Master Thesis

The moderating effect of mindfulness on the relationship between stressful life events and psychological health in older adults

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Abstract

Introduction

Earlier research found stressful life events to correlate positively with anxiety and depressive symptoms and negatively with positive mental health in older adults (de Paula Couto et al., 2011). Mindfulness was found to moderate the relationship between stressful life events and overall psychological health in older adults (Frias & Whyne, 2015). It was found that mindfulness moderates the effects that stressful life events have on anxiety and depressive symptoms (Khan & Laurent, 2017) and positive mental health (Weinstein et al., 2009) in younger adults. These associations were not yet investigated in older adults. This study aims to investigate the moderating effect of mindfulness on the relationship between stressful life events and anxiety symptoms, depressive symptoms and positive mental health in older adults.

Methods

An observational research design was used in which 310 older adults (≥ 55 years) filled in an online self-report questionnaire. A multiple linear regression was used to check for moderation.

Results

Mindfulness was not found to be a significant moderator of the relationship between stressful life events and either anxiety symptoms, depressive symptoms or positive mental health in older adults.

Discussion

This article suggests that mindfulness does not have a stress-buffering effect in older adults. This article does show that mindfulness is positively related to psychological health in older adults, which is in line with other literature. This article also suggests the occurrence of stressful life events not to be a risk factor in the development of psychological health problems in older adults.

Introduction

Older adults suffer age-related decline in several aspects of their lives. Physical health and cognitive functioning deteriorate. Social networks decrease in size as older adults withdraw from active social participation. The passing away of friends and family members will happen more frequently. Despite this, older adults report higher levels of psychological health than younger adults do. This phenomenon is called the "Aging Paradox" (Charles & Carstensen, 2010; Mather, 2012).

The aging paradox can be explained by the notion that older adults are more proficient at regulating their emotions than younger adults. Older adults have different preferences in which emotion regulation strategies they tend to employ. They also seem to allocate an increased amount of their cognitive capacities towards emotion regulation in comparison to younger adults (Mather, 2012).

Emotion regulation can be defined as the construct of processes employed by individuals as an attempt to deal with their emotions. Emotion regulation can take place anywhere from stimuli selection to the expression of emotions. Individuals might attempt to influence the onset, severity and continuation of their emotions. This process can be either conscious or unconscious (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Roemer, Williston, & Rollins, 2015; Webb, Miles, & Sheeran, 2012). Difficulties in emotion regulation may result in different forms of psychopathology, such as depression and anxiety (Aldao et al., 2010). Younger adults make more use of the extensively researched emotion regulation strategies cognitive reappraisal and expressive suppression. Cognitive reappraisal concerns itself with creating a different meaning of emotions by reinterpretation of emotional stimuli. Expressive suppression concerns itself with the inhibition of triggered physical impulses (Aldao et al., 2010; Roemer et al., 2015; Webb et al., 2012; Urry & Gross, 2010). Older adults make more use of situational selection and attentional deployment. Situational selection concerns itself with the ability to predict the emotional arousal one might experience in anticipated situations. Attentional deployment concerns itself with the ability to focus on positive rather than negative information (Urry & Gross, 2010).

Mindfulness can be viewed as an emotion regulation strategy as well. It can be defined as the act of purposeful and non-judgmental awareness in the present moment (Aldao et al., 2010; Roemer et al., 2015). Mindfulness has been introduced as a focus area in different kinds of therapies since the last few decades. Interventions based on

mindfulness have their roots in Buddhist traditions (Chambers, Gullone, & Allen, 2009; Hölzel et al., 2011; Shapiro, Carlson, Astin, & Freedman, 2006; Prakash, Hussain, & Schirda, 2015). Mindfulness in the literature is conceptualized either as an emotion regulation strategy, as a personality trait or as a skill. Mindfulness is focused on the awareness and acceptance of cognitions and emotions in the present moment with the notion that they do not need to be acted upon. Even though mindfulness in this way is not focused directly on regulating emotions, the process of awareness and acceptance makes the emotions have less of a grip on the individual (Chambers et al., 2009).

Mindfulness seems to be inversely correlated with anxiety and depressive symptoms in both younger and older adults. Research has shown that older adults report higher levels of mindfulness and lower levels of anxiety and depressive symptoms than younger adults do. It has been shown that mindfulness mediates the negative relationship between age and anxiety and depressive symptoms (Mahoney, Segal, & Coolidge, 2015; Raes, Bruyneel, Loeys, Moerkerke, & De Raedt, 2013; Shallcross, Ford, Floerke, & Mauss, 2013; Shook, Ford, Strough, Delaney, & Barker, 2017).

