AN APPRECIATIVE SELF-MANAGEMENT COACHING PROGRAMME TO FACILITATE THE WELLNESS OF SOMATOLOGY THERAPISTS

By

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Thesis submitted in fulfilment of the requirements for the degree
Philosophiae Doctor in Health Professions Education
Ph.D. HPE

in the

DIVISION HEALTH SCIENCES EDUCATION
FACULTY OF HEALTH SCIENCES
UNIVERSITY OF THE FREE STATE
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JUNE 2015

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DECLARATION

I hereby declare that the work submitted here is the result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this university/faculty towards a Philosophiae Doctor degree in Health Professions Education and that it has never been submitted to any other university/faculty for the purpose of obtaining a degree.

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DEDICATION

I first and foremost dedicate this thesis to God, through whom all things are possible. His grace kept me on the path, His Spirit led me. He is my encourager, my strong rock and strength. He carried me especially in times of difficulty and tribulation.

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Secondly, I would like to dedicate this thesis to my wonderful husband and best friend, Ryan. You have been my consistent inspiration, support and source of wisdom. Without your love and sacrifice this work would never have been possible. You listened to my explanation of processes and concepts you had never heard of. With your supportive and calm nature, you listened to my whining and complaining, although you had no idea what I was talking about. Now finally I can say: "We did it babesie!"

****

Furthermore, I dedicate this work to my wonderful family, who offered me unconditional love and support throughout the course of this thesis. To my twin boys, Ruben & Dylan, thank you for not asking too many questions when I had to work late hours at night.

****

Finally, this thesis is dedicated to every single person who ever got told you will not be able to reach your dream. I am living proof that you can. And to other somatology therapists, may this not be the only PhD thesis in our domain. I encourage you to follow in my footsteps.

ACKNOWLEDGEMENTS

Writing the acknowledgements in any thesis is probably the hardest part of the whole document. There are so many people I would like to thank for their support, guidance and influence. I would like to bow my head in a moment of gratitude and thank each of you for your role and support throughout this vital learning phase in my life. Individually I would like to thank the following people:

- My mentor and external promoter, Prof. Jeanette Maritz, Department of Health Studies, University of South Africa (UNISA), for introducing me to Appreciative Inquiry and coaching. Your interest in my work and your incredible support, expert supervision and patience from my Masters through to my Ph.D. are of extreme value to me. You planned this route for me the first time we met, and we made it! It was an honour to be supervised by you; I have learned a great deal from you, both intellectually and personally. Thank you for your encouragement throughout the six year journey we have walked. I cannot wait to work with you on a Post Doc.
- My internal promoter, Dr Johan Bezuidenhout, Division Health Sciences Education, Faculty of Health Sciences, University of the Free State. Thank you for giving me the opportunity to complete my Ph.D. Health Professions Education (HPE). Your continuous support and expert guidance are of great value to me. I always knew that I will be well taken care of whenever I visited Bloemfontein. You were never more than a phone call away and ready to assist with any query I had.
- The support staff at the Division Health Sciences Education, Faculty of Health Sciences, University of the Free State, especially Elmarié Robberts and Cahrin Bester. Both of you have gone way past your job description to assist me in completing this thesis. Your friendship will forever be treasured.
- Prof. Andre Swart, Executive Dean, Faculty Health Sciences, University of Johannesburg (UJ). Thank you for believing in me and allowing me this opportunity.
- My co-workers at the Department of Somatology, Faculty of Health Sciences, UJ. Debra Campbell, thank you for keeping the boat afloat and allowing me the time to finish this thesis. Angel Khumalo, thank you for embarking on this journey with me and encouraging me when I was far from encouraged.
- To my co-coder, Retha Visagie, who spend hours completing the task of coding my data – thank you.

- Prof. Adrian van Breda, my editor. You did so much more than editing my work. You steered me in the right direction, gave me English lessons and make me laugh at myself at numerous occasions. I thank you for your time, effort, expertise and patience.
- The SQP office and director, Dr Riette De Lange, for assisting me and investing valuable funds in my journey to ensure that I am a competent academic**.**
- To my mother, Rina Richter, who transcribed my interviews and focus groups. Thank you for spending countless nights figuring out what was said and still with a quiet heart listened to my complaining of sending me the information late.
- The respondents who participated in this study, for your input. Without your time and cooperation, this project would not have been possible.
- To my friends and family. It will take me a whole forest to thank each person who encouraged, assisted, asked questions and kept me accountable for progress. I hold each of you dear to my heart. I would not be able to be who I am without the amazing support structure I have with each of you by my side.

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LIST OF ACRONYMS

AC	**:**	**Appreciative Coaching**
AI	**:**	**Appreciative Inquiry**
ASMC	**:**	**Appreciative Self-Management Coaching**
AHPCSA	**:**	**Allied Health Professions Council of South Africa**
BTech		**Baccalaureus Technologiae**
CHE	**:**	**Council on Higher Education**
CPD	**:**	**Continuing Professional Development**
DTech	**:**	**Doctorate Technologiae**
HEI	**:**	**Higher Educational Institutions**
HEQF	**:**	**Higher Education Qualification Framework**
HPCSA	**:**	**Health Professions Council of South Africa**
IS-Wel	**:**	**The Indivisible Self**
MTech	**:**	**Magister Technologiae**
NDip	**:**	**National Diploma**
NQF	**:**	**National Qualification Network**
NQV	**:**	**National Vocational Qualifications**
SA	**:**	**South Africa**
SAQA	**:**	**South African Qualifications Authority**
SMP	**:**	**Self-Management Plan**
UFS	**:**	**University of the Free State**
UJ	**:**	**University of Johannesburg**

SUMMARY

Key terms: Individual wellness, self-management (psychology), coaching (psychology), appreciative coaching, self-coaching, appreciative inquiry, design based research, somatology, health sciences, health education, IS-Wel, wellness.

In this research project, an in-depth study was conducted by the researcher with a view to design and develop an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists.

The work of many health disciplines, such as the somatology therapist, is mentally, physically and emotionally demanding. Working with clients on a daily basis has been found to cause distress to the professional within this emotionally labour-intensive context. In recent years, the prevalence of wellness and the need to look after the wellness needs of the health professional have become important. The significance and benefits of wellness initiatives to the individual and the employer has been well-documented in the academic literature. The literature, however, fails to provide the somatologist with a cost effective and time efficient wellness programme, tailor made for the somatology clinic context, which is as unique and flexible as the individual him/herself.

In light of the above challenges, the following research question arose:
What should an appreciative self-management coaching programme consist of to facilitate the wellness of somatology therapists?

A qualitative, design-based research design was followed, including Appreciative Inquiry as the underpinning philosophy. The research took place in three phases.

In Phase 1 – Preliminary phase – a needs-and-context analysis was done. This phase was informed by (1) a previous study on the self-management needs of somatology therapists (Richter 2010), conducted by the researcher in collaboration with practitioners in the field of somatology; (2) a literature review on wellness, self-management, self-coaching and appreciative coaching in order to probe the contemporary trends in modern somatology and elsewhere; and (3) Appreciative Inquiry based, in-depth, semi-structured interviews using the GROW model of coaching with practitioners in the field of somatology.

Phase 2 – Prototyping phase – extended on the above research. An iterative design was used, consisting of two micro-cycles of research concerned with formative evaluation. Through collaboration with practitioners and experts in the somatology, education and coaching field, using focus group discussions, the researcher improved and refined the proposed ASMC programme.

Phase 3 – Evaluation and Reflection phase. Through semi-formative and focused discussion, the perceived soundness and feasibility of the ASMC was tested, using a two-fold Alpha test. (1) The first part of the alpha test was conducted during the focus group discussion in Phase 2, and (2) a document analysis was conducted by expert appraisal (using an expert in the field of coaching, education and health). Finally the researcher conducted both organic and structured reflection to further both the theoretical and practical goals of this study. Bracketing was used to meet the methodological, ethical and emotional challenges that arose.

This study presents an ASMC programme that is holistic, unique, flexible and effective. The researcher believes that the ASMC did more than just bridge the gap identified for the somatology therapist. Wellness is important to all professional groups, and the ASMC is believed to be a novel first step in addressing the maldistribution of wellness related practices for the somatologist and Higher Educational Institutions due to its flexible and adaptive nature.

OPSOMMING

Sleutelterme: Individuele welstand, selfbestuur (sielkunde), afrigting (sielkunde), waarderende afrigting, selfafrigting, waarderende ondersoek, ontwerpgebaseerde navorsing, somatologie, gesondheids wetenskap, gesondheidsvoorligting, IS-Wel, welstand.

In hierdie navorsing is 'n indringende studie deur die navorser gedoen met die doel om 'n waarderende selfbestuurafrigting (WSBA) -program te onwerp en ontwikkel ten einde die welstand van somatologieterapeute te fasiliteer.

Die posvereistes vir baie gesondheidsverwante dissiplines, soos somatologieterapie, is geestelik, fisies en emosioneel veeleisend. Om daagliks met kliënte te werk veroorsaak angs by die professionele persoon in hierdie emosioneel uitputtende konteks. In die afgelope paar jaar het die voorkoms van welstand en om aandag aan welstandsbehoeftes van die individu te gee, baie belangrik geword. Literatuur het die belangrikheid en voordele van welstandsinisiatiewe vir die individu en die werkgewer goed gedokumenteer. Vanweë die aard van die somatologiekliniek, bly literatuur in gebreke om aan die somatoloog 'n koste- en tyddoeltreffende welstandprogram te verskaf wat op hul konteks, wat so uniek en buigsaam as die individu self is, toegespits is.

In die lig van bogenoemde uitdagings het die volgende vraag ontstaan:
Waaruit moet 'n waarderende selfbestuurafrigtingsprogram bestaan om die welstand van somatologieterapeute te fasiliteer?

'n Kwalitatiewe, ontwerpgebaseerde navorsingsontwerp is gevolg, insluitend waarderende ondersoek as 'n onderliggende filosofie. Die navorsing het in drie fases plaasgevind.

Fase 1 – Voorafgaande fase: 'n Behoefte-en-konteksontleding is gedoen. Eerstens het 'n vorige studie oor die selfbestuursbehoeftes van somatologieterapeute hierdie fase ten grondslag gelê (Richter 2010), wat deur die navorser in samewerking met somatologiepraktisyns uitgevoer is. Tweedens is 'n literatuuroorsig oor welstand, selfbestuur, selfafrigting en waarderende afrigting gedoen ten einde die huidige tendense in moderne somatologie en elders noulettend te ondersoek. Derdens is waarderende ondersoekgebaseerde, indringende, semigestruktureerde onderhoude gevoer met behulp van die *GROW* model van afrigting saam met praktisyns op die gebied van somatologie.

Fase 2 – Prototipefase: gegrond op bostaande navorsing het fase twee ’n herhalende ontwerp gevolg wat uit twee mikrosiklusse van navorsing, wat met formatiewe evaluasie as die belangrikste navorsingsaktiwiteit gemoeid is, bestaan. Deur samewerking met praktisyns/deskundiges in somatologie, opvoedkunde en afrigting en deur fokusgroepbesprekings het die navorsing die voorgestelde WSBW-program verbeter en verfyn.

Fase 3 – Evaluasie- en nadenkefase: Deur semiformatiewe en gefokusde bespreking is die vermeende gegrondheid en uitvoerbaarheid met ’n tweeledige alfa-toets getoets. (1) Die eerste deel van die alfa-toets is gedurende die fokusgroepbespreking in fase 2 gedoen, en (2) dokumentontleding is deur deskundige beoordeling gedoen (deskundig op die gebied van afrigting, opvoedkunde en gesondheid). Ten slotte het die navorser organiese en ook gestruktureerde nadenke uitgevoer om sowel die teoretiese as die praktiese doel van hierdie studie te bevorder. Groepering is gebruik om die metodologiese, etiese en emosionele uitdagings wat ontstaan het, die hoof te bied.

Hierdie studie bied 'n WSBA program wat holistiese , unieke , buigbare en doeltreffende is. Die navorser is van mening dat die WSBA meer gedoen het as om bloot die gaping te oorbrug wat vir die somatologieterapeut geïdentifiseer is. Welstand is vir alle professionele groepe belangrik en die WSBA, vanweë die buigsame en aanpasbare aard van die WSBA, word as ’n eerste tree beskou om aandag aan die wanverspreiding van welstandverwante praktyke vir die somatoloog en hoëronderwysinstellings te gee.

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CHAPTER 1

PREAMBLE

1.1 INTRODUCTION

When asking health care clients what qualities they wish therapists (in general) had, Littauer, Sexton and Wynn (2005:29-31) identified that therapists should be sincere, composed and receptive, they should be well prepared and have a treatment strategy, listen courteously and be considerate. The researcher is of the opinion that the demands listed above are possible only when a therapist is physically alert, emotionally stable and aware of his/her own state of mind, as well as those of the client. Hence in this research project, an in-depth study was done, with a view to develop an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists.

To familiarise the reader with the main concepts of this study, the researcher will briefly discuss the industry of **somatology, self-management, coaching** and **wellness**. These concepts will be further elaborated in Chapter 2 of this study.

Somatology forms part of the Higher Education Qualifications Framework (HEQF) in South Africa, but Somatology therapists need not register with the Health Professions Council of South Africa (HPCSA) or the Allied Health Professions Council of South Africa (AHPCSA) in order to practise the therapies within this multifaceted industry. Most of the therapies within somatology, as taught by Higher Education Institutions (HEIs) in South Africa, fall within the wellness cluster that focuses on the improvement of quality of life for the clients (Global Spa Summit 2010:iii). The industry of somatology provides "carefully packaged and segmented parcels of free time", but requires physical labour, long hours, emotional work, low remuneration, and frequently poor working conditions for the somatology therapists within it (Sharma & Black 2001:104). Somatology therapists have demanding jobs and mainly focus on the welfare of their clients.

Self-management is seen as a "professional development process in which an individual develops a deeper awareness of his/her unique cognitive, behavioural, perceptual and emotional system, with the self-insight and adaptive capability required to effectively manage both the influence and impact of his/her unique psychological system" (Kemp 2008:33). There is a rising teaching approaches and research papers on the "benefits of teaching self-management skills to professionals" (Kazemi, Rice, Rylander & Morgan 2011:235). Self-management training has proven useful in facilitating an increase in academic performance, productivity, coping skills, adaptive capabilities and skills dealing with clients (Kemp 2008:33; Kazemi *et al.* 2011:236).

Coaching has the ability to make a difference in the development of individuals by aiming to facilitate internal and external change (Bachkirova 2011:5), such as the improved focus on self-management that can lead to the facilitation of wellness. The proposed coaching programme will allow the therapist to embark on a self-coaching journey, guided through an Appreciative Inquiry (AI) process of change (Grant & Greene 2004:2), aimed at teaching the individual to be his/her own, solution-focused life coach. AI is a powerful, highly successful process for change, focusing on the positive core of individuals and organisations (Orem, Binkert & Clancy 2011:12).

Wellness is a multi-dimensional phenomenon that embraces various dimensions, including the physical, social, spiritual and mental and is often described as a "state of positive health" (Ardell 1977; Archer, Probert & Gage 1987; Myers, Sweeney & Witmer 2000; Horton & Snyder 2009:215). There is a rising attentiveness in "changing the way we take care of ourselves – not just our bodies, but also our minds, spirit, society and planet" (Global Spa Summit 2010:1). There is a need for a paradigm shift; an important shift from problem fixing, to a practical and holistic approach to prevent the causes of illness.

This study can serve as a directive for HEIs, since not all undergraduate programmes and curricula necessarily include or teach self-management and individual wellness skills to their graduates. Kazemi *et al.* (2011:235) found that few health discipline programmes clearly teach such skills or offer these skills to graduates.

The aim of Chapter 1 is to orientate the reader by providing a background to the research problem, followed by a discussion of the problem statement and research questions. Thereafter the overall goal, aim and objectives of the study will be elaborated on. These will be followed by a demarcation of the study and a discourse aimed at highlighting the

significance and value of the study. Finally, a brief overview is presented of the research design and methods of investigation, measures for ensuring trustworthiness and ethical considerations. The chapter is concluded by an outline of the subsequent chapters and a brief, summative conclusion.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Somatology is a young profession within academia. Internationally, modern somatology could be viewed as a highly qualified profession that has to adapt to a dynamic and fast paced advances in technology. A highly qualified profession requires a minimum of a National Diploma. Due to the fact that the industry has not yet been under much scrutiny from researchers, people are generally unaware of the demanding nature of this ever-expanding, multifaceted industry and the demands that the industry places on therapists.

The industry of somatology is interwoven and plays a vital, yet often overlooked, role in all the aspects of wellness and well-being trends for women and men alike. The Global Spa Summit (2010:iii) indicated that the part of the wellness cluster that is mainly focused on the improvement of quality of life consists of the Spa, Complementary and Alternative Medicine, Healthy Eating and Weight Loss, Personalised Health, Wellness Tourism, Workplace Wellness, Fitness and Anti-aging industries. All of the markets indicated in this part of the wellness cluster belong to or overlap with the somatology industry, as currently taught by HEIs in South Africa. Even though the industry forms such a large part of the wellness industry, the individual wellness of the therapists within this industry is often overlooked, as their main focus is on increasing the quality of life for the paying client.

If one takes into account the number of wellness and wellness-related practices practised and taught within the somatology curriculum and industry, one may assume that the somatology curriculum will include the theoretic knowledge on wellness with regards to holistic well-being. Having studied the curriculums of 5 South African HEIs (prior to embarking on this research journey), however, it was noted that while the current somatology curricula contain aspects of wellness related to the clients, they do not address the wellness of somatology therapists themselves. Because of this uneven application of wellness practices and strategies, innovative practices and further research are needed (Wolf, Thompson & Smith-Adcock 2012:166). Wolf *et al.* (2012:178) indicate that wellness is now being recognised as crucial to student preparedness to handle the

challenges of the profession, and it is imperative that academia understand the impact of wellness programmes on student and professional well-being.

Today, the literature on the wellness paradigm and improving individual wellness is mainly concerned with counsellors, nurses and psychologists (e.g. Cashwell, Bentley & Bigbee 2007; Cummins, Massey & Jones 2007; Young & Lambie 2007) and excludes the somatology therapist. It is clear that the benefits of addressing wellness extend beyond the individual therapist's personal gain, as clients, family, friends and other individuals can also be positively affected with an increased capacity to attend to the treatments offered by the therapist (Wolf *et al.* 2012:166-168). Therefore, there is a need for a holistic and continuous individual wellness programme steered towards optimal wellness of the somatology student and therapist.

There are various wellness strategies and programmes aimed at assisting in the wellness of individuals that one might consider within the context of somatology. These might include components such as wellness education, "health risk assessment", enticements, environmental consultation, coaching, onsite biometric screening, targeted programming, professional support, support groups, therapy, self-reflection, self-awareness, assistance will tobacco termination, weight reduction, nutritional counselling, discounts on gym membership, stress management, full-time wellness staff and taking time out for leisure (Myers & Sweeney 2005; Venart, Vassos & Pitcher-Heft 2007; Yager & Tovar-Blank 2007; Murphy, Schoenman & Pirani 2010; Conner 2013:63). Conner (2013:63) expressed that the above mentioned programmes are often underutilised. According to the Sheshunoff Information Services (2012:1), a successful programme to facilitate wellness will improve the health of the individual while also increasing productivity and quality of life (Neely 2012:5).

Most programmes aimed at improving wellness lack one or more of the holistic aspects of wellness and/or are not adequately implemented because continued support is not feasible or possible (Myers & Sweeney 2004:269). One has to comprehend that wellness is more than just a programme implemented by an employer or wellness strategies suggested during formal training; "wellness is influenced by various stressors acting together" that place physical and psychological demands on individuals (Janse van Rensburg, Surujlal & Dhurup 2011:248). Wellness is concerned with an individual's physical, intellectual, social and emotional well-being (Janse van Rensburg *et al.* 2011:248), to name only a few. A suggested solution aimed at facilitating individual

wellness should encompass at least all of the above aspects, because wellness is an issue that involves interconnected harmony of the body, mind and, and should be as individual as the therapist her/himself.

Self-management and coaching will form the main components of the suggested programme aimed at facilitating the individual wellness of the somatologist. Self-management is acknowledged in the field of health and social care (Newbould, Taylor & Bury 2006:254). The term self-management means different things in different fields. For this study, and related to the fields of business, education and psychology, self-management refers to "methods, skills and strategies by which individuals can effectively direct their own activities toward the achievement of objectives. It includes goal-setting, decision-making, focusing, planning, scheduling, task tracking, self-evaluation, self-intervention and self-development" (Omisakin & Ncama 2011:1734).

Models or programmes of self-management have been related to managing difficulties through self-help, self-sufficiency and family and community dependence (Newbould *et al.* 2006:256). Self-management gives further insight into "one's being, one's personal life purpose and one's position in life" (Omisakin & Ncama 2011:1736). There seems to be a consensus among researchers that the term self-management can be applied to health-promotion undertakings such as wellness, and to those associated with acute or chronic illness (Omisakin & Ncama 2011:1735).

Self-management models or programmes have educational foundations that are essential to this study. It has also been noted that self-management enables people to develop a method of knowing themselves and to practise taking care of the self (Omisakin & Ncama 2011:1736). Although self-care and self-management theories have been elaborated on in literature, there still seems to be discrepancies between the variances and interactions between the two concepts (Omisakin & Ncama 2011:1734). The researcher believes that self-management will assist the therapist in practising self-care. Self-care involves the capacity to care for the self and to perform activities essential to accomplish, sustain or stimulate optimal health.

One has to note that "self-care is situational and culturally influenced" (Omisakin & Ncama 2011:1735). It also involves the ability to decide and perform activities directly under the control of the individual. Therefore it is influenced by a variety of individual characteristics (Omisakin & Ncama 2011:1735). According to Wolf *et al.* (2012:166), self-

care fosters individual wellness. Therefore, individual strategies and initiatives should be incorporated in an attempt to facilitate individual wellness, steered towards a positive state of health and well-being. When considering the self as a concept, it is important to note that it is both constant and changeable and the self is in fact essential to self-care and self-management (Omisakin & Ncama 2011:1733).

Self-management needs to encourage "self-understanding" and "self-development" for the therapist and one should progress towards being empowered (Omisakin & Ncama 2011:1736). Understanding that the expression of individual wellness and self-management is as distinctive as the individual therapist, emphasises the fact that effective self-care practices will differ from person to person (Wolf *et al.* 2012:178); hence, the strong focus in this study on self-coaching.

There is a "growing interest, within the emerging coaching psychology literature, in exploring specific coaching methods" (Kemp 2008:32). As mentioned above, this study used self-coaching as the primary coaching perspective. According to Ylvisaker (2006:248), the goal of self-coaching is to facilitate planful, goal-orientated and eventually effective behaviour. Self-coaching aims to assist the individual in creating a "positive image of the self" (Ylvisaker 2006:248). It is more effective than coaching from a peer or external coach (Sue-Chan & Latham 2004:274) and provides individuals with an edge over their uncoached peers (Sliter & Christiansen 2012:173) when considering their own self-management and individual wellness capabilities. This could be due to the fact that self-coaching allows an individual to 'fake it' when necessary and create boundaries when needed (Miller & Barret 2008:341). Both of these are vital in the ability of an individual to effectively self-manage (Richter 2010:81).

In line with the belief that self-coaching constructs a positive image of the self, Appreciative Coaching (AC) – the second coaching perspective used in this study – holds that human systems will move towards reproducing and creating images that "reside in their most positive core – their values, visions, achievements and best practises" (Watkins & Mohr 2011:xxxi). According to Sloan and Canine (2007:2), AC is understood as merely the applied core AI principles (cf. point 3.2.1). AC is believed to be "highly effective for various coaching purposes, e.g. leadership, personal development and working relationships" (Gordon 2008:23). The research interest and literature on AC is growing swiftly, and even though there is a component concerning the self in the AC coaching style (Orem *et al*. 2011:26; Gordon 2008:27), the researcher could not find any reference

to the use of AC in conjunction with self-coaching. Combining self-coaching and AC could be a highly novel and effective tool in the facilitation of individual wellness through self-management strategies.

1.3 PROBLEM STATEMENT AND RESEARCH QUESTIONS

The problem that was addressed in this study is multi-dimensional, stemming from the somatology industry (the individual somatologist), individual wellness, self-management and coaching. The researcher addressed the lack of and/or uneven application of wellness strategies for somatology therapists through an Appreciative Self-Management Coaching (ASMC) programme.

The job requirements for a somatology therapist is mentally, physically and emotionally demanding (Toerien & Kitzinger 2007:168), as with most other health care professions. It is important to note that within the industry of somatology, one person's leisure is another person's work (Black & Sharma 2001:104). Client experiences are of utmost importance to the somatology clinics and therapists. Somatology therapists go to great lengths to ensure that their clients are satisfied, even if it is to their own detriment (Linnan, Kim, Wasilewski, Lee, Yang & Solomon 2001:609), because client satisfaction is perceived as business success (Richter 2010:114; Khumalo 2013:personal communication).

In general, people-orientated jobs, such as somatology, provide little room for individual wellness (Richter 2010:2). Linnan *et al*. (2001:609) found that the typical therapist serves 47 clients per week and spends roughly 30-60 minutes on each appointment; one has to note that the time spent depends on the number and nature of the services provided. This is often done without any rest periods. Therapists have described treatments as offering 'stress-relief', as well as offering greater self-confidence to the client. Yet, therapists also described the struggle to manage their own internal and external cognitive realities within the somatology clinic (Sharma & Black 2001:914; Richter 2010:54). Therapists' admission that they need to make time for individual wellness and self-management is a healthy acknowledgement of their humanness, not a personal shortcoming (Wolf *et al.* 2012:169).

In order to understand how somatology therapists deal with the demanding nature of their industry, the researcher conducted a study aimed at understanding the self-

management of somatology therapists (Richter 2010). After close collaboration with somatology therapists, it was evident that there is a need for individual wellness and self-management within the context of somatology. Not only is there a lack of wellness and self-management for qualified somatology therapists, but there is also a lack of individual wellness and self-management training that focuses on the wellness of the somatology therapist. Presently within the somatology curriculum (as taught by HEIs in South Africa), the focus is mainly on the experiences and perceptions of the client. There is a need for wellness and individual wellness training within the curricula and/or co-curricula of most Health Science programmes (Wolf *et al.* 2012:166), not only somatology.

Apart from the above, no recent study, indeed no studies at all, concerning the facilitation of wellness for the somatology therapist in South Africa, or a study combining self-coaching and appreciative coaching for the improvement of self-management in South Africa could be traced. Research on the somatology industry is limited. Searches on the NRF's website and the Nexus Database System (information regarding South African dissertations and theses) did not produce relevant dissertations or research on somatology with a programme aimed at improving wellness, combining self-coaching and appreciative coaching in order to improve self-management or the use of self-management to facilitate wellness. However, a number of recent dissertations and theses were found on wellness, coaching and self-management in other disciplines. Examples of such scholarly work include the following topics:

- An effective coaching relationship for managers;
- The implementation of a coaching model within the banking industry;
- Coaching foundation phase literacy teachers as leaders in a school in the Western Cape Province: a professional development strategy;
- Mid-career development through spiritual lifestyle coaching;
- Appreciative merger and acquisition team coaching programme to facilitate managers' mental health in a cross-cultural context;
- Coaching as a strategy for skills development and retention;
- The development and evaluation of an executive coaching programme;
- Establishing effective organisational coaching strategies;
- Transformative effects of an appreciative group based leadership coaching programme;
- Business coaching and employee well-being in South Africa;

- Towards a team coaching model based on appreciative inquiry and Socratic questioning;
- Positive Psychology transition coaching;
- The effect of a positive psychology coaching programme;
- The case for an executive coaching model for private healthcare in South Africa;
- Coaching the executive for emotional intelligence;
- A coaching programme for nursing college managers to facilitate employee wellness;
- A Leadership coaching model on emotional intelligence (IE) for secondary school principals;
- Developing the professional capacity of educators in a special school though collaboration and peer coaching; and
- A life coaching model for social work students within an open distance learning context.

Literature searches were also conducted on various databases, such as Google Scholar, Ebsco Host, Gale and Digispace, to identify relevant articles. Some sections in these dissertations/theses and articles were informative and helpful and are acknowledged and referenced as such.

In conclusion, there seemed to be no recent scientific studies concerning the facilitation of wellness for the somatology therapist in South Africa, combining self-coaching and appreciative coaching for the improvement of self-management in South African Higher Education, or the use of self-management to facilitate wellness. It is clear that current literature fails to give the somatology therapist clear guidelines on a sustainable, cost-efficient programme to facilitate their own holistic wellness. This may be due to the high demand on somatology therapists and the nature of their business. One could propose the use of an external coaching intervention to facilitate the wellness of the somatology therapist. Even though coaching is novel, it is expensive to make use of (Maritz 2012:personal communication) and the somatology therapist may not have sufficient time for such an intervention. The price for implementing a current wellness programmes might be too high and generally individual wellness is not recognised as important within modern somatology. Because the main focus, within the somatology context, is on client satisfaction and business success, the individual wellness of the somatologist is not prioritised. Promoting wellness strategies, during therapist education or after formal training, may help to encourage wellness practices and "mitigate factors that put individual well-being and professional competencies at risk" (Wolf *et al.* 2012:165). An

ASMC programme may be a novel, yet cost-efficient approach to addressing this multi-dimensional problem.

In order to address the problem stated, the following research question was formulated:
What should an appreciative self-management coaching programme consist of to facilitate the wellness of somatology therapists?

With the intention of addressing the overall research question, it was necessary to examine four specific sub-questions:

1. *How do somatology therapists currently facilitate their individual wellness?*
2. *What should a conceptual framework for the ASMC programme consist of?*
3. *What draft principles should be included for an ASMC programme prototype?*
4. *How will such an ASMC programme be implemented in the context of somatology?*

The research was carried out and completed based on these research questions. The findings of the research will serve as the foundation for compiling an ASMC programme to facilitate the wellness of the somatology therapist.

1.4 OVERALL GOAL, AIM AND OBJECTIVES OF THE STUDY

The goal, aim and objectives of this study were as follows:

1.4.1 Overall goal of the study

The overall goal of this study was to facilitate the wellness of somatology therapists through an ASCM programme tailor-made for their specific individual context. The ASMC programme informed the curriculum of the HEI somatology programme as taught by the University of Johannesburg during the first year of student studies.

1.4.2 Aim of the study

This study aimed to develop an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists. It was, therefore, necessary to determine the needs of somatology therapists concerning their current

individual wellness in order to create a conceptual framework for the ASMC programme and the implementation of such in the context of somatology.

1.4.3 Objectives of the study

With the purpose of achieving the aim of this study as set out above, the overall objective was to design and develop an appreciative self-management coaching programme (ASMC) to facilitate the wellness of somatology therapists. In order to achieve this objective, the study has been divided into the three phases of Design Research (Gravemeijer & Cobb 2006:45-81; Plomp 2007:16):

Phase 1 – Preliminary research: A needs-and-context analysis was done, including a review of literature to conceptualise the ASMC and to define the design specifications. This provided insight into the contemporary trends of self-management and individual wellness in modern somatology. This phase addressed research sub-questions 1 and 2, and formed the foundation of phase two, namely prototyping.

Phase 2 – Prototyping phase: A prototype ASMC programme was created based on the results of phase 1. Phase 2 was an iterative design phase consisting of two micro-cycles of research. During these cycles, various prototypes of the ASMC were fashioned and formatively evaluated to inform the development of the next prototype. These formative evaluations were done by professionals in the field of coaching, education and somatology. This phase addressed research sub-question 3 and also includes a description of the programme.

Phase 3 – Evaluation and Reflection phase: This phase involved an evaluation and reflection aimed at concluding the perceived soundness and feasibility of the suggested ASMC programme (skeleton framework, cf. point 3.4.3). This phase also included a reflection on possible guidelines for the implementation of the programme and limitations. This phase addressed research sub-question 4.

The three phases of Design Research as used in this study will be discussed in greater detail in Chapter 3 (cf. points 3.3 & 3.4).

1.5 DEMARCATION OF THE FIELD AND SCOPE OF THE STUDY

This study was conducted in the field of Health Professions Education (HPE), Somatology, self-management (psychology), coaching (psychology) and individual wellness. Wellness and coaching are rapidly developing fields that have become more popular in most professional disciplines over the past few decades. In the current health curricula (especially somatology), wellness and self-management are not comprehensively included or taught to somatologists.

A thorough review on individual wellness and self-management in somatology was done and the challenges facing the somatologist in implementing an individual wellness programme was investigated. The findings of this study may be applied (after consultation and approval) in the current somatology curricula as included and accredited by the HEQF in South Africa and other Health Science disciplines with similar challenges in terms of the time and financial limits somatology therapists face.

The participants used for the in-depth semi-structured interviews and field notes were somatology therapists (cf. point 3.4.1). For the focus group interviews, the participants were somatology educators, coaching psychology experts, Health Science education experts and somatology therapists (cf. point 3.4.2). The document analysis was done by one participant who is a coaching, educational and health expert (cf. point 3.4.3). Reflective practises were used by the researcher throughout the study.

In a personal context, the researcher is a qualified somatologist. During her undergraduate studies and for a period after completing her Bachelor's degree, she worked in a privately owned somatology clinic. It is here that she realised that the industry of somatology is 'not as glamorous as it seems'. It was clear to her that somatology therapists worked long hours, often in poor working conditions, with low remuneration. Such therapists often had little room for themselves. She observed that clients and most employers within the industry of somatology believed that the experience of the client is the most important aspect, even if it is to the detriment of the therapist's own state of being. Thereafter, she worked as a mobile trainer for a well-known cosmetics company facilitating training sessions at various somatology clinics, where therapists would often express their lack of self-management and wellness capabilities and opportunities. Currently, she lectures in the Department of Somatology at a comprehensive university, where she is often confronted with students who battle to

manage and care for the self in private practices. She embarked on her Master's study, and finished in 2010 with a dissertation entitled "The self-management of somatology therapists in private somatology practices in Pretoria-North". Here it became evident that there is a need within somatology education to address the lack of wellness and self-management strategies and skills taught to the somatology graduate. These various professional and personal life experiences have culminated in this study, which aims to develop an ASMC programme to facilitate the self-management and individual wellness of somatology therapists.

As far as the timeframe of this research is concerned, the study was conducted between 2012 and November 2014, with the empirical research phase from June 2013 to May 2014.

1.6 THE VALUE AND SIGNIFICANCE OF THE STUDY

The value of the research will ultimately reside in the development of a context-relevant, original and practical ASMC programme to facilitate the wellness of somatology therapists as an addition to the current somatology curriculum – as a required component and not only as an optional activity.

This study may also contribute significantly to international self-management and personal wellness practises by articulating the practical and scientific outcomes of the study through the (1) *scientific output* in the form of design principles, (2) *practical output* in the form of an ASMC programme to facilitate the wellness of individuals and (3) *societal output* in the form of professional development of participants. Furthermore, even though generalisation is not possible, Design Research allowed for analytic generalisation through design principles. These principles might be incorporated into the curriculum of a specified discipline that experiences similar difficulties as the somatology therapist, with regards to wellness and self-management.

1.7 RESEARCH DESIGN OF THE STUDY AND METHODS OF INVESTIGATION

1.7.1 Design of the study

The main research question lends itself to a Design Research approach (Gravemeijer & Cobb 2006:45-81; Herrington, McKenney, Reeves & Oliver 2007:6; McKenney & Reeves

2012:7), that aims to align research and utility (De Villiers 2005; cf. point 3.3). Design Research is "a series of approaches, with the intent of producing new theories, artifacts and practises that account for and potentially impact learning and teaching in naturalistic settings" (Barab & Squire 2004:2). Design Research is best suited for complex problems for which few or no "validated principles ('how to do' guidelines) are available to structure and support the design and development activities" (Herrington *et al.* 2007:4; Kelly 2007:74; Plomp 2007:13), such as an ASMC programme to facilitate the wellness of somatology therapists.

The key characteristic of Design Research is that the research is concentrated on designing prototypes in real life contexts (Plomp 2007:17) and places considerable value on the involvement of somatology therapists and experts in the field of coaching and education (Herrington *et al.* 2007:4; cf. point 3.4.2). Through the scientific, practical and societal outputs of Design Research (design principles, design artefacts and professional development) a solution to the problem will assist in significant improvements in the wellness of individuals (Herrington *et al.* 2007:7; Kelly 2007:74). Currently, there is little agreement on how to solve the problem and literature reviews in conjunction with an examination of other studies proved unsatisfactory (Kelly 2007:75).

This study is located within the social constructionism paradigm (cf. point 3.2). The Design Research approach for this study incorporates various qualitative methodologies across all phases of the research, from conceptualisation to inference. Creswell (2012:1-2) explains the qualitative paradigm as a "process of inquiry of understanding a human problem. This is based on building a complex, holistic picture, formed with words, reporting detailed views of the participants, and conducted in a natural setting"; in other words, the somatology therapists in their real-world contexts". A quantitative design would not serve the purpose of this study, as the experiences of somatology therapists are important for the study. Burns, Grove and Gray (2013:24) argue that qualitative research requires inductive and deductive reasoning, with the addition of abduction (McKenney & Reeves 2012:32; c.f point 3.3). The researcher started the inductive research process during Phase 1 of the study and continued with the deductive process to design the proposed programme during Phase 2. Phase 3 of this study focused on abductive reasoning.

The detailed description of the population, sampling methods, data collection and techniques, as well as data analysis and reporting are provided in Chapter 3 (cf. point 3.4).

1.7.2 Methods of investigation

Design Research (also called developmental research or educational Design Research) will be best suited to answer the research question as set out above. Only a few Design Research studies have been published in peer-reviewed forums (Barab & Squire 2004; Collins, Joseph & Bielaczyc 2004; Reeves, Herrington & Oliver 2005; Van den Akker, Gravemeijer, McKenney & Nieveen 2006; Herrington *et al.* 2007; Kelly 2007; Plomp 2007). This type of research follows a holistic approach and does not emphasise isolated variables (Plomp 2007:16).

Each design cycle constitutes a complete micro-cycle of research on its own and may incorporate a variety of methods. Each cycle requires experts and users who act as evaluators for the latest design prototype in the particular context. How the sampling takes place may change from one cycle to the next. The evaluative focus on each cycle might influence whether and how many experts or users are required to provide input on a particular cycle. As was pointed out above, this research study is divided into three phases and a detailed discussion of each will be included in Chapter 3 of this study (c.f. point 3.4).

Phase 1: Preliminary Phase

A need-and-context analysis, review of literature and the development of a conceptual and theoretical framework for the study were done to explore and describe what an ASMC programme aimed at improved wellness should consist of. This phase was informed by (1) a previous study on the self-management needs of somatology therapists (Richter 2010), conducted by the researcher in collaboration with practitioners in the field of somatology; (2) conducting a literature review on wellness, self-management, self-coaching and appreciative coaching, to probe the contemporary trends in modern somatology and elsewhere; and (3) Appreciative Inquiry based, in-depth, semi-structured interviews using the GROW model of coaching with practitioners in the field of somatology. Finally, this phase also included the development of draft principles to guide the design of the ASMC programme (Herrington *et al.* 2007:5).

Phase 2: Prototyping phase

Phase 2 started off with a description of the proposed ASMC program. A draft prototype ASMC programme was created based on the results of phase 1. Phase 2 was an iterative design phase consisting of two micro-cycles of research, concerned with formative evaluation as the most important research activity. This phase was aimed at improving and refining the suggested ASMC programme in collaboration with practitioners and experts in the field of somatology, education and coaching. The researcher made small but significant modifications to the first draft ASMC prototype, as was required during the data collection and analysis during phase 2 of this study.

Phase 3: Evaluation and Reflection phase

This phase was concerned with empirical testing of the mapped out ASMC programme (skeleton framework) and retrospective considerations of findings and observations, with the aim of refining the theoretical understanding about the proposed ASMC programme. Phase 3 was semi-formative and only focused on the perceived soundness and feasibility of the skeleton framework. This was done by a twofold Alpha Test: (1) due to participant constraints (cf. point 3.4.3) the first part of the Alpha Test was conducted during the focus group discussion in phase 2, and (2) document analysis conducted by expert appraisal (expert in the field of coaching, education and health). Finally the researcher conducted both organic and structured reflection to further both the theoretical and practical goal of this study. Bracketing was used to meet the methodological, ethical and emotional challenges that arose while the researcher conducted critical reflection (Rolls & Relf 2006:286).

Possible limitations were highlighted and guidelines for the implementation of the programme were included in phase three.

A schematic overview of the study is given in Figure 1.1

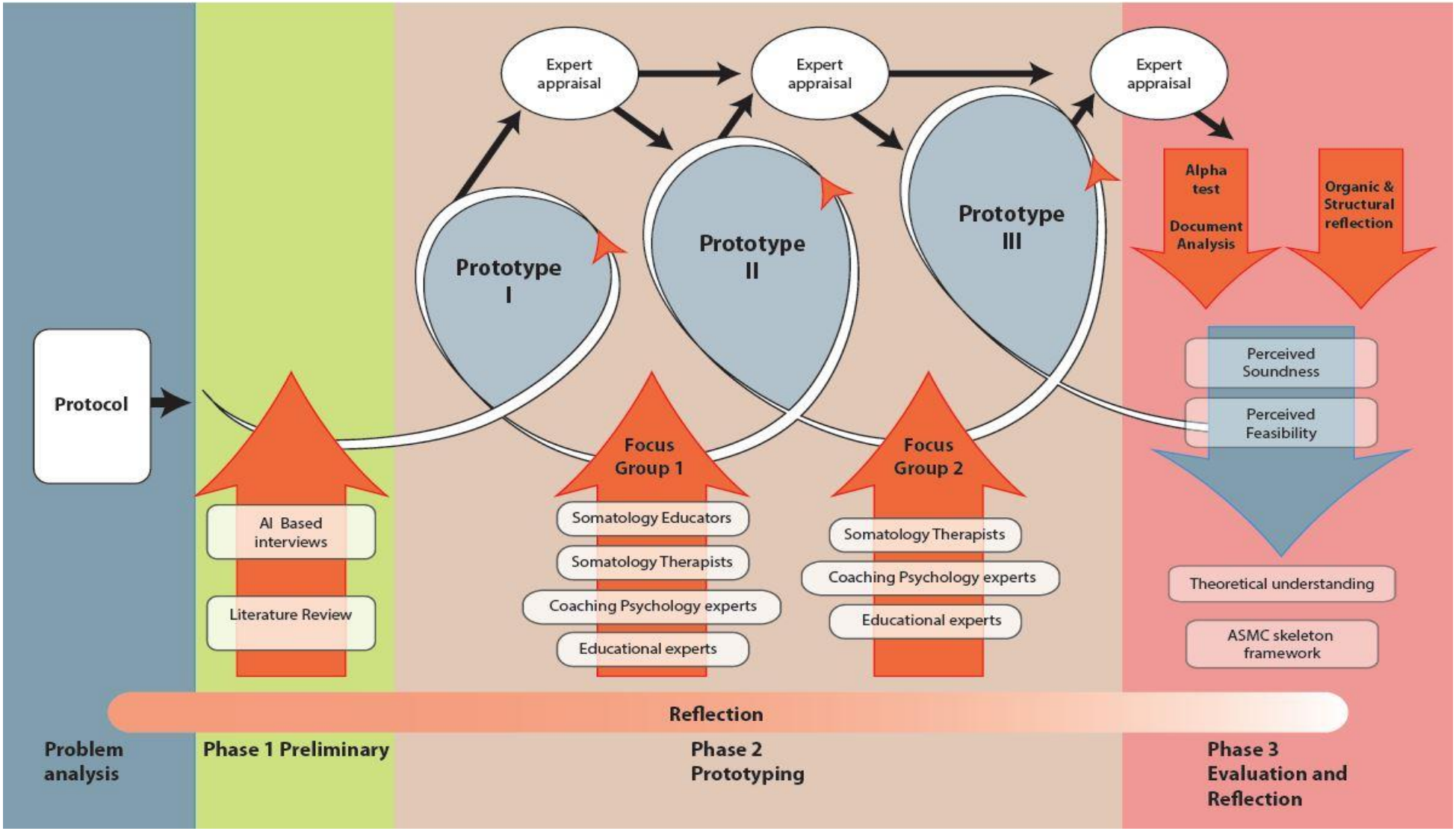


FIGURE 1.1: A SCHEMATIC REPRESENTATION OF THE STUDY
[Compiled by the Researcher, Henrico 2014]

1.8 IMPLEMENTATION OF THE FINDINGS

This report containing the finding of the research will be brought to the attention of the management committees of the various HEIs that offer the qualification in Somatology and the management committee of the Faculty of Health Sciences, University of Johannesburg. It will, furthermore, be recommended that the programme that was developed as a result of this study be adapted to make it suitable for other professions in Health Sciences.

The research findings will be submitted to academic journals with a view to publication, as the researcher hopes to contribute to wellness, coaching and self-management through this research study. The research findings will also be presented at conferences.

1.9 ENSURING TRUSTWORTHINESS

Trustworthiness was maintained by using Lincoln and Guba's (Creswell 2013:203) model of criteria that consists of credibility, transferability, dependability and confirmability, with the inclusion of authenticity (Tobin & Begley 2004:132).

1.9.1 Credibility

Credibility was ensured by allowing the participants to express their point of view with regards to the study phenomenon, by means of extended engagement through the in-depth, semi-structured interviews. The researcher is aware that interpretation is not neutral and that personal factors could affect the meaning of the data.

The following techniques were used to ensure creditability (Polit & Hungler 2004:427-429):

1.9.1.1 *Prolonged engagement and persistent observation*

Prolonged engagement and persistent observation were ensured by the investment of sufficient time in the data collection activities. This also ensured the building of trust and rapport with participants. Prolonged engagement provides a scope and persistent observation provides depth to data (Lincoln & Guba 1985:303).

1.9.1.2 *Triangulation*

Triangulation was established by using multiple data sources, in order to obtain diverse views for the purpose of validating conclusions. The researcher also used three data collection methods (in-depth, semi-structured interviews, field notes, focus group interviews and a reflective diary) at different times and in different contexts.

1.9.1.3 *External checks: Peer debriefing and member checking*

Peer debriefing were done through a session held with the promoter to review and explore aspects of the inquiry. The researcher's evaluation was identified by means of a reflective diary. Member checks were done by asking the participants to review, validate and verify the researcher's interpretations and conclusions of the data obtained (Brink, Van der Walt & Van Rensburg 2012:124).

1.9.1.4 *Reflexivity*

Reflexivity was done through the use of field notes. In addition, the researcher reflected on her own experiences during the study, by using a reflective diary and a debriefing interview. Reflections included own values, judgments, feelings and what influence these could have on the data collection and analysis (Creswell 2012:147).

1.9.1.5 *Peer review*

This review was done by communicating with promoters. This assisted in focusing the study and clearing the researcher's mind of emotional content that could cloud her judgment regarding data collection and analysis. The promoters assisted in following sensible steps regarding the research (Lincoln & Guba 1985:308).

1.9.2 Transferability

To enable the findings of this study to be transferred from the researcher's research context to the contexts of those who read and wish to use or replicate the findings in their contexts, thick descriptions of the methods were necessary in this chapter of the study (Creswell 2013:204). The findings of the study are not generalised to all individuals

working in the context of wellness and Health Sciences, but limited to somatology therapists.

The following techniques were used to ensure transferability (Polit & Hungler 2004:430-431):

1.9.2.1 *Thick descriptions*

Thick descriptions, that is, in-depth and thorough descriptions, are provided of the research context and of the transactions and processes observed during the study. This also involved re-contextualization of the results and literature control support.

1.9.2.2 *Purposive sampling*

Purposive sampling was used when selecting participants with information-rich cases. By focusing on these specific cases a great deal about the phenomenon will be learned (Burns *et al.* 2013:352).

1.9.3 Dependability

Dependability "refers to the stability of data over time" and under different conditions (Polit & Hungler 2004:430). The researcher provided thick discussions on the research processes followed throughout Chapter 3. This will ensure possible replication of such a study by other researchers.

The following techniques were used to ensure dependability (Polit & Hungler 2004:430):

1.9.3.1 *Inquiry audit*

In this study, all aspects of the research are fully described and recorded. This will make the scrutiny of the data and relevant supporting documents possible for an external reviewer. This study also used theoretical notes during the focus group discussion facilitate the inquiry audit (cf. point 3.4.2.3).

1.9.3.2 *Description of the research methodology*

In-depth and detailed descriptions of the research methodology and of the data are provided.

1.9.3.3 *Code-recode procedure*

In this study, Tesch's Analysis Techniques were used (Creswell 2012:155). The researcher also read through the data in a pre-coding phase to get an overall sense of the data. All reflective remarks were written in the margin of the transcribed page.

1.9.4 Confirmability

Confirmability refers to the quality of results as produced by a type of inquiry (Creswell 2013:204). The ASMC programme suggested in this study is the result of inquiry and the researcher avoided being biased. Written field notes and reflective notes supported the in-depth, semi-structured interviews. The conclusion of this study is a result of inquiry. The researcher also used a reflective diary to provide an opportunity for reflection on personal beliefs and experiences, attitude, preferences and potential biases that may influence the data collection, analysis and interpretation.

The following techniques were used to ensure confirmability (Polit & Hungler 2004:430):

1.9.4.1 *Confirmability audit*

An audit trail allows an independent person to read the transcripts, field notes and the resulting data analysis, to help track the findings back to the raw data and to ensure that subjective effects did not influence the findings. In this study, confirmability was done by the two promoters and the use of theoretical notes during the focus group discussions (cf. point 3.4.2.3).

1.9.4.2 *Chain of evidence*

Here, all aspects of the research are fully described and recorded, to make it possible to confirm the research findings and results.

1.9.5 Authenticity

Tobin and Begley (2004:132) regard authenticity as a feature significant to naturalistic inquiry. Authenticity is demonstrated by the researcher if a range of associated concerns, issues and underlying values (Tobin & Begley 2004:392) are shown. In order to ensure authenticity, the researcher has to adhere to the following (Tobin & Begley 2004:392):

1.9.5.1 *Enlarged personal constructions*

This refers to the demonstration of a more sophisticated understanding. This is ensured by in-depth discussions of the methodology (Chapter 3).

1.9.5.2 *Appreciate the view points and constructions of other people*

The view points of the participants were included in the data collection and analysis, through field notes. The view points of the participants served as the basis for this research study. These viewpoints are reflected on through the reflective diary by the researcher.

1.9.5.3 *Stimulate some form of action*

The act of asking Appreciative Inquiry (AI) questions to participants does stimulate some form of action. The *societal output* of Design Research will strengthen this belief of AI.

1.9.5.4 *Empower participants*

The ASMC programme and the *societal output* of Design Research should empower each research participant to improve their wellness, through self-management.

1.10 ETHICAL CONSIDERATIONS

Because this research study involved research with human beings, the following measures were taken to protect the rights of the participants:

1.10.1 Right to self-determination

The right of research participants to self-determination is based on the ethical principle of respect for persons. The principle holds that because humans are capable of self-determination, they should be treated as autonomous agents who have freedom in conducting their lives as they choose without external controls (Burns *et al.* 2013:181). The researcher informed the participant about the proposed study, where after they could choose whether or not they wish to participate (cf. Annexures A1 & A2). Participants were

also informed of their right to withdraw from the study at any time, if they felt uncomfortable. This would be without coercion. No covert data collection or deception took place.

1.10.2 Right to privacy

Privacy is the right an individual has to determine the time, extent and general circumstances under which personal information will be shared with, or withheld from, others. Such information consists of one's beliefs, behaviour, opinions and records (Burns *et al.* 2013:186). During this study, data were not collected from the participants without their consent and participants could decide on the extent of information given. No data was gathered without the knowledge of the participants and their identities were safeguarded. Additionally, the researcher acted with the necessary sensitivity and de-identified the data by removing any information that could identify the participant. The venue where data collection took place was private. The researcher does, however, acknowledge that privacy can prove problematic during focus group discussions, and is limited to external confidentiality.

1.10.3 Right to autonomy and confidentiality

On the basis of the right to privacy, the participant has a right to anonymity and the right to assume that the data collected will be kept confidential (Burns *et al.* 2013:198). During the study, the participants' private information was not shared without the authorisation of the participant. The noted interviews and consent forms were kept separately under lock and key and will be done so for at least two years. All computer files and USB disks are password protected. Only the researcher and promoters have access to them. No consent form is kept with the interview. The notes will be destroyed two years after the publication of this study by shredding the paper and deleting all digital data. To ensure confidentiality, the identifying details of the participants remain private and the details that can identify individuals will not be disclosed to anyone outside the study (Reed 2007:122). All participants were treated with integrity by means of honesty. Findings are described in such a way that participant can't be identified. The researcher is aware that confidentiality within focus group interviews is limited to external confidentiality, meaning that the researcher will not identify any participant or what they said in any publication (Tolich 2009:101).

1.10.4 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice. It holds that each person should be treated fairly and should receive what she/he is duly owed (Burns *et al.* 2013:198). During this study, participants were treated in a way that is fair, so that if there were any benefits from the study, they were fairly distributed. Furthermore, the researcher also agreed beforehand with the participant on what exactly participation involved and the researcher ensured that she was on time for the appointments.

1.10.5 Right to protection from discomfort and harm

This is based on the principle of beneficence: one should do good and above all do no harm (Burns *et al.* 2013:190). The researcher ensured that the participants were informed about the project, explained that they could withdraw at any time and that participation was voluntary. The researcher avoided asking questions that might cause discomfort to the participants. There was no financial remuneration for participating in this study. Limited or minimal psychological discomfort was ensured by offering debriefing interviews to the participants.

1.10.6 Obtained informed consent

Obtaining informed consent from human subjects is essential for the conduct of ethical research (Burns *et al.* 2013:193). Approval was sought from The Ethics Committee of the University of the Free State (cf. Annexure C1), who granted their permission to the student to conduct the study [ECUFS Nr 45/2013] (cf. Annexure C2). The researcher also sought permission from each participant without deception. To ensure consent, the purpose of the study was fully explained to each participant in an accurate, complete and understandable manner; subsequently each participant had the freedom to choose whether or not to participate and was required to complete and sign the attached consent letter if they agreed to take part (cf. Annexures A1 & B2). The consent could be continuously negotiated (Reed 2007:122) and the participants were able to view field notes taken during data collection. Participants had the right to ask questions about the research before, during and after the data collection. Debriefing by the researcher was also available to the participants if needed.

1.11 ARRANGEMENT OF THE REPORT

To provide more insight into the topic, the methods used to find solutions and the final outcome of this study, the remaining chapters in this thesis are introduced below with a short description of each chapter.

Chapter 2 – **Contextualisation and literature review of wellness, self-management and coaching within the industry of somatology**. Attention is given in this chapter to the conceptualisation and contextualisation of wellness, self-management and coaching. This chapter serves as the theoretical framework for the study and addresses elements of research sub-questions one and two.

Chapter 3 – **Research design and methodology**. The research design and the methods applied are discussed in detail in this chapter. Both data collection methods and data analysis are discussed. This includes the way in which the data collection and analysis methods were constructed and processed.

Chapter 4 – **Current self-management and personal wellness facilitation of somatology therapists**. Here the findings of the semi-structured interviews are presented and reflected on in light of the literature, with the aim of identifying how somatology therapists currently facilitate their self-management and personal wellness. This chapter addresses research sub-question one.

Chapter 5 – **Conceptual framework for an appreciative self-management coaching programme (prototype I)**. This chapter identifies the design specifications (draft principles) that guided the design of the proposed ASMC programme. This is followed by providing the reader with an overview of the first ASMC prototype (prototype I). By discussing prototype I, this chapter addresses research sub-questions two and three.

Chapter 6 – **Transforming and refining the ASMC (Cycle I & II)**. By elaborating on the findings of the focus groups with experts in the field, chapter 6 addresses research sub-question three and four. Additionally, this chapter elaborates on the unique contribution of this study (the ASMC skeleton framework) and expands on elements of the reflection phase, namely possible implementation guidelines. Chapter 6 addresses research sub-question four.

Chapter 7 – **Conclusion, recommendations and limitations of the study**. The final chapter provides an overview of the study, conclusion, recommendations and the limitations of the study, as well as the contribution of the research.

Additionally, the researcher will be using bold text to highlight the concepts used throughout this thesis.

1.12 CONCLUSION

In this chapter, Chapter 1 – **Preamble**, the background, introduction and problem to the study were provided, including the stating of the research questions. The overall goal, aim and objectives were discussed and the research design and methods that were employed were briefly mentioned to give the reader an overview of what the report contains. It further demarcated the field of study and the significance of the study for somatology education and the facilitation of wellness and self-management for the somatology therapist. The development of an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists will serve as a possible inclusion in the somatology curriculum and other Health Professions who experience similar dilemmas with regards to individual wellness and self-management.

The next chapter, Chapter 2, entitled **Contextualisation and literature review of wellness, self-management and coaching within the industry of somatology**, will be a review of the relevant literature influencing and directing this research report.

CHAPTER 2

CONTEXTUALISATION AND LITERATURE REVIEW OF WELLNESS, SELF-MANAGEMENT AND COACHING IN TERMS OF SOMATOLOGY

2.1 INTRODUCTION

Wellness and coaching are terms that have become more prominent in recent years. The emphasis on improving the way we take care of ourselves as a method of preventing diseases and disorders, has received a great deal of attention from academics with various backgrounds and research orientations. The improved quality of life these topics promise is greatly responsible for the growing body of knowledge on each topic.

On the other hand, self-management, from a psychological perspective, has received far less attention from researchers. And within the industry of somatology, self-management has only recently come under academic scrutiny. Therefore the majority of the research community are unaware of the demanding nature of this multi-dimensional industry and the application of self-management within a work context other than, as previously seen, on 'pure health' and social care domains.

This chapter provides an overview on the literature aspects pertaining to this research study. The literature review forms part of the Phase 1 (Preliminary Research) of this Design Research study (cf. points 3.4.1 & 3.4.1.3). The literature is presented in three main spheres which are loosely demarcated in text – wellness and individual wellness; self-management and self-care; and self-coaching and appreciative coaching. The final section of this chapter focuses on each of these three spheres and the current usage thereof in the somatology context.

Figure 2.1 below captures the main elements of this chapter schematically:

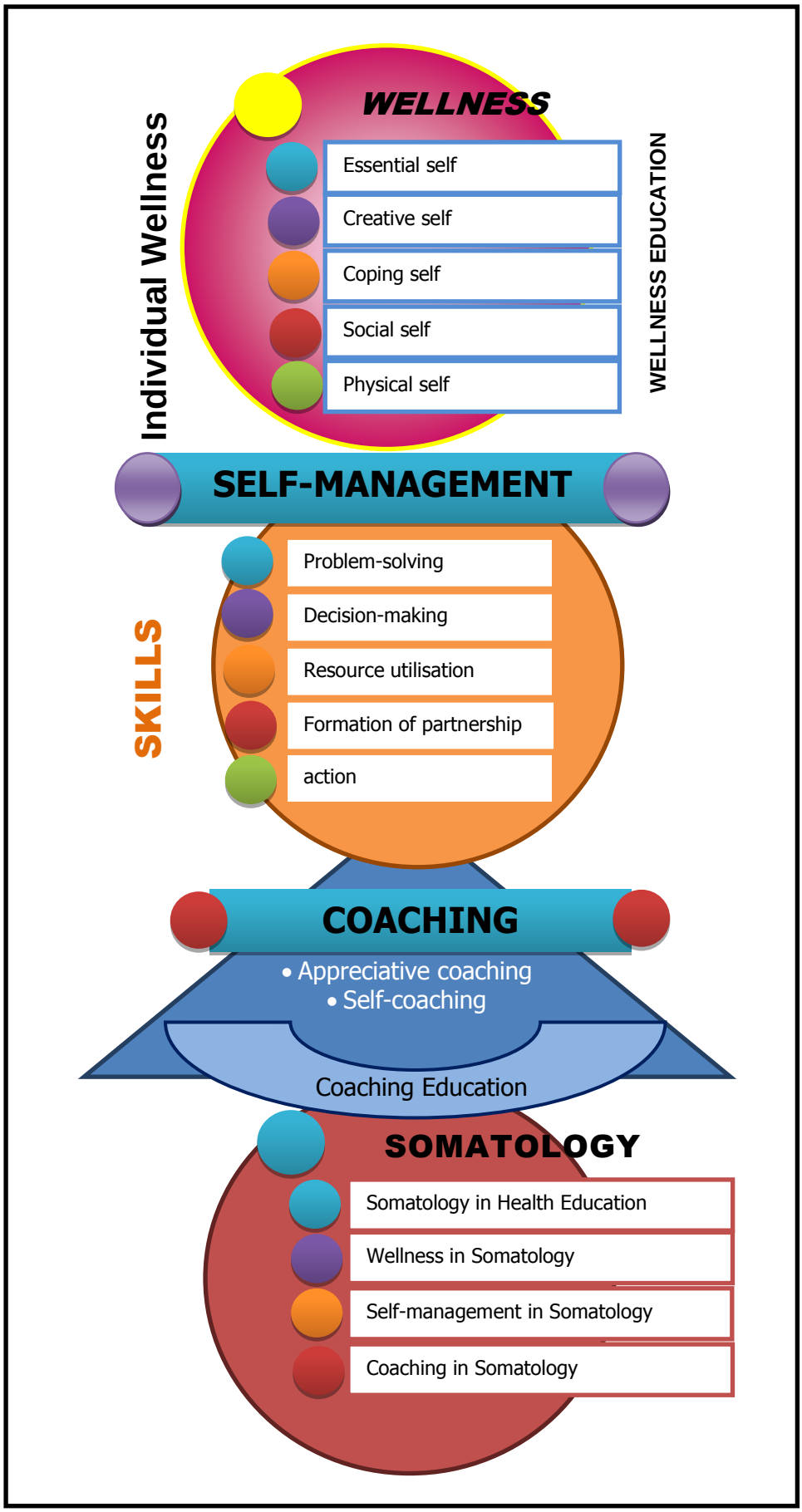


FIGURE 2.1: A DIAGRAMMATIC OVERVIEW OF THE DIFFERENT ASPECTS THAT WILL BE DISCUSSED
[Compiled by the Researcher, Henrico 2013]

2.2 WELLNESS

Health is defined as a "state of complete physical, mental and social well-being" (Zadeh, Gamba, Hudson & Wiener 2012:294), and not simply the "absence of disease" and illness (World Health Organization 2012:13). Zadeh *et al.* (2012:294) stated that a state of complete health similar to term *wellness*. The cumulative effect of wellness has been receiving increasing attention. When conducting literature searches on 'wellness' an influx of articles can be found on any scholarly database at any given time. The history of wellness and wellness timelines has been well documented and it is not the intent of the researcher to address this in detail here. Therefore, the discussion on wellness for this literature review will include a very brief discussion on the history and usage of the terms wellness, wellness programmes and individual wellness, and more specifically the theoretical framework used for wellness within this study (cf. point 3.2.2.1).

As mentioned, much has been written about wellness. Even the apostle Paul (in the New Testament of The Bible) referred to the body, mind and soul, seeing the importance of the wellness and well-being of individuals. Wellness can be traced back to the period of Aristotle (Archer, Probert & Gage 1987:311) and focuses on the holism and interconnectedness of the individual. In the 1900s, awareness was created that "prevention is possibly the best way towards better health" (Janse van Rensburg *et al.* 2011:249). Since the 1950s, 1960s and 1970s wellness has gained much devotion and a book published by Dunn in 1961 – "*High-level Wellness"* – might have instigated the rapid change of views (Global Spa Summit 2010:1). Dunn defined the concept of wellness as "an integrated method of functioning which is orientated toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment in which he is functioning" (as

cited in Spurr, Bally, Ogenchuk & Walker 2012:320). Dunn (1977) conceptualised the movement towards holistic wellness and since then, clinicians and researchers have contributed a great deal to the clarification and development of this important aspect of health (Spurr *et al.* 2012:320). The rise of the 'wellness movement' started only later in the 1980s (Hoeger & Hoeger 2008:20), and is gaining increasing popularity in contemporary society.

There are a number of definitions for the term wellness, but there is still no universally accepted definition (Global Spa Summit 2010:2). The term wellness rapidly changed over time, it was first defined as the mere "absence of physical and psychological illness", and developing more recently to embrace many more complexities (Horton & Snyder 2009:215). The Merriam-Webster dictionary (Wellness 2012) defined wellness as "the quality or state of being in good health especially as an actively sought goal". Wellness is also defined by the World Health Organization (2012:14) as the "*optimal* state of health of individuals; it involves the realisation of the fullest physical, psychological, social, spiritual and economical potential of an individual: the fulfilment one's role expectations in the family, community, and place of worship, workplace and other settings". Therefore the researcher agrees with various authors who define wellness as a multi-dimensional, holistic, active way of life through which people become aware of and make choices towards optimal health and well-being (Myers *et al.* 2000:252; Global Spa Summit 2010:2; The National Wellness Institute n.d.). Wellness is furthermore "a way of life orientation toward optimal health and well-being in which mind, body and spirit are integrated by the individual to live life more fully with the human and natural community" (Myers *et al.* 2000:252).

It has been noted that wellness is easily influenced by several factors that act together in "placing physical and psychological demands on individuals" (Horton & Snyder 2009:215; Janse van Rensburg *et al.* 2011:248) and is as much habitual as it is learned (Horton & Snyder 2009:215). Wellness initiatives have been developed for a variety of target populations such as employees, students and patients (McGrady, Brennan, Lynch & Whearty 2012:253). Such interventions differ in content and format, but according to McGrady *et al.* (2012:253) they share the goal of helping individuals acquire skills to improve their physical and emotional health.

Currently, there are countless wellness initiatives, alternating between annual blood pressure checks to maybe fulltime staff helping employees manage their wellness via a

personalised employee support programme (Horton & Snyder 2009:225; Cardinal 2014:3). The influx of wellness initiatives might be due to the fact that wellness interventions are perceived to have the ability to enhance a sense of well-being and functioning in individuals who are not ill (McGrady *et al.* 2012:253). McGrady *et al.* (2012:253) state that wellness programmes can reduce "current distress" and lower the possible future risk of disabilities by utilizing improved coping abilities and building on several skills that are important to manage current or future distress. Conner (2013:62) suggested that implementing a wellness programme will lead to healthier individuals and in turn increase productivity. The goal is and has always been to maximise "one's potential well-being and balance that well-being such that the focus is no longer simply in fixing problems" (Horton & Snyder 2009:216).

Unfortunately, it seems that some of the 'best' wellness programmes still focus on isolated dimensions of wellness, and places very limited emphasis on all the holism of wellness (Horton & Snyder 2009:225). Wellness interventions should focus on areas of self-regulation, which includes planning, goal setting, tracking and additional aspects such as stress management, social support and positive self-talk (Dorough, Winett, Anderson, Davy, Martin & Hedrick 2012:4), to name only but a few. Conner (2013:63) suggested that in order to develop a sustainable wellness intervention or programme, the following should be included:

1. Managerial support. The support from a line-manager is critical to the success of any wellness programme.
2. Wellness teams. These normally include randomised teams of programme applicants.
3. Drive health efforts through data collection. Baseline data is imperative to help assess health interests and risks.
4. Carefully crafted action plan. This action plan should give clear direction through a programme mission statement and allow for specific measurable, short- and long-term objectives.
5. Select a fitting intervention. Any wellness intervention should address the risk factors identified through the data collection step and address what the individual wants in terms of wellness.
6. Supportive environment. A culture supporting health promotion has to be created by the intervention. This might include aspects such as healthy food, smoking policy and flexible working schedules, if needed.

7. Evaluate outcomes. Outcomes of the intervention should be evaluated, as it will allow to celebrate success and change unsuccessful initiatives.

Additionally, Zadeh *et al.* (2012:294) expressed that wellness programmes should also encompass the following eight dimensions of wellness: spiritual, physical, intellectual, occupational, emotional, leisure, environmetal and financial. Some authors mention only "six dimensions of wellness" including: occupational, social, emotional, intellectual, physical and spiritual (Hettler 1984; Horton & Snyder 2009:218-223). Although there are various definitions and dimensions for wellness in the literature, it is clear that wellness aligns with a holism philosophy, where individuals are assessed on multiple dimensions (Strout & Howard 2012:196). These dimensions have to interconnect with one another to represent a person as a whole.

Wellness interventions and programmes, and their benefits, are well documented in the literature. Some wellness studies that have proven sustainable results in both physical and psychosocial functioning, counteracting negative thoughts and a sense of hopelessness, and promoting adaptive coping (Dorough *et al.* 2012:3; McGrady *et al.* 2012:254-259), increasing productivity and personal image, reducing turnover and absenteeism and fostering an overall reduction of stress (Horton & Snyder 2009:217). These empirically tested wellness interventions and programmes include stress-management, nutrition, exercise, cancer and cardiovascular disease prevention programmes, substance abuse prevention, safety, physical healthcare initiatives, mindfulness-based stress reduction, guided imagery, deep breathing, survival thinking, progressive relaxation, mindfulness meditation, coping, nutrition, managing fatigue and anxiety, balancing one's personal and professional life, behavioural activation and self-regulation strategies based on social-cognitive theory. Wellness interventions and programmes have proven to improve morale and enhance the image for a specific organisation (Horton & Snyder 2009:219; Conner 2013:62) and have been perceived as helpful by staff in certain health related domains (Zadeh *et al.* 2012:294).

Wellness strategies are continually evolving and innovative ideas should be explored (Wolf *et al.* 2012:177). Any proposed holistic wellness programme should introduce to a theoretical framework for wellness, assess their current level of wellness to establish a point of departure, help individuals create a tailor made plan aimed at increasing well-being, introduce one to a new intervention and self-care strategies, and enable them to self-evaluate their progress (Wolf *et al.* 2012:168). A study conducted by McGrady *et al.*

(2012:254) showed a reduction in the depression and anxiety patterns of medical students. In the wellness intervention, an experienced practitioner (psychologist, counsellor or physician) led each session, which consisted of a brief presentation, completion of a worksheet, debriefing of the worksheet and concluding with 10 minutes of relaxation practices. The authors concluded that interventions based on proven stress management and cognitive behavioural techniques facilitate acceptance of basic change principles by individuals (McGrady *et al.* 2012:254).

Another study conducted by Zadeh *et al.* (2012:295) – aiming to encourage self-care, education and team building – developed proactive strategies to enhance staff wellness and to provide various opportunities to debate patient-staff interactions and other complex care giving developments. The authors are of the opinion that the success of the programme was connected to the involvement of staff in providing the themes that will be addressed, the amalgamation of practical activities, didactic reasoning and incorporating case studies, and the provision of new techniques to be taken away from each session.

Lockwood and Wohl (2012:628) conducted a 15-week lifetime wellness course aimed at behavioural change. The authors used lab assignments, quizzes or exams and essays throughout a particular university course. The researchers concluded that "a lifetime wellness course can positively impact self-efficacy" and help students to successfully change unwanted behaviour in an array of wellness related areas.

The above-mentioned studies are merely mentioned as examples of programmes that achieved success. There are numerous studies on wellness and the efficacy of wellness interventions, and as seen in the above studies, the focus is on isolated variables of wellness. What this literature review would like to point out is as seen in all wellness related studies, and not merely the ones mentioned above, wellness is more than an isolated dimension such as regular exercise and healthy eating; it is a "complex and multifaceted phenomenon" (Horton & Snyder 2009:215; Spurr *et al.* 2012:324) and the choice of implementation methods is equally as important as the content of the programme itself. Horton and Snyder (2009:217) indicated that in order to achieve wellness, programmes must be personal and fit the lifestyle of the individual.

Traditionally, wellness programmes are presented in a face-to-face module with medical personnel, as previously mentioned. Dorough *et al.* (2012:6), however, found that using

Microsoft Publisher to send a PDF e-newsletter aimed at improving wellness, proved to be effective. The authors also found that an improvement of wellness strategies could be achieved with non-medical personal without extensive face-to-face interaction through the use of electronic modalities that stresses self-regulation strategies. Additionally, another study showed that telephonic interventions might have a small, yet significant, impact on the wellness of individuals (Toa, Rangaranjan, Paustian, Wasilevich & Reda 2014:41). This could be due to the personalised focus and discussion telephonic interventions offers, and the ability to avoid common barriers for on-site consultation, such as inadequate transportation or lack of child care (Toa *et al.* 2014:35). Both of these studies indicate that fresh new approaches to wellness interventions might be feasible and are needed.

In today's rushed society innovative ways of including wellness in education and everyday life is needed, other than time-consuming workshops, face-to-face interactive sessions and one-on-one consultations. In order to have an effective wellness programme, the researcher would like to argue that one should engage with behavioural change (McGrady *et al.* 2012:254) and allow individuals to actively participate in the forum by providing the topics that will be addressed in their individual wellness programme (Zadeh *et al.* 2012:295). The social ecological framework indicates that behaviour is influenced on multiple levels, including the intrapersonal, personal, organisational, population and policy levels within the individual's context (Solomon, Linnan, Wasilewski, Lee, Katz & Yang 2004:791).

Behaviour change is a complex process (Lockwood & Wohl 2012:628). One has to comprehend that simply acquiring knowledge about wellness behaviour does not necessarily lead to behavioural change. There should be a desire to control or change a behaviour once the individual is made aware of it (Horton & Snyder 2009:229). Lockwood and Wohl (2012:628) stated that although education is an important component in understanding and changing behaviour, providing individuals with strategies and skills to promote behaviour change is needed. Changing behaviour requires substantial time, perseverance, self-reflection, small increments of goal achievement and continuous involvement (Lockwood & Wohl 2012:628). Anything done to alter how one thinks, feels or behaves an important part of any behavioural change process (Ligouri & Carroll-Cob 2011:20). Wellness will not be achieved overnight; it is a practise that entails constant work by the individual (Horton & Snyder 2009:216). Some of the significant criteria normally associated with behavioural change are social liberation, commitment, emotional arousal, environmental control, self-re-evaluation, countering, rewards and

helping relationships (Ligouri & Carroll-Cob 2011:20). Changing behaviour involves continuous application and modification of these processes throughout one's life span (Lockwood & Wohl 2012:629). Confidence and self-efficacy are some of the variable that impact behavioural change (Lockwood & Wohl 2012:629). Hence the strong focus on the self and the individual within this study.

2.2.1 Individual Wellness

A review of the research literature specifically related to individual wellness revealed that an abundance of articles have been published over the last 20 years. This might be due to the view that wellness is only valuable once understood and integrated into an individual (Horton & Snyder 2009:217). The benefits of addressing individual wellness extend beyond the individual's personal gain, as clients, family, friends and other individuals can also be positively affected (Myers & Sweeney 2004).

Individual initiatives are important for improving wellness (Wolf *et al.* 2012:166). Myers *et al.* (2000:257) suggested that individual wellness interventions may benefit diverse populations in diverse contexts. Some interventions aim to reducing stress and encouraging wellness, authors has noted that wellness frequently absent in busy health related environments (Zadeh *et al.* 2012:294), such as the somatology clinic.

Individual wellness refers to the "physical, emotional, intellectual, spiritual, interpersonal, social and environmental" well-being of an individual (Habib, Riaz & Akram 2012:74). Wellness is not static (Horton & Snyder 2009:216) and has been described as a system of continuous equilibrium between the spiritual, physical, social and psychological dimensions (Spurr *et al.* 2012:321). Wellness facilitates a stable and healthy lifestyle that affects major life accomplishment (Habib *et al.* 2012:74). Balance is crucial to wellness success, and achieving idyllic balance is an individual activity, not something that can be forces on to the individual (Horton & Snyder 2009:228). An important first step in reaching a state of wellness is making individuals aware of the significance of moderation and balance of all wellness dimensions (Horton & Snyder 2009:228).

The researcher perceived the *Indivisible Self: Evidence-Based Model of Wellness* (IS-Wel), as formulated by Myers and Sweeney (2004), as most suited to this study, as a theoretical underpinning (cf. point 3.2.2.1). The IS-Wel (Myers & Sweeney 2004) is based on individual psychology (Wolf *et al.* 2012:164) and "was developed through

structural equation modelling of a database initially developed using the factors identified in the Wheel of Wellness". This model of wellness is a holistic approach to wellness (Lenz, Sangganjanavanich, Balkin, Oliver & Smith 2012:212) and is consistent with the Adlerian approach to appreciating the individual holistically, as it recognises "reciprocal actions of the mind on the body, for both of them are parts of the whole with which we should be concerned" (Lewis & Myers 2012:95; Wolf *et al.* 2012:164). Although Adler emphasized the holism of the individual, or the "indivisibility of the self", he also recognised that the "interaction between the whole and its components", as well as one's social context, were significant in order to fully understand a person (Lewis & Myers 2012:95).

Consistent with individual psychology, and based on counselling theory, the IS-Wel is ideally suited as a theoretical framework for promoting self-management, self-awareness and self-care practices for education and the individual alike (Wolf *et al.* 2012:165 & 167). This model has been effectively used in the counselling domains. Using the IS-Wel provides a framework for interventions to improve individual wellness, while acknowledging the individual and contextual factors that often hinder such progress (Wolf *et al.* 2012:166). In the section that follow, the IS-Wel as the theoretical framework will be described (cf. point 3.2.2.1).

As an evidenced based model, the IS-Wel provides a three-level, factor structure that has proven to be beneficial in several studies of wellness both in the United States and other countries (Lewis & Myers 2012:95). The use of the IS-Wel in the South African context could not be traced. Although several models of wellness are available for reference, the IS-Wel was selected due to its "all-inclusive, descriptive and data supported representation of the multifaceted nature of wellness" (Lenz *et al.* 2012:213). The IS-Wel defines wellness as a "higher order, global factor reflecting the indivisibility of the self" (Myers & Sweeney 2004:230; Lewis & Myers 2012:95; Reese & Myers 2012:400). The total concept of wellness is composed of five second-order factors namely the *Essential Self, Creative Self, Coping Self, Social Self* and *Physical Self* (to be discussed next). The IS-Wel furthermore accepts that the total level of wellness is affected by "17 domains of functioning or third-order factors", which Myers and Sweeney (2004) clustered underneath each of the above-mentioned second-order factors (Reese & Myers 2012:401). This indicates that the five second-order factors each contain a diverse number of third-order factors.

In conclusion, the IS-Wel stipulates that wellness is "the cumulative effect of several factors associated with human behaviour and efforts to meet life's demands" (Hattie, Myers & Sweeney 2004:359). It is an isolated activity concentrating exclusively on one dimension of the individual life outside their daily setting (Horton & Snyder 2009:218). Individual wellness manifests as a relationship between various wellness dimensions or factors.

2.2.1.1 *Essential Self*

The essential self is concerned with four wellness areas, namely *spirituality*, *self-care*, *gender identity* and *cultural identity* (Lenz *et al.* 2012:214). "Purposive meaning in life and a sense of power greater than one's self are both part of the essential self" (Lewis & Myers 2012:96). The essential self has been perceived as the ability to shape profound meaning about life and is thought to be essential to all the other wellness factors (Horton & Snyder 2009:219).

Spirituality is an element commonly misunderstood (Horton & Snyder 2009:219) and as a result receives far less attention than the other dimensions of wellness (Cardinal 2014:6) in traditional interventions. Horton and Snyder (2009:219) indicated that spiritual wellness frequently leads to personal growth, more responsibility and better relationships with others, all desired characteristics in 'well' individuals. It refers to the "understanding and embodiment of beliefs, values and/or connections to the universe or to something larger" than the self (Cardinal 2014:6). Myers *et al.* (2000:252) indicated that there is a distinction between spirituality and *religiosity*. The authors indicated that spirituality is a broad concept that represents one's personal beliefs and values, where religiosity is more concerned with institutional beliefs and behaviours. Religiosity therefore forms part of the broader concept of spirituality.

It is difficult to isolate spirituality as a single wellness dimension, but has been depicted as an overlying or central component – the wellness core (Ardell 1977; Reese & Myers 2012:400) – that needs to be in place when balancing and sustaining the other wellness dimensions that can escalation one's strength (Myers *et al.* 2000:253; Horton & Snyder 2009:219). Strout and Howard (2012:201) explained that spiritual wellness allows one to rise above and go past the self when searching for meaning and purpose in life. Individuals who are proficient with spiritual wellness accept the unknown and attempt to find congruence with social and physical stressors on the outside and they seem to be

able develop a philosophy for existing and find a place of harmony (Strout & Howard 2012:197; Cardinal 2014:6). It is important to acknowledge that spiritual wellness may or may not relate to religious views, but involves individual choice, thought and reflection (Cardinal 2014:6).

As proposed in Adler's theory, individual wellness should be based on the whole person and not on singular elements of his/her life or personality (Wolf *et al.* 2012:165). Ultimately, spiritual wellness has to do with a "belief in and respect for someone or something larger than oneself" (Horton & Snyder 2009:219). In order to cultivate spiritual wellness, the individual has to allow for devoted time and energy as one might feel the need to join a religious congregation, find activities that allow for pensive alone time, taking up a hobby, jogging, gardening, practising yoga, integrating somatic practices, engaging in meditation, journaling thoughts and feelings, or reading "thought-provoking" books on modern topics (Horton & Snyder 2009:219; Cardinal 2014:6-7). Time is needed to free one's mind from everyday stresses and strains. The authors continue to say that engaging in deep understanding of spiritual wellness and developing spiritual tenacity seem to allow for higher level of wellness.

When considering *self-care* as part of the essential self, the focus is not only on avoiding self-destructive behaviour (e.g. use of illegal drugs or tobacco), but also on seeking pre-emptive medical support when needed (Hattie *et al.* 2004:360). Self-care is concerned with taking accountability for one's own wellness and involves preventative behaviour as well as remedial treatment (Myers *et al.* 2000:255). It has been noted that individuals without a sense of purpose and direction, who might lack confidence or hope, are at higher risk for developing both mental and physical ailments (Hattie *et al.* 2004:360). Individuals with a higher level well-being have an inclination to experience events in a more positive and optimistic manner (Myers *et al.* 2000:253). Hattie *et al.* (2004:360) stated that when the essential sense of well-being is lacking, there is less enthusiasm for self-care.

Gender identity, a "basic, existential conviction that one is male or female refers to subjective feelings of maleness or femaleness and is culturally constructed or defined" (Myers *et al.* 2000:255). Contentment with being either male or female and the associated sense of confidence or comfort in being male or female has been seen to affects the personal feelings of gender identity (Myers *et al.* 2000:255).

Lastly, the essential self includes *cultural identity*. Cultural identity encompasses the collective concepts of "racial identity, acculturation and an appreciation for the unique aspects of one's culture" (Myers *et al.* 2000:256). Myers *et al.* (2000:256) described the fact that cultural identity affects self-perceived well-being because the concepts of well-being vary across cultures.

Hattie *et al.* (2004:360) are of the opinion that the combination of all third-order factors included in the essential self collectively contributes to what makes the individual inherently and fundamentally unique (their "spirituality or essence"). Furthermore, the authors identified the inclusion of *optimistic control*, having faith in one's capabilities and the ability to develop meaning, and *self-definition* as important to one's worldview. Positive thoughts, self-assurance, widespread self-efficacy and optimism are perceived as essential self resources (Myers *et al.* 2000:253).

2.2.1.2 *Creative Self*

The creative self is composed of the wellness factors that Adlerians consider to be "coping skills for daily living" (Hattie *et al.* 2004:359). The five third-order variables considered within the creative self are *thinking*, *emotions*, *control*, *positive humour* and *work* (Lenz *et al.* 2012:214). Behaviour linked with the use of creative capacities, problem-solving, use of positive humour, sense of control though action, emotional expressiveness and contentment through work are all fundamental to the above mentioned factors (Hattie *et al.* 2004:359).

Intellectual wellness (as discussed by Hettler 1984) forms part of the creative self, especially as part of *thinking*. The intellectual dimension of wellness mainly focuses on stimulating the mind for the sake of stimulation; it keeps one involved in meaningful, cognisant discussions on a continuing basis (Hettler 1984; Horton & Snyder 2009:220; Cardinal 2014:5). Intellectual stimulation, including problem-solving and creativity, is essential for healthy brain function and is equally important for good quality of life across one's life-span (Myers *et al.* 2000:254).

Also included under the creative self is *emotions*. Emotional wellness is seen as one's ability to recognize the responsibility one has for own life decisions and the associated outcomes with a required amount of emotional constancy and positivity (Strout & Howard 2012:197). It is concerned with psychological issues such as the development of "a

sound psyche" and intense feelings of identity or self-esteem (Horton & Snyder 2009:220; Cardinal 2014:5). Strout and Howard (2012:200) explained that emotional wellness should reflect a "positive approach to life". The authors further stated that emotional wellness could be seen as one's capacity to manage and acknowledge various feelings and behaviour; it is should be reflected through taking the necessary responsibility to manage one's life in a personally fulfilling way and to recognise one's own limitations and seek support when needed. A large number of individuals are restricted, to some degree, in their own aptitude to experience or express anger, joy, love and other related emotions (Myers *et al.* 2000:254).

Horton and Snyder (2009:221) indicated that emotional wellness is to a large extent similar to physical wellness; once again, it is more than the absence of disease and is greatly concerned with self-perception as it is substantial emotional attributes. The authors concluded that helping individuals to "understand and improve their own emotional wellness" is expected lead to a "healthier and more valuable citizen". It is important to note that wellness has to do with individual perceptions and how various perceptions could impact behaviour, which could then determine intellectual capital (Horton & Snyder 2009:220).

Having a sense of internal *control* has is frequently associated with reduces "levels of anxiety and depression" and increased levels of life satisfaction and self-worth (Myers *et al.* 2000:254). When experiencing positive outcomes, individuals will generally feel that they had constructive impact on what is happening in their lives. When individuals experience some form of a negative outcome (e.g. depression), individuals generally "perceive a lack of personal control" (Myers *et al.* 2000:254).

Positive humour is the fourth third-order factor grouped under the creative self. Humour is associated with "reduced depression and pain relief, higher levels of self-esteem and lower perceived levels of stress" (Myers *et al.* 2000:255). Myers *et al.* (2000:254) emphasised that humour is a form of cognitive shift that allows individuals to gain insight into their personal struggles, defuse conflicts, increase social cohesion and reduce feelings of aggression.

Finally, *work*, the fifth dimension of the creative self, refers to satisfaction, happiness and success in one's profession or livelihood (Cardinal 2014:5). Occupational wellness is the ability of an individual to "contribute unique skills to personally meaningful and rewarding

work" (Strout & Howard 2012:197). Where the individual works or does for a living, is seen as occupational wellness and is can only be achieved when there is an appropriate 'fit' between the individual and their career, similar to the connection between the individual and his or her surroundings (Horton & Snyder 2009:223). In a larger perspective, someone's occupational wellness continues even into retirement, as wellness, leisure and one's career is interwoven (Horton & Snyder 2009:223). Horton and Snyder (2009:223) indicated that occupational wellness is often achieved through job satisfaction (whether paid or unpaid), and achieving a high level of occupational wellness does not automatically translate into a well employee. Contentment within the work place can and should be viewed through a holistic lens, as adequate leisure will possibly lead to a sense of increased life satisfaction (Horton & Snyder 2009:223). Horton and Snyder (2009:223) identified that in order to understand occupational wellness it is necessary to associate job satisfaction with life satisfaction. Therefore, the acceptable amount of time spent at ones work to suit an individual's wellness is solely dependent upon the individual and the type of occupation. Individual aspirations will often drive an individual's time at work and therefore their contentment to how the time is spent.

2.2.1.3 *Coping Self*

The coping self factor consists of four components, which are *realistic beliefs*, *stress management*, *self-worth* and *leisure* (Lenz *et al.* 2012:214). Each of these components allow for greater meaning of responding to a particular circumstance of life in a manner that promotes healthy functioning (Hattie *et al.* 2004:360). Hattie *et al.* (2004:360) indicated that each third-order factor included in the coping self involves a certain degree of cognitive processing, active responding and intentional behaviour, similar to but not identical with Lazarus' leisure concept of "active coping" (1999, cited in Hattie *et al.* 2004:360). According to Adler (1954) every individual has different social opportunities and challenges, however individuals who construct a personal logic that permits them to cope successfully through various interactions with others are more likely to experience wellness (Hattie *et al.* 2004:360).

Realistic beliefs are concerned with the view one holds of a situation. Healthy individuals are able to distinguish between realities as it is, as opposed to as they wish it is (Myers *et al.* 2000:254). Individuals with realistic beliefs are able to accept that they are imperfect.

Stress has been well documented within the literature and affects both psychological and physiological functioning. *Stress management* is when an individual has the capacity to identify a stressor in their life and their ability to reduce or lessen stress by using available strategies of stress reduction (Myers *et al.* 2000:255). Myers *et al.* (2000:255) identified various methods to reduce the negative effects of stress, including: self-regulatory strategies, such as relaxation techniques and biofeedback, social support and behavioural/environmental methods such as assertiveness and communication skills training, changing mistaken ideas, problem-solving and exercise.

Self-worth has been defined to include "descriptions, prescriptions and expectations" (Myers *et al.* 2000:253). These are cognitive appraisals that replicate confirmation as well as disconfirmation of the self from others (Myers *et al.* 2000:254).

Lastly, *leisure* provides an intrinsically satisfying opportunity through pleasurable experiences and provides a sense of achievement (Myers *et al.* 2000:256). During a leisure activity the individual needs to lose attentiveness to the self and to time, when being greatly occupied with their chosen task in order to improve leisure as part of the coping self in wellness (Myers *et al.* 2000:256).

2.2.1.4 ***Social Self***

The social self includes *friendship* and *love* (Lenz *et al.* 2012:214). The differentiation between friendship and love in formal definitions of these terms is often blurred by language, illustrations and cases (Hattie *et al.* 2004:360). The social self, in relation to a dimension of wellness, is seen as the capacity and eagerness to give and be given support from others (Horton & Snyder 2009:221).

Friendship is concerned with the individuals social relationships that involve a connection with others, this is either individually or in a society, but without a sexual, marital or family devotion (Myers *et al.* 2000:256). Social wellness is further more concerned with the individual's ability to form and maintain any positive relationships (Strout & Howard 2012:197). Strout and Howard (2012:197) indicated that social wellness indicates positive personal and community relationships that are built on mutual respect, interdependence and collaboration. Hettler (1984) alluded to the fact that social wellness is concerned with healthy environment and effective communication. More so, the social self includes the individual's social context, their support structure and the perception one

holds of the self as part of a larger social context (Cardinal 2014:3). Working atypical hours, such as in the context of the somatology clinic, may make it difficult for the individual to develop a social network of support and one may swiftly become socially unwell (Horton & Snyder 2009:221). As is the case with all aspects of wellness, balance is the key to maximizing individual wellness, and a sense of peak balance is dependent upon establishing a social network that will lead to a healthier individual. Hattie *et al.* (2004:360) indicated that various studies focussing on the longevity and life satisfaction of individuals highlight the important role of social relationships throughout one's existence.

Additionally, the social self also includes aspects related to *love.* Characteristics of healthy love relationships include (Myers *et al.* 2000:256):

- Intimacy, trusting and self-disclosing with someone else;
- One's ability to express and receive affection with a significant other;
- One's capacity to communicate or experience non-possessive caring that respects someone else's uniqueness;
- The ability of enduring a stable and intimate relationship;
- Nurturing the growth of others; and
- Contentment with one's sexual life or a sense that one's needs for physical touch and closeness are being met.

The feeling of being loved and appreciated by another (not related to social structure) has been acknowledged as the core component of social support (Myers *et al.* 2000:256).

2.2.1.5 ***Physical Self***

It is no surprise that the physical self is characterised by an individual's *exercise* and *nutrition* (Lenz *et al.* 2012:214; Cardinal 2014:3). The physical dimension of wellness is the most common aspect of wellness and the one most people consider when they deem themselves as well or ill (Horton & Snyder 2009:218). Traditional views on health behaviours emphasise physical factors even to the exclusion of others, while some approaches, based on psychological sciences, tend to leave physical factors out entirely (Hattie *et al.* 2004:361).

The positive link between physical activity and wellness is well supported within literature. Physical wellness is concerned with the commitment to regular participation in physical activity and healthy eating (Strout & Howard 2012:197). This wellness dimension combines all aspects of lifestyle choices and all aspects of the physical self (Horton & Snyder 2009:218). It is mainly concerned with sleep, exercise, diet, personal hygiene and the use of drugs or alcohol, among others lifestyle choices that will have an effect on the person's physical self (Hettler 1984; Horton & Snyder 2009:218).

The relationship between *nutrition* and moods, health, longevity, performance and *exercise* is clear. All of these concepts are viewed as essential in disease prevention and improving health (Myers *et al.* 2000:255). Both nutrition and exercise are key ingredients to healthy aging, as has been well documented in the literature (e.g. Myers *et al.* 2000:255).

The above discussions on the five selves highlight the fact that wellness is multi-dimensional and interconnected. Wellness in one area of the holistic person may enhance wellness in other areas (Strout & Howard 2012:202). Individual wellness should include a form of assessment that leads to an increase in self-understanding and deliberate decision-making about appropriate lifestyle choices.

Myers and Sweeney (2008:485) proposed the IS-Wel as "an ecological model wherein individual wellness is affected by local, institutional, global and chronometrical contexts" (Myers & Sweeney 2005:238; Wolf *et al.* 2012:169):

1. Local: family, neighbourhood and community;
2. Institutional: education, religion, government, business and industry;
3. Global: world events or influences, such as politics, culture, the environment and the media; and
4. Chronometrical or lifespan: factors related to an individual's sense of meaning and purpose.

The above-mentioned contexts relate to the environmental wellness dimension as discussed by Hettler (1984). Environmental wellness relates to the surroundings and the connection between the environment and the individual (Horton & Snyder 2009:222). The environmental dimension of wellness is concerned with the managing of one's space. If a discrepancy exists between the environment and the individual stress could arises, as

well as mental or physical illness if this inconsistence is maintained (Horton & Snyder 2009:222). Dunn (1977) mentioned that one's environment has shown to influence behaviour and any decrease in an individual's level of wellness should take into consideration the direct environment, some environments are more conducive to wellness than others. Horton and Snyder (2009:222) argued that contentment with a particular surroundings is one aspect of environmental wellness, and a second is preservation of the environment for future generations. Therefore conservation, recycling, protection and recognising one's surroundings all forms part of environmental wellness. Ultimately, environmental wellness is "the act of making an effort, however small it may be, to affect change in one's environment" (Horton & Snyder 2009:222). With today's focus on 'green', it seems sensible to inspire individuals to be environmentally thorough.

To apply the IS-Wel to individual preparation, one needs to consider the individual's level of wellness to be affected by a variety of factors and interactions among the above-mentioned factors (Wolf *et al.* 2012:167). That is, a set of factors exists for each individual that works to support or constrain his or her individual wellness and this will be different for each individual. Wolf *et al.* (2012:167) stated that understanding the individual is difficult without understanding the environmental context in which he or she operates; therefore these contexts help create a more detailed picture of wellness for each individual. The authors also propose using the IS-Wel components as a guide to helping the individuals identify their unique wellness needs.

Dunn (1977) and Adler (1927; 1954) conceptualised wellness as holism, and most wellness theories strive for the holistic health of the individual, as clearly showed in literature discussion above. Although social relationships are fundamental to various wellness models, including the IS-Wel, Reese & Myers (2012:401) indicated that there is a missing prominence on the connections between nature and individuals and the influence of these connections. Simply understanding wellness dimensions will not essentially mean that the individual is well (Horton & Snyder 2009:223). The individual will have to self-reflect to determine what areas are of most importance, lacking or exceptionally well managed to create balance (cf. point 5.3.4.3).

While conducting literature searches on wellness and individual wellness, the researcher realised that conation is not dealt with in wellness literature. It was interesting to note that when searching the conative connection to wellness, no studies could be sourced on Sage Journal, Sabinet, Ebsco Host, Google Scholar or Gale between 2005 and 2014. This

is surprising, as conation is defined as "the mental process that activates and/or directs behaviour and action" (Huitt & Cain 2005:1). Huitt and Cain (2005:1) indicated that various terms are used to signify some aspect of conation, including intrinsic motivation, volition, goal-orientation, self-direction, will and self-regulation. The authors indicated that there is a scarcity of research on the growth of the specific term 'conation', not only with relation to wellness. Conation, although often overlooked, has a significant impact on individual success and plays a significant role in the development of any individual process (Huitt & Cain 2005:130). In order for an individual to take effective action, such as individual wellness, all dimensions of the mind must be engaged (Gerdes & Stromwall 2008:241). Therefore, Gerdes and Stromwall (2008:241) suggest that knowing and incorporating conative factors will allow individuals to use their skills more powerfully and to draw on the full range of their strengths.

2.2.2 Wellness in Higher Education

It has never been more imperative for higher education to involve employees and students in creating an ethos that indorses health, wellness and personal liability (Shalala 2010:19). Shalala (2010:19) indicates that this is because professionals are faced with unfamiliarity due to shift in focus brought forward by the Consumer Protection Act.

Goss, Cuddihy and Michaud-Tomson (2010:29) stated that there has been no collection and classification of a distinct body of literature dedicated to the improvement of wellness in higher education. Students begin their tertiary education with varying degrees of physical and emotional health due, in part, to the coping challenges they faced during the prior years of schooling (McGrady *et al.* 2012:259). Most students have a normal anticipation of beginning a particular programme that will prepare them for their future careers. They are euthymic and physically healthy when they embark on their studies (McGrady *et al.* 2012:254).

Graduate students faces a unique array of financial, academic and personal challenges in their quest of a higher degree (El-Ghoroury, Galper, Sawaqdeh & Bufka 2012:123). Financial and time constraints are frequently cited as primary sources of distress among graduate students (El-Ghoroury *et al.* 2012:122). McGrady *et al.* (2012:259) indicated that depressive and anxious symptoms increase during the first months of university, particularly in female students. In addition to the academic challenges students face, they may also experience isolation and loss of social support related in part to

geographical relocation (McGrady *et al.* 2012:254). Adding to the predicament of student wellness might be the fact that students are suddenly living in a socially stimulating environment that might create an environmental mismatch for students (Horton & Snyder 2009:225).

Developing a long-term strategy that emphasises wellness and prevention through personal accountability for one's health is the only dependable way to prepare one for the challenges previously mentioned and additional challenges still on the rise (Shalala 2010:20). By deliberately engaging in wellness planning, education, assessment and evaluation, individuals improve their own well-being in spite of challenges related to being a student (Lenz *et al.* 2012:217). Cultivating wellness at a student level will likely reduce stress while the individual is still pursuing their education (Horton & Snyder 2009:220). When wellness strategies are learned, there will be significant benefits for participants including positive physical, emotional, mental, attitudinal and interpersonal changes (Wolf *et al.* 2012:166). It is compulsory for educators to send more informed and responsible citizens, who recognise wellness as a lifetime commitment, into the workplace (Horton & Snyder 2009:219).

Goss *et al.* (2010:29) clearly stated that the professed benefits of wellness education in university environments are validated by a number of studies in relation to the impact, place and purpose of wellness courses. They continued by mentioning that wellness education offers opportunities to learn a variety of wellness skills and strategies both within context of the classroom and beyond. Currently, the majority of wellness education is included in postgraduate counsellor training and supervision (Lenz *et al.* 2012:207). It is worth mentioning that although graduate wellness training programmes aims to teach individuals to identify and alleviate the negative effects of trauma and burnout, numerous students do not currently receive the knowledge and skills needed to promote their own personal and professional well-being and individual wellness (Lenz *et al.* 2012:207).

Lenz *et al.* (2012:208) summarised that, according to the Council for Accreditation of Counselling and Related Educational Programs (CACREP) in Canada, counsellor training programmes needs to foster a self-care strategies that is appropriate to the role of the counsellor. Such programmes need to engage students in supported behaviour that indorses optimum wellness and facilitates growth for the human body, mind and spirit. The programme has to provide education and understanding about theories that

facilitates the development of wellness over one's lifespan; and it needs to instil wellness and disease prevention as anticipated counselling goals. There seems to be an ambiguity in the literature between whether or not wellness in higher education of counsellors has succeeded. Lawson's (2007) findings suggested that 48% of postgraduate practising counsellors (who were exposed to teaching aligned to the CACREP guidelines) are situated on the wellness continuum somewhere between stressed and impaired, illustrating that there is a need for effective wellness training even in this domain.

Lenz and Smith (2010) introduced the Wellness Model of Supervision (WELMS) to emphasise accountability for the development of individual wellness and counselling skills within the context of clinical supervision. The authors developed the WELMS based on the following 4 assumptions regarding professional and personal development:

1. Persistent wellness assessments that are essential for individual development;
2. Individual skill development for using "formal planning and evaluation activities is facilitated through practise using self-selected wellness objectives";
3. Individuals should pre-select wellness dimensions in need of development that are assumed to have a positive impact; and
4. Supervisors needs to model wellness and holistic cases to promote the relationship between supervisor-student and student-client.

The WELMS uses certain aspects of the IS-Wel to facilitate a holistic wellness approach (Lenz *et al.* 2012:2010). WELMS proved to be an effective "supervisory intervention" that promotes comprehensive individual wellness definitions, complete wellness and counselling skills for counsellors in training. The WELMS is originally designed for improving wellness in counsellors and not somatologists. Although the WELMS might overcome many of the challenges faced within the context of somatology, it is not suitable for implementation within the somatology context, for various reasons. Somatology does not have many postgraduate students who can benefit from individual supervision, as proposed in the WELMS. The WELMS programme and the success thereof is based mostly on the capabilities of the supervisor, while within the context of somatology experienced supervisors are extremely limited (Maritz & Jooste 2011:976) and even in the workplace there are insufficient human resources to facilitate such a programme. Shalala (2010:22) stated that individuals should be encouraged to pursue wellness education and actively participate in and be responsibility for their own unique wellness.

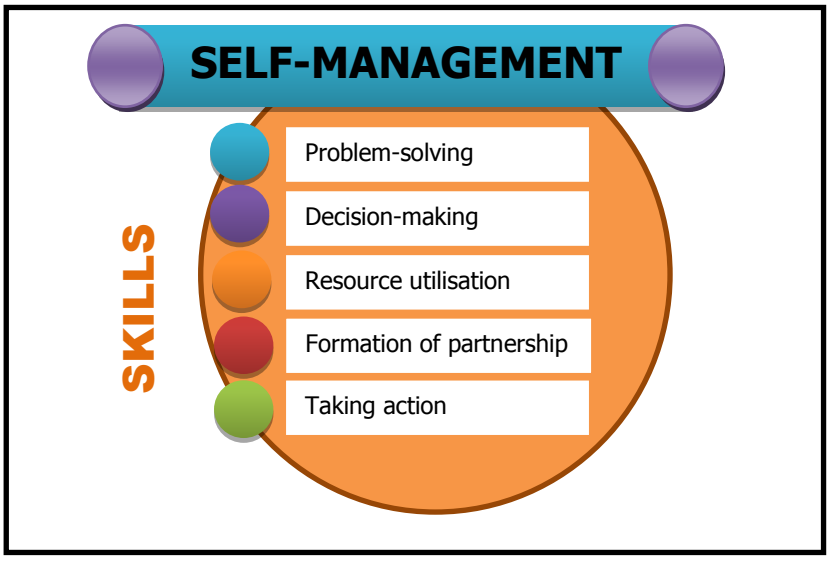
Although students value wellness programmes, it may be challenging for administrators and curriculum committees to allocate faculty resources and time in the academic schedule for such programmes (McGrady *et al.* 2012:259). El-Ghoroury *et al.* (2012:132) suggested that postgraduate programmes are well situated to promote students' wellness and social support. The authors suggested that one approach for such programmes could be the development of a peer mentoring programme within departments that assigns senior students with first-year students. Graduate programmes could also incorporate coping and wellness strategies into the departmental rule books provided to new students, or departments can incorporate wellness and self-care discussion into the formal curriculum (El-Ghoroury *et al.* 2012:131). Students should be educated on how to self-monitor stress levels and how to formulate an individualized wellness plan (Williams-Nickelson 2006:184) they can then use wellness skills as needed over and beyond the course of their education (El-Ghoroury *et al.* 2012:131). These might teach wellness strategies, but might not facilitate the internalisation needed for lifelong wellness.

It has been suggested that if educators do not facilitate wellness promotion during formal training, "students may lack skills to self-heal in response to professional distress" (Lenz *et al.* 2012:218). When wellness interventions are provided that support professional self-care and monitoring activities, educators are more likely to encourage career sustaining behaviours associated with high levels of individual wellness. Horton and Snyder (2009:218) indicated that wellness can be learned, and once learned issues related to psychoticism, somatisation and interpersonal sensitivity will be reduced. Goss *et al.* (2010:35) suggested that success is enhanced when educators give students authentic opportunities to improve and practise self-regulation strategies. Such opportunities might include learning tasks that allows room for self-determined outcomes; recognising principles of successful learning and required skills development. These components are arranged according to the learner needs rather than in a generic way (Goss *et al.* 2010:35). Improving wellness strategies during formal training helps to promote wellness practices early on and lessen issues that might risk the individual's well-being and professional competence (Wolf *et al.* 2012:165). Wellness programmes have been used extensively in counsellor education (Wolf *et al.* 2012:166). Roach and Young (2007) found that counselling students have a higher sense of wellness than the general public; however they concluded that wellness does not increase over the duration of formal training. These authors indicated that although counsellor students are exposed to many wellness concepts, they do not necessarily implement these strategies effectively in their own lives (Roach & Young 2007:39). This is in line with recommendations made by

Lockwood and Wohl (2012:630), who sated that education alone does not appear to promote the behavioural change needed for optimal wellness strategies. Although education is important for wellness interventions, more is needed to ultimately change the individual's behaviour (Lockwood & Wohl 2012:630) and "initiate the lifelong learning processes fundamental to wellness" (Goss *et al.* 2010:35).

Horton and Snyder (2009:218) argue that it is inappropriate for universities not to provide students with an understanding of and a skill set to practise wellness as part of their "tool chest" when registering. Taking in to account the "importance of wellness as related to return on investment", it would seem sensible for employers to request wellness education form universities and pursue students with wellness capabilities as future employees – similar to characteristics of leadership, collaboration, adaptability, creativeness, etc. are sourced (Roslender, Stevenson & Kahn 2006:62). Not only should companies provide a wellness promotion environment, but universities needs to "cultivate wellness among its students and staff" (Horton & Snyder 2009:218). Horton and Snyder (2009:219) identified that employers who seek out well graduates will reap the rewards of enhanced performance. Every institution of higher learning should have a long-term healthcare strategy for building a healthier student body and for promoting a powerful culture of wellness (Shalala 2010:23). Goss *et al.* (2010:35) concluded that there is a dire need for a framework that connects learner's perspectives within a wellness education model. Currently, no model exists that incorporates such a holistic approach, a model of wellness that fits within the "context and meets needs for teaching within the constraints of the university educational environment is warranted" (Goss *et al.* 2010:35).

2.3 SELF-MANAGEMENT



Self-management has not received the same amount of scholarly attention as wellness and individual wellness, but has produced a wealth of articles, available on various scholarly databases used during this study. The information on self-management is scattered throughout various disciplines and proved challenging to conceptualise fully within this study. The majority of research on self-management is focused on health disorder management (such as diabetes, spinal injuries, mental health and chronic illness) and implementing self-management in educational settings, particularly pertaining to problematic children in classroom settings. The purpose for this review on self-management literature is, however, to clearly demarcate self-management in this study, elaborate on the importance of including self-management in somatology education and to provide a brief overview of self-management interventions and constituents and more importantly the self-management framework suitable to the context of this study. Finally a brief synopsis on self-management failure will be followed by self-management uses in wellness.

Self-management has become a common term for various behavioural interventions and several healthy behaviours (Lorig & Holman 2003:1). Over the past two decades, many researchers desired to expand the literature on self-management, especially self-management interventions (Briesch & Chafouleas 2009:108). Unfortunately, as Briesch and Chafouleas (2009:108) identified, the literature may now be even more confusing than clarified due to the lack of consensus concerning the "critical components of self-management" and suitable interventions for promoting self-management. It has been suggested that one reason why self-management has been underutilised and perplexing is because the term has used too freely (Briesch & Chafouleas 2009:108). In the 1980's, Fantuzzo, Polite, Cook and Quinn (1998:158) found that self-management meant "very different things in different fields". Years later, self-management is still popular in literature, yet there the recommended shift seems to not have occurred yet in the re-establishing confidence in self-management (Briesch & Chafouleas 2009:108).

In the fields of business, education and psychology, self-management refers to "methods, skills and strategies by which individuals can effectively direct their own activities toward the achievement of objectives". It includes decision-making, goal setting, planning, focusing, time-management, scheduling, self-evaluation, self-development, self-intervention, etc. (Omisakin & Ncama 2011:1734). In the fields of economics, political science and sociology, self-management refers to "a form of organisational management where individuals within an organisation direct and manage that organisation's activities in

a collaborative, decentralised manner". This management system is normally associated with socialism models (Briesch & Chafouleas 2009:108). Additionally, in the fields of medicine and healthcare, self-management means the "interventions, training and skills by which patients with a chronic condition, disability or disease can effectively take care of themselves and learn how to do so" (Lorig & Holman 2003:5). Furthermore, Renn, Allen and Huning (2011:29) indicated that self-management can be viewed as a technique used in clinical psychology and adopted to organisational settings aimed to enhance employees' achievement of a favourite behaviour.

For the purpose of this study, self-management will relate to one's own perception and behaviour when dealing with cognitive and emotional processes and consequences, which includes the individual's body, mind and spirit, as they become aware of the self and their adaptive capabilities (Ozkan & Sonmez 2011:809). Ultimately, self-management is concerned with "controlling impulsive feelings and behaviours, and managing emotions in healthy ways, resulting in self-confidence and motivation" (Emelander 2013:52). This consist of taking initiative, adapting to changing circumstances, following through on commitments, assessing problems, goal setting, time management and considering environmental issues that may hamper the accomplishment of pre-set goals, and using appraisal and penalty to facilitate goal progress and achievement (Gerhardt 2007:11; Emelander 2013:52).

As mentioned, self-management is well known in the fields of health and social care. The term is often linked with coping models through self-help, self-reliance and family reliance (Newbould *et al.* 2006). Self-management is a professional developmental process through which one will develop a profound awareness of unique cognitive, perceptual, behavioural and emotional systems while increasing self-insight and adaptive competence that is needed to successfully manage both the "influence and impact of the individual's unique psychological systems" (Kemp 2008:33).

In a study conducted by Gerhardt (2007:14), students and instructors (participants of the study) discussed what made self-management truly effective. They indicated that knowing the skills, actively practising the skills, trusting that self-management leads to success and aspiring to put forth the effort and practice to become a "skilled self-manager" were keys to self-management success.

The importance of self-management is to highlight and ensure accountable and ethical practice (Kemp 2008:33). In the 21st century, there is a move towards using fewer levels of supervision (Gerhardt 2007:11). Gerhardt (2007:11) assured that individuals are expected, across all disciplines, to be proficient in self-management skills: "knowing how to manage their own progress and having the ability to effectively plan, monitor and regulate their development and performance".

Self-management has been seen to increase the individual's behavioural, cognitive, perceptual and emotional skills while improving the self-insight needed for self-care (Kemp 2008:33). The increased ability to take care of the self might increase individual well-being as discussed above (cf. point 2.2.1.1). It is necessary for an individual to self-care, self-manage and self-improve, because the self is both stable and mutable (Omisakin & Ncama 2011:1733). Mills (1983, cited in Gerhardt 2007:13) saw self-management as a technique to reduce one's need for autonomy.

Self-management training has been found to increase job performance and reduce counterproductive work performance such as absenteeism (Gerhardt 2007:12). Self-management further fosters an understanding of one's being, life purpose and position in life (Omisakin & Ncama 2011:1736) and has been described as the "missing link" in individual effectiveness (Gerhardt 2007:11).

It is important to note that self-management has been identified as one of the competencies of Emotional Intelligence (EI) (Trejo 2014:32). EI is a concept that continues to gain interest as a factor that affects management efficacy (Emelander 2013:51). Emelander (2013:51) alluded to the fact that, since the theory's introduction and popularisation in the 1990's, several studies shows that the ability to perceive, evaluate and regulate feelings makes one more effective.

A wide variety of self-management intervention techniques have been described, in which some level of responsibility is transferred to the individual in managing his/her own behaviour (Briesch & Daniels 2013:367). Due to the extensive use of self-management intervention packages, it is not possible to trace the effects of self-management for a particular component of the individual (Briesch & Chafouleas 2009:115).

Self-management interventions are of great interest to organisational scholars and mangers, as new organisational designs that require self-directed work behaviour is

frequently adopted (Renn *et al.* 2011:25). Self-management is a self-directed modification method that improves self-regulation through interlocking three practices: (a) goal setting, (b) behavioural monitoring and (c) "operating on oneself and the environment to achieve personal goals". At grass roots, individuals should be taught to discriminate their own behaviour in each situation. On the other hand, one has to integrate supplementary components, such as performance self-evaluation and self-monitoring of progress. The success of a self-management intervention could be improved by combination "performance goals with reinforcement" (Briesch & Daniels 2013:367).

It seems as only a few interventions are designed to explicitly focus on the success and maintenance of holistic wellness, through teaching preventative and practical self-management skills (Steverink & Lindenberg 2005:2). Researcher have identified the positive effects of self-management programmes across ages (e.g. elementary through high school) and developmental stages (e.g. students with learning disabilities and without exceptionalities), and several outcomes (e.g. social behaviours, academic performance and intrinsic or extrinsic behaviours) (Briesch & Chafouleas 2009:107). Self-management has been viewed as an intervention used to lower human capital (adult-level resources) as a resource (Briesch & Daniels 2013:367). On the other hand, when individuals self-manage inadequately work achievement and outcomes are jeopardised (e.g. lower absenteeism), and the organisation and work designs might be endanger (e.g. self-managed teams) when success is dependent on individuals to effectively plan, organise and control their own work activities (Renn *et al.* 2011:26).

As currently defined, self-management methods usually include one or a mixture of goal-setting, self-evaluation and recording, self-monitoring, self-charting and self-reinforcement (Briesch & Chafouleas 2009:107). It has been noted that the most popular self-management method, in a typical classroom setting, is self-monitoring, as it normally involves noting one's own behaviour.

Due to the extremely diverse use of the term self-management in today's literature, as seen above, there seem to be various constituents of self-management. Some authors refer to components (Fantuzzo *et al.* 1988; Briesch & Chafouleas 2009), skills (Lorig & Holman 2003; Renn *et al.* 2011) and/or steps (Gerhardt 2007). This is problematic, since there is no structured method for unpacking the various constituents that relate to self-management within a literature review such as this.

Fantuzzo *et al.* (1988:155) indicated that a suitable self-management intervention will give individuals control of 11 *self-management components*. These include (a) the selection of a target behaviour, (b) defining the behaviour, (c) selecting primary reinforcers, (d) setting a performance goal, (e) instructional prompts to engage in target behaviour, (f) self-observation, (g) self-recording, (h) self-evaluation, (i) administration of secondary reinforcers when a goal is met, (j) administration of primary reinforcers when a goal is met and (k) self-monitoring. Briesch and Chafouleas (2009:107) stated that in practise, it rarely manifests that individuals gain control over all 11 components. The authors found typically only four of the 11 possible self-management components were managed by individuals, the most common of which are self-observation, self-evaluation and administration of main reinforcers. A literature study on self-management interventions (Briesch & Chafouleas 2009:111) found that there are inconsistencies in the use of self-management components in research. In 30 studies consulted, only four self-management components (i.e. target behaviour selection, defining the target behaviour, self-observation and self-recording) were consistently used across all 30 studies, yet the term self-management was used as described by Fantuzzo *et al.* (1988:105). This is consistent with literature found by the researcher.

On the other hand, Lorig and Holman (2003) identified five core self-management skills that should be included in any self-management intervention: (a) problem-solving, (b) decision-making, (c) resource utilisation, (d) forming relationships and (e) self-tailoring. Renn *et al.* (2011:26) only allude to three skills. Self-management steps, as discussed by Gerhardt (2007:11), should include (a) self-assessment, (b) goal-setting, (c) time-management and (d) self-regulation. Self-management is an individualised process, with everyone accountable for their own unique behaviour and choices (Gerhardt 2007:13). Briesch and Cafouleas (2009:108) indicted that the goal of self-management interventions should be to assign responsibility to the individual as they becomes improve their self-assurance in the procedures of self-management. Because self-observation, self-goal setting and self-reward is a type of behavioural-focused strategies, feelings of self-determination and competence is easily created (Houghton & Yoho 2005:68).

When taking a step back from self-management to general management, one will consider components such as planning, organising, staffing, leading or directing and controlling to accomplish a set goal. Hence is it evident that even though there is an interwoven correlation between self-management components, skills and steps, self-management skills, as discussed by Lorig and Holman (2003), are strongly influenced by

the broader concept of management. Therefore, the following sections of this literature review will attempt to organise the aspects related to self-management in the framework proposed by Lorig and Holman (2003), as it included concepts that address both medical and behavioural management, role management and emotional management (Lorig & Holman 2003:1; Plow, Finlayson & Rezac 2011:251).

2.3.1 Self-Management Skills

Self-management is perceived as problem based, thus current self-management programmes are based on individually perceived problems (Lorig & Holman 2003:2). The 'self' is the only motivational force in any self-management programme. The self is described as the "organised, consistent, conceptual entity composed of perceptions of the characteristics of 'I' or 'me' and the perception of the relationship of the 'I' or 'me' to others and the various aspects of life, together with the value attached to these perceptions" (Omisakin & Ncama 2011:1733).

Plow *et al.* (2011:251) identified six core self-management skills that facilitate self-management. However, based on Lorig and Holman's (2003:2) 25 years of experience and a review of the literature, their framework consisting of only five core self-management skills will now be discussed in detail. These are *problem-solving*, *decision-making*, *resource utilisation*, *forming of partnerships* and/or relationships and *taking action* (self-tailoring is the sixth skill in the Plow *et al.* definition). Gerhardt (2007:12) indicated that these self-management skills has proven successful in a academic realm. Self-management interventions have had positive result on academic productivity and achievement by increasing the time students spend in studying. Renn *et al.* (2011:29) guaranteed that self-management fails when one of these practices is not successfully performed or coordinated.

2.3.1.1 ***Problem-Solving***

Due to the fact that current self-management interventions are problem based, it is reasonable that the core to self-management skills is problem-solving. Here individuals are not "taught solutions to their problems, but rather basic problem-solving skills" (Lorig & Holman 2003:2). These include defining the problem, possible solution generation, implementing solutions and evaluation the results.

The researcher is of the opinion that before problems can be defined or solved, self-assessment should be done (Gerhardt 2007:11). Therefore, self-assessment needs to be the first step, as it has been noted that "people develop through a process of knowing the self" when taking care of oneself (Omisakin & Ncama 2011:1736). Through self-assessment, one discovers problems that might stand between the now and the goals that one wants to accomplish (Gerhardt 2007:11). The individual has to identify behaviours that should be enhanced, changed or disregarded (Houghton & Yoho 2005:67). This improving of social behaviour signifies a vital first step towards behavioural change allowing individuals to set effectively goals aimed at improving personal performance and problem-solving (Houghton & Yoho 2005:67).

It is vital for self-assessment to focus on controlling and managing one's own behaviour and recognise the significance of self-management in the 21st century (Gerhardt 2007:12). Additionally, individuals should here emphasise their ability to apply their skills and to pinpoint their own personal areas of improvement. Self-awareness is further more recognising one's emotions and their impact on various thoughts and behaviours, acknowledging your strengths and weaknesses, and being aware of how one respond in diverse situations (Emelander 2013:52). Self-awareness is seen as an EI competency (Trejo 2014:32). Observing the self and recording predefined behaviour appear to be the cornerstone of self-management interventions (Briesch & Chafouleas 2009:106).

2.3.1.2 *Decision-Making*

The second self-management skill discussed by Lorig and Holman (2003:2) is decision-making. Decision-making forms problem-solving as one has to decide daily how to response to effectively changed behaviour. Firstly one should first acquire the necessary knowledge to meet common changes. In order to foster appropriate decision-making, one should have direction and guidelines toward a possible future. This leads to setting of goals (Gerhardt 2007:11).

Goal setting is connected to individual motivation (Gerhardt 2007:13) and is one of the lesser used self-management techniques (Briesch & Chafouleas 2009:107). This was surprising, as self-management is concerned with "setting specific challenging personal goals for behaviours that need to be developed, maintained or eliminated" (Renn *et al.* 2011:29). If the individual has difficulty to set and commit to goals, the self-monitoring characteristic of self-management will not have the desired impact on ones behaviour.

Goal-setting is one of the most studied and vastly supported concepts for individual motivation. Goal-setting theories mean that individuals who set operational goals seem to achieve more than individuals who do not set proper goals (Gerhardt 2007:13). When introduced to the central concept of goal-setting theory and typical characteristics of effective goals, individuals have to include specific, measureable, attainable, realistic and time orientated (or S.M.A.R.T) short and long term goals (Gerhardt 2007:11; Briesch & Chafouleas 2009:107; cf. point 5.2.4.5). Setting S.M.A.R.T. goals, attached to self-reward possibilities, is highly effective in invigorating the behaviours necessary for goal achievement (Houghton & Yoho 2005:67). Houghton and Yoho (2005:70) mentioned research suggests that in certain situations determining your own goals will lead to higher performance and satisfaction than allocated goals.

2.3.1.3 *Resource Utilisation*

The third core self-management skill is finding and utilising resources (Lorig & Holman 2003:2). Lorig and Holman (2003:2) suggest that, for optimal results, it is necessary that multiple potential internal and external resources are sourced.

Self-monitoring, a part of resource utilisation, involves individuals actively monitoring their own time and environmental, management and identifying situations that may stop them from accomplishment their set out goals (Gerhardt 2007:11). This involves monitoring not only the self but also available resources. In self-monitoring, an external prompt is often used to signal self-reflecting and self-assessment (Briesch & Chafouleas 2009:107), as a resource. In order to be exceptional in self-management, periodically monitoring of target behaviours and equating them with personal improvement goals is vital (Renn *et al.* 2011:29).

Gerhardt (2007:13) indicated that there are numerous obstacles on the pathway to goal achievement. It is idealistic to simply expect reach a pre-set goal without knocks along the way. In order to be successful in self-management, one has to prepare for potential hurdles and acquire skills and techniques will improve one's chances of overcoming such hurdles (Gerhardt 2007:13). The purpose of self-monitoring and resource utilisation is to determining if one is ready and adequately skilled for the journey. An important part of resource utilisation will be honestly reflecting on how one spent one's time and if the current environment and time management practices are facilitating one's goals (Gerhardt 2007:13).

2.3.1.4 *Forming Relationships*

The fourth self-management skill is assisting individuals to form partnerships or relationships with others (Lorig & Holman 2003:2). These others might take the role of partner, teacher or professional supervisor. Managing relationship is concerned with knowing when and how to introduce effective and beneficial emotion, and includes the development and maintaining of good relationships, inspiring and influencing others, communicating clearly, managing conflict and working well in teams (Emelander 2013:52).

There are several social psychological principles that underpin the significance of effective relationship management. Social psychology can be described as "the scientific study of how people think about, influence and relate to one another" (Kemp 2008:33), not only the self. Social awareness and relationship management are seen as an EI competency (Trejo 2014:32). EI is the capability of individuals to manage emotions in order to enhance interpersonal and social relationships (Goleman 2006).

2.3.1.5 *Taking Action*

The final self-management skill is taking action (Lorig & Holman 2003:3). This can be aligned with implementing solutions and mastering skill associated with self-efficacy models (Lorig & Holman 2003:3). Taking action is associated more with taking a decision than a skill, but various skills are involved in cultivating a culture that leads to any behavioural change. Utilising short-term action plans are the most common.

When carrying out an action plan, one builds on self-evaluation. Individuals are required to evaluate the success of their plan and improve their strategies if need be (Gerhardt 2007:12). One will evaluate progress towards effective goal achievement and use the principles of reinforcement and punishment to align behaviour with the pre-set goal (Gerhardt 2007:13). A comparison process allows for feedback that one can used when modifying behaviours that is perceived to not conform to behavioural change goals (Renn *et al.* 2011:29). This process involves altering personal views, feelings or conduct and/or making deviations in ones environment in an effort to assist goal fulfilment (Renn *et al.* 2011:29).

The final section of self-management incorporates all of the previous mentioned concepts (Gerhardt 2007:13). In order to self-manage, one has to (a) identify areas for improvement, (b) set S.M.A.R.T. goals, (c) observe time and surroundings to facilitate goal achievement and (e) vigorously evaluate if one's current behaviour in line with the pre-set goal. Self-evaluation or regulation is a continuous process when wanting to overcome automatic behaviours and desires (Renn *et al.* 2011:29). When shaping a desired future, self-evaluation should be followed by self-correcting feedback. A positive attentive inspection of failure and unwanted behaviours is more effective in redefining behaviour than an excessive use of self-punishment such as self-criticism and blame (Houghton & Yoho 2005:57).

Gerhardt (2007:12) indicated that the majority (70%) of individuals who participate in self-management training programmes usually reach their desired goals after completing the programme. However, it has been noted that individuals do not always self-manage appropriately and occasionally engage in a form of dysfunctional self-management (Renn *et al.* 2011:26). Ambiguous, unreachable and conflicting personal goals can weaken self-management (Renn *et al.* 2011:29). Self-management is a process that demands coordination of the above-mentioned skills, and can therefore be unsuccessful even if effective goals were established but individuals did not self-monitor their behaviours against goals or did not take the required action to lessen inconsistencies if they are acknowledged (Renn *et al.* 2011:29). Additionally, it has been suggested that individuals with low conscientiousness may inadequately self-manage due to procrastination. It has been previous suggest that "putting off personal goal setting, monitoring and operating until the last minute will undermine the quality of self-management practices" (Renn *et al.* 2011:38).

Self-management has been used in conjunction with wellness. Only fifteen articles were found on Ebsco Host during 1997 and 2014 in scholarly (peer reviewed) journals. Only eleven of these had full text articles available. All of these articles were concerned with disease or illness management and not holistic wellness (cf. point 2.2) as is the focus of this study. In summary, self-management has been noted to help patients maintain a state of wellness, but only related to their perception of their illness (Lorig & Holman 2003:1). Steverink and Lindenberg (2005) suggested a Self-Management Wellness (SMW) theory to improve older people's well-being. And Scott and Wilson (2011) introduced Wellness Recovery Action Planning (WRAP) as a "self-management programme for people with mental illnesses", indicating that self-management for

wellness is recovery-orientated. Hence, the use of self-management to facilitate holistic, individual wellness has not been explored in the literature.

2.3.2 Self-management in Higher Education

Self-management is a common term in health education and associate with various health promotion and patient education programmes (Lorig & Holman 2003:1). Self-management education allows comprehension for one's being, one's life purpose and position in life (Omisakin & Ncama 2011:1736). Ultimately, the goal of self-management is preparing students for problems and encounters they might face when entering their profession (Gerhardt 2007:11). Self-directed learning is a crucial constituent of self-management and the education thereof. Self-management needs to encourage self-understanding and self-development (Omisakin & Ncama 2011:1736).

The self is the only motivational source in self-management education programmes (Omisakin & Ncama 2011:1733). According to Huggins, Kift and Field (2011:184) self-management training should enable an individual to:

- Learn and work self-sufficiently, and
- Self-assess capabilities and performances, use feedback appropriately, self-support personal and professional development.

Kazemi *et al.* (2011:253) explained that there is a "growing body of evidence-based teaching methods and conceptual and empirical papers on the benefits of teaching self-management skills". The authors also mentioned that there is evidence that individuals who utilize self-management strategies will have a higher level of academic productivity, performance and accuracy, class participation and "gained meaningful practice using both logical thinking and scientific methodology". Furthermore, Kazemi *et al.* (2011:256) stated that the use of self-management techniques increased students' understanding of behavioural change processes and skills while dealing with clients. The researcher would like to argue that these improvements will extend far beyond the classroom and affect the personal and professional life of the students after graduation.

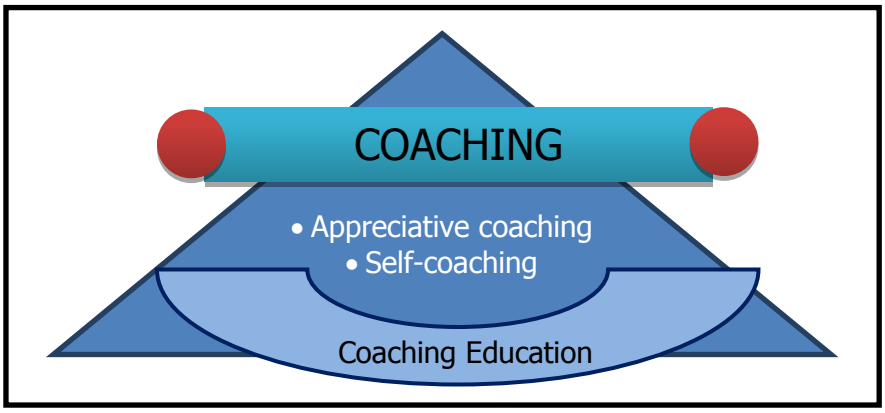
Even though the benefits of teaching self-management to students are well documented, higher education programmes (Robbins, Allen, Casillas & Peterson 2006; Briesch & Chafouleas 2009; Huggins *et al.* 2011; Hoff & Ervin 2013) research on teaching self-

management in the university classroom seems to be needed (Gerhardt 2007:12). Many other vocational programmes, such as somatology, do not offer specific courses in self-management and very few programmes have information about self-management within their curriculum. This might be due to budget deficits, large classroom sizes and the wrongful perception that teaching self-management increases instructional load (Kazemi *et al.* 2011:236). Therefore it is necessary to explore ways to incorporate novel learning opportunities for self-management skills, within the framework and need for a particular course (Kazemi *et al.* 2011:237).

Kazemi *et al.* (2011:237), in a study focusing on including self-management in the curriculum of psychology students, formulated a self-management project and a rubric for evaluating the project. "Their self-management project required students to (a) select and operationally define a target behaviour for change, (b) propose methods to measure the behaviour, (c) observe the behaviour, collect and graph baseline data, (d) propose possible function(s) of the behaviour, (e) find and summarise one empirical research article regarding their target behaviour, (f) develop an intervention and modify the behaviour, (g) collect, graph and evaluate intervention data and (h) write a final report using the APA manuscript style" (Kazemi *et al.* 2011:237). They found that teaching self-management skills does indeed increase knowledge of behavioural change procedures and skills necessary when dealing with clients, and resulted in high student satisfaction. Gerhardt (2007:15) indicated that valuable outcomes of their research are (a) the fact that self-management can be taught in a university classroom through tutorials and (b) that students felt that learning self-management skills was valuable and worthwhile. In law education, Huggins *et al.* (2011:184) indicated that "intentional and strategic approaches to curriculum design will be critical to assure the effectiveness and successful development of students' self-management knowledge, skills and attitudes". The authors suggested the use of Bigg's framework of engagement.

As the Higher Education Act (South Africa 2007) is being revamped, the responsibility of HEIs related to student academic performance and dropout rates has received considerable attention (Robbins *et al.* 2006:598). Robbins *et al.* (2006:598) identified that with 4-year and 2-year qualifications averaging with 6-year graduation rates, there is concern that students are ill-prepared to meet the hurdles they face within HEIs. Learning self-management skills seems to be essential in the success of students in the 21st century (Gerhardt 2007:11).

2.4 COACHING



The past decade has seen a significant growth in the practise of sport psychology in the business settings (Ievleva & Terry 2008:8); and sport psychology continues to grow rapidly (Grant & O'Hara 2008:57). The aim of this literature review on coaching is to clearly define coaching, discuss coaching underpinnings, elaborate on appreciative coaching and self-coaching, provide an overview on the processes of self-coaching and finally contextualise coaching within higher education.

Timothy Gallwey wrote a pivotal, now classic book in the field of sport psychology called, *"The inner game of tennis"* (Gallwey 1974). It seems only fitting and expected that he eventually applied his coaching expertise to business when he wrote, *"The inner game of work"* published in 2001, which has since been widely acknowledged amongst coaching psychologists (Ievleva & Terry 2008:8).

The research and practise of coaching psychology has developed substantially over the past 10 years (Grant 2011:84; Greif 2007:222) and has been classified as "one of the fastest-growing professions in the Western world" (Wright 2005:325). Today the focus of coaching has shifted from fixing toxic behaviour for top management to developing the capabilities of high-potential performers (Guttman 2012:7).

Within the literature there seems to be uncertainty between the terms mentoring, training, therapy and coaching (Wright 2005:325). Grant and Greene (2004:18-19) indicated that a *mentor* is usually an expert in a particular field, and only works in that field with junior practitioners by assisting them to gain knowledge, skill and expertise; *training* is concerned with developing particular skills and the agenda for any training programme is set by an organisation or trainer; and *therapy* is aimed at individuals who have a problem and mainly deals with clinical issues. *Coaching*, by contrast, focuses on empowering people through assisting in self-directed learning, improved performance and

personal growth (Bresser & Wilson 2010:10). Therefore coaching is future orientated, does not deal with clinical issues, addresses a wide range of life issues and works with the client to reach a series of significant targets and goals and the coach might not be an expert in the particular field of the client.

Coaching has been described as a special type of person-centred consultation (Greiff 2007:223). Coaching psychology mainly focuses on "non-clinical populations and the enhancement of life experience, work performance and well-being for individuals, groups and organisations who do not have clinically significant mental health issues or abnormal levels of distress" (Grant 2011:88). Bachkirova (2011:5) stated that coaching has the ability to make a difference in the development of individuals because it facilitates the internal and external change needed when considering issues such as wellness. Coaching offers a continuous partnership aimed at assisting clients to produce satisfying results in their own personal and professional lives (Wright 2005:325). Wright (2005:325) argues that "coaching helps people improve their performances and enhance the quality of their lives". In other words, the main aim of coaching is to stretch the capability of individuals and not to diminish their problems (Ievleva & Terry 2008:10). As a systematic process, coaching fosters the ongoing self-directed learning and personal growth of the individual being coached (Greiff 2007:223).

Coaching sessions spend very little time in the past; rather the focus is on developing the person's future (Wright 2005:326). Wright (2005:326) alluded to the fact that coaching is wellness-orientated and has the ability to see clients as well and whole, with a primary focus on discovering. Individuals who do not have high levels of psychological problems are the main focus of coaching (Grant & O'Hara 2008:59)

Greiff (2007:223) stated that coaching can be defined as an "intensive and systematic facilitation of result-orientated, problem-reflection and self-reflection as well as counselling of individual persons or groups". The basic notions behind any coaching technique can be summarized as follows (Grant & Greene 2004:19):

- People are fundamentally capable;
- You know yourself best so accept your own meaning of your current situation;
- Acknowledge and take recognition for your achievements;
- Focus on solutions and not problems; and
- You have a problem; it is not something that you are.

Coaching is normally applied or practised through external, peer or self-coaching principles. Traditionally coaching makes use of an external coach (McKergrow, Oglethorpe & Faulkner 2012:43). Here the "coaching relationship can be described as a directionally influential helping dynamic that is established between two unique psychological entities; the coach and the client" (Kemp 2008:32).

There is indirect evidence-based theory illustrating that coaching positively changes behaviour (Sue-Chan & Latham 2004:261). Cognitive behavioural therapy is the most common theoretical perspective underpinning the coaching practise, and also the most empirically validated theory (Grant 2011:93). Behavioural change theory has been indicated as vital for any successful self-management and wellness programmes. Some of the other theories underpinning coaching are goal theory (important for self-management), change theory and systemic theory (Grant 2011:94). *Goal theory* refers to a "commitment to goal setting and the pursuit of specific defined outcomes" (Grant 2011:94). Grant (2011:94) explained *change theory* as creating a purposeful, positive change and therefore change theory has a central place in coaching. Although coaching normally takes place on an individual basis, *systemic theory* has also long been influential in many coaching practices. This is because the social systems where the coachees live and work significantly impact their ability to achieve their goals. The coach facilitates learning in the client (Wright 2005:326) by focusing on change. The change and transformation within coaching allows for greater possibilities, assists with behavioural and emotional obstacles and emphasises results (Grant & Greene 2004:29).

Wright (2005:326) indicated that a fundamental belief of coaching is in line with a belief of Maslow, who viewed the human as a "naturally health-seeking being who, if obstacles to personal growth are removed, will naturally pursue self-actualisation, playfulness, curiosity and creativity". Therefore coaching is the study of human potential and possibilities (Wright 2005:326).

Coaching motivates both goal achievement and wellness (Grant 2007:250). Some of the core coaching skills include active listening and attending skills, effective questioning and communicating, facilitation of learning through assisting clients to create an action plan that will help them attain agreed-upon goals, contracting, managing process and accountability, planning and goal setting, establishing trust, and suitably stimulating clients to keep them aligned with their goals (Grant 2011:95; Wright 2005:327). In general, coaches receive training that equips them to listen, to observe and to customise

their sessions to suit the individual client (Wright 2005:325). Coaches require the knowledge, skills and techniques that will assist the client to achieve their goals without directing, because coaching entails self-direction and accountability of the client (Wright 2005:326). Ultimately, coaching is about change, but making purposeful, directed change is difficult (Grant & Greene 2004:23&39).

As an industry, coaching has widespread appeal, and has a number of speciality areas (Grant & O'Hara 2008:57). It draws on a rich heritage of individual and organisational change practised in the fields of organisational behaviour, psychology and psychotherapy (Orem *et al.* 2011:21). Three widely practised coaching types are business coaching, executive coaching and life coaching. One can sub-categorise coaching in the area in which it is practised. These include (1) *specialised areas*, such as workplace coaching, executive coaching, life coaching, health coaching, performance coaching, remedial coaching, developmental coaching, business coaching and peak performance coaching and (2) *non-core specialist areas* of theory, applying positive psychology, solution focused approaches, cognitive-developmental narrative, consulting, training and development, and psychodynamic and Gestalt approaches. (Wright 2005:326; Binstead & Grant 2008:44; Grant 2011:84; McKergrow *et al.* 2012:43).

Coaching is concerned with helping the client to learn how to achieve more (Wright 2005:326). Coaching has proven effective in significantly increasing productivity (Wright 2005: 326); reducing negativity; improving positive culture, staff morale, team work and relationships (McKergrow *et al.* 2012:43); increasing leadership; achieving goals and reducing stress (Grant & O'Hara 2008:57).

This study will use two coaching approaches, namely (1) appreciative coaching and (2) self-coaching. These will be discussed in detail in the following sections of this literature review.

2.4.1 Appreciative Coaching

Coaching can incorporate an appreciate approach (Wright 2005:327). This form of coaching is called Appreciative Inquiry Coaching or Appreciative Coaching. Appreciative Coaching (AC) has its roots in Appreciative Inquiry (AI) (Orem *et al.* 2011:49; Gordon 2008:19; Selcer, Goodman & Decker 2012:11; cf. points 1.2 & 3.2.1). AI developed in the 1980's as a "revolutionary and positive philosophy aimed at creating organisational

change and is a process that focuses on leveraging an organisation's core strengths, rather than seeking to overcome or minimise its weakness" (Gordon 2008:19). AI as an approach is grounded in what's right, what's working, what's wanted and what's needed to get there.

AI was first conceptualised at the Case Western Reserve University's Weatherhead School of Management in 1980, by doctoral candidate David Cooperrider and his supervisor Suresh Srivasta, who were both engaged in organisational change as their main project (Watkins & Mohr 2011). They realised that traditional organisation development (OD) methodologies of problem analysis and criticism were "sucking the energy for change right out of the system" (Gordon 2008:19). They realised that the more problems people discovered in their organisation, the more they got more disheartened; and the more disheartened people became the more they "blamed each other for the problems" (Gordon 2008:20). Cooperrider and Srivasta soon recognised that as an alternative to an *intervention* there seemed to be more power in reshaping the assignment as an *inquiry.* This lead them to become students of organisational life – where one learns, discovers and appreciates what gives life when the organisation is most vibrant and effective. Although AI began as a theory building method, it has also been called a "philosophy, a revolutionary force, a transformational change process, a live giving theory and practise and even a new world-view" (Cooperrider, Whitney & Stavros 2008; Gordon 2008:20; Selcer *et al.* 2012:11).

AI inspires individuals to inquire about, learn from and build on what is working when things are perceived to be at their best, and discourages individuals from focusing on fixing problems (Judy & Hammond 2006:4). AI embodies a "constructive inquiry process that searches for everything that 'gives life' to organisations, communities and larger human systems when they are most alive, effective, creative and healthy in their interconnected ecology of relationships" (Cooperrider & Avital 2004:xii; Selcer *et al.* 2012:11).

The application of AI has migrated from corporate settings into various business and healthcare settings "along a wide spectrum of AI processes – from broad, development of strategic plans, to narrow, such as the decrease in errors in nurse hand-offs" (Selcer *et al.* 2012:12). AI has been used extensively as a research methodology, but in contrast to this, the applied value of AI has provoked substantial interest. Possibly one of the most recent adaptations of AI is the "appreciative approach to coaching" – Appreciative

Coaching (AC) (Gordon 2008:23; Selcer *et al.* 2012:11). AI is regarded as a "positive, strengths-based operational approach to change, learning and development that seems most suitable for coaching practitioners working in all settings" (Gordon 2008:20). AC is a relatively new approach to coaching that encourages and emphasises the positive present and the possible future, rather than the problems of the past and present (Gordon 2008:19). AC considers joy, hope, wisdom, spirituality, perseverance and the like to be unique characteristics of human beings that allow us not only to deal with negative circumstances but also to thrive (Clancy & Binkert 2010:151).

According to Sloan and Canine (2007:1), AC is merely the application of the core AI principles (cf. 3.2.1 & Figure 2.2) to the method that the coach is engaged by a person to function as an advisor. When people are empowered and assisted in discovering what they can do, instead of concentrating on what is wrong and what they can't do, there is a vivid increase in their mental health and quality of life (Wright 2005:326). AC is highly effective for a variety of coaching applications and the AI principles and the AI 4-D cycle (cf. 3.2.1) provide an exceptional guiding structure for the coaching process (Gordon 2008:23).

The essence of AC embraces human systems as *heliotropic*, meaning that "they will move toward the generative and creative images that reside in their most positive core – their values, visions, achievements and best practices" (Gordon 2008:23; Watkins & Mohr 2011:xxxi). The following assumptions are inherent in both AI and AC and forms the basis of Orem *et al.*'s (2011:26) model of AC (Reed 2007:25):

- "In every society, organisation, group or individual something works;
- "What people focus on becomes their reality;
- "Reality is created in the moment, and there are multiple realities;
- "The act of asking questions of an organisation, group or individual influences the group or individual in some way;
- "People are more confident and comfortable in their journey to the future (the unknown) when they carry forward parts of the past (the known);
- "If people carry parts of the past forward, those parts should be what is best about the past;
- "It is important to value differences; and
- "The language people use creates their realities."

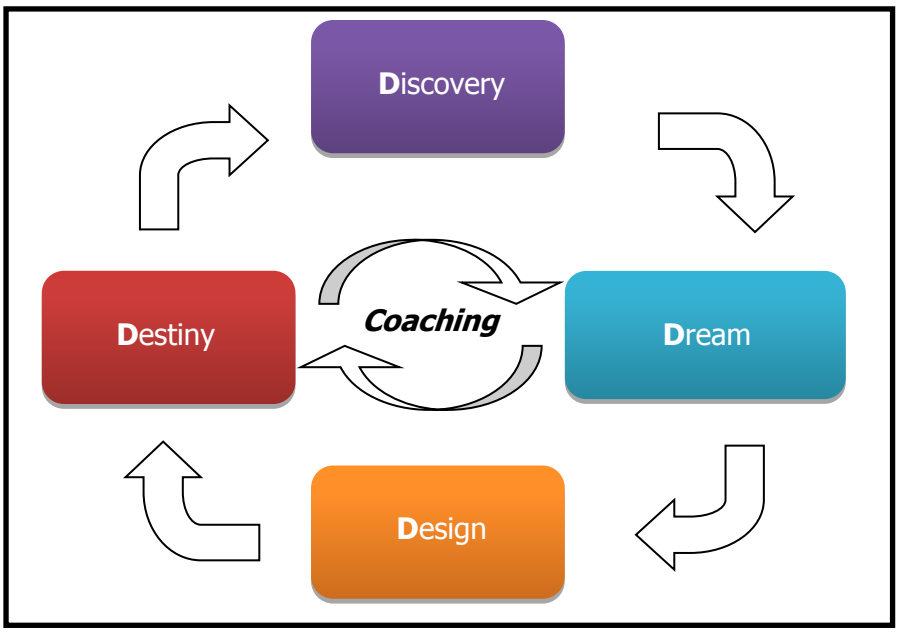


FIGURE 2.2: A DIAGRAMMATIC OVERVIEW OF THE DIFFERENT ASPECTS OF APPRECIATIVE COACHING [Clancy & Binkert 2010:150]

Orem *et al.* (2011:11-12) observed a significant positive change in their interactions with their clients since they shifted their focus off 'problems to fix'. While AC is not the only coaching approach to incorporate the constructionist and simultaneity principle associated with AI (cf. 3.2.1), it is the only coaching approach were AI beliefs "permeate all aspects of its practice and tools" (Gordon 2008:24). Gordon (2008:24) indicated that fundamental to AC is the assumptions that "*in every individual something works*, and *what people focus on becomes their reality"*. Most unique to AC is the fundamental focus on the appreciative language and the use of appreciative questions (Gordon 2008:24). Kemp (2008:34) indicated that once an individual has established a judgement as either positive or negative, it tends to persevere, even if evidence suggests the opposite. This stresses the fact that when working with individual wellness and self-management, the focus should be on the positive from the onset of inquiry, alluding to the importance of AI within a programme designed for individual wellness and self-management. Focusing on the positive core might be breathe well deserve life into the 'problem-based' nature of self-management (cf. point 2.3.1).

As Lockwood and Wohl (2012:629) indicated, behavioural change is necessary for any effective wellness and self-management initiative/programme. Behavioural change "occurs when education is combined with certain behavioural skills, psychological variables (e.g. enhanced self-efficacy, motivation and positive attitude) and behavioural change variable" (e.g. self-reflection, perseverance and goal achievement) (Lockwood &

Wohl 2012:630). Therefore the researcher argues that AC best suits the wellness/self-management programme in this study.

In summary, AC emphasises the supporting of people and facilitates them to gather their own stories and tell stories of positive growth (Gordon 2008:30). Reed (2007:30) accused AC of being "naive and idealistic" because its focus on positive experiences seems to ignore accounts of negative experiences. However, Gordon (2008:30) argues that the social constructivist framework assists AC in focusing on how the world could be as one would like it to be and in exploring how "the positive can contribute to their development, in a different way from other coaching approaches". Selcer *et al.* (2012:12) indicated that AI does not disregard, deny or fail to address difficulties, nor does AI deny reality – AI focuses on what needs to be in place to be successful, by asking 'What is going well?', 'Why is that?' and 'How can more of that be done?', rather than focusing on the negative.

AC has been applied to various coaching approaches, such as life coaching, preliminary client information gathering, reflective questions in a particular coaching session, appreciative facilitation, coaching career development and coaching team work (Orem *et al.* 2011:214-218; Gordon 2008:27-29). The researcher could not, however, find any example in the literature for the combination of AC and self-coaching, the second coaching approach used in this study.

2.4.2 Self-Coaching

In their book *"Coach yourself: Make real changes in your life"*, Grant and Greene (2004) identify self-coaching as being built on the foundations of life coaching. Life-coaching has recently seen rapid growth (Sparrow 2007:278). Life-coaching shifts the focus towards 'life as a whole' and has de-skilled the role of the coach to little more than can be achieved by friends and family (Sparrow 2007:278).

Self-coaching can be done in any field (Erricson, Prietula & Cokey 2007:6). The efficacy of self-coaching can be traced to Aronson's (1999) self-persuasion theory. According to this theory, "self-persuasion strategies produce more powerful and long lasting effects than do alternative sources" (Erricson *et al.* 2007:6). Attitudes and behavioural change can be encouraged by other theories but are fairly short-term, particularly when there is a robust emotional factor (Sue-Chan & Latham 2004:261). Self-persuasion theory does not

rely on a direct attempt from someone else to convince one to do anything. Therefore, the theory indicates that self-persuasion permits individuals to influence themselves in relation to a desirable behaviour (Sue-Chan & Latham 2004:261). There are, however, "few or no studies of the effect of self-persuasion in organisational settings" (Sue-Chan & Latham 2004:261) or individual wellness.

In line with the broader concept of coaching, self-coaching resembles cognitive-behaviour therapy, more explicitly, cognitive-behavioural modification, but self-coaching is ideally interwoven into everyday, context-sensitive interventions (Ylvisaker 2006:248). Grant and Greene (2004:38) indicated that in order to make changes to our lives we need to change thoughts, feelings and behaviours. Ylvisaker (2006:248) stated that self-coaching can address a diverse number of obstacles, such as impulsive social interaction, poorly controlled emotions, trouble handling ordinary routines, difficulty understanding social behaviour and interpreting others' emotional situations, work or school conflicts, and goal setting.

In her article *"Talk to the ego"*, Ellison (n.d.:48) indicated that self-management can be defined as encompassing a conscious conversation with oneself that elicits new understanding, behaviour or solutions around a challenge. The impact of self-coaching on individuals includes greater self-confidence, passion and motivation (Ellison (n.d.:49).

Guttman (2012:7) pointed out that because professional external coaching is generally conducted over a period of 7 to 12 months and carries a price tag of about R800 per hour, it's understandable that coaching is "reserved for the elite". Guttman (2012:7) continued by arguing that there has to be investment in more than just training for individuals and a cost-effective alternative to external coaching is self-coaching. Sue-Chan and Latham (2004:261) stated that individuals who received coaching from an external coach or who conducted self-coaching showed significantly greater improvement in their grades than individuals who were coached by a peer. Therefore self-coaching will be used as one of the coaching perspectives in this study.

Self-coaching costs are minimal (Guttman 2012:8). By encouraging and facilitating self-coaching, the benefits of external coaching become available to all individuals (Guttman 2012:8). Self-coaching uses a series of techniques that help the individual to modify unwanted or unaccommodating behaviour and find ways to live that are conducive to goal achievement (Grant & Greene 2004:2). This form of coaching is about learning and

change; it is about asking questions rather than giving answers (Grant & Greene 2004:29). Grant and Greene (2004:29) indicated that if an individual wants to become their own focus-driven life coach they would have to learn to:

- "Clarify your purpose and values;
- "Reinvent or rediscover yourself;
- "Develop and carry out action plans; and
- "Ask the right questions – the answers will come".

Wellness and self-management needs will change for individuals over their life span. Therefore using self-coaching will allow the individual to re-evaluate their current wellness needs and adjust their individual programme should the need arise. Thus, the researcher used self-coaching within this study. Self-coaching will be defined as an own-life, solution-focused, goal-orientated process leading to lasting, positive, inspirational changes, such as decreasing impulsive and reactive behaviour, in the life of the individual through a process of change (Grant & Greene 2004:2; Ylvisaker 2006). When the individuals coach themselves, they take accountability for their own individual development (Guttman 2012:8), which was cited above as necessary for both wellness and self-management education.

Greiff (2007:232) reviewed literature on coaching and found that self-coaching programmes are nearly as effective as external expert coaching. The success of any coaching programme entails activation of resources by the coachee him or herself, and therefore the "study of outcomes of self-coaching is theoretically interesting" (Greiff 2007:232).

Before the self-coaching process can commence, the individual needs to identify themselves as willing to undertake the process. Guttman (2012:9) indicated that they should have intelligence, determination and the EI needed to successfully self-coach. More importantly, individuals should be willing to go beyond their comfort zones, drop their defences and become vulnerable, and aspire to improve their lives. "In the self coaching game willingness is the [ultimate] price of admission" (Guttman 2012:9).

Guttman (2012:8-12) indicated that self-coaching can be facilitated through answering the questions in the following seven steps (cf. point 3.2.2.1):

1. "Determine your self-coach ability". Am I capable, prepared, and eager to permanently change my behaviour?

   After the individual identifies a need for coaching (Clutterbuck & Megginson 2005:54), self-coaching candidates will focus on the five key concepts in the above-mentioned question, viz. their *ability, readiness, willingness, permanency* and *behaviour.* One needs to first assist the individual to personalise the over-all thinking framework as this forms the basis of their self-regulation (Ylvisaker 2006:249).

2. "Select and commit to an intention". What is the final goal?

   The intention connotes a *deliberate conscious choice*. Participants will have to start living the intention they commit to at the onset of the self-coaching journey. One needs to replace the negative narratives with positive ones that will facilitate, not delay, goal achievement. One needs to also ensure that the intention addresses real-world problems for the individual (Ylvisaker 2006:249)

3. "Identify your guide and circle of support". Who will provide me with awareness about my behaviour with support, and who will be honest?

   Because coaching is concerned with behavioural change, the process will never include only one individual. Peers, mentors and/or other stakeholders will assist in providing a behavioural point of departure in order to judge progress. The criteria for support members are similar: they need to observe progress, have a positive outlook, be objective, be able to ask critical question, offer recommendations and not directions, have no conflict of interest and be totally honest.

4. "Solicit feedback". What can people say about my current behaviour and how it needs to be modified or what I have to do to take it to the next phase?

   Qualitative and quantitative tools can be used to gather data at the onset of the coaching process. These are easily adapted to self-coachees in order to request feedback. Feedback needs to be in the form of extrinsic feedback. Where possible, one should move the coaching process and dialogue towards a greater reliance on intrinsic feedback (Clutterbuck & Megginson 2005:56).

5. "Analyze and respond to feedback". What are people telling me, what is the best way to respond to what they are saying?

   Feedback needs to be viewed as a gift and not a treat. It is one of the greatest insights for one's future success. One needs to depersonalise feedback and not treat it as an attack. Dropping defences, depersonalising and remembering that the members of the circle are not the enemy, are vital to success.

6. "Develop and act on a game plan". What will my actions be, and by when will I take them?

Once the individual has analysed the feedback and identified the concerns, they need to begin the construction of a personal development plan. This needs to move the individual to the chosen intention by breaking goals down into a series of practical steps making the task seem a lot less daunting (Clutterbuck & Megginson 2005:55). A specific timeline, potential problems list and action list need to be included. One needs to determine if the self-coachee is intention focused, realistic and ready to be flexible and resilient, did they avoid complexity, did they write everything down and test their own thinking capabilities.

7. "Track your success and recalibrate". Am I achieving the goal I committed to? If not, how do I get back on track? How will I determine if I reached my goal?
   Building in regular assessments into one's coaching plans, in order to caution early on, will avoid one drifting too far from the goal. One should foster a culture where there is no failure: if the plan does not work, the suitable response is to say "terrific", and then one should re-evaluate the tactic (Ylvisaker 2006:249).

Although these questions seem straight forward they are underpinned by self-analysis and that the individual alone is "responsible for the past – and future – trajectory of their situation" (Guttman 2012:9). To assist self-coaching candidates, those who will oversee the programme or the facilitators need to fully understand what will occur or what is needed in each self-coaching step (Guttman 2012:8).

Guttman (2012:10) indicated that "sustained behavioural change is the only true measure of the success of a coaching, or self-coaching program." Within self-coaching, the individual is ultimately accountable for his or her own success (Guttman 2012:10).

2.4.3 Coaching in Higher Education

Coaching is an academically immature yet emerging discipline (Maritz, Poggenpoel & Myburg 2011:154). As an "academic sub discipline, coaching psychology as an applied positive psychology has come a long way since it was first taught as postgraduate level in 2000 at the University of Sydney" (Grant 2011:84). Yet, the necessary teaching strategies to facilitate the core competencies needed in coaching have received limited attention (Maritz *et al.* 2011:155).

One has to comprehend that that coaching is growing across disciplines (Grant 2011:87). Numerous professional coaches did not obtain an undergraduate degree in psychology,

nor do they have time available or the desire study for an undergraduate degree in psychology (Grant 2011:87). One has also to comprehend that a coaching learner is often a mature adult, emphasising the importance of an experiential learning environment that promotes learner reflexivity (Maritz *et al.* 2011:152). Currently, there is little agreement on facilitating coaching components in higher education, in order to develop core competencies for coaching (Maritz *et al.* 2011:152). As with many emerging disciplines, practise precedes the establishment of sound and theoretical foundations (Maritz *et al.* 2011:153). The South African context is no exception.

With the broad scope of theoretical underpinnings associated with coaching psychology, it is critical that coaching psychology education fosters the necessary critical thinking skills that will allow graduates to critically assess "numerous philosophical, psychological and theoretical traditions and to construct conceptually coherent models of theory and practice" (Grant 2011:89). While there appears to be a general consensus about the requisite knowledge, skills and attitudes of coaches, there remains little agreement on how these competencies are facilitated effectively in the coaching educational setting (Maritz *et al.* 2011:154).

Currently there are no comprehensive degree programmes dedicated to coaching, but an increasing number of HEIs are now offering coaching components in courses ranging from undergraduate psychology and business courses to MBAs (Maritz et al. 2011:153). Currently, education of coaches and the coaching interventions are heterogeneous (Greiff 2007:241). In order to successfully align coaching and educational demands in the 21st century, higher education and corporate learning programmes are required to purposefully pursue teaching strategies needed in coaching (Maritz et al. 2011:154). Wright (2005:327) concluded that a successful business will be one where all employees are allowed to get a "clear sense of their own individual values as well as to identify and recognize the values of the company and themselves".

Maritz et al. (2011:163) indicated that "the nature of [business] coaching practise demanded a critical disposition towards thinking and action. Possible teaching strategies depend on and promoted interactive discourse and real time learning." As seen above, not all coaches completed a professional degree, but are supporting themselves with practical experience (Greiff 2007:241).

Coaching is rapidly entering postgraduate research education as a capacity building inexperienced academics (Roetz & Maritz 2013:82). A preferred model of coaching education is a scientific-practitioner model, where the coaching education requires the teaching of theoretical and empirical fundamentals and simple knowledge about research methodologies (Greiff 2007:241). Coaching has been found to offer opportunities for personal and professional growth by learning new skills, creating opportunities for intellectual dialogue, taking risks and challenges (Maritz, Visagie & Johnson 2013:165).

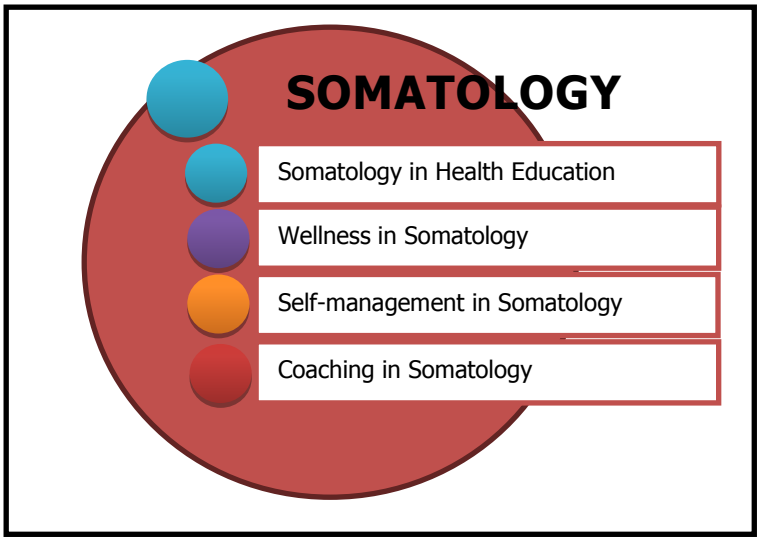
Even though coaching contentment was higher amongst managers who had an external coach as opposed to peer coaching in a study conducted by Sue-Chan and Latham (2004:261), one has to comprehend that external coaching might not be possible in all health programmes and professions due to the amount of time invested in each individual and the cost of external coaches and the time of such interventions.

Stephens and Parr (2013) questioned the use of an e-portfolio to teach clinical skills to students in an MSc Physiotherapy programme. The authors concluded that the engagement with deliberate practises, within a reflective framework offered by the e-skills portfolio, appeared to promote student engagement with continuing professional development through a process of peer and self-coaching within an adapted action research model. Maritz and Visagie (2011:190) indicated that a computer-generated appreciative coaching setting proved to be an appropriate solution in providing novice academics with much needed support in an "open distance learning context".

One of the biggest challenges in providing coaching education in both business and healthcare fields is not only the delivery of theoretical knowledge, but also the "development and facilitation of leadership characteristics that are transferable to the workplace" (Selcer *et al.* 2012:10). As seen in the discussion above, coaching is either implemented in higher education as a standalone qualification or as support for postgraduate students. There seem to be only a few inclusions of coaching interventions during undergraduate studies (Selcer *et al.* 2012; Stephens & Parr 2013). Both Appreciative Coaching and self-coaching are fairly easy to make use of and will add to a professional qualification's need to satisfy accreditation standards (Selcer *et al.* 2012:18). Coaching seems warranted to help teach students in HEIs, "to develop the leadership skills of visioning, empowering and encouraging essential to inspiring and developing the future workforce of an ever-changing healthcare delivery industry" (Selcer *et al.* 2012:18).

Unfortunately, literature suggests that coaching is not utilised effectively in student education, especially with regards to self-management and individual wellness.

2.5 SOMATOLOGY



After an extensive literature search on various data basis, including Ebsco, Gale, Cinhal, Emerald, Nexus, Sage journals, Sabinet and Google scholar (with a wide variety of key words), it became evident that there is not sufficient literature on the somatology industry, somatology clinics or the somatology therapist within the context of this study to do a comprehensive literature review on the self-management and individual wellness of the somatology therapist. The latter (the somatology therapist) has received the most acknowledgement from researchers with a social interest. Therefore the researcher found it difficult to obtain relevant literature and had to search in other healthcare domains and in the domain of general management and wellness, occasionally with no success.

The focus of this section of the literature review is to orientate the reader to an overview of the somatology industry, discuss somatology in higher education, review wellness related to somatology therapists, elaborate on self-management uses within the somatology industry and finally provide an overview of the use of coaching within somatology.

Somatology, as a profession, has been around for decades and has evolved from being a career, traditionally based on issues of beauty, to one where the holistic treatment of clients, within a health and wellness environment, is the current norm (Campbell 2012:11). The history of somatology can be traced back to the historic period preceding the Middle Ages in Europe, where knowledge of ingredients for making beauty

preparations that assisted in the daily grooming of the body and improving the skin's appearance was passed from generation to generation and across cultures (Straughan 2010:650). Only once the somatology clinic was established, did the somatology/beauty industry as we know it today emerge. This industry developed from the innovativeness "of one woman in her kitchen", as well as "businesswomen who developed national networks, [with] large production capabilities" (Black 2004:28).

With business development came professionalization, as training within "systems of preferred care" was encouraged (Black 2004:28; Straughan 2010:650). In the 20th century the somatology industry was associated with various negative undertones of "deceit and loose morals" (Straughan 2010:651). Throughout the ages, marketing strategies influenced how the somatology or beauty industry was perceived (Black 2004:38; Straughan 2010:651).

Somatology, termed Beauty Technology prior to 1996, is a multi-faceted profession where the somatologist or somatology therapist treats a diverse number skin and body problems in a holistic manner (Campbell 2012:11; Venter 2012:Online; CosmeticWeb 2014; University of Johannesburg 2014) within the healthcare industry (Maritz & Jooste 2011:976). The somatology industry is ever-expanding and is created, in part, from knowledge produced at technological, scientific and industrial sites, were clinical knowledge performed in the laboratory filter into and advise a number of somatology related practises (Straughan 2010:648).

For the purpose of this study, a somatologist will be defined as a therapist within the industry of somatology who treats a diverse number of skin and body conditions in a holistic manner. Somatologists play a vital role in guiding the general public on health and well-being, in particular skincare related topics (Boshoff 2012:93). They also play an important role in the health and wellness industry worldwide (Campbell 2012:11). The scope of practise for the therapist within the industry of somatology includes (Campbell 2012:21; Venter 2012:online; CosmeticWeb 2014):

- Assessing and taking care of skin;
- Recommending and performing slimming treatments and exercise in conjunction with a diet recommended by a healthcare practitioner;
- Cosmetic sales;
- Specialised make-up techniques;

- Manicuring and pedicuring;
- Tinting of eyelashes;
- Permanent and temporary removal of unwanted facial and body hair;
- Waxing;
- Anti-aging modalities;
- Slimming treatments;
- Skin preparation prior to surgery and post-surgery scar revision;
- Proficiency in a number of electrical devices;
- Specialised massage techniques (e.g. reflexology, aromatherapy, manual lymph drainage and Swedish massage);
- Various nonregistered modalities (Caldis, McLeod & Smith 2001:77) such as Alexander Technique, Polarity Therapy, Reiki, Shiatsu and/or Body alignment techniques; and
- Sports massage (Jooste, Khumalo & Maritz 2013).

Not only do therapists perform the above-mentioned treatments, but they are also required to apply a level of integrated and critical thinking. This additional and often overlooked responsibility of the somatologist is highlighted by Toerien and Kitzinger (2007:645) as relational practises, including morale boosting, pampering and stress management. Furthermore, the somatologist is not allowed to diagnose pathological conditions, but through experience they can detect abnormalities and refer clients to registered healthcare professionals (Campbell 2012:21).

Boshoff (2012:89) found that somatology is a female dominated profession, both nationally and internationally. It has been indicated that a large and growing percentage of young adult workers have entered this industry (Shendell, Miller & Kelly 2013:57) making the majority of therapists relatively young. These therapists have adopted a demanding profession, both physically and emotionally, for which they might not be adequately prepared (Richter & Jooste 2013:1). Although therapists should perform a type of occupation that has been labelled as emotional labour (Straughan 2010:651), this is not reflected in their compensation or health profession status (Black & Sharma 2001).

Somatology is regarded as a highly-qualified, competitive profession that has to adapt to a dynamic and fast moving pace (Richter & Jooste 2013:2) due to the growing technological influences on treatment modalities. The industry is competitive due to the fact that therapist can advertise their treatments. Today's somatology clinic puts a strong

emphasis on its "medical, scientific status through an array of products and treatments termed 'active' that are designed to enhanced both hair and skin at the sub-molecular level" (Straughan 2010:652).

While somatologists offer parcels of free time to clients, somatology businesses are a place of work, involving physical and emotional effort (Richter & Jooste 2013:2). Somatology clinics, or beauty salons, cultivate emotional and mental well-being (Straughan 2010:648) and are located in all communities – small and large, urban, rural and suburban – and frequently owned and used by a diverse group of people (Linnan, D'Angelo & Harrington 2014:77). Somatology clinics are mainly located in plazas, shopping malls or downtown commercial facilities (Solomon *et al.* 2004:795). Linnan *et al.* (2014:77) and Solomon *et al.* (2004:793) stated that somatology clinics are seen as "safe" spaces where clients normally focus on personal appearance, receive community news and socialise.

In 1998, the somatology industry in the United Kingdom was worth £336 million, and Black and Sharma (2001:103) stated that steady growth has continued to be recorded year by year. According to the Barnes Report (2012:6), the somatology industry in the USA grew with 3%, in revenue, each year from 2010-2012 and was expected to grow with 2.6% for 2012-2013. There is also an increased interest in the usage of complementary medicine (Caldis *et al.* 2001:63) such as provided in the somatology clinic. This movement is led internationally by patrons, not healthcare authorities or the funders of healthcare, adding to the fast-paced nature of this industry.

Somatology clinics are seen as small businesses and have anything from one to 19 employees per establishment (Barnes Report 2012:18). Such small, privately owned businesses does not normally focus is not on the wellness of the employee or therapist, in this instance (as seen in larger companies), because of the dearth of valuable resources, such as employment and monetary resources, to establish and sustain a suitable wellness programme (Neely 2012:17). Uncertainty in the economy and increasing health costs have forced a variety of smaller businesses to focus on fundamental business tactics that will ensure that their doors are kept open (Neely 2012:16), which is seen to be the case in the somatology industry.

It is imperative to recognise the growing mediatisation of the somatology business. As information, practices and technologies filter from medical spheres and the laboratory, not

only are the scale and focus of somatology treatments affected, but also the relationship between clients and therapists (Straughan 2010:654). This is also emphasised by the consumer drive on popular treatments and technologies.

Somatology has traditionally been viewed as an exclusively female-orientated industry, where women visit clinics for numerous motives, such as pampering, improvement and maintenance of health, skin protection and anti-aging (Straughan 2010:648; Jooste *et al.* 2013:1). Jooste *et al.* (2013:1) and other researchers (e.g. Solomon *et al.* 2004:793; Straughan 2010:652) indicated that there is a new trend for men, and more particularly sportsmen, to become clients of the somatology clinic. This makes the clientele utilising somatology industry related practices diverse and multi-cultural, especially in South Africa.

The following section will look at somatology in Higher Education.

2.5.1 Somatology in Higher Education

The Department of Education (1997:3) describes the purpose of higher education (HE) as "providing for individual aspirations for self development to supply high skills levels to the labour market and to generate knowledge that is both social and economic". Carr (2009:126) believes that the purpose of HE usually includes the provision of vocational education and training where the students' benefit can be measured by their social and economic utility. Individuals that embark on HE do so to gain employment for both intrinsic and extrinsic reasons (Campbell 2012:24).

In order to ensure the above, the National Qualification Framework (NQF) is utilised as a "quality assurance system" that assists with the development and registration of qualifications standards in understanding "quality education and training systems" in South Africa (South Africa 2007:8). The NQF provides the South African qualifications system with a framework, representing a national endeavour at integrating education and training. It is a set of principles and guidelines by which records of study achievements are registered. This allows for national recognition of acquired skills and knowledge. Relevant and appropriate standards, quality and excellence are the building blocks of the NQF. Those embarking on HE needs to ensure that their education provider is an accredited NQF provider, ensuring good quality and a valid qualification that is nationally benchmarked and internationally comparable (South Africa 2007:8).

With the growth of the somatology industry as a professional body, qualifications and ethics quickly became the mandatory standard (Straughan 2010:651). Hence, there are many places that one can study somatology. In the USA and UK, the need for somatology education has been addressed by modular courses, diplomas and National Vocational Qualifications (NVQ), that allows students to attain an acceptable qualification in order to be a practising beautician, cosmetologist or somatologist. Currently, somatology in South Africa (SA) is offered at only five public HEIs, but also at a large number of private HEIs. It has been estimated that approximately 1000 to 1200 somatology students are trained in SA each year (Caldis *et al.* 2001:78).

Previously, the qualification obtained from HEIs was a National Diploma: Beauty Technology (NDip: Beauty Technology), whereas private institutions provided a Diploma in Beauty Technology. During 1996, the name of the qualification was changed to NDip: Somatology to differentiate the then technicons from the private providers and to clarify that somatology was a holistic therapy encompassing health and well-being (Campbell 2012:17). This National Diploma: Somatology (NDip: Soma) requires three years of fulltime study with a work integrated learning (WIL) component and carries 360 South African Qualifications Authority (SAQA) credits. The Department of Education (South Africa 2007:8) describes a credit as equivalent to 10 notional hours of study. Private HEIs offering qualifications in somatology offer a two year fulltime programme worth 240 SAQA credits. Selected private HEIs also offer an optional third year of study (Campbell 2012:18).

The purpose of the National Diploma: Somatology course, as stated in the qualifications registered with SAQA (2012:online), is to provide the learner with the compulsory theoretical and practical knowledge and skills that will qualify the learner to follow a career as a Health and Skincare Therapist. SAQA also mentions that the purpose of the somatology programme is to:

- Provide the learner with multi-faceted capabilities enlarging their field of expertise and thus creating scope for more job opportunities;
- Positively reinforce the principles learned in this programme;
- Provide students with the skills to start their own business;
- Encourage the student to explore new techniques in health and skincare therapy using the latest technology, products and equipment available in the field; and

- To work within the scope of practise for health and skincare therapy and related professions.

The somatologist who qualifies from either public or private HEIs, should be able to perform a variety of treatments ranging from aesthetic to therapeutic (Campbell 2012:23), as well as teaching clients wellness or self-management related skills, competencies and/or theories.

Opportunities to study somatology have improved significantly since its start as a "beauty" course decades ago (Campbell 2012:18). NQF and SAQA are closely linked regarding the accreditation and articulation of qualifications and through the ease of use of the NQF's articulation of level descriptors, additional qualifications can be obtained. This ensures growth beyond obtaining only a lateral qualification, i.e. another same-level qualification in a different field. Hence, there is now greater scope for articulation of somatology qualifications as graduates with the equivalent of a National Diploma now have the opportunity to complete a B.Tech degree and can then apply to complete a Maters of Technology degree (M.Tech) and Doctor of Technology degree (D.Tech) at a public HEI, if the student is approved accordingly.

As mentioned throughout this section of the literature review, the competencies required by the somatologist are continuously advancing and improving within this fast-passed and dynamic industry (Campbell 2012:11). As technology advances, so do the skills required by the somatology graduate. In addition to recognised training, increasing importance it given to 'hands on' experience within the industry (Straughan 2010:651), adding pressure to the curriculum, instructors and students.

Although somatologists practice aromatherapy, massage therapy and reflexology, they are not eligible for registration with the Allied Health Professions Council of South Africa (AHPSA) (Caldis *et al.* 2001:77). There is a "therapeutic" distinction between practitioners who are eligible and has is perceived as having "undergone more intensive training, including the study of anatomy physiology and either applied pathology or pathophysiology" (Caldis *et al.* 2001:77).

Currently, the curriculum for the National Diploma (N.Dip) Somatology programme, as offered by South African public HEIs, are being reformulated with the view to submit for a new qualification Diploma, as advocated by the Higher Education Qualification Framework

(HEQF) of 2007. The HEQF purports to establish a universally constant naming of qualification titles and their designators and qualifiers (Seyama 2014:1). Somatology education might be facing a new turning point such as the transition faced in 1996, when its name changed from Beauty Technology to Somatology. Seyama (2014:1) indicated that it is necessary to evaluate the curriculum in order to review the programme's curriculum in view of the new HEQF. To a large extent, the institutions have translated the exit learning outcomes to formulate the curriculum modules amidst the complex challenges (Seyama 2014:1).

The current somatology curriculum (as taught by HEIs) includes all aspects that will enable somatology therapists to ensure that the wellness of their clients is maintained, but lacks the critical aspects of individual wellness and self-management training of the therapist. Institutions struggle to keep abreast with the fast-paced industry trends; insufficient resources to purchase the newest technologies and restricted knowledge and skills integration with several modules taught as stand-alone giving an impression of an overloaded programme. This makes the need for a component facilitating the self-management and personal wellness of students ever more needed and more difficult to implement.

2.5.2 Wellness and Somatology

Wellness promotion for counsellors, psychologists and nurses is well documented. Unfortunately, no reference to interventions aiming to improve the holistic wellness of somatologists could be traced. The majority of the research articles in scholarly peer reviewed journals focused on improving wellness for somatology clients, reviewing isolated wellness related problems for the somatologist and hygiene related discrepancies within the somatology clinic.

Limited research has been conducted on the industry of somatology and the wellness of the somatology therapist. Clinicians, medical staff, nurses and counsellors, who aim to provide health-promoting care to others, are often not effective in integrating wellness behaviours into their own lives (Zadeh *et al.* 2012:294). Somatologists are no exception to this list and also battle to incorporate the wellness strategies they suggest to their clients, into their own lives.

In a study conducted by McGrady *et al.* (2012:253) on first year medical students and the implementation of a wellness programme, it became evident that a wellness programme can produce significant improvements in depression, anxiety and frequency of acute illness patterns and that such change are maintained by the participants. The need to address this issue within the context of somatology education is well overdue, and therapists are in dire need of a self-management and individual wellness intervention.

2.5.3 Self-Management and Somatology

To date, only one study on the self-management of somatology therapists could be traced, viz. the researcher's own research (cf. point 1.7.2). The physically and emotionally demanding nature of the somatology occupation – extensive working hours, handling of clients, the pressure to provide high quality client care – places tension on the therapist and is the backdrop for self-management in the somatology clinic (Richter & Jooste 2013:1). Richter and Jooste (2013:8) indicated that limited research on self-management has been done in the context of the somatology clinic.

It is evident that somatology therapists face a unique array of work demands that requires self-management. "Effective therapy is only possible when a somatology therapist is emotionally stable, physically alert and open to awareness of their own feelings as well as those of the client" (Richter & Jooste 2013:8). It has been advocated that self-care, as a stress reduction modality, is an ethical imperative for any professional individual (El-Ghoroury *et al.* 2012:122). Individuals should participate in continuing wellness strategies that will allow them to manage stress (El-Ghoroury *et al.* 2012:122).

Not a lot has been written on self-management and the somatology therapist. Most of the solutions written within other domains are solution focused, such as the "Self-Management Plan" (SMP). Kemp (2008:39) indicated that the SMP is where the individual maps their prejudices, habituated beliefs of a specific relationship, and "blind spots", and uses mechanisms that are in place when dealing with elements that will assist them in minimising one's impact on certain relationships.

In a study conducted by Richter (2010:36), therapists' self-management emerged as a "continuous awakening process, motivated and maintained by internal and external contextual realities, realized through self-management strategies that transpire in specific outcomes of self-management". This "continuous awakening process develops over time

and the core of this was perceived as gaining a sense of control of that which is possible to control". The following section describes the self-management strategies utilised by therapists to maintain control over their contextual realities.

2.5.3.1 *Self-management strategies*

Somatology therapists need to concentrate willpower, resisting temptation and looking for supplementary support. Self-management strategies are seen as effective. Efficient strategies need to be used to facilitate the ability of an individual to foster "self-instruction, self-monitoring, self-evaluation and self-reinforcement" (Ozkan & Sonmez 2011:809). Kemp (2008) wrote an empirical article entitled *"Self-management and the coaching relationship: exploring coaching impact beyond models and methods"*. In this article he alluded to the use of the "Human Factor Lens" to enable a coach to better self-manage in order to positively affect the coach-client relationship. The researcher argues that in order for an individual to self-manage much more is needed than the suggested reflection upon current internal dynamics and exploring various methods that a particular framework shapes one's view of and reaction to the world (Kemp 2008:37).

In the study conducted by the researcher entitled *"The experiences of private somatology therapists on their self-management in a private practice"*, various self-management skills and strategies emerged as being vital to the self-management capabilities of the individual (Richter 2010). It became evident that somatology therapists need to achieve a certain sense of control over *cognitive*, *emotional*, *spiritual* and *relational* strategies that will allow them to facilitate their own self-management techniques. These will now be discussed (Richter 2010:37).

<u>Cognitive strategies</u>

Battaglia (2003:7) defined the cognitive process as being aware, thinking, knowing, judging and learning (Battaglia 2003:7). The cognitive self-management strategies somatology therapists require included *internal* and *external* aspects (Richter & Jooste 2013:4).

Internal cognitive strategies utilised by somatology therapists included (1) self-talk, (2) self-reflection, (3) self-knowledge, (4) focused attention, (5) the ability to let go of emotions, (6) thinking ahead, (7) planning and (8) goal-setting (Richter & Jooste 2013:4).

External cognitive strategies utilised by somatology therapists were (1) communication skills, (2) the ability to custom fit a treatment, (3) flexibility in time management, (4) setting boundaries, (5) demarcating work and family life and (6) physical touch (Richter & Jooste 2013:4).

Emotional strategies

Emotionally well people have the ability to formulate mutually dependent relationships based on trust, respect and commitment. These individuals accept challenges, take risks and frequently acknowledge that conflict is a part of growth (Strout & Howard 2012:200). The emotions of therapists have been noted as playing a central part in one's ability to self-manage when aiming to attain a sense of control (Richter & Jooste 2013:5). Such emotional strategies included (1) faking it as opposed to being authentic, (2) emotional awareness of therapists, (3) the ability to manage emotions, (4) empathy and (5) reserving one's judgement (Richter 2010).

Spiritual strategies

Spirituality has a possible use in every waking moment of human life (Habib *et al.* 2012:74). Spirit, the essential part of the person, "controls the mind and the mind controls the body" (Baldacchino & Draper 2001:838). Spirituality integrates spirituality and other dimensions of human life (Habib *et al.* 2012:74). Richter and Jooste (2013:6) found that the spiritual strategies needed for somatology therapists to self-management were: (1) prayer and (2) displaying a positive focus and attitude.

Spiritual strategies, especially in terms of wellness, have been described to be a substantial positive predictor of psychological, physical, environmental, social and overall quality of life (Habib *et al.* 2012:74). They are concerned with increasing hope, confidence, optimism, respect for the self and others, as well as meaning and purpose in life (Habib *et al.* 2012:74).

Relational strategies

Relational strategies refer to the social strategies that somatology therapists use to gain a sense of control on a daily basis (Richter & Jooste 2013:6). Such strategies included (1) a network of relationships that provide personal support, (2) working as a team in the

somatology clinic and (3) friendships outside of the somatology industry. The inability to develop a social network upon graduation from university has been seen to negatively influence staff turnover (Horton & Snyder 2009:221).

Social support or relational strategies are an important construct that operates in the interpersonal level of the somatology therapist (Solomon *et al.* 2004:791). Social support is a known predictor of behavioural change and may be more of an influence on health behaviours for women than men (Solomon *et al.* 2004:791)

The four abovementioned strategies needed to awaken the mastery of self-management have to be as unique as the therapists themselves. Therefore, Richter and Jooste (2013:7-8) recommended that therapists use the strategies, as mentioned above, to gain a sense of control and to facilitate self-management.

2.5.3.2 *Outcomes of self-management within somatology*

The outcomes of self-management in the context of the South African somatology clinic are threefold: (1) an improved relationship with the self, (2) improved relationship with others and (3) a perceived benefit to the somatology clinic as a business (Richter 2010:111).

Richter (2010:111) indicated that self-management improves the ability of the therapist to make a difference to the client, allows the therapist to balance their mind, is a form of self-healing and allows the therapist to not give too much of the self to the client. A self-managed individual will be better able to improve their relationship with clients and be better able to work in teams (Richter 2010:112). Such established relationships will form part of their support and security structure (Baldacchino & Draper 2001:835). Social support reduces levels of depression and allows individuals to function better, supporting the above-mentioned self-management strategies. Lastly, proper self-management was perceived to improve service delivery, increase retention of clients and facilitate the ability of therapists to stay professional (Richter 2010:114).

It has been indicated that somatologists need to be able to work successfully with others as a member of a team, organisation, group or community (Campbell 2012:31). Campbell (212:31) stated that effective teamwork in the modern somatology clinic is paramount as the clinics are often extremely busy with high volumes of clients booking

and receiving treatments. It is thus concerning that a self-management modality has not yet been incorporated into the current HEI curriculum.

Richter and Jooste (2013:8) indicated that apart from their study, additional research has to be conducted in the field of somatology, because we, in South Africa, have very limited knowledge in this domain. In order to be effective in self-management, the somatology therapist must "master both their internal and external environment" (Richter & Jooste 2013:8). As seen in the discussion above, the therapist is not taught any of these throughout their formal education or career. Therefore this study aimed at nurturing the therapist, using the Appreciative Self-Management Coaching programme, within the demanding working environment called the somatology clinic.

2.5.4 Coaching and somatology

Coaching has not yet been effectively utilised within the domain of somatology. This can be due to various numbers of "difficulties in using coaches including the cost, poor translation of learning behaviour change and the difficulty in locating or identifying suitable coaches" (Binstead & Grant 2008:44).

It can be assumed that the majority of coaching interventions will require the somatologist to attend courses and/or workshops. Such courses and/or workshops might have far-reaching consequences. Many somatologists work on a commission-only or a target-driven basis (Campbell 2012:41). It is not uncommon for those working on commission to have to double their basic salary before beginning to earn commission. Target-driven employees, on the other hand, are required to execute treatment and sell retail stock in order to earn their commission or reach their targets or lose out on possible commission. Time out of the skin care clinic, for any additional activity, means that they are not able to earn money during that time and the potential loss of income can incur financial loss and when somatologists are not actively working in the clinic, executing treatments, the clinic itself also loses income (Campbell 2012:41). This might add to the lack of coaching interventions within the industry of somatology, even though continuous personal development is a necessary and integral part of self-development in any professional career, especially in healthcare domains.

2.6 CONCLUSION

The purpose of Chapter 2 was to provide an overview of the literature on aspects pertaining to wellness, self-management and coaching. The discussion on *wellness* focused on a brief discussion on the history and usage of the term wellness, wellness programmes and individual wellness, and more specifically the IS-Wel (Myers & Sweeney 2004) as the theoretical framework for this study. The investigation of *self-management* literature attempted to clearly demarcate self-management in this study, it attempted to elaborate on the importance of self-management interventions and grapple with Lorig and Holman's (2003) self-management skills, followed by an assessment of the use of self-management in wellness. Literature on *coaching* clearly defined the term coaching, coaching underpinnings, appreciative coaching and self-coaching, and provided an overview on the processes of self-coaching, ending off with contextualized coaching practices within higher education. The final section of this chapter orientated the reader to the *somatology* industry, somatology in higher education and a review of wellness, self-management and coaching in relation to somatology therapists.

As seen in the literature review in this chapter, wellness is multi-dimensional. Wellness interventions should facilitate a lifetime of wellness, and should be personal and fit the lifestyle of the individual. Self-management has been cited as the 'missing link' in any programme focusing on individual effectiveness, as self-management is a self-directed behaviour. On the other hand, coaching is concerned with making change especially in terms of behavioural change needed to be balanced in individual wellness and self-management.

It has been noted that if attention is given to any of these three concepts, there will be a positive effect on higher education, HEIs, the graduate and the industry the graduate will occupy. It is alarming that, to date, wellness, self-management and coaching have not been used effectively in student education to produce 'well' graduates who are balanced and well-rounded in somatology education as well as the broader health sciences domain. Additionally, the fact that the conative aspect of the individual has been excluded in wellness, self-management, coaching and somatology literature causes great concern.

The next chapter, Chapter 3, will focus on the **Research design and methodology** used in this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, Chapter 2, the researcher contextualised wellness, self-management and coaching within the industry of somatology. Chapter 3 will provide an overview of the paradigmatic perspectives employed within this research study. This will be discussed on a meta-theoretical and theoretical perspective level. The researcher will provide an explanation of the design and methods used to answer the research questions and explain the process of data collection, population and sampling, pilot study and data analysis, within each research phase.

Methodology is a theory on how inquiry should proceed. It includes the philosophical justification of the research process (Grey 2013:578) and guides the researcher in asking questions and choosing methods. Once the approach and model of research has been decided on, specific data collection and analysis techniques are referred to as the methods (Creswell & Plano Clark 2011:4). In this study a qualitative research approach was followed to develop an ASMC programme to facilitate the wellness of somatology therapists (cf. point 3.4).

3.2 PARADIGMATIC PERSPECTIVE

Brink *et al.* (2012:28) refer to a paradigm as the overall philosophical framework or model of how scientific knowledge is produced. They state that the paradigm frames the way in which a discipline's concerns are viewed and the direction a research project will take. The complexity of qualitative research consists of multiple concepts existing in complex relationships. Having a way to think about those relationships is useful (Corbin & Strauss 2014:89). The paradigm is a perspective that structures the questions to be asked within the conceptual boundaries of the paradigm and provides a link to certain research methods and criteria for judging appropriate research tools (Brink *et al.* 2012:28; Corbin & Strauss 2014:89).

The overall research question in this thesis is, "What should an appreciative self-management coaching programme consist of to facilitate the wellness of somatology

therapists?" The researcher aimed to develop an appreciative self-management coaching (ASMC) programme by determining the needs of somatology therapists regarding their own individual wellness. The Design Research method produced both an ASMC programme and a theoretical understanding of the ASMC that contributes to the body of knowledge on wellness, coaching and self-management.

The paradigmatic perspective adopted for this study was social constructionism (Vanstone 2004:24; Gordon 2008:19; Whitney & Trosten-Bloom 2010:ebook). Social constructionism explains that people work together to construct their realities (Creswell 2013:8). Human realities, such as wellness and self-management, are seen as social constructions. Social constructionism takes a relativist position and not a realist position. It holds the belief that an "external world does not exist independently of our perceptions, thoughts, language, beliefs and desires" (Lewis, Passmore & Cantore 2011:ebook).

Paradigms should be discussed in terms of their basic underlying beliefs or philosophy. These usually include (Huff 2009:109):

- Ontology: Considered 'what exists' and the nature of the world (assumptions about the world).
- Epistemology: Focuses on what human beings can 'know' about what exists.

Ontologically, social constructionism is of the view that reality is unknowable and has external validity (Penny 2013:online). Constructivists additionally see realities as constructed through human interaction (Archer 2010:94). Archer (2010:94) explained that multiple realities exist and are constructed, interpreted and subjective. Participants were asked to participate in the creation of their own perceived reality. The researcher therefore chose qualitative methods to collect and analyse the data in this study. These will be discussed in great detail later in this chapter (cf. point 3.4).

The *epistemology* of social constructionism is that "knowledge is social and experimental", meaning that a trial-and-error approach is used to discover new knowledge that is relative and subjective (Penny 2013:online). Social constructionism posits that all knowledge, including the most basic, everyday knowledge, is derived from and maintained by social interactions (Huff 2009:113). The researcher was sensitised to the influence of the individual on wellness, self-management and the use of coaching. This paradigm helped

in the exploration of the constructed and interpreted factors that form the users of multiple realities concerning wellness and self-management (Archer 2010:35).

3.2.1 Meta-theoretical perspective

Each type of qualitative research study is guided by a specific philosophical stance. The philosophy "directs the method of data collection and how the data is interpreted" (Creswell 2013:6). The philosophy of Appreciative Inquiry (AI) was used in this study (cf. point 2.4.1). AI is based on valuing and recognising "the best in the world around us, it involves the discovery of what gives 'life' to a living system when it is most effective [and] alive" (Moore 2008:216). For the present study, AI is viewed as a "positive, strengths-based operational approach to change, learning and development" (Moore 2008:217) and was used as the meta-theoretical perspective to discover somatology therapists' realities regarding two key aspects of the existing wellness and self-management culture: (1) 'what worked' could be used as a basis to institute changes, and (2) what are the aspects hindering the facilitation of wellness and/or self-management for the somatology therapist.

Watkins and Mohr (2011:68) specified that AI consists of two essential components, namely the (1) five core principles and the (2) five core generic processes. Reed (2007:5) added to these the five emergent principles and assumptions. As illustrated in Figure 3.1, both the principles, processes and assumptions emerged from research foundations and theories that are embedded in social constructionism, the 'new' sciences and research on the power of imagery. The principles and assumptions guide AI, and there for AI is seen as both a philosophy and a worldview (Reed 2007:25; Gordon 2008:20; Hammond 2013:2-3). The five core principles and five emergent principles and assumptions that form the basis for AI are summarised in Table 3.1.

AI was used in this study as a philosophy. Underlying the principles of AI is *social constructionism*, as was first written about by Cooperrider and his consulting partner Dana Whitney (Gordon 2008:22):

Simply stated – human knowledge and organisational destiny are interwoven, we must be adept in the art of understanding, reading, and analysing organisations as living, human constructions. Knowing stands at the centre of any and virtually every attempt at change. Thus, the way we know is fateful (Cooperrider & Whitney 2012:14-15).

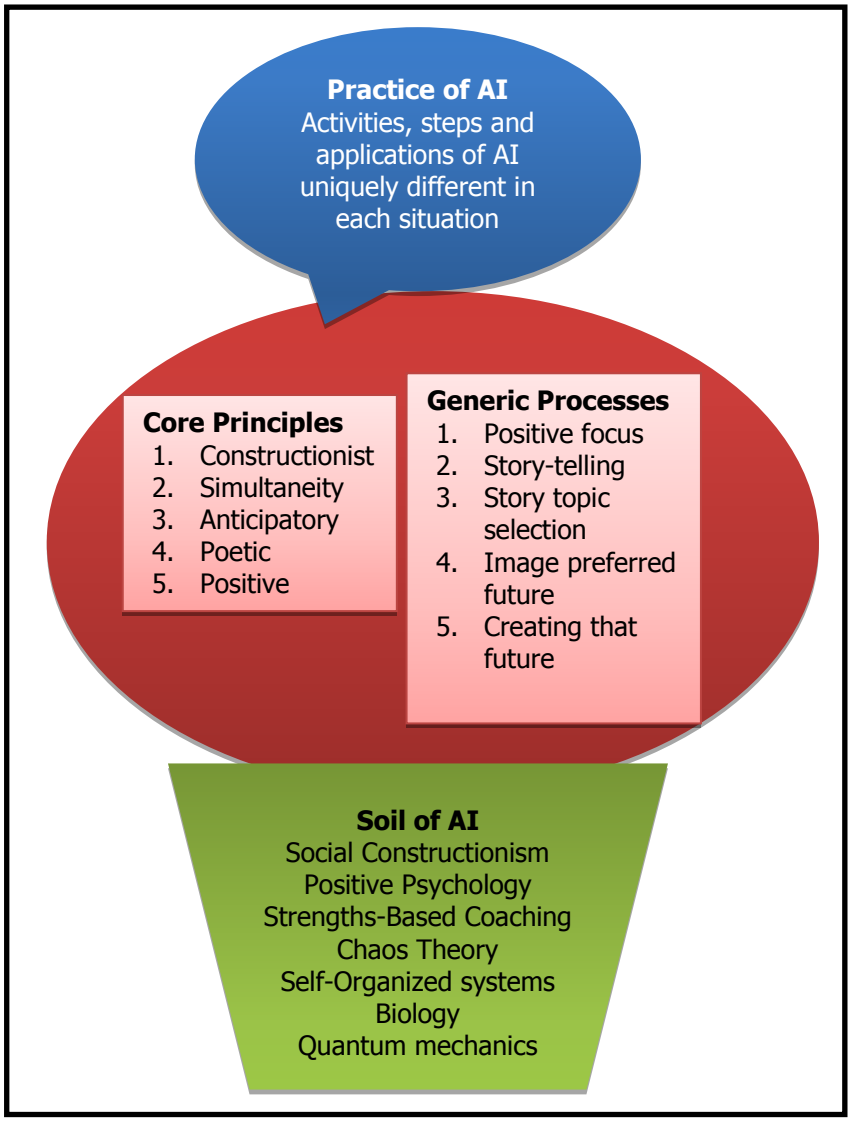


FIGURE 3.1: STRUCTURE OF APPRECIATIVE INQUIRY (GORDON 2008:20)

Social constructionism represents an approach to "replaces the individual with the relationship as the locus of knowledge" (Cooperrider & Avital 1004:xii). Thus human realities, such as self-management and wellness, are seen as social constructions. AI encourages one to "inquire about, learn from and build on" what is working when there is a sense of one's best, rather than focusing on what is wrong and trying to fix problems (Hammond 2013:8).

TABLE 3.1: SUMMARY OF APPRECIATIVE INQUIRY CORE AND EMERGENT PRINCIPLES AND ASSUMPTIONS (ADAPTED FROM REED 2007:25; GORDON 2008; WHITNEY & TROSTEN-BLOOM 2010; OREM *et al.* 2011:26; WATKINS & MOHR 2011:16; HAMMOND 2013:2-3) (table continues on next page…)

FIVE CORE PRINCIPLES	DEFINITION
The Constructionist Principle	Words create words • *Reality is constructed through language* • *It is a subjective state, not objective* • *Reality is created in the moment, and there are multiple realities for each somatology therapist* • *Wellness and self-management take place in the real situation, and there are multiple situations created for somatology therapists where wellness and/or self-management are created*
The Poetic Principle	Whatever we focus on, grows • *If we focus on success, we create more success* • *If we focus on problems, we create more problems* • *What we focus on becomes our reality* • *If I inquire about the wellness and self-management of the therapist, the therapist may become more aware of his/her wellness and self-management, therefore increasingly practicing wellness and self-management*
The Simultaneity Principle	Change begins the moment we ask questions • *Inquiry is intervention* • *All questions are leading questions* • *The act of asking questions of an organization, group or individual influences them in some way or another* • *By asking questions about wellness and self-management, I may influence the somatology therapist in some way or another*
The Anticipatory Principle	Images inspires action • *Human systems move towards images of their future* • *Positive images create positive futures* • *In every society, organisation, group or individual, something works* • *It is believed that with the somatology therapist wellness and self-management are already being practised*
The Positive Principle	The Positive Core • *Consists of strengths, achievements, unexplored potentials, assets* • *Building strengths is more effective than correcting weaknesses* • *People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known)* • *Somatology therapists may have more confidence with their own wellness and self-management in their future everyday practices, when they carry parts of their past practices forward*
FIVE EMERGENT PRINCIPLES	**DEFINITION**
The Wholeness Principle	Wholeness brings out the best • *We are part of a bigger 'whole' or interconnected web of relationships* • *Bringing stakeholders together stimulates creativity and builds collective capacity* • *Bringing somatology therapists together will stimulate and build their collective self-management and wellness capacity*

FIVE EMERGENT PRINCIPLES	DEFINITION
The Enactment Principle	Just try it • *We must 'be the change we want to see'* • *Just try a new behaviour that aligns with what you want, and build from there* • *If we carry parts of the past forward, they should be the best parts* • *If the therapist carries parts of his/her self-management practices forward, it should be self-management practices that are effective*
The Free Choice Principle	Free choice liberates power • *When free to choose people are more committed to perform* • *Free choice stimulates excellent and positive change* • *The individual somatology therapist should have a free choice of the self-management and wellness activities they want to practice*
The Awareness Principle	Social and self-awareness • *Understanding and integrating the AI principles* • *Reflection on 'automatic thinking' is important* • *It is important to value differences* • *It is important to value the different wellness and self-management practices of different somatology therapists, because people are unique*
The Narrative Principle	We construct stories about our lives • *Stories are transformative* • *We can change stories to help bring us more of what we want* • *The language we use creates our realities* • *Using positive language and focusing on the positive aspects of wellness and self-management may become our positive reality*

In addition to the original Cooperrider/Srivastva Model, numerous models and methods of applying AI, using the five core generic processes, have emerged in the literature (Gordon 2008:22). For instance, Watkins and Mohr (2011:91) developed the "Four-I Model (initiate, inquire, imagine, innovate)". Yet, the model most extensively used was developed by the Global Excellence in Management (GEM) Initiative and its members (Gordon 2008:22). The authors of this model called it the 4-D Cycle Model and it covers the five core principles, mentioned above. By engaging participants in a "narrative based process of positive change", the AI 4-D Cycle (illustrated in Figure 3.2) rapidly and unceremoniously stimulates dialogue with colleagues or clients (Gordon 2008:22).

At the heart of the 4-D cycle is the *Affirmative topic choice* (cf. point 5.3.1.1). This will be the starting point and the most intentional aspect of any AI based approach (Gordon 2008:23). A topic represents something worth investigating. Orem *et al.* (2011:17) stated that a 'topic' is generally not attached to failure or effort, as with 'goal'. Therefore care should be taken in choosing a neutral affirmative topic that will allow an individual to see possibilities and move their life into a preferred direction (Orem *et al.* 2011:93).

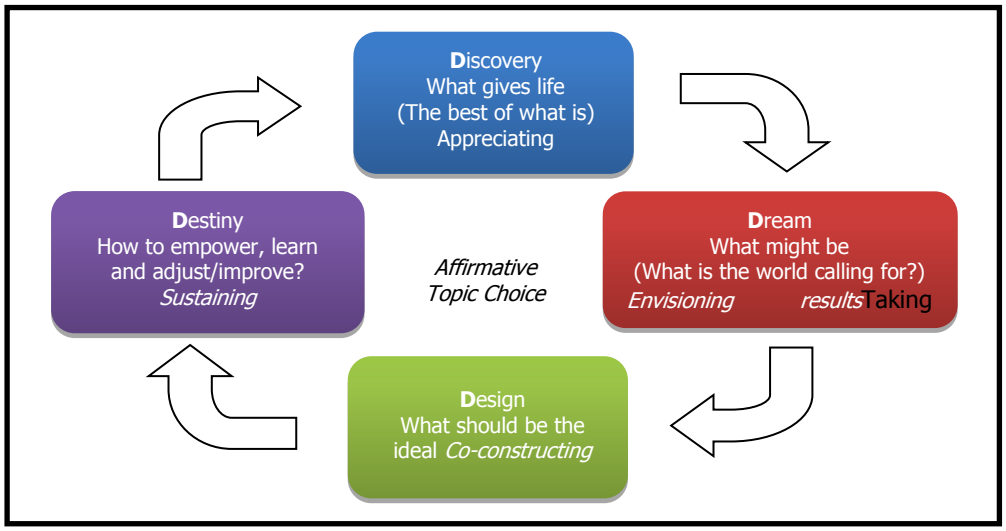


FIGURE 3.2: APPRECIATIVE INQUIRY 4-D CYCLE (COOPERRIDER & WHITNEY 1003:14; GORDON 2008:23)

As described by Cooperrider and Whitney (2012:16-17), the four processes associated with the AI 4-D cycle include:

1. Discovery: Activating the individual as a whole by proclamation of strengths and numerous best practises. Here one will identify the "best of what has been or what is."
2. Dream: Generating a vibrant results-orientated image as one discovers potential, while keeping in mind the higher purpose, such as, "what is the world calling us to become?"
3. Design: Producing proposals of the ideal individual, articulating a design that the individual feels capable with when "drawing upon and magnifying the positive core to realise the newly expressed dream".
4. Destiny: Reinforcing the positive capability of the individual, permitting one to build optimism and "sustain momentum for ongoing positive change and high performance".

Due to the importance of social constructionism within this study as the paradigm, AI was used as the meta-theoretical perspective that guided the study. In order to enquire how somatology therapists currently facilitate their individual wellness (research sub-question 2; cf. point 1.3), the researcher asked participants about their positive self-management core, although self-management is traditionally viewed as 'problem based' (cf. point 2.3.1). Participants were guided through each process of the 4-D cycle (though not in the sequence illustrated in Figure 3.2) by means of the GROW model of coaching (Wilson

2011:15), which will be elaborated on later in this chapter (cf. point 3.4.1.3). In short (cf. point 4.1), participants were asked to reflect on their utopian self-management dream (Dream phase), revisit their current reality of the phenomenon (Discovery phase), identify challenges hindering the achievement of the utopian dream (Design phase) and explore options to bridge such challenges (Destiny phase).

AI signifies a "constructive inquiry process that searches for everything that 'gives life' to organisations, communities and larger human systems when they are most alive, effective, creative and healthy in their interconnected ecology of relationships" (Cooperrider & Avital 2004:xii). Due to this fact, self-management and wellness are believed to be an individual experience and information shared with the researcher was private in nature, therefore the researcher did one-on-one AI based, in-depth, semi-structured interviews instead of group discussions on the topic during phase 1 of this study (cf. point 3.4.1.3).

AI has been used as a successful process of organisational change, organisation and community planning, inter-organisational capacity building, community building, global transformation, team and small-group development, intergroup change and personal/relational transformation (Whitney & Trosten-Bloom 2010:ebook). This study applied AI at an individual level through focusing on the strengths, what works and what is right in self-management and individual wellness were studied to see what can contribute to future therapist self-management, in order to promote high quality individual wellness for the therapist in a somatology clinic environment. AI was believed to be best suited as the philosophical underpinning of this study, because with AI the focus is on individual strengths and achievements, rather than on the deficits and problems (Hammond 2013:6). It focuses on what is working and allows one to move to understanding that. While moving forward, AI encourages the individual to embrace what works in order to facilitate optimal individual value (Watkins & Mohr 2011:19). Appreciative inquiry works with the theory that "whatever you want more of, already exists in all [individuals]" (Hammond 2013:1). The researcher believed that the therapist already possesses the knowledge of self-management.

3.2.2 Theoretical perspective

A theoretical perspective is a series of assumptions about reality, which underpin the selection of questions to ask and the types of answers that are formulated as a result. It

allows the researcher to explain the 'how' and the 'why' of a research topic. The theoretical perspective intends to do something much larger than simply describe a phenomenon (Elliott 2009:28). Theory is a set of speculations that are supported by observational and experimental data. Theory has an unavoidable place for all researchers and plays a substantive role in the research process (Anfara 2008:869). In this study, theory was applied as a 'lens' that assisted in studying the phenomenon of wellness and coaching (Anfara 2008:871). No theory or theoretical perspective will provide a faultless description of the study topic (Anfara 2008:871), therefore a general framework defined the point of view within the study, as well as the basic assumptions that drew attention to particular aspects of wellness and coaching. The studied phenomenon is dynamic and required a multileveled consideration in the use and development of theory and theory building approaches.

The theoretical building blocks of theories are concepts – the things being studied, compared and related to one another (Elliott 2009:28). Elliott (2009:29) stated that not every concept is equally useful in theory building, as concepts are only valuable to the extent that they may be related to other concepts. Building a theory is vital, as it provides an analytic framework, allows the researcher to develop a particular field of study and is critical when aiming to apply the study outcomes to the practical real world. The researcher used concept mapping (Dykeman & Mackenzie 2010:197) as a form of theory building in this study (cf. points 3.4.2 & 5.3).

Theory building can start with an intellectual problem or a pragmatic problem (Elliott 2009:146). In this study, the problem stemmed from both. The theoretical framework allows the researcher to (a) "focus the study", (b) "reveal and conceal meaning and understanding", (c) "situate the research in a scholarly conversation and provide a dialect" and (d) "reveal its strengths and weaknesses" (Anfara 2008:872). This study was guided by two normative theoretical perspectives (Giacomini 2010:128). Normative theories include value systems and ideologies, and inform judgements about desirable ways of being, goals to achieve or ways to getting things done (Giacomini 2010:128). For this study, the normative theories were (1) wellness (Myers & Sweeney 2004) and (2) processes of coaching (Ylvisaker 2006:249; Guttman 2012:8).

3.2.2.1 *Wellness*

Wellness played a significant role in this study. Currently there are numerous wellness theories documented in the literature (Myers *et al.* 2000:258; Hattie *et al.* 2004:355; Mackey 2009:103; Global Spa Summit 2010:75-78; Janse van Rensburg *et al.* 2011:248). The earliest included theories based on the "physical health professions" (e.g. Ardell 1977; Hettler 1984) and a single theory based on counselling (Sweeney & Witmer 1991), while the latest theory included "correlates of psychological well-being identified through the positive psychology movement" (Seligman 2002; Snyder & Lopez 2011).

Myers and Sweeney (2004) revised their wellness theory (the wellness wheel) and simplified it into a model of wellness they call 'The Indivisible Self' (IS-Wel). This model was used for this study and is based on individual psychology (cf. point 2.2.1). It considers the individual as indivisible and self-directed (Wolf *et al.* 2012:164-178). The IS-Wel is based in Adler's (1927) "theory of individual psychology". Lewis and Myers (2012:95) indicated that an important factor of Adlerian thinking, contrasting Freudian theory, is the belief the there is a sense of "unity and indivisibility of the self". The IS-Wel model focuses on individual wellness, with an emphasis on holism, and is useful in identifying individual and contextual wellness factors (Wolf *et al.* 2012:167). The model thus constructs wellness as a higher-order and indivisible factor, but also breaks this down into the following five second-order factors (Myers & Sweeney 2004:235-244; cf. point 2.2.1 for a full discussion):

1. Essential Self: Comprising of four components – spirituality, self-care, gender identity and cultural identity – the essential self integrates the ideas one holds of purpose, meaning and optimism toward life.
2. Creative Self: Combines characteristics that allow each individual to create a unique place during social interactions. The five components include thinking, emotions, control, positive humour and work.
3. Coping Self: Embraces the components that allow one to control one's responses to certain events in life and offers a way to rise above negative effects. Realistic beliefs, stress management, self-worth and leisure are included in the coping self.
4. Social Self: Friendship and love are the two components for the social self and are conducive sources of individual wellness.
5. Physical Self: Exercise and nutrition are extensively encouraged and significant constituents of holistic wellness.

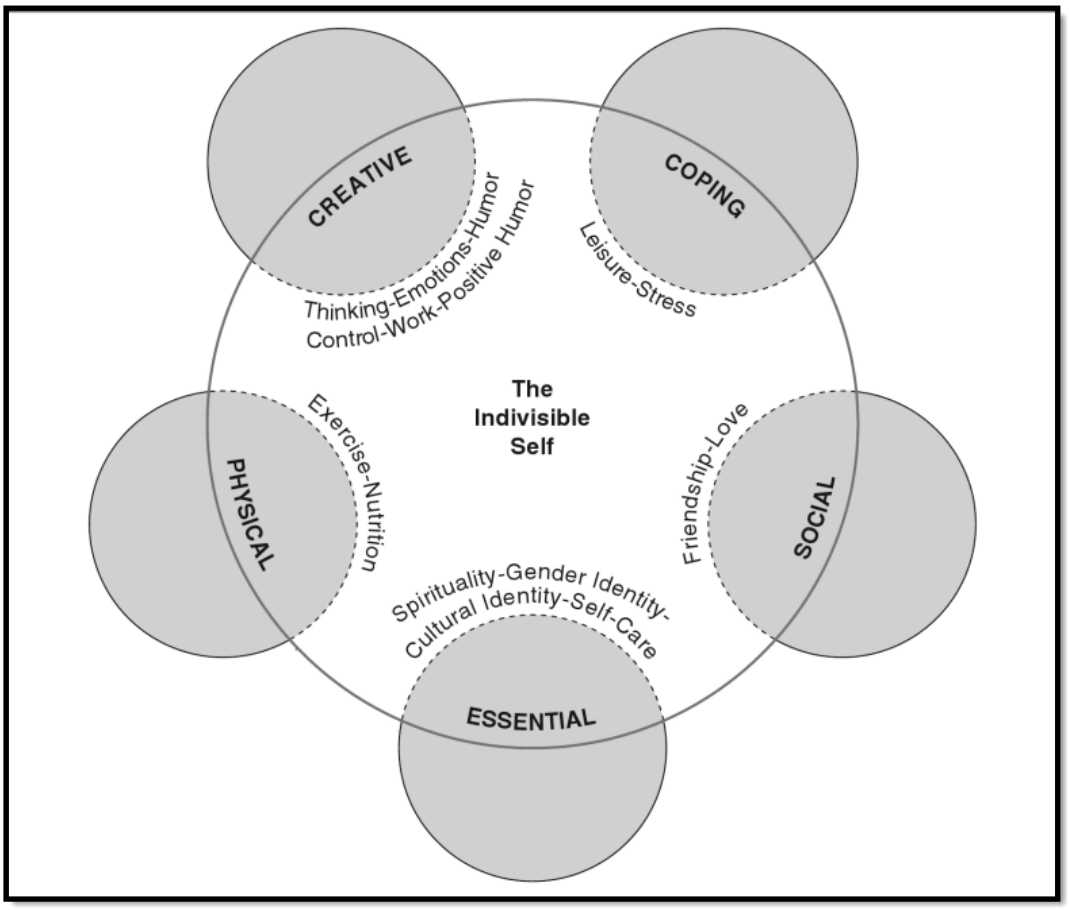


FIGURE 3.3: THE INDIVISIBLE SELF: AN EVIDENCE-BASED MODEL OF WELLNESS (SWEENEY & MYERS 2004; 2009) [REPRINTED WITH PERMISSION]

It is important to acknowledge that the indivisible self, described by this wellness model, both affects and is affected by one's current surroundings (Myers & Sweeney 2005:275), therefore the self will be affected by contextual variables. Wolf *et al.* (2012:165) indicated that the IS-Wel model will be suitable in promoting individual wellness, because it is "suitable as a framework for promoting self-awareness and self-care practices". The authors also suggested that the IS-Wel components can be used as a guide to help individuals identify their wellness needs; this fits well with the overall aim of this study.

3.2.2.1 *Coaching*

The second theoretical perspective underpinning this study is that of self-coaching (cf. point 2.4.2). As summarised in Figure 3.4, there are eight principles of self-coaching (Ylvisaker 2006:249; Guttman 2012:8). Guttman (2012) and Ylvisaker (2006) explained that these principles of self-coaching process are:

1. Automatic self-regulation: Self-coaching aims to create situations where environmental cues activate effective self-regulatory or self-coaching thoughts and actions for the somatologist.
2. Determining the self-coachability or participant involvement: Self-coaching is only effective if the somatology therapist is willing to permanently change his/her behaviour. Self-coaching requires creative and respectful collaboration with the participant in identifying difficult situations.
3. Setting and committing to a goal: Specific problems are targeted by self-coaching, which has a direct and quantifiable effect on the quality of the somatology therapist's life.
4. Identifying a guide and circle of support: Due to the fact that self-coaching is concerned with behaviour change, the process never involves solely the somatology therapist. A guide or a circle of support is required. Such supports should observe progress, adopt a positive attitude and objectivity, have a good habit of offering suggestions and be totally honest with the somatologist.
5. Soliciting feedback: One should value and act on the feedback given by peers and not resent it. Feedback should be motivating and strengthening in order to ensure success.
6. Analysing and responding to feedback: It is important to note that any feedback given from the circle of support is an investment into the success of the therapists self-coaching journey.
7. Develop and act on a game plan: Ideally self-coaching plans are negotiated and developed for the individual, include personal meaning and move the somatologist towards their goal. The somatology therapist should be aware that self-coaching goals cannot be achieved without a great deal of practise. Self-coaching cannot be achieved without practising behavioural change.
8. Tracking success and recalibrating: The effectiveness of a self-coaching programme must be carefully monitored, with revisions as necessary and ample celebration of success by the somatology therapist and his or her circle of support.

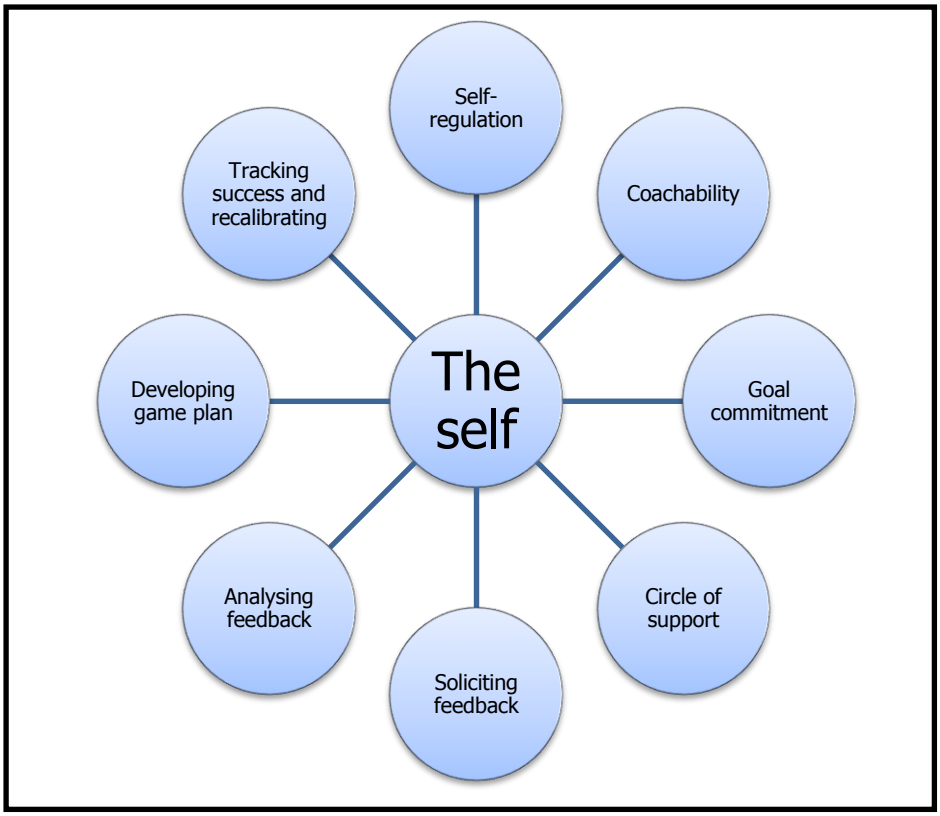


FIGURE 3.4: PRINCIPLES OF SELF-COACHING [Compiled by the Researcher, Henrico 2014]

3.3 RESEARCH DESIGN

This study applied Design Research (also called developmental research, design based research and educational design research; cf. point 1.7) as the most appropriate design to address the research questions as stated in Chapter 1 (cf. point 1.3). The purpose of Design Research is to blend design and research in the "search for new and innovative solutions, while seeking findings that are transferable, practical, and socially responsible" (De Villiers 2005:114). This form of research is conducted to understand the issues of application and not only of theory (Reeves *et al.* 2005:98). This is done by the commitment of Design Research to developing theoretical insights and practical solutions simultaneously, in real world (as opposed to laboratory) contexts, together with stakeholders (McKenney & Reeves 2012:7). The Design Research process is iterative and follows a flexible, cyclical pathway of development (Nieveen 1997; Design-Based Research Collective 2003; Plomp 2007:19; McKenney & Reeves 2012:74).

The Design Research approach also aimed to advance the knowledge about the characteristics of an ASMC programme, combined with understanding and improving the suggested solution utilising "consecutive prototypes that should contribute to theory building" (Plomp 2007:17; McKenney & Reeves 2012:7). The application-orientation of

Design Research is appropriate for the goal of this study, as the focus was on developing an appreciative self-management coaching programme that can facilitate the wellness of somatology therapists. Design Research aims to:

- Contribute to theoretical understanding and to practice (McKenney & Reeves 2012:195);
- Provide solid, timely and appropriate data for people working in educational improvement;
- Allow for more iterative, cyclical processes to integrate research into education; and
- Allow educational researchers to have a more direct impact on educational reform. (Van den Akker *et al.* 2006:2)

Design Research starts with the design of a prototype to address the real world problem associated with individual wellness and self-management. McKenney and Reeves (2012:31) stated that theories are not developed from single studies, but rather built over time upon evidence and other theories. Therefore the two theories previously stated (cf. point 3.2.2) and prior research on self-management (Richter 2010), in conjunction with a review of literature on wellness, self-management and coaching, was used to inform the first draft prototype. Together with practitioners, the researcher designed and developed a workable intervention by carefully studying sequential intervention prototypes in the context of somatology, and reflected on the research process throughout the study, aiming to produce design principles (Plomp 2007:13) to facilitate the wellness of somatology therapists through self-management skills.

Design Research contributes to the building blocks of theory by yielding various forms of theoretical understandings (McKenney & Reeves 2012:32). Theoretical understanding is developed through reflection and especially through reasoning. Reasoning is central to the development of theoretical understanding, thus it is essential to discuss three forms of reasoning: *deduction*, *induction* and *abduction.*

With *deductive* reasoning, reasoning starts with more general information and moves toward the more specific (Burns *et al.* 2013:7), while with *inductive* reasoning, reasoning occurs from the specific to the general (Burns *et al.* 2013:7). *Abduction* is the kind of reasoning used to relate an observation to a theory that results in a plausible interpretation (Schwandt 2015:2).

Herrington *et al.* (2007:3) indicated that Design Research can follow a four-phased approach. Such an approach could include the following:

- Phase 1: Investigating practical problems by the researcher in collaboration with practitioners in the field of somatology;
- Phase 2: Development of solutions that are informed by current "design principles and technological innovations";
- Phase 3: Iterative cycles of solution testing and refining in practice; and
- Phase 4: Producing "design principles" through reflection and improving possible implementation.

The researcher chose to conduct the study as a three-phased process, as suggested by Plomp (2007:13) and Gravemeijer and Cobb (2006:45-81), because the abovementioned Phase 1 was already dealt with in the protocol of the study and a previous study conducted by the researcher (Richter 2010). Therefore, Phases 1 and 2 were combined into one phase and still produced the desired outcomes. The three phases used in this study will be discussed in detail under point 3.4 of the thesis.

There are currently several models and frameworks for Design Research in the literature, with discrepancies such as the abovementioned variation in the number of phases. McKenney and Reeves (2012:61-76) identified several additional discrepancies across such models and frameworks. These include the exclusion of flexibility, strong focus on one aspect of Design Research while omitting others, and evidence of duality in the way they portray the products of Design Research. Therefore McKenney and Reeves (2012:76) presented a generic model for Design Research. This model is compatible with studies across the literature that works at different scales and towards varying theoretical goals in diverse settings. This generic model of Design Research (Figure 3.5) is suitable for this study, as it easily lends itself to being theoretically orientated, interventionist, collaborative and iterative (McKenney & Reeves 2012:76). The objectives of this study (cf. point 1.4.3) incorporate a systematic problem-solving approach, planned but flexible iterative approaches, the need to anticipate implementation and understanding context throughout the entire process (McKenney & Reeves 2012:76).

As depicted in Figure 3.5, this Design Research model is concerned with three features: (1) three core phases in a flexible, iterative structure, viz. analysis and exploration (preliminary research), design and constructing (prototyping) and evaluation and

reflection (2) a dual focus on theory and practice: integrated research and design processes (the maturing intervention), theoretical and practical outcomes; and (3) indications of being use-inspired: planning for implementation and spread, interaction with practice and contextually responsive.

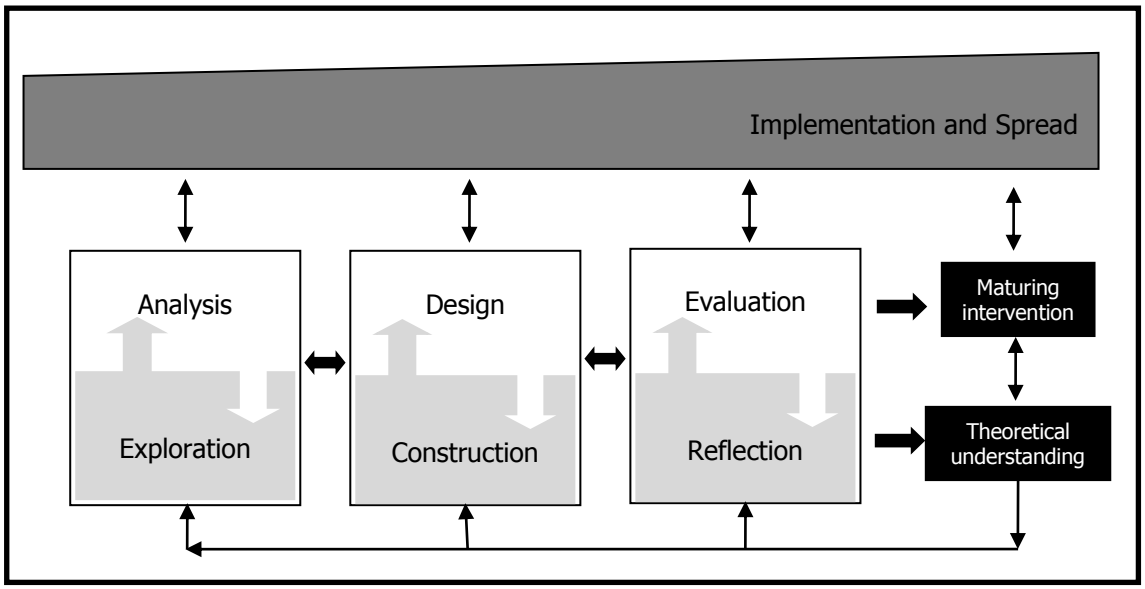


FIGURE 3.5: GENERIC MODEL FOR CONDUCTING DESIGN RESEARCH (McKENNEY & REEVES 2012:77).

The squares in Figure 3.5 depict the three core phases used within this study (cf. point 3.4), the arrows between the different elements indicate that the process is iterative and flexible (McKenney & Reeves 2012:77). It is iterative because results from some elements feed into others, and it is flexible because, while a general flow is indicated, many different pathways could be taken. As seen in the above diagram (Figure 3.5), Phase 1 (the first square) is concerned with the analysis and exploration of the current situation of the study phenomenon. Phase 2 (the second square) of this Design Research study focuses mainly on designing and constructing the prototypes that were taken forward in this research study. The third square indicates that Phase 3 focuses on formative evaluation and reflections to refine the theoretical understanding to the final prototype. The dual focus on theory and practice is made explicit through the black rectangles on the right, which represent the practical and scientific outputs. The trapezoid at the top, offers an indication of being use inspired, and that the scope of the study increases over time. The bi-directional arrows indicate that what happens in practice influences both the ongoing core processes and the ultimate outputs (being contextually responsive) and vice versa.

The following section will focus in more detail on each phase of this study and the methods used during each phase.

3.4 RESEARCH METHODS

The purpose of this study was to design and develop an ASMC programme to facilitate the wellness of somatology therapists. This was done by applying Design Research in the form of three flexible, iterative design phases (Gravemeijer & Cobb 2006; Plomp 2007:13). The researcher adopted a qualitative approach to this study because she needed to develop an in-depth understanding of the phenomena of self-management and individual wellness. Qualitative research is appropriate for exploring and understanding the meaning of individual wellness ascribed to by a therapist (Creswell 2013:4). In order to address the overall aim of this study, various qualitative methods were therefore employed, namely a literature review; AI based, in-depth semi-structured interviews using the GROW model of coaching; field notes' reflective notes; theoretical notes; focus group interviews; and document analysis (cf. point 1.7.2 & Figure 1.1). As depicted in Figure 3.6, these methods span over the three phases of this study and by doing so ultimately led to a context relevant, original and practical ASMC programme to facilitate the wellness of somatology therapists and to a theoretical understanding of individual wellness, self-management and coaching. ASMC is a novel approach that could facilitate the wellness of somatology therapists through self-management skills.

A qualitative approach would not yield the desired results in this study. Quantitative research is concerned with collecting, analyzing and displaying data in numerical ways rather than the narrative form. The researcher was concerned with the experiences of participants, and not measuring the self-management and wellness capabilities of somatology therapists (O'Dwyer & Bernauer 2014:46).

The phases of this study and the qualitative methods assigned to each phase will now be discussed in detail.

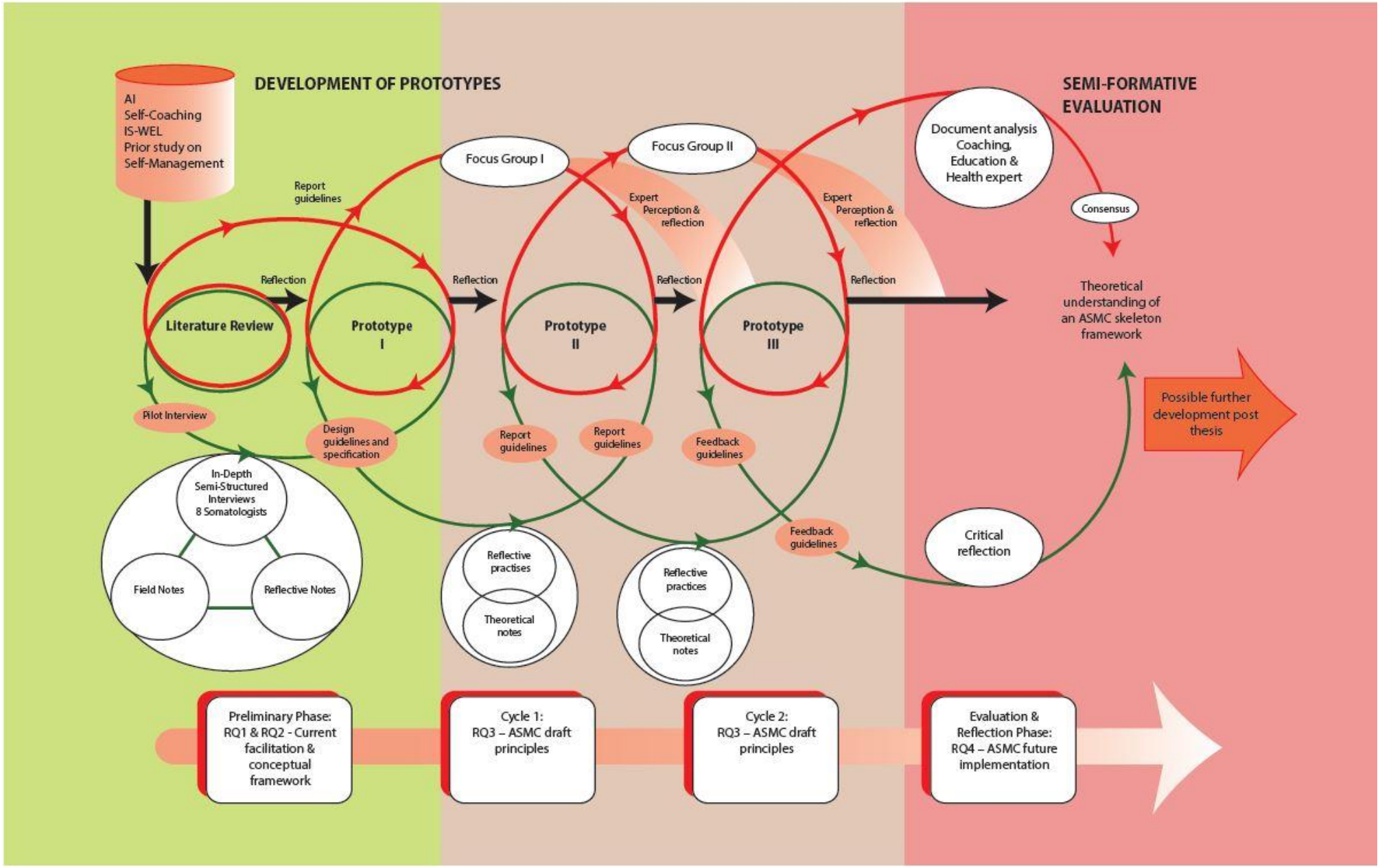


FIGURE 3.6: DESIGN RESEARCH PROCESS FOLLOWED [Compiled by the Researcher, Henrico 2014]

3.4.1 Phase 1 – Preliminary research

Phase 1 of the three-phased study involved exploring and analysing the existing situation of individual wellness and self-management in terms of both current knowledge and current practice, through inductive reasoning (from detailed facts to general principles). A need and context analysis, review of literature and the development of a conceptual and theoretical framework for the study was done in order to explore and describe what an ASMC programme aimed at improved wellness should consist of. This phase was informed by (1) a previous study on the self-management needs of somatology therapist (Richter 2010), conducted by the researcher in collaboration with practitioners in the field of somatology; (2) a literature review on wellness, self-management, self-coaching and appreciative coaching in order to understand the contemporary trends in modern somatology and elsewhere; and (3) AI based, in-depth, semi-structured interviews using the GROW model of coaching with practitioners in the field of somatology. Finally, this phase also included developing "draft principles" aimed at guiding the ASMC programme design (Herrington *et al.* 2007:5).

3.4.1.1 *Target population*

The target population for Phase 1 was defined as all somatology therapists who practise in Pretoria and Johannesburg, Gauteng, South-Africa.

3.4.1.2 *Description of the sample and sample size*

The sample used within this study was intentionally selected according to the aims and objectives (cf. points 1.4.2 & 1.4.3). Therefore the researcher used purposeful sampling that continued until *data saturation* was achieved. Purposeful sampling allowed the researcher to select information rich participants (Marshall & Rossman 2011:111) from which a great deal of can be learned in relation to the overall purpose of this study (Suri 2011:65). This form of sampling was sufficient as proportionality is not the primary concern of this study. Literature indicates that purposeful sampling has 16 different sampling strategies within qualitative studies (Suri 2011:65). The researcher used criterion sampling as a sampling strategy. This sampling strategy allowed the researcher to build a "comprehensive understanding" of the study by setting pre-determined criteria (Suri 2011:69). The sampling criteria included:

1. Therapists who have been practising for 3 years or longer;
2. Therapists that hold at least a National Diploma in Somatology, or equivalent qualification; and
3. Therapists proficient in English.

These participants were information rich participants because they are familiar with the job requirements of somatology and their qualification presupposes that they have knowledge on wellness. The researcher targeted somatology clinics situated within Johannesburg and Pretoria with the assistance of Google. Possible somatology clinics were contacted via a telephone call to determine (1) if the somatology therapists who work there adhere to the pre-determined sampling criteria set out above, and (2) to invite possible participants to participate in this study. An appointment was booked for the researcher to meet the therapists at a time suitable to the therapist once they volunteered to participate in this study. The sample size was eight, after which data saturation occurred, meaning no more new information was shared by participants.

3.4.1.3 *Data Gathering*

Qualitative data collection methods best suited this study because it has a "broad, holistic approach to study a social phenomenon" such as wellness; it is naturalistic, interpretive and critical (Marshall & Rossman 2011:3). Phase 1 of this study made use of a literature review and data was collected from the somatology therapists by means of AI based, in-depth, semi-structured interviews, using the GROW model of coaching, field notes and reflective notes.

In summary, Table 3.4 illustrates the data collection of this study (Phase 1 & 2) through a matrix.

TABLE 3.4: DATA COLLECTION MATRIX OF PHASES 1 & 2

	Phase 1				Phase 2		
Data Collection / Participants	Literature review	In-depth semi-structured interviews	Field notes	Reflective notes	Focus group interviews	Theoretical notes	Reflective notes
Somatology Therapists		X	X	X	X	X	X
Somatology Educators					X	X	X
Coaching Experts					X	X	X
Education Experts					X	X	X

Literature review

A literature review was conducted to provide a contextual understanding and to develop the first draft prototype. Additionally, the literature review provided the needed background to the context of the research problem and established that the researcher was knowledgeable about the area of study.

In qualitative research, the researcher joins an ongoing "debate in some shape or form" (Race 2008:241). By examining current literature and reinterpreting existing theory, depth is added to the existing body of literature and to the researcher's understanding of the phenomenon. Therefore, this literature review was done to describe the multitude of literature available on individual wellness, self-management and coaching from a health and somatology perspective. Numerous sources of information were turned to, including books and journal articles, as well as relevant publications on various academic databases (Google Scholar, Gale, Ebsco Host, Sabinet, Sage Publications and Digispace (the database of theses and staff publications at the University of Johannesburg)). The focus of the review was, however, wellness, self-management and coaching within the context of somatology and the health sciences. The development of a contextual framework and a draft protocol were directed towards only somatology therapists (for a full discussion on the literature supporting this study, cf. Chapter 2).

Race (2008:245) indicated that the literature review is a complex aspect of any qualitative study. During the literature review, the researcher undertook to establish an equilibrium between traditional sources of books and journals, while articulating the use of "information communication technology knowledge and techniques" (Race 2008:240). This literature review enabled the researcher to extend her knowledge and increase understanding on each concept by reading reviews of academic literature in journals.

In-depth semi-structured interviews

Interviewing is seen as a "conversational practice" through which knowledge is fashioned by the interviewer and interviewee interaction (Brinkmann 2008:471). The researcher used in-depth semi-structured interviews, which is a qualitative data collection strategy that allowed the researcher to ask the participants a sequence of pre-set open-ended questions (Ayers 2008:811). This method was seen as most suitable, as it allowed the researcher more control over interview topics.

These interviews were also utilised to identify what a conceptual framework for the ASMC programme should consist of. In-depth semi-structured interviews are useful as an approach to human inquiry as they allow an emphasis on complex human understandings. The need of this study required the data gathered to be structured in a holistic manner that allowed the individual to think freely and include feelings and emotions that are laden with meaning. Qualitative interviews have been described as "a construction of knowledge" where the interviewer and interviewee discuss a "theme of mutual interest" (Marshall & Rossman 2011:142). One pitfall of semi-structured interviews might be that there is a limiting factor when considering the range of responses to each question. Probing was used to facilitate responses on each question (cf. Table 3.2).

Preparation for the interviews

After volunteering to partake in this study, each participant was given an information and consent form (cf. Annexure A1), which provided them with detailed information about the study. This was accompanied by a letter of consent for the salon the therapist was working at currently (cf. Annexures A2). Participants were pre-informed that they would be asked about how they currently facilitate their own individual wellness within the context of somatology and they were reminded that they will not be required to reveal any details about their clients, employees or colleagues.

During the data collection of Phase 1, the researcher arrived 10 to 15 minutes before each interview, to introduce herself and to determine the venue in which the interview would take place. The interviews lasted about 15 to 30 minutes and at the end each participant was asked what they thought of the interview process.

A high-quality audio-tape recorder was deliberately placed to capture the discussion between the researcher and the participant. These interviews were recorded and later transcribed (with permission from the participants; cf. Annexure C3). Interviews were conducted until data saturation occurred (n=8), as demonstrated by the repeating of themes.

Interview method

The in-depth, semi-structured interviews were formulated on the assumptions of AI and the 4-D Cycle of AI, consisting of Discovery, Dream, Design and Destiny (Whitney &

Trosten-Bloom 2010:n.p.) and utilised the GROW model of coaching to facilitate and enrich the interview process. By using Appreciative Inquiry (cf. point 3.2.1) and the GROW model of coaching the researcher could focus on the positive aspects of individual wellness and self-management. This allows the researcher to harvest "solution raising energy" that make problems seem smaller (Bresser & Wilson 2010:36).

The GROW model of coaching is cyclic in nature (Alexander 2010:83). One can recap earlier phases of the GROW model throughout the process, helping the participant to clearly see their self-management and individual wellness reality and move forward. Figure 3.7 illustrates the use of the GROW model within the context of Phase 1 of this study, as influenced by the 4-D Cycle of Appreciative Inquiry.

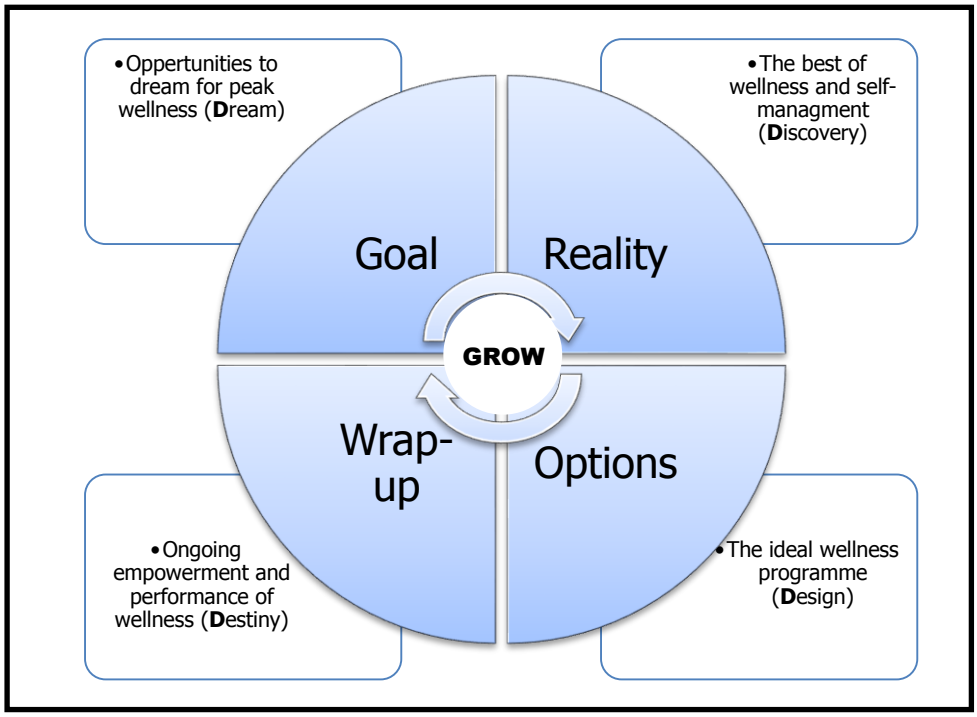


FIGURE 3.7: THE GROW MODEL USED DURING PHASE 1 (Adapted from Alexander 2010:84).

The interview questions were:

1. What will self-management and personal wellness look like in a utopian dream?
   (Opportunities for wellness in the future)
2. What is your current reality of self-management and personal wellness?
   (The best of wellness and self-management)
3. What are some of the obstacles or challenges that might hinder you from reaching your utopian dream?
   (The ideal wellness programme)

4. What are some of the options you could utilise to facilitate bridging the obstacles and challenges mentioned previously?
   (Ongoing empowerment and performance of wellness)

An additional question was also posed to the participants in the quest to design the ASMC programme:

a) What would you include in an ASMC Programme aimed at facilitating self-management and personal wellness in your context?

The researcher utilised various facilitative communication skills to encourage participants to share information regarding the study. These are illustrated in Table 3.2.

Each participant was thanked for their time and the researcher left the interview area. At clinics with two or more participants the researcher waited in the reception area after each interview for the next participant to finish with his or her duties. Each interview was done in a different cubicle where each participant felt a sense of privacy and comfort.

Pilot interview

A pilot interview provided the opportunity to examine the data collection process and make adjustments and review alternative methods (Schreiber 2008:621). This is seen is a crucial step in the research process. One pilot interview served as preparation for the study. It could identify any likely errors in the data collection process and improve the data collection process.

A pilot interview was conducted with one individual who met the criteria of inclusion. During this process it was prominent that the questions do provide the data the researcher is looking for, and therefore the questions stayed unchanged for all further interviews. The findings of this interview were included in the main study due to the fact that it was found that the research questions posed, lead to information-rich data.

TABLE 3.2: ADDITIONAL COMMUNICATION SKILLS

ADDITIONAL COMMUNICATION SKILLS USED TO ENCOURAGE PARTICIPANT PARTICIPATION	
Responsive listening	This is defined as "attending to verbal and non-verbal messages and the apparent and underlying thoughts and feelings of the participant" (Okun & Kantrowitz 2014:64). This includes the ability to communicate the genuine understanding and acceptance of the participant's view. It increases the understanding of self-management by clarifying the participant's statements. The researcher asked whether the response was correctly interpreted and understood throughout the interview.

ADDITIONAL COMMUNICATION SKILLS USED TO ENCOURAGE PARTICIPANT PARTICIPATION	
Making minimal verbal response	The researcher indicated her listening skills and ability to follow by verbal cues presented as the occasional nod, as "mm-mm", "yes", "I see" or "uh-huh" (Okun & Kantrowitz 2014:76).
Paraphrasing	The researcher made a verbal statement that is similar to the participant's statement. This statement made use of different words to convey the same meaning as the participant's narratives (Okun & Kantrowitz 2014:76). This again determined if the response was understood and interpreted correctly.
Probing	This is an "open-ended attempt to obtain more information about something". It is found to be most effective when using statements such as "Tell me more" and "I'm very interested in..." (Okun & Kantrowitz 2014:76).
Reflecting	Reflection refers to communicating to the participant the researcher's understanding of her perspective (Okun & Kantrowitz 2014:76). This was accomplished by means of paraphrasing.
Clarifying	This is an attempt to understand the basic nature of the participant's statement (Okun & Kantrowitz 2014:77). The perception of the researcher was communicated to the participant by clarifying the statement made by the participant.
Checking out	This occurs when the researcher is confused about her perception of the participant's verbal or nonverbal behaviour. The researcher asked the participant to confirm or correct the researcher's perception or understanding (Okun & Kantrowitz 2014:79).
Summarising	By summarising, the researcher synthesised what had been communicated during the interview session. Thus, a summary is a type of clarification (Okun & Kantrowitz 2014:79).

Field Notes

Field notes are seen as crucial to any qualitative study (Brodsky 2008:342). Field notes included written observations during time spent by the researcher in the field for data collection (Gambold 2010:39). These in-depth recordings describe details of people, places, things and events (Brodsky 2008:342). Due to the fact that these notes are seen as secondary data and used for analysis, the researcher ensured that they were as close to comprehensive as possible. Field notes included the language, perspectives and routines of participants, as well as the practical considerations of how people "do" wellness and self-management, in order to avoid asking "why" during analysis (Gambold 2010:40). The researcher took field notes as a good chronicle of what was done, seen, heard and even felt during the in-depth, semi-structured interviews and the time spent in the field. These field notes were written as soon as possible after the interviews were conducted.

Writing field notes is seen as time-intensive and the "quantity of observations recorded can be quite large" (Brodsky 2008:342). The researcher scheduled additional time (when getting back into her car after each interview) to jot down a typical sequential outline as soon as possible, and then once departing from the field (the somatology clinic)

chronological accounts of "observations and impressions" were written down (Brodsky 2008:342). This was done before talking to anyone else.

Reflective Notes/Practices

Reflection is described as a "qualitative researchers' engagement of continuous examination and explanation of how they have influenced a research project" (Dowling 2008:784). Reflective practices, in the form of a reflective diary, were used to meet the methodological, ethical and emotional challenges that arise when conducting research that includes the viewpoint of participants. The reflective notes investigated the experience of the researcher and how the meaning of the data presented itself (Rolls & Relf 2006:290). The purpose of these reflective notes was to record progress as well as predicaments, possible inaccuracies, responses and reactions to the field and the participants (Brodsky 2008:342). Reflective notes allowed the researcher to go beyond telling the story by making the processes transparent. Onwuegbuzie, Leech and Collins (2008:14) stated that these reflective practices help to transform the interview process by enabling the researcher to recognize the processes underlying the construction and interpretation of interview data. Finally, such reflective practices will ensure authenticity within the research process (cf. point 1.3.4.2; Onwuegbuzie *et al.* 2008: 12).

One has to comprehend that achieving reflexivity is not easy (Dowling 2008:748). It is essential that the researcher considers and examines each decision made at each phase of the research process. The researcher aimed to be unambiguous in her reflective diary in order to avoid it seeming like merely addressing the need to make a "qualitative study appear more rigorous" (Dowling 2008:748).

Additionally, the researcher and promoter met for a debriefing interview (cf. Annexure C5) to explore the preconceived ideas and understandings of the researcher, and how these might influence the data analysis.

3.4.1.4 *Data Analysis*

Data analysis is a systematic procedure aimed at bringing order, structure and clarity to the collected data (Marshall & Rossman 2011:207). For this study the data was analysed through open coding (Creswell 2013:190) and employed the seven steps of Tesch's data analysis process (Creswell 2013:192) to identify themes and categories from the collected

data. ATLAS.ti (version 7) was used to assist with the data management and analysis of the data.

The qualitative data analysis allowed the researcher explore and debate various aspects that are of importance to the somatology therapist as pertaining to their individual wellness and self-management within the context of somatology. The qualitative data analysis focused on the following: The understanding rather than the explanation of individual wellness; accurately keeping up with the concepts the therapist used to describe and understand wellness; constructing stories and accounts that hold inner meaning and consistency to wellness rather than having isolated wellness components; and theorising valid accounts of wellness (Marshall & Rossman 2011:206).

The process of qualitative data analysis and the interpretation thereof was simplified by describing it as creating meaning from the text data. This involved "preparation for data analysis, moving deeper and deeper into understanding the data, representing the data and making interpretations of the larger meaning of data" (Creswell 2013:190).

For this study, the researcher utilised the following seven steps of Tesch's procedure for data analysis (in Creswell 2013:192):

1. The researcher obtained a sense of the whole by reading through the transcriptions carefully. Ideas that came to mind were jotted down.
2. The researcher selected one interview, the first interview of the study and went through it asking, "What is this about?" She avoided thinking about the information itself, but rather the underlying meaning of the data. The researcher wrote all thoughts in the margin of the pages of the transcript.
3. When the researcher completed this task for several interviews, a list was compiled of all the themes. Similar themes were clustered together and placed into columns that were then arranged into major themes, unique themes and the leftovers.
4. After this the researcher took the sets of themes and returned to the data. The themes were abbreviated as codes and the codes were written next to the appropriate segments of the text. The researcher tried out this preliminary organising scheme to see whether new categories and codes emerged.
5. The researcher looked for the most descriptive wording for the themes and turned them into categories. The researcher reduced the total list of categories by again

grouping similar themes. Lines were drawn between categories to show interrelationships.

6. A final decision was made of the abbreviations for each category and the codes were alphabetised.
7. The data belonging to each category was assembled in one place and a preliminary analysis was performed.

The researcher had a meeting with an independent coder and a discussion followed about the subjects of the research study. A set of unmarked transcriptions of the interviews was given to the independent coder who had experience in qualitative data analysis. The coder was requested to use the same steps in Tesch's analysis. After completion of the data analysis by the researcher and the independent coder, they met for a consensus discussion on the findings. During this discussion a validation of the data took place in order to enhance credibility.

3.4.2 Phase 2 – Prototyping phase

This design phase involved drafting and prototyping to build a solution through deductive reasoning (involving inference from general principles). Phase 2 started off with a description of the proposed ASMC programme (Chapter 5). Based on the results from phase 1, a draft prototype ASMC programme (Prototype I; cf. Figure 5.7) was created. Prototypes I and II were discussed during the focus group discussions with experts in the field representing the target population (cf. point 3.4.2.1). Phase 2 followed an iterative design phase, and consisted of two micro-cycles of research, each with formative evaluations as the central research action. This phase aimed at designing and then improving and refining the suggested ASMC programme in collaboration with practitioners/experts in the field of somatology, education and coaching.

During the initial global prototype design, the researcher used concept mapping as a method of creating structure for the initial prototype. The two main processes used here were content orientation and backwards design (McKenney & Reeves 2012:56). The researcher looked at standards from various sources to identify the common content required in the ASMC programme during content orientation. Once the concepts were mapped, a backward design process ensued. Here content was deconstructed and then an initial programme was created, based on the content orientation and deconstruction outputs (McKenney & Reeves 2012:56). Lastly, a skeleton design – resembling shorthand

more than a book or guide – was created for the ASMC programme (Prototype III; cf. Figure 6.3).

3.4.2.1 *Target population*

The target population for Phase 2 included:

a) Coaching experts;
b) Educational experts;
c) Somatology experts (including somatology educators and therapists).

3.4.2.2 *Description of sample and sample size*

Purposive sampling (cf. point 3.4.1.2) was again used during Phase 2 of this study. Coaching, education and somatology experts were central to the investigation (Herrington *et al.* 2007:5) during Phase 2 as the main research activity was formally evaluating the suggested ASMC prototype (cf. point 1.4.3).

The researcher contacted the University of Johannesburg and the Tshwane University of Technology to identify suitable somatology educators and educational experts. The coaching experts were identified through the assistance of the study promoter. Possible participants were identified and contacted via an introductory email (cf. Annexure B1). Some of the participants responded after first contact, but a personalized follow-up email was sent out to prospective participants.

Focus group one consisted of a total of seven participants, all of whom were female, three Caucasian and four of colour. Four participants participated in focus group two, three of whom were female and one male and all four were Caucasian.

3.4.2.3 *Data gathering*

Data was collected during Phase 2 from the sample by means of focus group interviews as a form of formative evaluation. The researcher furthermore made theoretical notes during each focus group. Additionally, the reflective practices used during Phase 1 continued through Phase 2 of the study. This allowed for transparency and rigour within this qualitative study, due to the fact that the researcher continuously accounted for the

fact that her presence might influence the research findings in some way or another. The researcher attempted to reflect on exactly how she, as the prime research tool, may influence the study results. The data collection methods were summarised in Table 3.4 (cf. point 3.4.1.3).

Focus group discussion

Focus groups are conducted in order to listen to and gather information from participants (Krueger & Casey 2014:2). They are used to comprehend how people feel or think about a topic – in this case, about the topics of individual wellness, self-management and the ASMC. Focus groups are used to gather opinions (Krueger & Casey 2014:2). Focus group discussions are interviews with groups of people meeting in a non-threatening environment to provide for an opportunity to clarify the participants' views on a specific topic (Barbour 2010:327-253). Participants should share common characteristics and relate to the topic at hand.

As a means of qualitative research, focus groups use words and observations expressing reality in the description of people in natural situations. Krueger and Casey (2014:4) stated that "focus groups only work when participants feel comfortable, respected and free to give their opinion without being judged". The characteristics of a good focus group are (1) involving people, (2) these people possesses certain characteristics, (3) it provides qualitative data and (4) the groups have a focused discussion (Krueger & Casey 2014:6-7).

In Phase 2 of this study, focus group interviews were used to evaluate the suggested ASMC programme Prototypes I and II. Focus group interviews are socially oriented and are more relaxed than one-to-one interviews (Marshall & Rossman 2011:149). There are however various criticisms for using focus groups (Krueger & Casey 2014:13). Table 3.3 summarises these criticisms and gives insight on how the researcher endeavoured to overcome them.

TABLE 3.3: CRITICISMS OF FOCUS GROUPS
(table continues on next page…)

FOCUS GROUP CRITICISM	CRITICISM MANAGEMENT
Focus group participants tend to intellectualise	The participants were asked to merely reflect on the proposed prototype and not their own behaviour with regards to wellness and self-management. When participants gave their own life experiences, it was noted and the researcher steered the conversation back to the related questions.

FOCUS GROUP CRITICISM	CRITICISM MANAGEMENT
Focus groups do not tap into emotions	The researcher did not wish to examine emotional concerns during this stage of the study. This concern was noted and well thought through before choosing to conduct focus groups.
Focus group participants may make up answers to illustrate how they want others to see their behaviour	The researcher used caution in how she asked questions (Krueger & Casey 2014:13). The researcher aimed to solicit responses using a variety of techniques (such as evoking conversation, using clear short, open-ended, one-dimensional questions, and using language familiar to the participants) that tend to disarm the tendency to manage impressions.
Focus groups produce trivial results	The focus group size was kept small and the topic uncomplicated. The researcher evoked conversation while observing how participants discuss the ASMC.
Dominant individuals can influence results	The researcher observed various arguments and points of views from all participants. The researcher acted as a levelling force that allowed participants to reflect on various arguments without pressure.
You cannot depend on the results of focus group research	The researcher used multiple forms of inquiry to yield overlapping and confirming results. Extreme care was taken in determining the location, group size and dynamics of each focus group.

Focus group one consisted of a total of seven (7) participants, all were female, three (3) Caucasian and four (4) of colour. Four participants participated in focus group two, three (3) were female and one (1) male and all four (4) was Caucasian. The focus groups were recorded and later transcribed (cf. Annexure C4) for data analysis.

Focus group method

During the prototyping phase of this study, two micro cycles of research were completed. Therefore two focus group discussions were held, one in a boardroom at the University of Johannesburg, Doornfontein Campus and another at a conference facility in Lynwood Road, Pretoria. This study used not only varying methods, but also varying data sources; data was collected in different settings at different times using different methods. This is a form of triangulation that contributes to the credibility of the study (cf. point 1.9.1.2)

Once participants indicated that they were willing to participate in the scheduled focus group, the researcher emailed them a PDF copy of the focus group consent form (cf. Annexure B2) and the focus group agenda (cf. Annexure B3). Additionally, participants were reminded about the focus group logistics, one day prior to the focus group, through email and a telephonic conversation.

Both focus groups were small so there was no need for a co-facilitator and the researcher acted as the moderator of these sessions. The promoter of this study participated in both

focus groups as a neutral coaching, educational and health expert, adding to the dynamic and richness of the data collected. Both focus groups were conducted in English.

The researcher arrived 15 minutes before the scheduled focus group to ensure that the venue was well prepared and ready before the participants arrived. Once all participants arrived, they were welcomed and the researcher introduced herself, she gave each participant a copy of the consent form (cf. Annexure B2) and the focus group agenda (cf. Annexure B3). Participants were reminded that the session will be recorded as a way to capture everyone's comments. A high quality voice recorder was placed centrally to ensure a good quality recording. Confidentiality was briefly discussed and participants handed the researcher the signed consent forms. The researcher started the focus group by allowing each participant to introduce themselves and she then discussed some ground rules. The ground rules were focused on reiterating the fact that there are no right or wrong answers and to explain that each participant was selected because the researcher felt that they are experts in their field and would add rich data to the study.

A 20 minute presentation of the ASMC prototype was done by the researcher, providing a bird's eye view on the skeleton framework of the prototype (cf. Figure 5.7). Prototype I was presented to the first focus group and Prototype II to the second focus group. After this, the researcher started with the questioning. The researcher acted as the moderator during the 40 minute questioning and discussion, and used the same communication skills summarised in Table 3.2.

The questions asked during the focus group discussions were formulated by means of AI guidelines (Gordon 2008:23; Watkins & Mohr 2011:92; cf. point 3.2.1) focusing on the 4-D Cycle of AI (Whitney & Trosten-Bloom 1010:n.p.). They related to the purpose of the study through requiring individuals to reflect on the characteristics of the suggested ASMC programme prototype that had just been presented to the group.

The focus group interview questions were:

1. What is the best strategy or practice in the suggested ASMC prototype? (The best of the ASMC prototype)
2. What would your dream for the best prototype ASMC programme be? (Opportunities for the ASMC programme in the future)
3. What should the ideal prototype ASMC programme additionally include?

(The ideal ASMC programme)

4. How will such an ASMC programme be implemented?
   (Ongoing empowerment and performance of the ASMC programme).

The dynamics of both focus groups were interesting. All participants were positive about the proposed prototypes, recommending minor changes and additional items to add during each micro-cycle of research (elaborated on during Chapter 6). Due to the small size used during each focus group, all participants were engaged in the process. Participants agreed on some aspects and disagreed on other; these are dealt with accordingly later on in this report (cf. Chapter 6).

At the end of each focus group the participants were thanked for their time and invited to contact the researcher should they wish to do so in the future. The incentives for participation were limited to nonmonetary incentives. Each participant received a notebook with a pen and pencil set, as a token of appreciation for the time and effort invested by participants. Participants were invited to join the researcher for a light finger lunch and some coffee and tea as additional incentive. During the finger lunch the positive dialogue of the future prospects of the ASMC continued. The researcher emailed each participant after the focus group to personally thank each individual for their time and effort (cf. Annexure B4).

Theoretical Notes

A theory is typically used to represent a proposition as it relates to a phenomena; "a theory can provide understanding of these phenomena or form the basis for action with respect to them" (Maxwell & Mittapalli 2008:877). The observations made by the researcher during each focus group were jotted down in the form of theoretical notes. Any form of observation is loaded with theory – "our understanding of the world is inherently shaped by our prior ideas and assumptions about the world" (Maxwell & Mittapalli 2008:877). Similar to the field notes during Phase 1, theoretical notes were taken during the focus groups discussion to plot various concepts and ideas mentioned by the participants onto the theoretical frameworks that instruct and informed this study (cf. point 3.2.2). These notes were used in the audit trail of the study to ensure dependability (cf. point 1.9.3.1) and confirmability (cf. point 1.9.4.1).

3.4.2.4 *Data analysis for Phase 2*

Data analysis during Phase 2 followed the same process as for Phase 1 (cf. point 3.4.1.4). The only difference was that the iterative, cyclical nature of each micro-cycle in Phase 2 went through *data collection, analysis, further refinement* and *data collection*. This was done for a total of two research cycles.

3.4.3 Phase 3 – Evaluation and reflection phase

In developing nearly any intervention informal evaluation and reflection take place (McKenney & Reeves 2012:133). Here evaluation is concerned with empirical testing of an intervention that has been mapped out, and reflection pertains to retrospective consideration of findings and observations with the aim of refining theoretical understanding about the 'if', 'how' and 'why' of an intervention (McKenney & Reeves 2012:33). Through abductive reasoning (reasoning towards meaning, inference that is merely plausible), the third phase of this research study devoted explicit attention to revisiting the evaluation. This was mainly done through summative reflection that produced design principles and improved possible future implementation of the ASMC. Each Design Research study is unique and requires tailored focus on theoretical and practical goals, target setting and resources (McKenney & Reeves 2012:140). Like the preliminary research phase, the evaluation and reflection phase constituted one empirical micro-cycle of research.

The *evaluation* consisted of empirical testing of the framework that underpins the ASMC programme. Phase 3 started by focusing on what the ASMC intended to do ("What was set out to do?") during Phase 1. This involved focusing on the following six concepts, viz. the feasibility, soundness, viability, institutionalisation, effectiveness and impact of the proposed ASMC. Here McKenney and Reeves (2012:138) indicated that the researcher needs to give consideration to all six focal areas, but it does not make sense to try and empirically test them all at once.

The evaluation was semi-formative as only the *perceived* soundness and feasibility was tested during the study. The researcher conducted an Alpha Test, as it merely concerned initial intentions – testing design ideas (McKenney & Reeves 2012:137). This type of testing relies primarily upon logical analysis by experts and the main focus was on the

internal structure of the skeleton framework and concern for functionality. