.55.1.5
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of clinical psychology*, 65(5), 467-487. doi: 10.1002/jclp.20593
- Schueller, S. M., & Parks, A. C. (2014). The science of self-help. *European Psychologist*, 19(2), 145-155. doi:10.1027/1016-9040/a000181

World Health Organization. (2014). Mental health: a state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en

Appendices

Appendix A

Detailed Description of the Exercises of the Intervention

Step	Exercise	Description
Step 1	1	Participants have to list the things they want to move away from. This includes all things they want to avoid, for instance negative thoughts or experiences that are associated with feelings of grief, anxiety, anger etc.
	2	Participants have to list in which direction they want to move in their life. This includes their goals and intentions as well as their desired social and societal status.
Step 2	3	Participants have to register what they are doing at three at three moments per day for. While doing so, they have to decide if their activity is categorized as “moving towards”, “moving away” or “routine”. Afterwards, participants have to evaluate their actions by answering on a 5-Point-Likert-Scale ranging from 1=“completely true” to 5=“completely untrue” to statements about the activity. These include for instance whether they like the activity, put effort into it, or have the feeling that they have a choice to do it or find it valuable. This exercise has to be executed on at least two days in week 1, one day that they are working and one day that they are free.
Step 3	4	Participants have to experience “moving towards”. Thereby, they write down how they feel when they are moving towards the valuable things in their life and which conclusions they draw out of these thoughts.
	5	Participants elaborate on the first week by writing down how often they engaged in activities fitting the different categories “moving towards”, “moving away” and “routine”. Additionally, they have a look on their answers to the statements from exercise 3 to detect whether there are patterns in the evaluation of the different activities.
	6	Participants draw conclusions from exercise 5.
	7	Participants again experience “moving towards”. They register in which direction they want to move, why they want to do it and what they notice about it.
	8	Participants have to find out whether “moving away” is helpful. They again write down where they want to move away from and what they do when trying to avoid something. Then they have to write down whether their behavior works.
	9	Participants draw conclusions from exercise 8.
Step 4	10	Like in exercise 3, participants list what they are doing and categorize their actions as “moving away”, “routine” or “moving towards”. Afterwards, they have to indicate whether they continue with their action or whether they do something else and justify their decision. This exercise has to be executed 3 times a day, for 7 days in the second week.

Appendix B

German Version of the subscale psychological well-being of the MHC-SF Used by
Researchers from the University of Twente Including Two Items Adapted by the Researcher
with Original Items Displayed Below

Im letzten Monat, wie oft hatten Sie das Gefühl, dass...

1. ...Sie die meisten Aspekte Ihrer Persönlichkeit wertschätzen?
 2. ...Sie Ihre täglichen Aufgaben und Verpflichtungen gut erfüllen konnten?
 3. ...Sie warme und vertraute Beziehungen zu anderen haben?
 4. ...Sie herausgefordert wurden, sich zu entwickeln oder ein besserer Mensch zu werden?¹
 5. ...Sie selbstbewusst Ihre eigenen Ideen und Meinungen gedacht und geäußert haben?²
 6. ...Ihr Leben Richtung und Sinn hat?
-

¹...Sie sich entwickeln oder ein besserer Mensch werden?

²...Sie selbstbewusst Ihre eigenen Ideen und Gedanken gedacht und geäußert haben?

Appendix C

Questions About Participants' Experiences with the Intervention

Deel 2: De Interventie

De volgende vragen gaan over de interventie die u de afgelopen 2 weken hebt gedaan. Het is belangrijk dat u de vragen beantwoordt zoals het voor u is. Er is geen goed of fout antwoord. Het gaat om uw meningen en ervaringen.

3. Hoe hebt u de Interventie ervaren? Wat is u tijdens de interventie opgevallen?

4. Wilt u bij ieder van de onderstaande stellingen aangeven in welke mate deze voor u geldt.

	Helemaal mee oneens			Er tussenin		Helemaal mee eens
Ik vond de interventie leuk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik zou nog een keer aan deze of een soortgelijke interventie willen deelnemen, als ik de mogelijkheid krijg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik kan me voorstellen (soortgelijke) oefeningen, zoals die in de interventie, regelmatig te doen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De interventie was gemakkelijk te begrijpen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bij het uitvoeren van de oefeningen wist ik precies wat ik moest doen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door de interventie neem ik mijn handelingen bewuster waar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb het gevoel, dat de interventie me heeft geholpen, om me op de positieve dingen in het leven te richten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door de interventie is het gemakkelijker voor mij, de negatieve dingen in mijn leven te aanvaarden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door de interventie is mijn houding tegenover het leven veranderd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Aanmerkingen: Wilt u nog iets toevoegen (bv. met betrekking tot uw antwoorden bij vraag 4)?

Appendix D

Qualitative Data: Codes with appertaining quotes of Participants' Experiences with the Intervention

Code	Quotes of Participants' Experiences with the Intervention
Awareness	<p data-bbox="411 454 1342 551">Die ständige Reflektion des eigenen Verhaltens führt einem viel deutlicher vor Augen mit welchen (teilweise belanglosen) Dingen man sich im Alltag beschäftigt.</p> <p data-bbox="411 568 1305 636">Tijdens de interventie is me opgevallen dat dingen waar ik vandaan beweeg relatief slecht ervaar en dingen waar ik naartoe beweeg positief.</p> <p data-bbox="411 654 1350 750">Ik denk dat de interventie mij meer bewuster heeft gemaakt in de zin van welke handelingen ik leuk vind/ waarom ik dat leuk vind & welke handelingen ik niet leuk vindt maar waarom ik deze wel uitvoer.</p> <p data-bbox="411 768 1355 864">Dadurch, dass die Intervention durchgängig war hat man sich oft daran erinnern müssen, ob man sich gerade worauf zubewegt „bessert“ oder wegbewegt „eventuell verschlechtert“.</p> <p data-bbox="411 882 1382 949">[Die Intervention] hat mich auf jeden Fall zum Nachdenken angeregt und ich habe tatsächlich das Gefühl, meine Taten bewusster durchzuführen</p> <p data-bbox="411 967 1385 1167">Es war eine gute Übung, vor allem war es interessant und wertvoll, dass man durch die Übungen achtsamer und bewusster geworden ist, indem man fast täglich schaut, was man gerade im Moment tut und ob es sich positiv oder negativ auswirkt. Ich finde es wertvoll Dinge aufzuschreiben, weil man so etwas distanziert die Dinge und sich selbst betrachtet und so kann man seine Sicht schärfen.</p> <p data-bbox="411 1184 1313 1252">Es war etwas erschreckend, wie oft ich vor etwas wegbewege bzw. versuche etwas zu vermeiden.</p> <p data-bbox="411 1270 1361 1337">Toch ben je er bewuster van als je het moet opschrijven en dus meer bij stil staat dus dat heb ik als erg positief ervaren.</p> <p data-bbox="411 1355 1378 1451">Durch die Übungen habe ich (vor allem in der zweiten Woche) viel mehr darauf geachtet warum ich etwas überhaupt tue und was für einen Wert bestimmte Dinge für mich haben.</p> <p data-bbox="411 1469 1369 1536">Ansonsten fand ich die Selbstreflektion sehr gut, weil man im alltäglichen Leben nicht immer darüber nachdenkt wieso man bestimmte Dinge tut.</p> <p data-bbox="411 1541 1378 1608">Mir ist außerdem noch aufgefallen, dass ich in meinem Leben sehr oft Aktivitäten ausübe die sich auf etwas zubewegen.</p> <p data-bbox="411 1626 1382 1756">Die Intervention sorgt immer wieder dafür, dass man sich bewusst macht, was man in diesem einen Moment tatsächlich macht und sorgt dafür, dass man sich Gedanken über die Motivation macht. Daraus ergibt sich, dass man ein Stück weit „bewusster“ lebt.</p> <p data-bbox="411 1774 1378 1803">Das Reflektieren der eigenen „Taten“ sorgt für ein bewusstes Erleben des Alltags.</p> <p data-bbox="411 1821 1342 1917">Für mich war es sehr interessant wie ich viel intensiver über mich nachgedacht habe und konnte feststellen, dass sich dadurch einiges verbessert und ich mich damit wohl gefühlt habe.</p> <p data-bbox="411 1935 1378 2002">Ich habe viel über meine Ziele nachgedacht und mich häufiger gefragt, warum ich das mache was ich gerade mache.</p>

