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Using Eudaimonic Well-being to Improve Lives

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Introduction

This *Handbook on Positive Clinical Psychology* signals a sea-change in mental health research and practice. A central premise is that understanding and treatment of psychological disorders requires a combined focus on positive and negative psychological experience. We submit that efforts to promote good psychological health in the general public also require a prevention focus built on knowledge of psychological strengths and vulnerabilities. In this chapter, we give primary emphasis to a eudaimonic conception of psychological well-being, arguing that it is richly suited to the tasks at hand given its inherent emphasis on achieving wellness vis-à-vis the existential challenges of living. In the first section below, we review philosophical foundations of the eudaimonic approach, and along the way note its distinctiveness from hedonic conceptions of psychological well-being. We then review the psychological foundations of the eudaimonic approach, which were built on the integration of multiple conceptions of positive functioning from clinical, development, existential, and humanistic psychology. We briefly highlight growing evidence of the protective value of eudaimonic well-being for physical health, and then turn our attention to the relevance of eudaimonia for mental health. A first topic therein summarizes findings that have linked traditional indicators of mental illness (depression, anxiety) to eudaimonic well-being. Evidence from across the life course shows that those who suffer from psychological disorders are less likely to experience eudaimonia, which underscores the importance of well-being as a target for treatment. We then review evidence of interventions to promote eudaimonic, both in clinical contexts (treating psychological disorders) and in educational contexts (preventing psychological disorders via promotion of eudaimonic well-being). A main message is that efforts to facilitate experiences of purposeful engagement, self-realization, and growth are vital avenues for improving human lives.

Distant Philosophical Foundations of Eudaimonia

In *Nichomachean Ethics*, written in 350 BC, Aristotle asserted that highest of all goods achievable by human action was "eudaimonia." He used the term not to refer to things like pleasure, worth, or honor, but instead to activities of the soul in accordance with virtue. His conception of virtue had two parts. The first, involved aiming for balance or that which is intermediate. Those of virtuous character thus engage in deliberate actions chosen to avoid excess or

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deficiency, whether they are extremes of pleasure or pain, fear or confidence, vanity or humility. Beyond striving for the mean in modes of conduct, Aristotle's deeper message about virtue was that it involves achieving the best that is within us, each according his or her unique talents and capacities. Eudaimonia is thus growth toward realization of one's true and best nature. Although Aristotle's *Ethics* described multiple virtues, it is important to emphasize that he considered eudaimonia (realization of one's best self) the highest and most important virtue. In contemporary scholarship (Norton, 1976), Hellenic eudaimonism is characterized as an ethical doctrine in which each person is obliged to know and live in truth to his *daimon* (a kind of spirit given to all persons at birth), thereby progressively actualizing an excellence (from the Greek "arête"). Eudaimonia is meaningful living conditioned upon self-truth and personal responsibility. As such, it embodies the two great Greek imperatives, to "know thyself" and to "become what you are" (Ryff & Singer, 2008).

It is important to note that other ancient Greeks, such as Aristippus and Epicuris, emphasized a different approach to the highest human good. For them, experiences of pleasure and contentment – distilled as hedonia – were primary. These two contrasting approaches have been described as key distinctions in contemporary research (Ryan & Deci, 2001) on well-being, one concerned with human potentials and the other with human happiness. Empirical investigations have documented that the two approaches are related but distinct (Keyes, Shmotkin, & Ryff, 2002). Our focus is on the tradition of well-being that began with Aristotle's eudiamonia.

Contemporary Psychological Perspectives on Eudaimonia

Many subfields of psychology have addressed the task of defining positive functioning. Some articulate its meaning with an emphasis on human growth and development (Bühler, 1935; Erikson, 1959; Bühler & Massarik, 1968; Neugarten, 1968, 1973), exemplified by tasks and challenges individuals at different life stages. Others have drawn on existential and humanistic formulations (Allport, 1961; Rogers, 1962; Maslow, 1968; Frankl,1992), which emphasize finding meaning and purpose in life, sometimes in a world that makes no sense (e.g., times of war). Others from clinical psychology sought to define mental health in positive terms rather than to focus on dysfunction (Jung, 1933; Jahoda, 1958).

