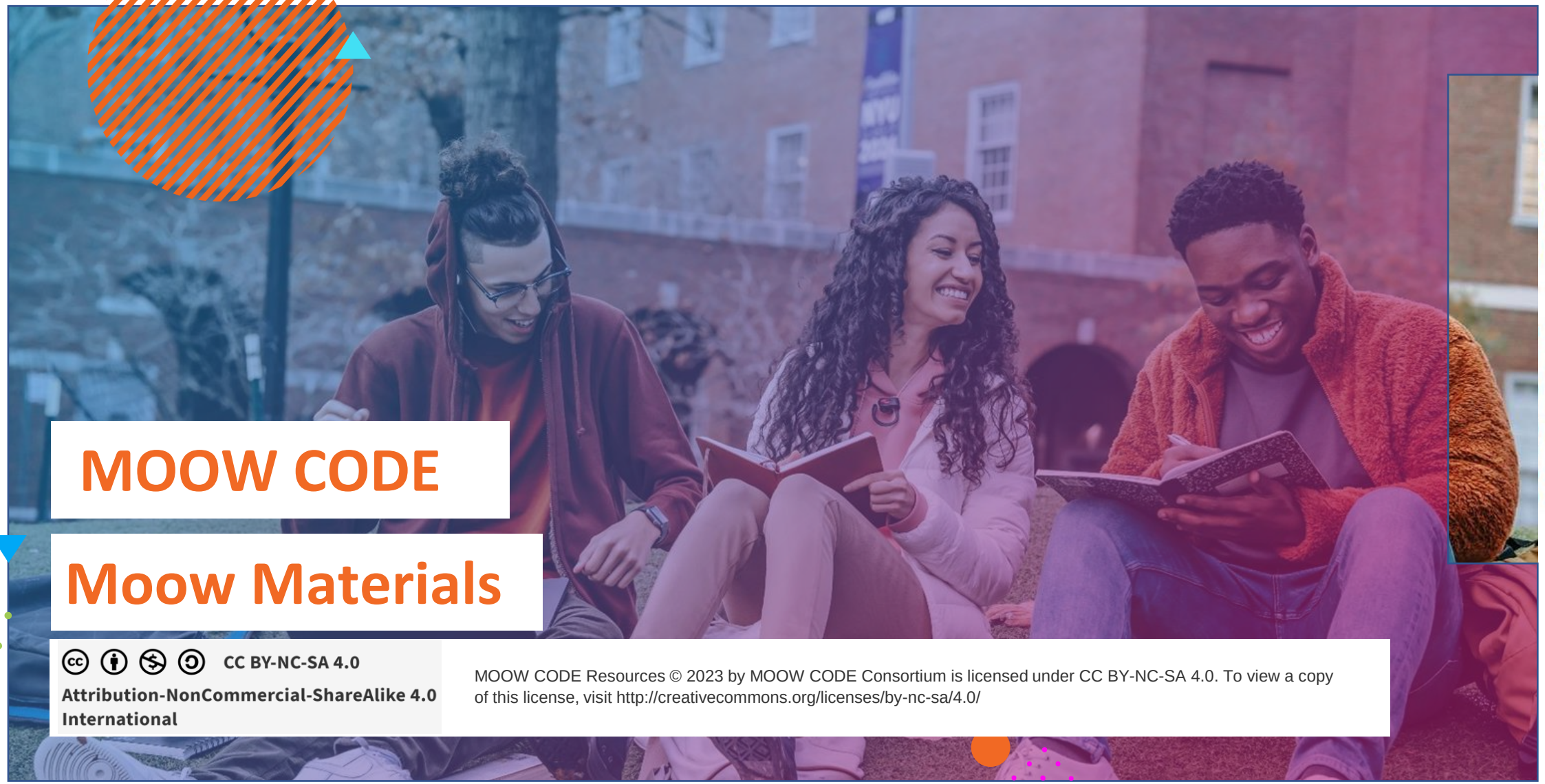

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Part 1

Models of well-being and health applied to the educational context