Mindfulness based therapies help to improve both anxiety and depressive symptoms as well as positive mental health (Eberth & Sedlmeier, 2012). The World Health Organization (2004) defines positive mental health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 12). Research has shown that a person's overall mental health can be regarded as a combination of the two at least partially independent constructs of positive mental health and mental distress (e.g. anxiety and depression) (Keyes, 2005). To comprehensively understand the role that mindfulness plays in mental health, it is thus important to consider the associations between mindfulness and both these dimensions of mental health.

A meta-review by Geiger et al. (2016) investigates potential benefits of mindfulness-based interventions for older adults. The results show mindfulness-based interventions to be beneficial for older adults in promoting psychological health by treating anxiety, depression, stress, and helping with pain acceptance. Mindfulness thus seems to be an important factor in the psychological health of older adults (Gallegos, Hoerger, Talbot, Moynihan, & Duberstein, 2013).

Older adults experience more stressful life events than younger adults (Charles & Carstensen, 2010; Mather, 2012). Older adults also report higher levels of psychological health. They seem to be more proficient at how they select and employ their emotion regulation strategies (Mather, 2012). Mindfulness might play a part in this process. Stressful life events have been shown to correlate positively with anxiety and depressive symptoms and negatively with positive mental health in older adults (de Paula Couto et al., 2011). Frias and Whyne (2015) found a moderating effect of mindfulness on the relationship between stressful life events and psychological health in older adults. Frias and Whyne (2015) used the SF36v2 (Ware, Kosinski, & Dewey, 2000) self-report questionnaire of which they selected the following health domains to measure psychological health: mental health, role limitations due to emotional problems, vitality and social functioning. It was found that mindfulness moderates the effects that stressful life events have on anxiety and depressive symptoms (Khan & Laurent, 2017) and positive mental health (Weinstein, Brown, & Ryan, 2009) in younger adults.

With this article we want to gain more insight into the relationship between stressful life events and psychological health in older adults. More specifically, this article aims to offer new information on the relationship between stressful life events and positive mental health in older adults, and the potential moderating effect mindfulness might have on this relationship. These associations have not yet been investigated in this age-group. Furthermore, the current article will add information to the literature on mindfulness as a protective factor against mental distress, by investigating whether mindfulness moderates the relationship between stressful life events and anxiety and depressive complaints in older adults.

Research question and hypotheses

The research question of this article can be divided into three sub-questions:

- "To what extent does mindfulness moderate the relationship between stressful life events and anxiety symptoms in older adults?"
- "To what extent does mindfulness moderate the relationship between stressful life events and depressive symptoms in older adults?"
- "To what extent does mindfulness moderate the relationship between stressful life events and positive mental health in older adults?"

It is expected that the relationship between stressful life events and anxiety/depressive symptoms/positive mental health will be significantly less strong when older adults are more mindful.

Methods

Participants

A total of 310 participants were recruited. 53 participants were recruited through the Leyden Academy Vitality Club. The Leyden Academy is a knowledge institute that conducts research around the topics of vitality and ageing to be of help in the support of older adults in their daily lives. The Vitality Club is a low-threshold sports club where older adults exercise together. The Vitality Club is an initiative by the Leyden Academy (Bartels & Schinkel-Koemans, 2016). Four different locations around the city of Leiden were visited where participants were recruited.

257 participants were recruited through different Catholic Organizations of the Elderly (Unie KBO; Katholieke Bond van Ouderen). Secretaries of different organizations were contacted by email. Some organizations decided to distribute the link with the questionnaires to their fellow board members and/or organization members.

As the questionnaires are in Dutch the participants needed to have a profound understanding of the Dutch language. Participants were 55 years of age and older. Participants who were under 55 years of age and participants who did not fill out the questionnaires completely were excluded from the results.

Research design and procedure

An observational research design was used, in which participants filled in an online questionnaire at one time point. Participants filled in an online informed consent form before they started with the questionnaire. Participants could fill in the questionnaire using their own electronic devices (computer, smartphone or tablet) and the location and time at which they completed the questionnaire was not determined or controlled by the researchers; they could fill in the questionnaire at any location and time they preferred.

Material

The research variables were all operationalized by self-report questionnaires.

Mindfulness

The Five Facet Mindfulness Questionnaire- Short Form (FFMQ-SF) was used to assess mindfulness. The FFMQ-SF is a 24 items questionnaire which measures multiple facets of mindfulness; the 'observing' facet (five items, for example: "I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow"), the 'describing' facet (four items, for example: "I can easily put my beliefs, opinions, and expectations into words"), the 'acting with awareness' facet (five items, for example: "I do jobs or tasks automatically without being aware of what I'm doing"), the 'non-judging' facet (five items, for example: "I make judgments about whether my thoughts are good or bad"), and the 'non-reactivity' facet (five items, for example: "When I have distressing thoughts or images, I just notice them and let them go"). All items are scored on a 5-point scale ranging from 1 (never or very rarely true) to 5 (very often or always true) (Bohlmeijer, ten Klooster, Fledderus, Veehof, & Baer, 2011). The FFMQ-SF contains 12 items that need to be inversed.