These diverse perspectives reveal points of convergence and recurrent themes, which were integrated into a multidimensional formulation of psychological well-being (Ryff, 1989). The six key dimensions resulting from the integration are briefly described below. Subsequent sections will demonstrate their utilization in empirical research, clinical practice, and educational programs.

Self-Acceptance

The Greeks admonished that we know ourselves – that is, strive to accurately perceive our own actions, motivations, and feelings. Subsequent psychological formulations emphasized the importance of positive self-regard, as a central feature of mental health (Jahoda) and a characteristic of self-actualization (Maslow), optimal functioning (Rogers), and maturity (Allport). Life-span theories further emphasized acceptance of self, including one's past life (Erikson, Neugarten). The process of individuation (Jung) underscored the need to come to terms with the dark side of one's self (the shadow). Thus, both ego integrity (Erikson) and individuation (Jung) emphasized a kind of self-acceptance that goes beyond standard self-esteem. It is a more long-term self-evaluation that involves awareness and acceptance of personal strengths and weaknesses.

Positive Relations With Others

All the above perspectives emphasize interpersonal ties as central to a positive, well-lived life. Aristotle's *Ethics* included lengthy sections on friendship and love. Jahoda considered the ability to love a central component of mental health, while Maslow described self-actualizers as having strong feelings of empathy and affection for others and a capacity for great love and deep friendship. Warm relating to others was a key criterion of maturity for Allport. Erikson's view of adult development emphasized the achievement of close unions with others (intimacy) as well as the guidance and direction of others (generativity). Contemporary philosophical accounts of the "criterial goods" of a well-lived life (Becker, 1992) also underscored the primacy of love, empathy, and affection.

Personal Growth

This aspect of well-being comes closest in meaning to Aristotle's eudiamonia, as it is explicitly concerned with realization of potential as seen from the vantage point of internal self-evaluation. Personal growth involves a dynamic, continual process of becoming. Maslow's self-actualization was centrally concerned with realization of one's personal potential, as was Jahoda's positive formulation of mental health. Rogers described the fully functioning person as having openness to experience in which he or she is continually developing and becoming, rather than achieving a fixed state wherein problems are solved. Life-span theories (Buhler, Erikson, Neugarten, Jung) also gave explicit emphasis to continued growth and the confronting of new challenges at different periods of life.

Purpose in Life

This dimension of well-being draws heavily on existential perspectives, especially Frankl's *search for meaning* in the face of adversity. Creating meaning and direction in life is fundamental to living authentically as emphasized in existential perspectives. Themes of purpose are also evident in Russell's emphasis on zest and Jahoda's definition of mental health. Allport's conception of maturity included having a clear comprehension of life's purpose, which included a sense of directedness and intentionality. Life-span developmental theories, in turn, referred to the changing purposes or goals that characterize different life stages, such as being productive in midlife, and turning toward emotional integration in later life.

Environmental Mastery

Jahoda defined the individual's ability to choose or create environments suitable to his or her psychological needs as a key characteristic of mental health. Life-span theories emphasized the importance of being able to manipulate and control complex environments, particularly in midlife, as well as the capacity to act on and change the surrounding world through mental and physical activities. Allport's criteria of maturity included the capacity to participate in significant spheres of endeavor that go beyond the self. This area of well-being parallels other psychological constructs, such as sense of control and self-efficacy, although the emphasis on creating a surrounding context that suits one's personal capacities is unique to environmental mastery.

Autonomy

Many conceptual frameworks of well-being emphasize qualities such as self-determination, independence, and the regulation of behavior from within. Self-actualizers are described as showing autonomous functioning and resistance to enculturation (Maslow). The fully functioning

person has an internal locus of evaluation, whereby one does not look to others for approval, but evaluates oneself by personal standards (Rogers). Individuation is described in terms of a "deliverance from convention" (Jung), in which one no longer belongs to the collective beliefs, fears, and laws of the masses. The existential idea of living in "bad faith" similarly conveys the importance of self-determination and living authentically, rather than following the dogma or dictates of others. Finally, life-span perspectives emphasized gaining a sense of freedom from the norms governing everyday life in the later years.

