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FACING CHALLENGES: THE POSITIVE IMPACT OF PSYCHOLOGICAL FLEXIBILITY

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Abstract

Individuals living with chronic illnesses face challenges that the general population may not have to face. Chronic illness is associated with lower health-related quality of life and subjective well-being. Typically, quality of life is used in medical settings as an assessment of overall physical and psychological functioning (Hays & Morales, 2001). In psychology, subjective well-being refers to the perceptions of one's life circumstances and the impact of positive and negative emotions (Diener et al., 2013). Our purpose is to explore ways to improve physical and psychological wellness, focusing on how different chronic illnesses affect overall well-being. Psychological flexibility involves being consciously present in the moment and engaging in behaviours or changing behaviours that are in alignment with personal values. Increased psychological flexibility is associated with better physical and psychological outcomes (Hulbert-Williams et al., 2015). One goal of this workshop is to use a series of demonstrations to illustrate how aspects of PF can improve wellness. Participants will complete a comprehensive measure of life satisfaction that includes the assessment of various life domains. Using average scores as a reference, we will discuss how different areas of life can be improved by increased psychological flexibility. We will lead participants through a series of exercises to highlight how PF affects wellness, focusing on strategies for change. We will discuss how PF can be targeted to improve outcomes in individuals with chronic illness. Although PF is targeted in Acceptance and Commitment Therapy, focusing on improved psychological flexibility can help lower negative psychological outcome in non-clinical populations.

Keywords: *Subjective well-being, quality of life, psychological flexibility, stress management.*

1. Background information

Each year, over 41,000,000 people die of a non-communicable or chronic disease, which accounts for over 17,000,000 premature deaths (WHO, 2023). In 2019, it was estimated that approximately 30% of people worldwide lived with a chronic health condition, such as cancer, heart disease, respiratory disease, autoimmune disease, and diabetes (Budreviciute et al., 2020). Budreviciute and their colleagues proposed a model to classify the risk factors of non-communicable diseases that focused on genetic, environmental, sociodemographic, self-management, and medical factors. Given that worldwide life expectancy is increasing, it is important for researchers to elucidate factors associated with symptom management to inform strategies to improve the physical and psychological wellness of individuals with a chronic condition. Thus, our purpose is to examine how specific self-management factors, including physical activity, mindfulness, psychological flexibility, and social connectivity affect subjective well-being in individuals who live with a chronic health condition.

2. The interaction of physical and psychological wellness

It is crucial to make the distinction between Quality of life (QOL) or Health-Related Quality of Life (HRQOL) and Satisfaction with Life (SWL), which is a component of Subjective Well Being (SWB). It is not possible to use these terms interchangeably. HRQOL is an objective measure of well-being that focuses on physical and psychological symptoms with a focus on physical and cognitive functioning while SWB is a personal description about how happy an individual is with their life. When examined in healthy samples, HRQOL and SWB are moderately and positively correlated (e.g., Yildirim et al., 2013; $r = .30$, $p<.05$). In healthy populations, there is still a significant correlation between these

measures, but it is lower in magnitude. Severe disability and how an individual adapts to disability-related changes can have long-term negative impacts on life satisfaction (Diener et al., 1999). People who live with chronic illness are more likely to have decreased levels of life satisfaction compared to the general population (Strine et al., 2008). There is a significant relationship between SWL and levels of HRQOL in chronic pain populations; compared to those who are satisfied with their life, individuals who are dissatisfied with their life are 5.7 percent more likely to report pain on at least 14 days in the last month (Strine et al., 2008). Strine and their colleagues also reported correlations between SWL and low social support, worsening health, mental distress, symptoms of depression/anxiety, and reduced sleep.

HRQOL questionnaires typically focus on the frequency and severity of symptoms; for example, *Does pain prevent you from doing what you need to do?* or *How well are you able to concentrate?* Questionnaires focused on quality of life may include questions focused on unique challenges associated with specific medical conditions; for example, Burroughs et al. (2004) developed a questionnaire to assess quality of life in individuals diagnosed with diabetes that included questions such as, *how often have you had a bad night of sleep because of diabetes.* Measures of SWB focus on the overall perception of one's life, with specific measures focused on the subjective experience of "happiness". Although inventories measuring SWB might include items such as, *Overall, I am happy with my life*, or *I feel good most of the time*, they generally focus on the overall assessment of specific areas of one's life, such as Personal Autonomy, Social Connectivity, Positive and Negative Emotions; see Su et al., 2014).

Examining SWB alongside HRQOL provides a more complete representation of the impacts of medical interventions because individuals with the same HRQOL may have differing levels of SWB. Conversely, physical improvements may relate to increases in HRQOL but not affect levels of SWB. Although these constructs are connected, each uniquely contributes to overall well-being and examining them concurrently provides a more holistic assessment of outcomes. These two outcome measures may also differ regarding malleability. When a patient is motivated and willing to contribute to change, SWB is malleable, with specific interventions leading to positive changes (Diener et al., 1999). Improvements in SWB can lead to improved health and longevity as well as more positive social relationships (Diener et al., 1999); however, these are not one-way causal relationships. For example, married people tend to have higher SWB and higher SWB can impact sociability and increase the quality of relationships (Diener et al., 1999). Understanding SWB and HRQOL can elucidate the complex associations between physical and psychological symptoms to inform the development of treatments to improve overall well-being.

2.1. Increasing psychological flexibility through acceptance and commitment therapy

The Acceptance and Commitment Therapy (ACT) process helps individuals live a life that aligns with their values (Luoma et al., 2007). Although ACT is a behavioural therapy, it differs from Cognitive Behavioural Therapy (CBT) because there is no direction to change distorted cognitions, such as catastrophizing or black-and-white thinking. Instead, ACT helps individuals learn to interact flexibly with their positive and negative thoughts without judgment, which allows for behaviours that align with personal values despite negative internal or external experiences (Kashdan & Rottenberg, 2010). ACT is flexible and can be viewed as an approach to therapy, rather than a type of therapy (Luoma et al., 2007).

Psychological flexibility (PF) is being consciously present in the moment and engaging in behaviours or changing behaviours that are in alignment with your personal values. PF is a process amenable to change (Francis et al., 2016; Swash et al., 2017) through ACT. This change occurs by increasing resilience and teaching individuals to prevent negative thoughts and feelings from driving their behaviour. Individuals with high PF can engage with thoughts, emotions, and behaviours that align with personal values and goals and react nonjudgmentally to internal and external experiences. Because this process does not involve dismissing negative thoughts, it helps individuals actively engage with the circumstances, preventing a medical diagnosis from fully defining their sense of self (Boykin et al., 2020). Daily incorporation of PF allows individuals to focus on the present moment and more effectively cope while engaging in meaningful lives (Droutman et al., 2018). There are moderate correlations between PF and depression, anxiety, anxiety sensitivity, behavioural inhibition, and the personality factors of neuroticism (negative correlation) and extraversion (positive correlation; Kashdan & Rottenberg, 2010). Applying psychological flexibility trans diagnostically helps explain complex mental health presentations (Francis et al., 2016; Swash et al., 2017). PF significantly predicts functioning and impairment in clinical samples (Panic Disorder with Agoraphobia, Anxiety/Social Phobia), even when controlling for depressive symptoms, neuroticism, and anxiety sensitivity (Gloster et al., 2011). Generally, PF predicts levels of functioning and not specific symptomatology or diagnostic presentation, which supports research suggesting that targeting PF can improve overall functioning in a variety of patient populations.

3. Focus of this workshop

At the beginning of the workshop, participants will complete a comprehensive measure of life satisfaction that includes the assessment of various life domains associated with both HRQOL and SWB. Using average scores as a reference, we will discuss how different areas of life can be improved by increased psychological flexibility. We will lead participants through a series of non-clinical exercises to highlight how the three pillars of PF affects wellness, focusing on strategies for change in non-clinical populations. We will discuss our research that focuses on how PF can be targeted to improve outcomes in individuals with chronic illness, including cancer, disordered eating, brain and spinal cord injuries, and autoimmune disease. Although PF is targeted in Acceptance and Commitment Therapy, we will focus on how PF can be used to improve wellness in non-clinical populations.

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