Mindfulness can be viewed as an emotion regulation strategy, a trait or a skill. The FFMQ-SF treats mindfulness as a trait. The study by Bohlmeijer et al. (2011) shows the FFMQ-SF to be a reliable and valid questionnaire in the measurement of mindfulness of adults with depressive and anxiety symptoms. The multifaceted structure of the FFMQ-SF is supported (Bohlmeijer et al., 2011).

Stressful life events

A questionnaire designed by Garnefski and Kraaij (2001) was used to measure when and which stressful life events took place together with their associated negative feelings. It is a 28 items questionnaire (for example: "Did you experience a parental divorce?"). Items are scored on a 4-point scale; 'In none of the periods', 'Yes, before the age of 16', 'Yes, between the age of 16 and 1 year ago', and 'Yes, in the past year' (Garnefski & Kraaij, 2001).

Anxiety symptoms

The GAD-7 was used to measure anxiety symptoms. The GAD-7 is a seven items questionnaire (for example: “Over the last 2 weeks, how often have you been bothered by: not being able to stop or control worrying”). Items are scored on a 4-point scale ranging from 0 (not at all) to 3 (nearly every day). The maximum total score is 21. Higher scores indicate more severe anxiety. Cut-off points of 5, 10 and 15 represent mild, moderate and severe anxiety (Spitze, Kroenke, Williams, & Löwe, 2006).

The GAD-7 is shown to be a reliable and valid questionnaire in the measurement of anxiety symptoms (Spitzer et al., 2006; Kroenke, Spitzer, Williams, Monahan, & Löwe, 2007; Kroenke, Spitzer, Williams, & Löwe, 2010). The Dutch translation of the GAD-7 is shown to be reliable and valid (Donker, van Straten, Marks, & Cuijpers, 2011).

Depressive symptoms

The PHQ-9 was used to assess depressive symptoms. The PHQ-9 is a nine items questionnaire which includes the DSM-IV criteria for a major depressive disorder (for example: “Over the last two weeks, how often have you been bothered by: feeling down, depressed, or hopeless?”). Items are scored on a 4-point scale ranging from 0 (not at all) to 3 (nearly every day). The maximum total score is 27. Scores of 5, 10, 15 and 20 are taken as the cut-off points for mild, moderate, moderately severe, and severe levels of depressive symptoms (Kroenke, Spitzer, & Williams, 2001).

The PHQ-9 is shown to be a reliable and valid questionnaire in the measurement of depressive symptoms (Kroenke et al., 2010; Löwe et al., 2010; Löwe, Unützer, Callahan, Perkins, & Kroenke, 2004).

Positive mental health

The MHC-SF was used to assess positive mental health. The MHC-SF is a 14 questionnaire which measures multiple factors of positive mental health; emotional well-being (3 items, for example: “During the past month, how often did you feel happy?”), social well-being (5 items, for example: “During the past month, how often did you feel that you had something important to contribute to society?”), and psychological well-being (6 items, for example: “During the past month, how often did you feel that you liked most parts of your personality?”). Items are scored on a 6-point scale ranging from 0 (never) to 5 (every day). The maximum total score is 70. Higher scores indicate a higher positive mental health (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011).

The MHC-SF is shown to be a reliable and valid questionnaire in the measurement of positive mental health (Lamers et al., 2011).

Statistical analysis

A multiple linear regression was used to check for moderation. The independent variables of this regression were stressful life events, mindfulness and the interaction between them. The interaction was composed by centering both the independent variables to have a mean 0, and then multiplying them together. The dependent variable of the regression was either anxiety symptoms, depressive symptoms or positive mental health. The moderation was supported when the interaction term was significant (< 0.05).

Stressful life events was a dichotomous variable (0 = no stressful life events in the past year; 1 = one or more stressful life events in the past year). All the other variables were continuous. The SPSS software was used. Version 3 of the Process macro software was used within the SPSS software to perform the multiple linear regressions (Hayes, 2018).

Results

Descriptives

A total of 310 participants (159 women, 151 men) were recruited. The participants were 55 – 98 years of age (M = 70.47, SD = 6.49) (see Table 1). 304 (98.1%) participants considered themselves to have a Dutch identity. 132 (42.6%) participants completed either higher professional education or university education. 28 (9.0%) participants currently have a paid job. 230 (74.2%) participants reported no stressful life events in the past year.

Table 1

Descriptive statistics for key study variables

Variables	M	SD	Range
Age (in years)	70.47	6.49	55 – 98
Mindfulness	85.26	9.52	61 – 114
Anxiety Symptoms	3.01	3.97	0 – 21
Depressive Symptoms	2.46	3.43	0 – 20
Positive Mental Health	46.54	12.31	0 – 70

Correlations between variables

Mindfulness was significantly positively correlated with positive mental health. Anxiety symptoms was significantly positively correlated with depressive symptoms. Mindfulness and positive mental health were significantly negatively correlated with anxiety symptoms and depressive symptoms. Stressful life events was not significantly correlated with any of the other key study variables (see Table 2).

Table 2

Pearson correlations between key study variables

	Mindfulness	Anxiety Symptoms	Depressive Symptoms	Positive Mental Health
Mindfulness	1			
Anxiety Symptoms	-0.453***	1		
Depressive Symptoms	-0.368***	0.796***	1	
Positive Mental Health	0.359***	-0.400***	-0.421***	1
Stressful Life Events	-0.015	0.092	0.091	-0.063

Note. *p < .05; **p < .01; ***p < .001

Mindfulness as a moderator in the relationship between stressful life events and anxiety symptoms

Mindfulness (B = -0.19, p < .001) was found to be a significant predictor of anxiety symptoms. Stressful life events (B = 0.90, p = .052) and the interaction (B = -0.01, p = .764) were not found to be significant predictors (see Table 3.1). Thus, mindfulness did not significantly moderate the relationship between stressful life events and anxiety symptoms.

Table 3.1

Linear model of predictors of anxiety symptoms

	B [CI]	*SE B*	*t*	*p*
Constant	3.01 [2.61, 3.40]	0.20	14.96	< .001
Stressful Life Events	0.90 [-0.01, 1.80]	0.46	1.95	.052
Mindfulness	-0.19 [-0.23, -0.15]	0.02	-8.97	< .001
Interaction	-0.01 [-0.11, 0.08]	0.05	-0.30	.764

Note. R^2 = .21

Mindfulness as a moderator in the relationship between stressful life events and depressive symptoms

Mindfulness (B = -0.13, p < .001) was found to be a significant predictor of depressive symptoms. Stressful life events (B = 0.75, p = .071) and the interaction (B = 0.05, p = .310) were not found to be significant predictors (see Table 3.2). Thus, mindfulness did not significantly moderate the relationship between stressful life events and depressive symptoms.

Table 3.2

Linear model of predictors of depressive symptoms

	B [CI]	*SE B*	*t*	*p*
Constant	2.46 [2.10, 2.81]	0.18	13.59	< .001
Stressful Life Events	0.75 [-0.06, 1.56]	0.41	1.81	.071
Mindfulness	-0.13 [-0.17, -0.10]	0.02	-6.96	< .001
Interaction	0.05 [-0.04, 0.13]	0.04	1.02	.310

Note. R^2 = .15

Mindfulness as a moderator in the relationship between stressful life events and positive mental health

Mindfulness ($B = 0.47$, $p < .001$) was found to be a significant predictor of positive mental health. Stressful life events ($B = -1.93$, $p = .198$) and the interaction ($B = 0.03$, $p = .873$) were not found to be significant predictors (see Table 3.3). Thus, mindfulness did not significantly moderate the relationship between stressful life events and positive mental health.

Table 3.3

Linear model of predictors of positive mental health

	B [CI]	*SE B*	*t*	*p*
Constant	46.54 [45.25, 47.83]	0.65	71.16	< .001
Stressful Life Events	-1.93 [-4.87, 1.01]	1.49	-1.29	.198
Mindfulness	0.47 [0.33, 0.60]	0.07	6.76	< .001
Interaction	0.03 [-0.29, 0.34]	0.16	0.16	.873

Note. $R^2 = .13$

Discussion

This article aimed to add information to the literature on mindfulness as a protective factor against mental distress in older adults, by investigating whether mindfulness moderates the relationship between stressful life events and anxiety and depressive symptoms. Furthermore, this article aimed to offer new information on the relationship between stressful life events and positive mental health in older adults, and the potential moderating effect mindfulness might have on this relationship. This was not yet investigated in this age-group.

Using an observational research design, in which a relatively large sample of 310 participants filled in an online self-report questionnaire, mindfulness was examined as a moderator in the relationship between stressful life events and the three dependent variables anxiety symptoms, depressive symptoms and positive mental health in older adults. Mindfulness was not found to be a significant moderator in any of those relations. Older adults with low mindfulness scores were not affected any more by experiencing stressful life events than older adults with high mindfulness scores. This suggests that mindfulness does not have a stress-buffering effect in older adults. Mindfulness, anxiety symptoms, depressive symptoms and positive mental health were all found to correlate to each other. This shows that mindfulness is positively related to psychological health in older adults, which is in line with other literature.

Stressful life events was not found to be a significant predictor of either anxiety symptoms, depressive symptoms or positive mental health. This suggests the occurrence of stressful life events not to be a risk factor in the development of psychological health problems in older adults. The participant group was found to be psychologically healthy as the average distress scores were low. These findings seem to confirm the notion that older adults are proficient at regulating their emotions and thus function well psychologically.

In contrast to our findings, Frias and Whyne (2015) did find a moderating effect of mindfulness on the relationship between stressful life events and psychological health in older adults. These different results might be caused by the different questionnaires used in the two studies. Frias and Whyne (2015) used the SF36v2 of which they selected the following health domains to measure psychological health: mental health, role limitations due to emotional problems, vitality and social functioning. Our study used the GAD-7, PHQ-9 and MHC-SF to measure psychological health.

A limitation of this article is the possible limited generalizability of the findings. As all participants were recruited through elderly organizations, participants might have been more likely to be extraverted and socially active than the average older adult, which might have influenced the scores.

The fact that stressful life events was not found to be a significant predictor of either anxiety symptoms, depressive symptoms or positive mental health might be due to the limitations of our study. The timeframes in which the stressful life events had happened over the past year were not clearly defined. However, the timeframes in which the stressful life events had happened might have influenced the current severity of anxiety and depressive symptoms and positive mental health. Also, stressful life events in this article was viewed as a homogeneous category, while it might have been that with different kinds of events, distinct skills or traits have a stress-buffering effect in older adults. Future research might consider both the different kinds of stressful life events that had happened and also the timeframes in which they happened.

Another limitation of this article is that the FFMQ-SF, which was used to assess mindfulness, required each statement to be answered in general, while the GAD-7, PHQ-9 and MHC-SF required each statement to be answered over the past two weeks. The emotional state of the participants in which they filled in the questionnaire might have influenced the way in which they answered it. This might have caused the correlations between mindfulness and anxiety symptoms, depressive symptoms and positive mental health to seem stronger than the correlations actually were. A potential moderating effect of mindfulness could have been missed more easily because of this.

Future research could overcome this limitation by using a longitudinal research design. A questionnaire could be distributed among the same participant group multiple times, each time assessing mindfulness, psychological health and whether stressful life events had happened in the period since the last questionnaire. Such a longitudinal study could more precisely investigate the potential protective effect of mindfulness in older adults.

In conclusion, this article suggests that mindfulness does not have a stress-buffering effect in older adults. This article shows that mindfulness is positively related to psychological health in older adults, which is in line with other literature. This article also suggests the occurrence of stressful life events not to be a risk factor in the development of psychological health problems in older adults. It is suggested to conduct further research

on mindfulness as a protective factor against mental distress in older adults. Taken more broadly, it is important for future research to focus on different possible protective factors against mental distress in older adults.

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Appendices

Informatie over het onderzoek ‘Stressvolle levensgebeurtenissen en mentale gezondheid’

Beste mevrouw/meneer,

Met het invullen van deze vragenlijst draagt u bij aan een onderzoek van de afdeling Klinische Psychologie van de Universiteit Leiden. Hieronder vindt u informatie over dit vragenlijstonderzoek.

Doel van het onderzoek
Met dit onderzoek willen wij de relatie tussen stressvolle levensgebeurtenissen en mentale gezondheid onder 55-plussers onderzoeken. Dit vragenlijstonderzoek is onderdeel van een groter onderzoeksproject van de Universiteit Leiden dat zich richt op het onderzoeken en verbeteren van de mentale gezondheid van 55-plussers.

Vragenlijst
Het invullen van de vragenlijst neemt ongeveer 15 minuten in beslag. Op de balk bovenin het scherm ziet u hoe ver u bent met de vragenlijst. Er zijn geen goede of foute antwoorden. Probeer zo eerlijk mogelijk te antwoorden en op uw gevoel af te gaan. U kunt op elk moment besluiten uw deelname aan het onderzoek te staken en te stoppen met het invullen van de vragenlijst.
Mocht er iets misgaan tijdens het invullen of werkt er iets niet aan de vragenlijst, dan kunt u contact met ons opnemen op h.c.van.kleinwee@umail.leidenuniv.nl. Ook bij andere vragen of opmerkingen over het onderzoek kunt u contact met ons opnemen.

Vertrouwelijkheid van gegevens
Alle gegevens die door ons verzameld worden, zullen strikt vertrouwelijk worden behandeld. Uw gegevens zullen niet geassocieerd worden met uw naam, maar slechts met een proefpersoon nummer gecodeerd worden opgeslagen. De onderzoekers bewaren uw gegevens 15 jaar. Alleen de betrokken onderzoekers hebben toegang tot de onderzoeksgegevens. Zij houden uw gegevens geheim. Bij geen enkele vorm van communicatie over de resultaten van dit onderzoek zullen uw naam of andere naar u herleidbare gegevens gebruikt worden.

Als u op de knop 'Verder' klikt, komt u eerst terecht bij het Toestemmingsformulier. Met het invullen van dit formulier bevestigt u dat u voldoende bent geïnformeerd over het onderzoek en hier vrijwillig aan meewerkt. Als u dit heeft bevestigd, kunt u starten met het invullen van de vragenlijst.