The above six dimensions were operationalized with structured, self-report scales to allow for empirical assessment of the extent to which individuals see themselves as having or lacking various aspects of well-being. In the 25 years since they were created, more than 400 publications using them have been generated. Many inquiries have examined how well-being changes with aging, and how it is linked with experiences in work and family life. For present purposes, we briefly review scientific findings that have linked well-being to physical and mental health.

Eudaimonia and Physical Health

Numerous studies, as reviewed by Ryff (2014), have linked eudaimonia to physical health outcomes. Some have shown diminished well-being when people are dealing with health problems (e.g., frailty, disability, fibromyalgia, Parkinson's), but others have examined possible protective benefits of higher well-being, measured in terms of having fewer chronic conditions, greater productivity, and lower use of health care. Cancer survivors have been studied with findings revealing their psychological strengths and vulnerabilities relative to non-cancer comparison groups. Engaging in better health behaviors (exercising, not smoking) has been shown to predict higher eudaimonic well-being as well as good sleep. Together, these investigators underscore the likely reciprocal relationships between eudaimonic well-being and health.

Other studies have linked eudaimonic well-being to multiple physiological systems in an effort to evaluate whether qualities such as purposeful life engagement and personal growth are beneficial. Findings have shown those with higher well-being have lower levels of daily salivary cortisol, lower pro-inflammatory cytokines, and lower cardiovascular risk (Lindfors & Lundberg, 2002; Hayney et al., 2003; Ryff, Singer, & Love, 2004). Eudaimonic well-being has also been examined as a possible moderator of links between life challenges and biological risk factors. Research on social inequalities has documented that those with lower levels of educational standing have higher levels of interleukin-6 (IL-6), after adjusting for numerous factors (Morozink, Friedman, Coe, & Ryff, 2010). IL-6 is implicated in the etiology of cardiovascular and rheumatological disease as well as osteoporosis and Alzheimer's disease. However, among those with a high-school education or less, higher eudaimonic well-being (multiple dimensions) was associated with lower IL-6, thus revealing a possible protective influence. Shifting to the challenges of aging, eudaimonic well-being has been found to moderate the relationships between later life comorbidity and inflammation (Friedman & Ryff, 2012). That is, many older adults live with multiple chronic conditions known to fuel further inflammatory processes that can contribute to functional decline. Although IL-6 and C reactive protein (CRP) were higher among those with higher levels of chronic conditions, these effects were buffered by levels of eudaimonic well-being. Older adults with higher levels of purpose in life and positive relations with others had levels of inflammation comparable with those with fewer chronic conditions. Gene expression profiles related to inflammation have also been linked to eudaimonic well-being (Fredrickson et al., 2013), with findings showing that those high in eudaimonic well-being showed decreased expression of pro-inflammatory genes and increased expression of antibody synthesis genes. Notably, these health-related benefits for gene expression were not apparent for hedonic well-being.

Particular interest has been shown in purpose in life, a key existential aspect of eudaimonia. Longitudinal inquiries have shown that those higher in purpose in life had decreased risk for mortality, after adjusting for numerous potential confounds (Boyle, Barnes, Buchman, & Bennett, 2009; Hill & Turiano, 2014). Higher levels of purpose in life also predict reduced risk for incident Alzheimer's disease and mild cognitive impairment (Boyle, Buchman, Barnes, & Bennett, 2010), even in the presence of organic pathology in the brain (Boyle et al., 2012). Higher levels of purpose in also predict reduced risk of stroke and myocardial infarction (Kim, Sun, Park, & Peterson, 2013; Kim, Sun, Park, Kubzansky, & Peterson, 2013), as well as better preventive healthcare practices (Kim, Strecher, & Ryff, 2014).