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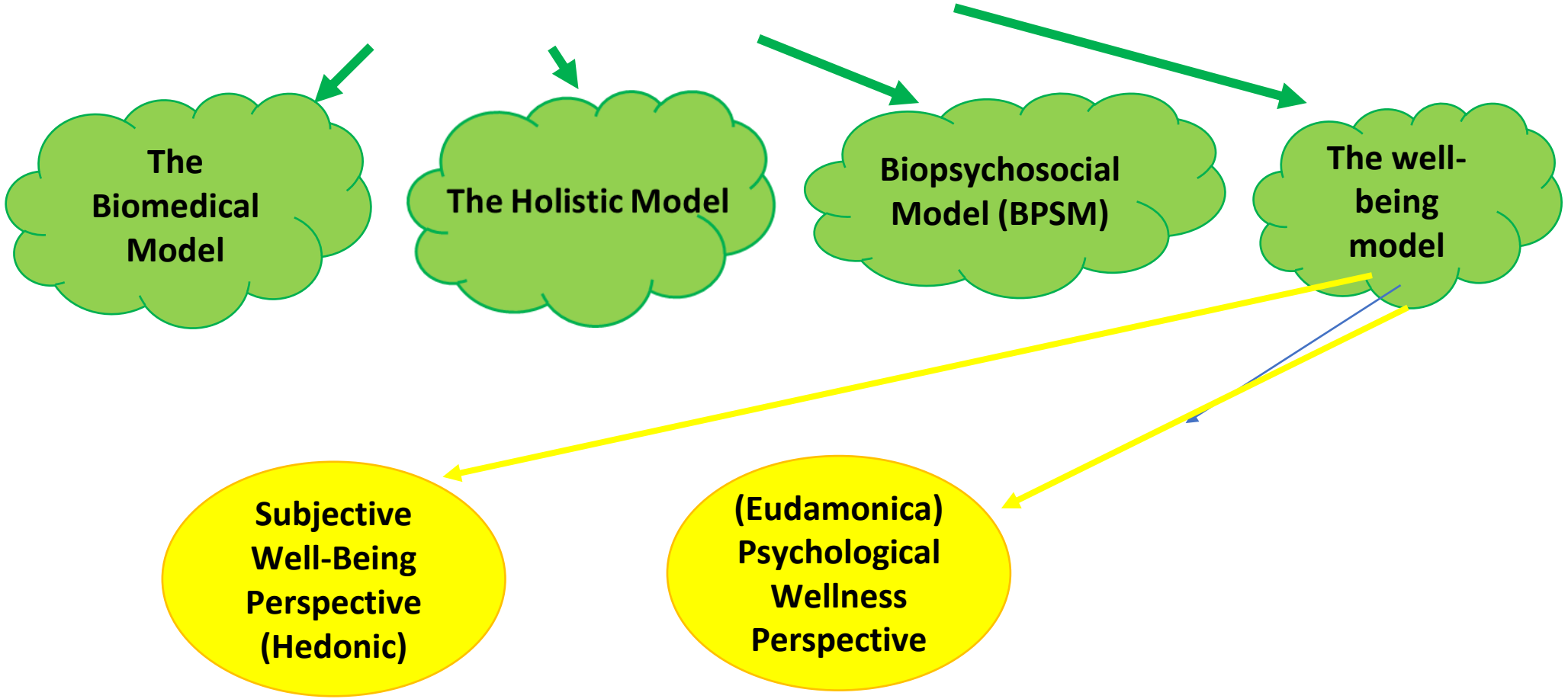
Historical background to the concept of health and disease



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Health - Illness

BIOMEDICAL MODEL

The biomedical model assumes the presence of identifiable biological causes for disease, placing the origin of the pathology in an organ lesion from which functional deficits arise. For man, disease is a sharing originated by agents beyond his control (viruses, bacteria, chemical agents, genetic predispositions, etc.), on which it is the sole responsibility of medicine to intervene, with procedures that tend to modify the condition of the body. This model considers disease and health to be two qualitatively distinct and non-contiguous conditions, among which disease is clearly emphasised. Mind and body are represented as mutually independent functions and the focus of medical care is undoubtedly the body. Entirely focused on the treatment of specific physical diseases, the biomedical model puts prevention in the background and appears far from emphasising the concept of health promotion. Health in fact is defined on the basis of the absence of disease, as a condition of integrity and good functioning. This model has enabled medicine to make many advances over time; indeed, it has the historical advantage of having represented illness as a crucial issue for society to deal with. However, it is an approach to ascent restricted to the physical realm and linked to the concept of mortality that is no longer adequate to promote further progress, not least because of the changes that have occurred in society and which have led to a redefinition of the concept of health.

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Health - Illness

HOLISTIC MODEL

The holistic approach broadens the perspective of the biomedical model by introducing the idea of positive health, exemplified in the World Health Organisation's definition, which sees health as a state of complete physical, mental and social well-being, rather than as the absence of disease or infirmity (WHO, 1958).

These include the idea that health is a condition of positive functioning and not merely the absence of symptoms. Consequently, the dualism of mind and body is countered by the concept of the human being as a functioning unit that must be treated as a whole. Other principles are that the individual-not the health system or society-is responsible for the development and maintenance of his or her own health, that it is necessary to educate people about health and to intervene in the social and environmental determinants of health, and finally that it is preferable to use low-tech treatments.

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Health - Illness

BIOPSYCHOSOCIAL MODEL

At the same time as the holistic model, Engel (1977,1997) proposed the Biopsychosocial Model (BPSM), incorporating von Bertalanffy's (1968) general systems theory, which made it possible to move from a linear cause-and-effect model to a circular model, in which health was no longer interpreted as a simple output of a series of processes, but as a dynamic force that included inputs and outputs in continuous interaction with each other. According to the theory, systems of all kinds -physical, biological, psychological, social and cultural- operate on the same principles and are interdependent. Engel's model, placing itself within the systemic paradigm, sees health as the result of multiple biological, psychological, and social factors interacting with each other and recognises that behaviour can be explained in multiple contexts or levels of organisation (molecular, cellular, organic, personal, experiential, interpersonal, familial, social, etc.) that influence each other (Williams et al., 2000). In the new perspective, health and illness are no longer explained by single causes, but by the reciprocal influence of multiple factors interacting at different levels. Individuals, placed within a context of biological, family and social systems, are seen as active participants in the dynamics of change and maintenance of the system to which they belong. This conception definitively frees health from the biological-organic dimension and its traditional interpretation as the absence of disease, conceiving it as a positive state, in which different functions are integrated and which is socially constructed (Mengheri, 2003). The shift to the new paradigm allows the person to change his or her role from passive to active; moreover, health promotion is important and is the responsibility not only of medical personnel, but collectively, activists, individual citizens, government agencies, etc. (Mengheri, 2003).

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Health - Illness

WELL-BEING MODEL

Well-being is seen as a multidimensional continuum, complex, value-bearing, context- and situation-dependent, experiential, but also an expression of social and personal factors. Despite its subjective nature, there is some agreement in identifying five components that reinforce it, interacting with each other: satisfaction of basic material needs, health, good social relations, security and freedom of choice.

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Well-being

Subjective Well-being Perspective (Hedonic)

The model of well-being is seen as a multidimensional, complex continuum of subjective well-being (Lucas 1999) consists of three components: satisfaction with life, the presence of subjective emotions, and the absence of negative emotions; however, the affective components of well-being do not follow a linear trend: as age increases, positive emotions tend to decrease in frequency.

Personality factors significantly influence the level of subjective well-being, according to Cummins' (2000) model of two personalities -neuroticism and extroversion-, plus other individual factors such as self-esteem, locus of control, propensity for optimism and self-efficacy.

Well-being

Psychological Wellbeing Perspective (Eudamonica)

According to this conception, the individual's well-being and happiness can only be realised within a process of mutual interaction between person and social context.

Ryff (1989) proposed a conception of psychological well-being as defined by six basic dimensions:

1) Autonomy: an independent person who is able to resist social pressure and regulate his or her own behaviour on the basis of norms/values.
2) Environmental control: sense of mastery and competence in managing the environment
3) Personal growth: Person has the feeling of being in continuous development, open to changes and new experiences
4) Positive relations with others
5) Life purpose: the person has goals to achieve.
6) Self-acceptance: the person has a positive attitude towards themselves.

Although the two traditions of thought on well-being have evolved separately, contemporary research is moving towards correlating the two dimensions.

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Part 2
Improving psychological well-being with mindfulness and ACT

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What is STRESS?

The word stress is a concept that encompasses a wide range of human experiences.

Every one of us, even without having studied the subject in depth, knows what stress means with regard to oneself. But stress can occur on many levels and arise from various causes.

Let us first look at the origin in an etymological sense: the word originated in the technical-mechanical sphere, in the English language, in the 18th century. Then the term, taken up by Hans Selye, after his studies of physiology on animals in difficult living conditions, came into current use from the 1950s, with the popular meaning of "pressure we are subjected to in life" and indicates both the events that put us in difficulty and the effect they have on us.

Selye distinguished:

Stress = is the body's response

Stressor = stimulus that induces such a response (e.g. an internal or external event).

Stress (according to Selye's distinction) can be adaptive for survival, thus necessary (eustress) or, on the contrary, dysfunctional and pathological (distress).

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Adaptive stress

Adaptive stress

It is a natural phenomenon to which we are subjected in many life situations: it is a necessary response that allows the organism to maintain its equilibrium and to adapt quickly and effectively to changes in the environment.

When faced with a stimulus of a certain magnitude, the organism experiences a shock after which the body is mobilised with a series of defence mechanisms to cope with the stressor: blood pressure increases, breathing becomes faster, the heart makes more blood available to the limbs to be able to fight or flee quickly, cholesterol levels in the blood increase, making more sugar available. The body takes up all available energy reserves, enabling the person to activate the 'fight or flight' mechanism, and allowing a greater chance of survival.

Everything that the body and mind does not immediately need in such a situation is inhibited: digestive, sexual and immune system functions, reflective thinking, positive emotions.

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Adaptive stress

When the stimulus is less strong, the reaction is weaker and may involve an increased level of alertness, a greater capacity for attention and memory, and thus a better adaptation to the situation. **This is what is commonly called the alarm phase or reaction.**

Once the danger has passed, the body calms down and the person recovers his or her energy. This second, so-called 'recovery' phase is important so that the person does not remain anchored in the alarm phase, chronicling it.

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Pathological stress

In order to cope with stress, our organism develops a 'general adaptation syndrome' (described by Selye) that consists of 3 phases:

1. The alarm phase: the individual mobilises his resources to cope with the situation.

2. The resistance phase: it occurs when the person is subjected to prolonged stress: then the state of alertness and vigilance produce permanent tension.

3. The renunciation phase: coping capacities diminish, to the point of surrender: here the organism is no longer able to adapt.

In each of the 3 phases, the disease may intervene, depending on the intensity of the stimulus but also on the individual's ability to adapt. Illness in these cases may relate to a functional problem, such as malfunctioning of an organ, (e.g. difficulty in digestion) or an organic problem (injury: e.g. ulcer).

Pathological' stress is a clear sign of system overload, and can be either physical or psychological (the person spends more energy than he or she has available). Sometimes then, entering the withdrawal phase, in an attempt to rebalance, one seeks help in substances (alcohol, drugs, medication); the quality of life deteriorates, (nutrition, sleep) and stress begins to spill over into other areas of life (family, work, social relations, etc.).

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Pathological stress

It very often happens that one tries to manage stress through a series of actions and/or thoughts that apparently bring momentary relief, only to realise later that one has adopted sometimes harmful and short-term solutions that many times lead back to the starting point.

Some examples:

Denial: it is one of the classic ways of telling ourselves that everything is fine by avoiding facing the reality of things, while the body and psyche, with muscle tensions or poorly managed emotional states, indicate exactly the opposite.

All this until it is no longer possible to avoid the problem or simply procrastinate it, and in the meantime the body, mind or our relationships have taken a heavy toll.

Overwork: this can be a way of hiding deep dissatisfaction in other areas of one's life. Through being overworked, one avoids focusing on the more painful and frustrating aspects of one's situation and at the same time acquires status, successes and gratifications that over time become an addiction almost comparable to a drug.

This creates a vicious circle from which it becomes increasingly difficult to escape.

Pathological stress

Hyperactivity: it can be considered a form of avoidance for all intents and purposes, this forced and compulsive activation to 'doing': never standing still, always being busy. Avoidance of what? Of stopping, getting in touch with one's feelings, sometimes for fear of having to face unfamiliar or unpleasant emotions, such as a sense of emptiness or loneliness.

Substance abuse**:** the abuse of chemical substances (alcohol various drugs, nicotine, caffeine) to alter our mental and physical state is an attempt that is often apparently effective in the short term but proves harmful in the long run. Initially, the effects may include states of relaxation, artificial mental states (in which reality appears more acceptable) states of wakefulness or excitement. In the long run, the cigarette 'to get away', the extra glass of wine 'to reward oneself after a long day's exertion', the joint in the company of friends 'to cope more casually with the group', or the drug taken in quantities other than those prescribed by the doctor, can soon become an addiction.

Poor nutrition: food can become part of the wide range of strategies used unconsciously to try to cope with difficult emotional states, e.g. sense of inadequacy, sense of emptiness, sense of frustration. The 'shift' to food in these cases only generates feelings of guilt and low self-esteem, which in turn feed a vicious circle that leads back to food; all with disastrous effects on the physical level (weight gain, high cholesterol, etc.).

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Mindfulness

- There are several definitions of mindfulness, one of the most widely used to introduce this concept is the definition of Jon Kabat-Zinn, scientist and theorist of the MBSR (Mindfulness Based Stress Reduction) programme, for whom mindfulness means '***paying attention in a particular way: intentionally, in the present moment and in a non-judgmental way***' (1994).
- **Mindfulness is, therefore, a discipline that teaches how to cultivate attention and awareness in a wise and healthy way.**
- It originates from practices belonging to the Buddhist meditative tradition, studied from a scientific point of view and proposed from a non-spiritual point of view, but to promote psycho-physical well-being under stressful conditions. The word mindfulness translates into English the Pali word 'sati', which means 'mental presence/remembering the present'.
- It is a universally accessible form of non-conceptual meditation and is not dependent on any belief system or ideology.

Mindfulness

- Mindfulness is, in practice, a form of meditation and therefore requires time, energy, determination and discipline.
- The Mindfulness exercise consists of **directing attention to the present**, moment by moment. To sustain attention, one uses certain supports that are naturally available to the mind at every possible opportunity:
  - the body (paying attention to the breath, to specific areas or to the body in its complexity, scanning it one part at a time, or the body in motion);
  - sense perceptions (all that is gathered by the senses, i.e. hearing, sight, touch, smell, taste) and the physiological, physical or psychological response to what we like, what we dislike and what arouses indifference;
  - emotions;
  - Thoughts, as ideas, images, projects, desires, memories, plans.

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Mindfulness

- Observing these phenomena, without making a positive or negative judgement, promotes a long term view:
  - A state of non-reactive calm;
  - A greater 'mental space' between events and subjective responses that allows the mind to face the present for what it is, without overloading reality with additional suffering from thoughts, expectations, resistance and judgements;
  - Greater freedom of choice in the face of events;
  - A more balanced psychophysiological response to potentially stressful events.

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The ACT model

In the ACT model, suffering stems fundamentally from *psychological rigidity, which is* expressed in the form of six main dysfunctional processes:

Fusion;
experiential avoidance;
Attachment to a conceptualised self;
Inertia;
Impulsiveness or obstinacy in avoidance;
Value chaos and attentional *rigidity*

Such processes prevent one from getting in touch with the present moment and generate stress

Instead, there are six processes related to the concept of *flexibility* that contribute to psychological well-being:

Acceptance,
Defusion,
Self as context,
Committed action,
Values and
Contact with the present moment

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The ACT model

The name of this model, Acceptance and Commitment Therapy, emphasises the focus of this approach on the one hand to develop experiential and cognitive acceptance towards life events and on the other hand to promote conscious commitment to initiate and sustain change processes.
The core and main objective of ACT is the promotion of psychological flexibility, understood as:

"The ability to fully engage with the present moment and the psychological reactions it produces as a conscious person and to persevere or modify one's behaviour in the [present] context in accordance with chosen values" (Fletcher & Hayes, 2006)

This definition of psychological flexibility thus includes:

- The ability to be aware of the present moment and what is happening in the mind in response to this perception,
- The ability to decentralise from one's mental contents while maintaining a clear and naked mental presence towards the present,
- The capacity to act (to act) with commitment (commitment) having developed the capacity for acceptance (acceptance) towards what happens moment by moment.

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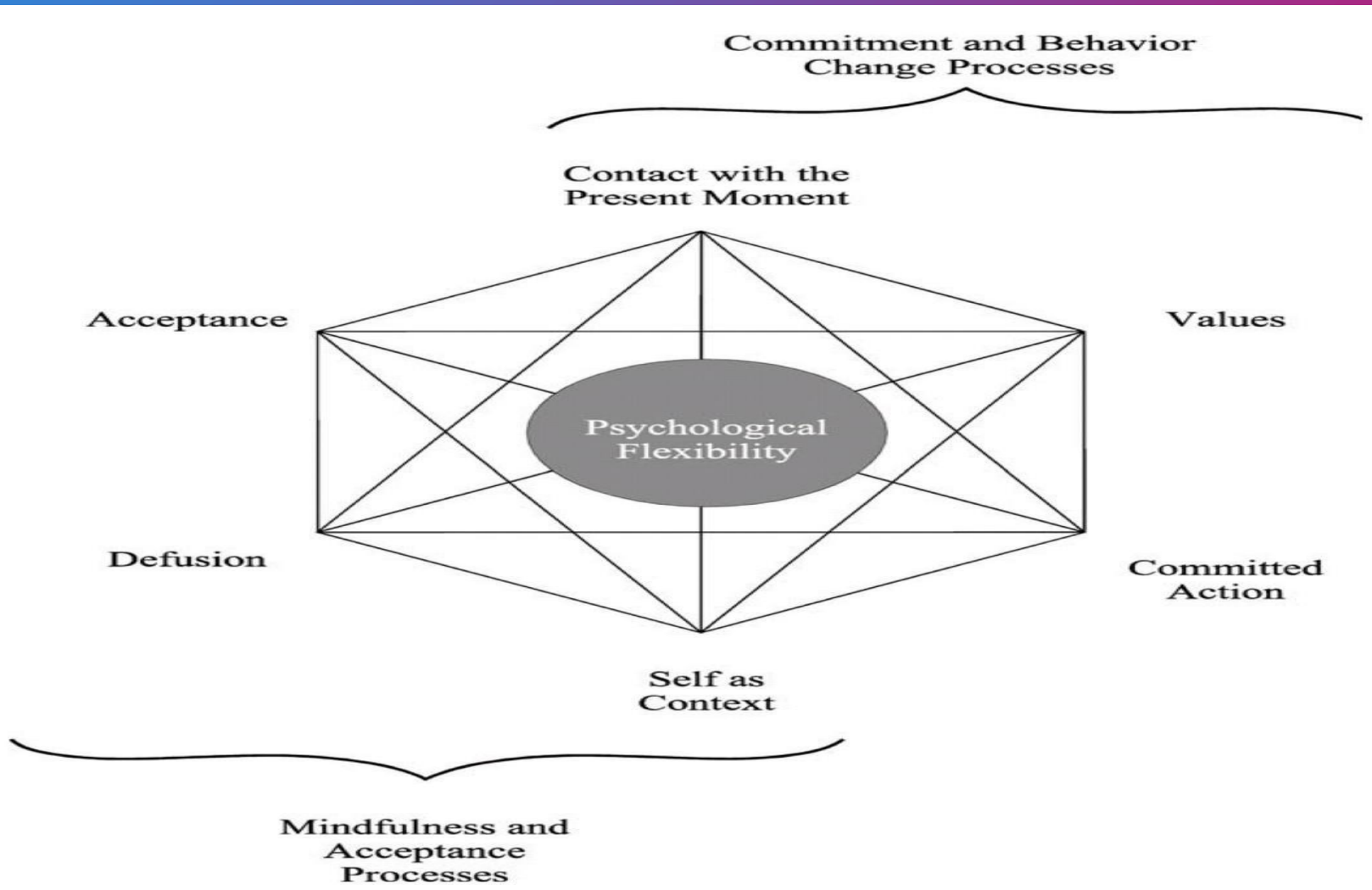
The ACT model



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The 6 fundamental processes for psychological well-being

Acceptance: represents the process whereby one can intentionally accept the present moment and all that is in it without any reactive attempt to alter one's experience of it, even when what is present causes psychological suffering.

Cognitive defusion: allows one to reduce the verisimilitude of one's thoughts without directly trying to get rid of them or attack them with a logical argument, but rather by noticing them as thoughts, mental phenomena, as mental 'facts' and not as 'problems to be solved'. An example of this kind of technique is, for example, using the formula 'I am having the thought that...', or repeating a disturbing thought in an absurd voice.

Contact with the present moment: this corresponds to the state of mindfulness, i.e. the ability to experience moment by moment what is happening in terms of sensory perceptions on the outside and the inside, bodily sensations, thoughts and emotions. Also involved in this process are noticing one's own responses to a certain event and perceiving the self as a process, as a continuous flow in consciousness of the different objects of attention that moment by moment are present in it

The 6 fundamental processes for psychological well-being

- **Self as context:** the Self is seen as the context in which knowledge of the present moment occurs, the mental space of consciousness in which mental phenomena occur. This process allows one to disidentify from what is experienced as one's own, and to achieve a decentralised perspective that allows one to be present to suffering, but experience it as such and not as a part of the Self.
- **Values:** the awareness of what really matters to the person, the existential horizon that represents what subjectively makes life worth living. Each of us has values, e.g. 'to be an honest person', which are different from the 'goals' into which they can be declined. Somewhat as if values were a 'cardinal point' and the goals derived from them the 'stages' of a journey towards that cardinal point
- **Committed action:** finally, it is the process into which all the previous ones flow and in which we can observe the interconnection and interdependence of all these processes in the form of concrete actions taken by the person towards value-oriented goals, which in turn are possible thanks to the other processes that allow one to develop the cognitive flexibility needed to understand what is really important for one's life with greater freedom from prejudice and reactivity and with greater awareness.

Mental Health on Campus – current situation

Mental health and wellbeing issues on university campuses are on the rise. As reported by APA, according to the Healthy Minds Study (data from 373 campuses nationwide) by Lipson and colleagues, during the 2020–2021 school year, more than 60% of college students met the criteria for at least one mental health problem. Situation made more complex by the COVID-19 pandemic.

It seems that college students today have to face several problems and challenges, from coursework, relationships, and adjustment to campus life to economic strain, social injustice, mass violence, and various forms of loss related to COVID-19.

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Mental Health on Campus – current situation

According to literature (see a review by Russell and colleagues, 2019) there is an increase of suicide among university students that makes them a high risk group. A reported by the authors, a recent meta-analysis (n = 634,662) reports that almost one in four university students experience lifetime suicidal ideation. Further, this research highlights that almost 3% of students reported having attempted suicide in the past 12 months. However, current interventions targeting suicide prevention in student populations are largely ineffective. As such, identifying potential modifiable risk factors in the development and persistence of suicidal thoughts and behaviours is a priority. This is particularly important given that, for the majority of individuals attending university, this period is a developmentally crucial time in which the transition from late adolescence to adulthood occurs.

It is necessary imagine new interventions to complement traditional psychological support and counselling courses. One of the main goals is to provide students to use tools independently

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Mental health research

- A.Jensen, (2018) *'The use of arts interventions for mental health and wellbeing in health settings',* Center for Culture and Health, Department for Communication and Psychology, Aalborg University, Lokale 3-093, A. C. Meyers Vænge, 2450 Copenhagen, Denmark.

Aims: This literature review aims to illustrate the variety and multitude of studies showing that participation in arts activities and clinical arts interventions can be beneficial for citizens with mental and physical health problems. The article is focused on mental health benefits because this is an emerging field in the Nordic countries where evidence is demanded from national health agencies that face an increasing number of citizens with poor mental health and a need for non-medical interventions and programmes. Methods: A total of 20 articles of interest were drawn from a wider literature review. Studies were identified through the search engines: Cochrane Library, Primo, Ebscohost, ProQuest, Web of Science, CINAHL, PsycINFO, PubMed and Design and Applied Arts Index. Search words included the following: arts engagement+health/hospital/recovery, arts+hospital/ evidence/wellbeing, evidence-based health practice, participatory arts for wellbeing, health+poetry/literature/dance/singing/music/community arts, arts health cost-effectiveness and creative art or creative activity+health/hospital/recovery/mental health. The inclusion criteria for studies were (1) peer review and (2) empirical data. Results: The studies document that participation in activities in a spectrum from clinical arts interventions to non-clinical participatory arts programmes is beneficial and an effective way of using engagement in the arts to promote holistic approaches with health benefits. Engagement in specially designed arts activities or arts therapies can reduce physical symptoms and improve mental health issues. Conclusion: Based on the growing evidence of the arts as a tool for enhancing mental health wellbeing, and in line with the global challenges in health, we suggest that participatory arts activities and clinical arts interventions are made more widely available in health and social settings. It is well-documented that such activities can be used as non-medical interventions to promote public health and wellbeing.

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Mental health research

Alexia Barrable et Al. (2018), " *Supporting mental health, wellbeing and study skills in Higher Education: an online intervention system*", International Journal of Mental Health Systems

Background

Dealing with psychological and study skill difficulties can present a challenge for both Higher Education (HE) students, who suffer from them, but also for HE institutions and their support services. Alternative means of support, such as online interventions, have been identified as cost-effective and efficient ways to provide inclusive support to HE students, removing many of the barriers to help-seeking as well as promoting mental health and wellbeing.

Case presentation

The current case study initially outlines the rigorous approach in the development of one such online intervention system, MePlusMe. It further highlights key features that constitute innovative delivery of evidence-based psychological and educational practice in the areas of mental health, promotion of wellbeing, support of mood and everyday functioning, and study-skills enhancement.

Conclusions

This case study aims to present the innovative features of MePlusMe in relation to current needs and evidence-basis. Finally, it presents future directions in the evaluation, assessment, and evidence of the fitness-for-purpose process.

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