Obwohl ich glücklich und dankbar bin, habe ich oft das Gefühl nicht genug in der Welt zu verändern, nicht genug für die Uni zu schaffen oder Zeit zu verschwenden. Die Intervention hat mir gezeigt, dass ich mich dennoch in fast allem, was ich tue mich auf Dinge zubewege, dass Dinge, die auf den ersten Blick keine Bedeutung haben (z.B. telefonieren) Teil meines Zubewegens sind, genauso wie Dinge, die keinen Spaß machen (Unitexte lesen). Dadurch hatte ich zumindest manchmal das Gefühl meine Zeit sinnvoll zu nutzen. Mir ist auch aufgefallen wie viel Zeit ich mit anderen Menschen verbringe und wie gut mir das tut.

Sich zu bestimmten Zeiten zu fragen: „Was tue ich hier eigentlich und warum?“ hat dazu geführt, dass ich mein eigenes Handeln ernster nehme und dass meine eigene Verantwortlichkeit für meinen Handeln in den Fokus rückte. Es fiel mir zusehens schwerer, sogenannte Pflichten wahrzunehmen, ohne mir klar zu machen, dass ich meistens die Wahl habe und dass niemand anderes mich zu etwas zwingt. Das stärkt das Gefühl der Selbstbestimmtheit, was mir gut tut.

Die Intervention hat mir geholfen, mein Leben als etwas zu begreifen, das ich selbst in der Hand habe, auch mit den negativen Begleiterscheinungen. Das macht mich, zumindest ein Stück weit, glücklicher.

Die Denkweise hat sich verändert. Bsp: Habe ich vorher ferngesehen, um mich vom negativen abzulenken, freue ich mich heute eher auf einen Film, der mir Freude bereitet.

Ich nehme Lob und Anerkennung und Zuwendung intensiver wahr.

Durch die Intervention hat sich vieles herausgehoben, was das Leben noch lebenswert macht. Mir wäre das nicht so schnell bewusst geworden, ohne die Intervention. Dass man Tätigkeiten (auch banale) so unterschiedlich betrachten kann, hat mir unglaublich geholfen.

Motivation to Change

Das hat dazu geführt, dass ich darauf geachtet habe mich mehr auf meine Ziele zuzubewegen und wenn dies nicht gelungen ist wie z.B. zu Lernen obwohl man keine Lust hat, aber auch keine Wahl hat, dass man dies gelassener nimmt und sich eher auf die guten Dinge konzentriert. Die Intervention hat mir persönlich ein kleines bisschen die Augen geöffnet etwas mehr die positiven Dinge wertzuschätzen und die negativen Dinge besser wegzustecken.

Sich das zu vergegenwärtigen fand ich motivierend.

Außerdem habe ich in den letzten Wochen sehr viel gelernt, was für mich eine Art von zubewegen ist, da ich gute Noten schreiben möchte und mein Studium möglichst gut abschließen will. Sich (fast) täglich dieses Ziel vor Augen zu halten hat mich ermutigt weiter zu lernen obwohl ich oft schon keine Lust mehr hatte.

Die Intervention ist ein sehr gutes Tool um sich selbst zu kontrollieren und zu verbessern. Es ist erstaunlich mit welch einfachen Fragen eine Veränderung im Mindset geschaffen werden kann.

So entschied man sich manches Mal doch eher dafür, nochmal aktiv etwas zu unternehmen als einfach nur den Tag rumzukriegen und zu faulenzen.

Eine Sache von der ich mich wegbewege will ich nun auch ändern.

Ich lerne, mich auf die positiven Erlebnisse von früher zu besinnen, anstatt die negativen in den Vordergrund zu stellen.

Attitude and Thinking Behavior	<p>Meine Einstellung zum Leben war vorher ähnlich, zu dem, was in der Intervention vermittelt wurde, es hat meine Einstellung jedoch bestätigt und gestärkt.</p> <p>Noormaak gesproken denk ik al veel over dit soort dingen na dus dat sloot goed aan.</p> <p>Ich habe schon vorher meine Handlungen gut einschätzen können, da ich reflektierend lebe, d.h. ich setzte mich stets mit dem auseinander was ich tue und weshalb ich es tue. Ich denke, dass mir die Intervention daher keine neuen Dinge offenbart oder andere Sichtweisen gegeben hat.</p> <p>Ich denke nicht, dass mir die Intervention geholfen hat, negative Dinge in meinem Leben mehr zu akzeptieren, da der Fokus sehr viel mehr auf die positiven Dinge lag, was aber auf gar keinen Fall schlecht ist. Eventuell hat das auch damit zu tun, dass ich sehr öfter „zubewegen“ hatte als „wegbewegen“. Daher habe ich mich nicht so extrem mit negativen Dingen beschäftigt.</p> <p>Ich habe mich schon vor der Intervention viel mit dem Sinn des Lebens und „sich wohlfühlen durch Beziehungen zu anderen“ beschäftigt. Dadurch hat mir die Intervention jetzt nicht plötzlich die Augen geöffnet, aber es tat mir gut mich damit mehr auseinander zu setzen</p> <p>Ich hatte schon vorher eine sehr positive Einstellung zum Leben. Mein „trifft eher nicht zu“ bezieht sich also auf „war schon vorher so“.</p> <p>Ich glaube, dass ich schon vor der Intervention ganz gut klar gekommen bin, sodass ich vielleicht nicht der richtige Kandidat war.</p>
Poor Clarity	<p>Ik weet alleen niet hoe dit mij tot een gelukkig persoon kan maken omdat de dingen waar ik mij vandaan beweeg noodzakelijk moet uitvoeren. Es war manchmal schwer zu unterscheiden, ob ich mich von etwas wegbewege oder auf etwas zu.</p> <p>Zu den Übungen selbst: Ich fand alles gut erklärt und einfach und schnell zu verstehen, nur bei Übung 6 hatte ich Schwierigkeiten.</p> <p>Manchmal was ich nur etwas verwirrt oder wusste nicht genau was ich schreiben sollte bei Aktivitäten, die weder zubewegen, wegbewegen oder Routine waren, wie zum Beispiel eine Serie zu gucken oder ähnliches.</p> <p>Ich fand vor allem die Antwortmöglichkeiten bzw. Fragen bei Übung 3 teils unpassend, d.h. die Sache die ich aufgeschrieben habe konnte ich z.B. schwer als wertvoll oder wichtig einschätzen, wenn es reine Routine war. So fand ich es auch bei Übung 10 schwer zu sagen weshalb ich manche Dinge mache. Auch viel es mir oft schwer einzuschätzen ob etwas eher wegbewegen oder zubewegen ist. Z.B. gibt es mir keine Energie oder finde ich es nicht toll, interessant, oder wertvoll meine Bachelorarbeit zu schreiben, aber es ist für mich dennoch „zubewegen“ obwohl es mir Energie raubt und ich auch andere Dinge als Ausgleich brauche, die mir wieder Energie geben.</p> <p>Mir hat die Intervention gut gefallen, aber mir fiel es schwer sie im Alltag zu integrieren und mir genug Zeit zu nehmen. Außerdem fand ich einige Fragen merkwürdig/ unpassend auf bestimmte Situationen</p>

Duration of the intervention	<p>Die Intervention hat jetzt nicht mein Leben verändert, dazu müsste an sie noch länger weiter machen.</p> <p>Allerdings war die Intervention etwas kurz um wirklich tiefe Einblicke zu bekommen.</p> <p>Ik denk dat het te kort was om echt iets groots te veranderen, maar door er bewust van te blijven geloof ik dat het wel impact zou kunnen hebben.</p> <p>Ich glaube nicht, dass ich sowas täglich bzw. regelmäßig über einen langfristigen Zeitraum machen könnte. Wenn ich keine schnellen Veränderungen spüre, fehlt mir da schnell die Motivation. Wenn man es aber schafft die Übungen unkompliziert in den Tagesablauf zu integrieren, dann sind sie langfristig bestimmt erfolgsversprechend.</p> <p>Ich kann mir vorstellen, dass eine tägliche Beschäftigung mehr hilft, weil sie dann zum Teil des Alltags wird und man sich bewusster Zeit nimmt.</p>
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