The neural correlates of eudaimonic well-being have also been studied. Using functional magnetic resonance imaging, those who were faster to evaluate negative emotional stimuli showed increased amygdala activation by the effects varied by reported levels of eudaimonic well-being (van Reekum et al., 2007). Those with higher levels of well-being were slower to evaluate negative information and they showed reduced amygdala activation. Another study documented that higher eudaimonic well-being was linked with sustained activity in reward circuitry (e.g., ventral striatum), while viewing positive stimuli as well as with lower cortisol output (Heller et al., 2013). Finally, eudaimonic well-being has been linked with insular cortex volume, which is involved in higher-order functions. Those with higher levels of personal growth, positive relations with others, and purpose in life showed greater right insular cortex great matter volume (Lewis, Kanai, Rees, & Bates, 2014).

In summary, growing evidence indicates that well-being is compromised in those with physical illnesses and disabilities, but also that it appears to play a protective role in the face of disease risk and earlier mortality. Further benefits have linked with higher eudaimonic well-being with lower stress hormones and lower inflammatory markers, including in contexts of adversity or challenge, as well as better gene expression profiles. Eudaimonic well-being has also been connected to various brain-based processes involved in emotion regulation and high-order cognitive functions. Given these salubrious connections, it is all the more important to examine whether eudaimonic well-being can be promoted, both among those who suffer from depression and anxiety as well as among mentally healthy individuals in early and later life. These possibilities are examined in the next section.

Eudaimonia and Mental Health

In this section, we first review evidence, largely from population-based epidemiological studies, on the linkages of traditional indicators of mental health (e.g., depression, anxiety) with eudaimonic well-being. Such findings underscore an important point: namely, that the absence of eudaimonic well-being may be a vulnerability factor contributing to, or resulting from, other psychological disorders. We examine evidence of these linkages both in adulthood and later life as well as in early life, particularly the period of adolescence. A central question in linking mental illness to positive mental health is whether eudaimonia is modifiable. We examine this question via evidence of longitudinal studies of change in well-being across time as well as via studies that have linked eudaimonia to personality traits. An overarching message of this section is that eudaimonic well-being is critical for good mental health throughout the life course.

Epidemiological Findings on Well-Being and Mental Illness

In his complete model of mental health, Keyes (2002, 2006) used data from the Midlife in the US (MIDUS) national study to describe the condition of *flourishing*, which referred to the presence of high levels of hedonic, eudaimonic, and social well-being. Alternatively, *languishing* referred to impaired levels of these aspects of well-being, albeit without suffering from anxiety,

depression, panic disorder, or alcohol dependence. Keyes suggested that a state of languishing could characterize both the prodromal (early symptom stage), or the residual phase of having experienced mental disorders. Further probing of the interplay between well-being and mental health incorporated longitudinal data from MIDUS. Findings showed that cross-time gains in well-being predicted cross-time declines in mental illness, and alternatively that losses in well-being over time predicted increases in mental illness (Keyes, Dhingra, & Simoes, 2010). The absence of well-being was also linked with increased the probability of all-cause mortality (Keyes & Simoes, 2012). Such work, based on samples of adults, underscored that mental health involves a complex balance of positive and negative psychological characteristics, and, importantly, emphasized that impaired levels of well-being may constitute risk for psychological distress, including relapse and recurrence in psychiatric disorders (Wood & Joseph, 2010).

Studies with adult clinical samples strengthened these observations. In an investigation that included comparison with mentally healthy control samples, Rafanelli et al. (2000) studied twenty remitted patients with mood and anxiety disorders. They presented with significant impairments in well-being compared with healthy control subjects. Similarly, Fava et al. (2001) evaluated eudaimonic well-being in thirty remitted patients with panic disorder and thirty matched controls, and also found impairments for patients in some specific areas, but not in others. Importantly, these patients were judged to be in the remission phase of their disorders, and not in need for further therapies. The treatments they received were thus effective in improving psychological symptoms, but left dimensions of well-being impaired compared with those of healthy controls. That aspects of eudaimonic well-being were impaired in such patients suggested vulnerability for recurrence of the prior disorder. In this formulation, experiences of eudaimonia can thus be construed as a key component of what is required to prevent relapse (Fava, Ruini, & Belaise, 2007).

The above ideas, built around research on adults, are also relevant for earlier periods in the life course. In pioneering work on a population-based sample of American adolescents (aged 12–18), Keyes (2006) found that only a small proportion (around 25%) were actually flourishing (following above definition) and, further, that levels of mental health declined with age. That is, there was a 10% loss of flourishing between middle school and high school. Subsequent analysis confirmed age differences in flourishing, with the lowest prevalence in the youngest age cohorts (Keyes 2006, 2007; Keyes & Westerhof, 2012).

Other studies have further documented the high prevalence of psychological difficulties in children and adolescents. Currently available epidemiological data suggest a worldwide prevalence of child and adolescent mental disorders of approximately 20%. (World Health Organization, 2001). An international meta-analysis of population-based studies found that in all cultures depressive disorders were higher for adolescents than for children, and for adolescent girls than for boys (Costello, Erkanli, & Angold, 2006). Such work shows increases in prevalence of depression with age, which more than doubles at puberty. Impaired school performance, the absence or paucity of positive interpersonal relationships, and low self-esteem are some of the most common problems associated with poor mental health in early development (Tao, Emslie, Mayes, Nakonezny, & Kennard, 2010). Further, these problems can be considered as factors predicting future episodes of anxiety or depressive disorders (Emslie et al., 2008). Of particular relevance to the present chapter, indicators of poor psychosocial functioning in children and adolescents may reflect the lack of eudaimonic well-being in areas described by Ryff's model (1989), such as environmental mastery, personal growth, positive relation with other, self-acceptance, purpose in life and autonomy.

Longitudinal Change in Eudaimonic Well-Being

If eudaimonic well-being is implicated in the prevention of, or recovery from psychological disorders, a primary question is whether well-being itself is largely stable, or shows variability and change over time. Strong evidence of stability might suggest that aspects of eudaimonic

well-being are not easily modifiable. With regard to adulthood and later life, multiple initial investigations, based on cross-sectional designs, documented age differences in particular aspects of eudaimonic well-being. Specifically, that older persons in several studies were found to have notably lower profiles on purpose in life and personal growth compared with midlife adults (e.g., Ryff, 1989; Ryff & Keyes, 1995; Clarke, Marshall, Ryff & Rosenthal, 2000). These findings suggested possible vulnerabilities that come with aging, possibly linked with loss of roles and significant relationships as well as physical health decline. Subsequent findings from multiple longitudinal studies, including those based on large national samples (Springer, Pudrovska, & Hauser, 2011), confirmed these age declines in the strongly existential aspects of well-being (purpose, self-realization, and growth). While conveying a disconcerting message that growing old may entail losses in aspects of eudaimonia, such findings nonetheless clarified that well-being is neither stable nor fixed over the life course, but rather appears to be responsive to events and experiences of people's lives.

Such age-related declines in eudaimonia may be implicated in findings from other investigations showing an increasing trend of depressive disorders in late life (around 75 years) (Haynie, Berg, Johannson, Gatz, & Zarit, 2001; Steffens, Fisher, Langa, Potter, & Plassman, 2009). Speaking directly to this possibility, Wood & Joseph (2010) documented that adults and older adults with low levels of eudaimonic well-being were over seven times more likely to be depressed ten years later, and twice as likely to be depressed, even after controlling for personality, negative functioning, prior depression, demographic, economic and physical health status. Other longitudinal inquiries have addressed links between early personality profiles (age 16) and midlife well-being, finding that teenage females who were more extraverted had higher well-being in all PWB dimensions in midlife (Abbott et al., 2008). Teenage neuroticism, in contrast, predicted lower well-being on all dimensions, with the effects mediated through emotional adjustment.

Thus, eudaimonia has a relevant role in human development and along the life course. As described in the previous section, both ancient and modern philosophers have underlined the importance of living according to personal values and of pursuing meaningful life goals that involve developing one's potential across the life-span. Because the relationship between eudaimonia and mental illness seems appears to be particularly significant across the life-span, it heightens the importance of developing specific interventions designed to foster eudaimonic well-being, both to reduce mental illness and psychological distress at diverse ages as well as to promote optimal functioning outside the clinical context.

Clinical and Educational Interventions for Promoting Eudaimonia

Our focus on intervention first addresses treating emotional disorders in the clinical context via promotion of well-being. Second, we shift to an emphasis on prevention of emotional disorders in educational contexts also built on the promotion of eudaimonia. The investigations described in the previous section indicated that the absence of well-being creates conditions of vulnerability to possible future adversities. Following Ryff and Singer (1996), we thus advocate for the implementation of interventions designed not only and exclusively to alleviate the negative, but also to engender the positive.

Clinical Interventions for Promoting Eudaimonia

Persistent impairment of well-being can occur even after a successful treatment of affective disorders (Rafanelli et al., 2000; Fava et al., 2001). This realization calls for a reframing of the concept of "effective treatment" in clinical psychology and psychiatry to encompass a broader clinical vision that sees the restoration of well-being as a specific endpoint of an effective therapy

(Fava et al., 2007). Such a perspective has led to the development of new therapeutic techniques with the aims of increasing patient's personal comfort, and improving quality of life and eudaimonia (Seligman, Rashid, & Parks, 2006; Wood & Tarrier, 2010; Ruini & Fava, 2012; Bolier et al., 2013). One such positive psychotherapeutic strategy –Well-being Therapy (WBT) – adopted Ryff's model of eudaimonia and was tested in a number of controlled investigations with patients with mood and anxiety disorders (Ruini & Fava, 2012). WBT was found to be a protective factor for recurrent depression up to six-year follow-up (Fava et al., 2004).

In this investigation, patients with recurrent major depression, who had been successfully treated by pharmacotherapy, were randomly assigned to either WBT or clinical management (CM) and followed up for six years. During this period no antidepressant drugs were used unless a relapse ensued. This happened in eight (40%) of the twenty patients in the WBT group, compared with eighteen (90%) in the CM group. The WBT group had a total of twelve depressive episodes during the follow-up, compared with thirty-four of the CM group. Importantly, in the WBT group patients tended to relapse four years after treatment, whereas patients in the CM conditions relapsed after two years. Thus, WBT had a highly significant effect in decreasing and delaying the number of relapses into depression (Fava et al., 2004). Another example of the protective role of WBT in depression comes from a clinical case illustration. Ruini, Albieri, & Vescovelli (2014) described the case of a woman with a severe depressive episode following a marital crisis who was treated by WBT over one year. She had no relapses up to two years after treatment, even when she faced another marital crisis that led to divorce. The clinical story of this patient illustrates how improved levels of eudaimonic well-being buffered against relapse, which is usually triggered by psychosocial stressor.

Further, WBT was found to be particularly effective in treating anxiety disorders (Fava et al., 2005; Ruini & Fava, 2009; Ruini et al., 2014) with long-lasting effects. Twenty patients with generalized anxiety disorders (GAD) were randomly assigned to eight sessions of cognitive-behavioral therapy (CBT) or the sequential administration of four sessions of CBT followed by another four sessions of WBT. A one-year follow-up was undertaken. In both groups, eudaimonic well-being, particularly impaired in self-acceptance and environmental mastery, was impaired before treatment. These dimensions, together with anxiety symptoms, greatly improved after treatment, however. Further, the CBT–WBT approach displayed significant advantages over CBT only, and these improvements were maintained at follow-up. Ruini and Fava (2009) provided subsequent clinical evidence for the efficacy of WBT in treating anxious patients. They described a case of a woman with GAD, perfectionism, and obsessive compulsive personality traits, who was treated with a sequential combination of CBT and WBT. CBT was particularly effective in providing cognitive restructuring to worries and catastrophic thinking style, whereas WBT was particularly valuable in addressing perfectionism by promoting self-acceptance. Improvements in environmental mastery and interpersonal relationships were also observed. These gains were maintained in the long term and provided protection to the patients when she faced major life changes (work relocation, death of her father-in-law) (Ruini and Fava, 2009).

In light of these promising outcomes, Albieri et al. (2009, 2011) applied a modified WBT protocol (Child-WBT) in a group of clinically distressed children, reporting emotional and behavioral disorders. Even though it was an open trial, the results were encouraging and children significantly improved in symptom and well-being dimensions after eight sessions of Child-WBT (Albieri et al., 2009, 2011).

Educational Interventions for Promoting Eudaimonia

Beyond clinical populations, the promotion of eudaimonia may have an important role in preventing mental illness and psychological distress in the broader population. This potential may be of crucial importance in vulnerable phases of life, such as adolescence or later life.

Preventive interventions in adolescence find a natural context in schools and educational settings. In fact, schools are increasingly recognized as not only an ideal setting for learning and education, but also as forums for building skills that promote resilience and psychological well-being (Caffo, Belaise, & Forresi, 2008). Further, the philosophical foundation of eudaimonia, as described earlier, emphasizes that fact that ancient philosophers used to teach and discuss these existential issues with their pupils. Eudaimonia thus appears, across the wide sweep of time, to be particularly feasible in educational settings.

In a pilot work, a modified form of WBT was developed and applied in school settings (Well-Being Therapy-School Program protocol, Ruini, Belaise, Brombin, Caffo, & Fava, 2006). In this School WBT protocol, which encompassed four class sessions, middle school students were randomly assigned to either (a) a protocol using theories and techniques derived from cognitive-behavioral therapy, or (b) a protocol derived from WBT. Both school-based interventions resulted in a comparable improvement in symptoms and psychological well-being (Ruini et al., 2006), thereby documenting the feasibility of WBT techniques in younger populations. However, the number of sessions was low (four) and the first two sessions were shared by the same treatments.

The differential effects of WBT and CBT approaches were subsequently explored in another controlled school investigation, involving longer interventions and an adequate follow-up. In this investigation (Tomba et al., 2010). 162 students were randomly assigned to either (a) a protocol derived from WBT, or (b) an anxiety-management protocol (AM). The aim of this study was to test whether each strategy would yield better results for its specific target (well-being/distress) relative to the other. Compared with the pilot study (Ruini et al., 2006), the number of sessions was increased to six. The results of this new investigation showed that the school-based WBT intervention produced significant improvements in autonomy and friendliness, whereas the school-based Anxiety Management (AM) intervention ameliorated psychological distress (anxious and depressive symptoms). When the two interventions were compared using the covariance analyses for baseline measurements, the AM intervention produced a significant decrease in anxiety and depression, whereas WBT showed a significant positive effect in improving students' interpersonal functioning and also physiological symptoms of anxiety. These findings suggest that improvement in psychological well-being may also yield a decrease in anxiety, within the complex balance of positive and negative affect. However, an important aspect to be noted is that both intervention strategies maintained their effects at a six-month follow-up.

Considering the promising results obtained with middle school students (Ruini et al., 2006; Tomba et al., 2010), the WBT school intervention has been extended to high school students, who are considered a more "at risk population" for mood and anxiety disorders (Clarke et al., 1995). School interventions were performed on a sample of 227 students. The classes were randomly assigned to (a) a protocol derived from WBT (five classes) or (b) attention-placebo protocol (four classes). Also in this case both school-based interventions consisted of six, two-hour sessions. WBT school intervention was found to be effective in promoting psychological well-being, with particular reference to personal growth compared with the attention placebo group (Ruini et al., 2009). Further, it was found to be effective in decreasing distress, in particular anxiety and somatization. Such data confirm results obtained in the preliminary investigations on the WBT school program performed on middle school schools (Ruini et al., 2006; Tomba et al., 2010) where the intervention yielded significant improvement in physical well-being and somatization. Overall, the findings suggest that school-based WBT has important clinical implications in light of the documented high prevalence of somatic symptoms in children and adolescents (Ginsburg, Riddle, & Davies, 2006; Muris, Vermeer, & Horselenberg, 2008). In the latter study, the beneficial effect of a WBT school protocol in decreasing anxiety was also maintained at the follow-up, whereas in the attention placebo group improvements faded and disappeared. With young populations, promoting positive functioning and building individual

strengths thus appears to be more beneficial in the long term than simply addressing depressive or anxious symptoms.

Building on these promising results, a group intervention for promoting eudemonia in older people in the community was recently developed (Friedman et al., 2015). Later life comes with many challenges (loss of roles and significant others, health changes), and longitudinal studies have documented decline occurs in certain aspects of well-being, such as purpose in life and personal growth (see Ryff, 2014). With these vulnerabilities in mind, the WBT school protocol was adapted for older adults, including the addition of age-appropriate exercises such as life review (Serrano, Latorre, Gatz, & Montanes, 2004). The program consists of 90-minute classes meeting once per week in community settings (e.g., senior centers; public libraries) with sharing of positive memories and discussion on the characteristics and role of eudemonia in later life. A combination of CBT techniques with specific exercises for promoting eudaimonia in later life characterized the program. It was delivered to a sample of 103 men and women aged 60 or over. At the end of the eight weeks, participants reported significantly increased eudaimonic well-being, life satisfaction, and social well-being along with lower levels of depression and fewer physical symptoms and sleep complaints. Interestingly, these gains were particularly robust for individuals with lower pre-program levels of eudaimonic well-being. Similarly, those presenting initial higher levels of depression benefited the most from the intervention. The results are preliminary, but suggest the feasibility and effectiveness of a preventive group intervention for enhancing positive functioning in older adults in the community.

Summary and Conclusions

This chapter aimed at describing eudaimonia and its crucial role in human life. We illustrated how eudaimonia is deeply embedded in our cultural history by providing an overview of philosophical and psychological theories that date back to ancient Greek philosophers. These perspectives and subsequent formulations in modern times clearly emphasize the importance of possessing life goals and virtues, meaningful relationships, and realizing one's true potential across the life course. These positive characteristics have been maintained as core values across centuries, thus making it clear that eudaimonia encompasses the essential characteristics of what defines optimal human functioning.

A recent and large body of research has documented the benefits of these positive psychological characteristics for physical and mental health. This chapter summarized the growing evidence, which documents the protective role of such eudaimonic characteristics as purposeful engagement, positive interpersonal relationships, and personal growth in the face of life challenges. People possessing high levels of well-being displayed lower levels of biological risk factors associated with chronic metabolic and degenerative disorders. The protective role of eudaimonia appears to be particularly crucial during later life, in which aging individuals who maintaining high levels of well-being have reduced risk for cognitive impairments, fewer comorbidities, and they tend to live longer.

Beside physical health benefits, we emphasized how eudaimonia is deeply linked to mental health, which we argue involves a complex balance of positive and negative psychological characteristics. People with low levels of well-being (eudaimonic, hedonic, eudaimonic, social) may characterize the prodromal (early) or the residual phase of mental disorders. We summarized a large body of epidemiological and clinical research showing that impaired well-being constitutes risk for psychological distress, including relapse and recurrence in psychiatric disorders. The association between eudaimonia and mental health was also examined in therapeutic settings, where the restoration of well-being has been recently included as a criterion of recovery in depressive disorders. This observation translated to psychotherapeutic interventions designed specifically to improve patients' well-being.

One such positive intervention, known as WBT, adopted Ryff's model of well-being. We described the benefits reported by patients with mood and anxiety disorders, both after treatment and on the long term. Importantly, this technique was recently modified for use with child clinical populations, which also displayed improvement in symptoms and well-being after treatment.

Building on such clinical work, we then described more recent efforts to translate such interventions to preventive practices. These were illustrated with a series of school interventions seeking to improve eudaimonia in children and adolescents. Scientific findings showed important benefits in reducing anxiety and psychological distress. Finally, because later life constitutes a vulnerable stage in the human journey, we reported on promising results from a group intervention aiming to promote eudaimonia in older individuals living in the community.

In conclusion, this chapter contributes to the *Handbook of Positive Clinical Psychology* by underscoring the importance of eudaimonic well-being for improving lives from early development in adolescence to adulthood and later life. Perhaps our most important message is that eudaimonia, which has a long tradition of being valued from the ancient Greeks until the present, can be promoted in ways that are feasible, cost-effective, and fundamentally worthwhile. We see great potential in expanding such work for vulnerable individuals, such as those who are socioeconomically disadvantaged or who are facing stressful life situations. Targeted clinical and educational interventions, such as those described herein, that seek to preserve, restore, or improve eudaimonic well-being for such individuals could prevent them from falling into a state of languishing, or developing physical or mental illnesses. Eudaimonia is, in our view, an opportunity that each human being deserves.

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