Alvast hartelijk bedankt voor het invullen van de vragenlijst!

Met vriendelijke groet,

Het onderzoeksteam
Universiteit Leiden, afdeling Klinische Psychologie

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Toestemmingsformulier

Leest u de volgende stellingen alstublieft goed door. Als u het eens bent met de stellingen klikt u onderaan op de balk met ‘akkoord’.

- Ik heb de informatiebrief voor de deelnemers gelezen.
- Ik heb aanvullende vragen kunnen stellen. Mijn vragen zijn goed genoeg beantwoord. (Als u nog vragen heeft kunt u mailen naar h.c.van.kleinwee@umail.leidenuniv.nl)
- Ik heb genoeg de tijd gehad om te beslissen of ik mee zou willen doen aan het onderzoek.
- Ik weet dat meedoen helemaal vrijwillig is. Ik weet dat ik op ieder moment kan beslissen om toch niet mee te doen. Daarvoor hoef ik geen reden te geven.
- Ik weet dat de gegevens anoniem en gecodeerd worden opgeslagen.
- Ik weet dat de onderzoekers de gegevens die ik invul voor het onderzoek kunnen inzien. Ik geef toestemming voor het verzamelen en gebruiken van mijn gegevens, op de manier en voor de doelen die in de informatiebrief staan.
- Ik geef toestemming om mijn onderzoeksgegevens 15 jaar na afloop van dit onderzoek te laten bewaren.
- Ik wil meedoen aan dit onderzoek.

Akkoord

Demografische gegevens

1. Wat is uw geslacht?
   - Man
   - Vrouw

2. Wat is uw leeftijd in jaren?

3. Tot welke nationaliteit rekent u zichzelf? U mag meerdere antwoorden aankruisen.
   - Nederlands
   - Surinaams
   - Antilliaans of Arubaans
   - Indonesisch
   - Turks
   - Marokkaans
   - Andere nationaliteit (binnen Europa), namelijk
   - Andere nationaliteit (buiten Europa), namelijk

4. Wat is uw burgerlijke staat?
   - Getrouwd
   - Nooit getrouwd geweest
   - Geregistreerd partnerschap
   - Gescheiden
   - Weduwe/weduwnaar

4.1 Heeft u momenteel een vaste relatie?
   - Ja
   - Nee

5. Wat is uw woonsituatie? U kunt aanvinken of en met wie u samenwoont. U kunt meerdere opties aanvinken.
   - Ik woon alleen
   - Met partner
   - Met kind(eren)
   - Met ouder(s)
   - Met anderen, namelijk

6. Wat is de hoogste opleiding die u heeft afgemaakt?
   - Ik heb geen school of opleiding afgemaakt
   - Lagere school of basisschool
   - Huishoudschool, vbo, lbo, lts, leao of lhno

- Mavo, mulo, ivo of vmbo
- Mbo, mts, meao, mhno, inas of intas
- Havo, vwo, hbs, mms, atheneum of gymnasium
- Hbo, hts, heao of hhno
- Universiteit
- Ik heb een andere opleiding afgemaakt, namelijk

7. Wat zijn op dit moment uw belangrijkste dagelijkse bezigheden? U mag meerdere hokjes aanvinken.

- Ik heb betaald werk
- Ik ben met pensioen of prepensioen
- Ik ben (gedeeltelijk) afgekeurd / zit in de ziektewet
- Ik zoek betaald werk
- Ik doe het huishouden
- Ik doe vrijwilligerswerk
- Ik verleen mantelzorg
- Ik volg een opleiding
- Anders, namelijk

Stressvolle levensgebeurtenissen

Heeft u **vóór uw 16de levensjaar** en / of **tussen uw 16de levensjaar en 1 jaar geleden** en / of **in het afgelopen jaar** de volgende levensgebeurtenissen meegemaakt?

Indien u een bepaalde gebeurtenis in géén enkele van de drie periodes heeft meegemaakt, zet dan een kruisje in het vakje bij NEE. Indien u een bepaalde gebeurtenis **wel** heeft meegemaakt, zet dan een kruisje in het vakje bij de periode waarin de gebeurtenis heeft plaatsgevonden. Indien een gebeurtenis in meerdere periodes heeft plaatsgevonden, graag deze gebeurtenis ook voor al deze periodes aankruisen.

Let op: wanneer het gaat over gezinsleden, worden ook pleeg- of stiefouders, broers, zussen en kinderen bedoeld.

	NEE, in geen van de periodes	JA, vóór mijn 16de levensjaar	JA, tussen mijn 16de en 1 jaar geleden	JA, in het afgelopen jaar
1. Echtscheiding van ouders	☐	☐	☐	☐
2. Echtscheiding zelf	☐	☐	☐	☐
3. Langdurige en/of ernstige lichamelijke ziekte van:				
- vader / moeder / verzorg(st)er	☐	☐	☐	☐
- broer of zus	☐	☐	☐	☐
- partner	☐	☐	☐	☐
- kind(eren)	☐	☐	☐	☐
- zelf	☐	☐	☐	☐
4. Overlijden van:				
- vader / moeder / verzorg(st)er	☐	☐	☐	☐
- broer of zus	☐	☐	☐	☐
- partner	☐	☐	☐	☐

- kind(eren)	☐	☐	☐	☐
5. Ernstige psychische problemen van:				
- vader / moeder / verzorg(st)er	☐	☐	☐	☐
- broer of zus	☐	☐	☐	☐
- partner	☐	☐	☐	☐
- kind(eren)	☐	☐	☐	☐
- zelf	☐	☐	☐	☐
6. Zelfmoordpoging van:				
- vader / moeder / verzorg(st)er	☐	☐	☐	☐
- broer of zus	☐	☐	☐	☐
- partner	☐	☐	☐	☐
- kind(eren)	☐	☐	☐	☐
- zelf	☐	☐	☐	☐
7. Geweld binnen gezin of relatie	☐	☐	☐	☐
8. Alcohol of drugsmisbruik binnen gezin of relatie	☐	☐	☐	☐
9. Zelf ongewenst zwanger geworden of een ander ongewenst zwanger gemaakt	☐	☐	☐	☐
10. Zelf slachtoffer geweest van een misdrijf	☐	☐	☐	☐
11. Zelf slachtoffer geweest van een ernstig ongeluk	☐	☐	☐	☐
12. Zelf slachtoffer geweest van seksueel misbruik	☐	☐	☐	☐
13. Zelf lichamelijk mishandeld geweest	☐	☐	☐	☐

Aandacht voor het hier en nu

Hieronder staan verschillende uitspraken, die betrekking hebben op de mate waarin u in staat bent om uw aandacht op het 'hier en nu' te richten. Geef voor elke uitspraak aan hoe vaak deze voor u **in het algemeen** waar is.

	Nooit of bijna nooit waar	Zelden waar	Soms waar	Vaak waar	Heel vaak of altijd waar
Ik ben goed in het vinden van woorden om mijn gevoelens te beschrijven.	○	○	○	○	○
Ik kan makkelijk mijn overtuigingen, meningen en verwachtingen onder woorden brengen.	○	○	○	○	○
Ik observeer mijn gevoelens zonder dat ik me er helemaal door laat meeslepen.	○	○	○	○	○
Ik zeg tegen mezelf dat ik me niet zo zou moeten voelen als ik me voel.	○	○	○	○	○
Het is moeilijk voor me om de woorden te vinden die mijn gedachten beschrijven.	○	○	○	○	○
Ik let op lichamelijke ervaringen, zoals de wind in mijn haar of de zon op mijn gezicht.	○	○	○	○	○
Ik oordeel of mijn gedachten goed of fout zijn.	○	○	○	○	○
Ik vind het moeilijk om mijn aandacht te houden bij wat er op dit moment gebeurt.	○	○	○	○	○

Als ik verontrustende gedachten heb of beelden zie, dan laat ik me daar niet door meevoeren.	○	○	○	○	○
Ik let in het algemeen op geluiden zoals het tikken van een klok, het fluiten van de vogels of het voorbijrijden van een auto.	○	○	○	○	○
Als ik iets in mijn lichaam voel, kost het me moeite om de juiste woorden te vinden om het te beschrijven.	○	○	○	○	○
Het lijkt alsof ik op de ‘automatische piloot’ sta zonder dat ik me erg bewust ben van wat ik doe.	○	○	○	○	○
Als ik verontrustende gedachten heb of beelden zie, voel ik me kort daarna weer rustig.	○	○	○	○	○
Ik zeg tegen mezelf dat ik niet moet denken zoals ik denk.	○	○	○	○	○
Ik merk de geur en het aroma van dingen op.	○	○	○	○	○
Zelfs als ik heel erg overstuur ben kan ik dit op een of andere manier onder woorden brengen.	○	○	○	○	○
Ik doe activiteiten gehaast zonder dat ik er echt aandacht voor heb.	○	○	○	○	○
Als ik verontrustende gedachten heb of beelden zie, kan ik ze opmerken zonder iets te doen.	○	○	○	○	○
Ik denk dat mijn emoties soms slecht of ongepast zijn en dat ik ze niet zou moeten voelen.	○	○	○	○	○

Ik merk de visuele aspecten van kunst of de natuur op, zoals kleur, vorm, structuur of patronen van licht en donker.	○	○	○	○	○
Als ik verontrustende gedachten heb of beelden zie, merk ik ze op laat ze los.	○	○	○	○	○
Ik doe mijn werk of taken automatisch zonder dat ik me bewust ben van wat ik doe.	○	○	○	○	○
Ik merk dat ik vaak dingen doe zonder er aandacht aan te besteden.	○	○	○	○	○
Ik keur mezelf af als ik onlogische gedachtes heb.	○	○	○	○	○

Spannings- en angstklachten

Onderstaande vragen hebben betrekking op de mate waarin u spannings- en angstklachten ervaart. Hoe vaak heeft u in de **afgelopen 2 weken** last gehad van één of meer van de volgende problemen? Kruis het antwoord aan dat voor u van toepassing is.

	Helemaal niet	Meerdere dagen	Meer dan de helft van de dagen	Bijna elke dag
Zich zenuwachtig, ongemakkelijk of gespannen voelen.	○	○	○	○
Niet in staat zijn om te stoppen met piekeren of om controle te krijgen over het piekeren.	○	○	○	○
Zich te veel zorgen maken over verschillende dingen.	○	○	○	○
Moeite om u te ontspannen.	○	○	○	○
Zo rusteloos zijn dat het moeilijk is om stil te zitten.	○	○	○	○
Snel geïrriteerd of prikkelbaar zijn.	○	○	○	○
Zich bevreesd voelen alsof er iets afschuwelijks zou kunnen gebeuren.	○	○	○	○

Somberheid

Onderstaande vragen hebben betrekking op de mate waarin u last heeft van somberheid. Hoe vaak heeft u in de **afgelopen 2 weken** last gehad van één of meer van de volgende problemen? Kruis het antwoord aan dat voor u van toepassing is.

	Helemaal niet	Verscheidene dagen	Meer dan de helft van de dagen	Bijna elke dag
Weinig interesse of plezier in activiteiten.	○	○	○	○
Zich neerslachtig, depressief of hopeloos voelen.	○	○	○	○
Moeilijk inslapen, moeilijk doorslapen of te veel slapen.	○	○	○	○
Zich moe voelen of gebrek aan energie hebben.	○	○	○	○
Weinig eetlust of overmatig eten.	○	○	○	○
Een slecht gevoel hebben over uzelf - of het gevoel hebben dat u een mislukkeling bent of het gevoel dat u zichzelf of uw familie teleurgesteld hebt.	○	○	○	○
Problemen om u te concentreren, bijvoorbeeld om de krant te lezen of om tv te kijken.	○	○	○	○
Zo traag bewegen of zo langzaam spreken dat andere mensen dit opgemerkt kunnen hebben? Of het tegenovergestelde, zo zenuwachtig of rusteloos zijn dat u veel meer bewoog dan gebruikelijk.	○	○	○	○
De gedachte dat u beter dood zou kunnen zijn of de gedachte uzelf op een bepaalde manier pijn te doen.	○	○	○	○

Als u enig probleem hebt aangekruist, hoe moeilijk maakten deze problemen het dan voor u om uw werk of uw taken in en om het huis te doen, of om met andere mensen om te gaan

- ○ Helemaal niet moeilijk
- ○ Enigszins moeilijk
- ○ Erg moeilijk
- ○ Extreem moeilijk

Positieve Gevoelens

De volgende vragen beschrijven gevoelens die mensen kunnen hebben. Lees iedere uitspraak zorgvuldig door en kruis het antwoord aan dat het best weergeeft hoe vaak u dat gevoel had gedurende de **afgelopen 2 weken**.

In de afgelopen 2 weken, hoe vaak had u het gevoel…

	Nooit	Eén of twee keer	Ongeveer 1 keer per week	2 of 3 keer per week	Bijna elke dag	Elke dag
...dat u gelukkig was?	○	○	○	○	○	○
...dat u geïnteresseerd was in het leven?	○	○	○	○	○	○
...dat u tevreden was?	○	○	○	○	○	○
...dat u iets belangrijks hebt bijgedragen aan de samenleving?	○	○	○	○	○	○
...dat u deel uitmaakte van een gemeenschap (zoals een sociale groep, uw buurt, uw stad)?	○	○	○	○	○	○
...dat onze samenleving beter wordt voor mensen?	○	○	○	○	○	○
...dat mensen in principe goed zijn?	○	○	○	○	○	○
...dat u begrijpt hoe onze maatschappij werkt?	○	○	○	○	○	○
...dat u de meeste aspecten van uw persoonlijkheid graag mocht?	○	○	○	○	○	○
...dat u goed kon omgaan met uw alledaagse verantwoordelijkheden?	○	○	○	○	○	○

...dat u warme en vertrouwde relaties met anderen had?	○	○	○	○	○	○
...dat u werd uitgedaagd om te groeien of een beter mens te worden?	○	○	○	○	○	○
...dat u zelfverzekerd uw eigen ideeën en meningen gedacht en geuit hebt?	○	○	○	○	○	○
...dat uw leven een richting of zin heeft?	○	○	○	○	○	○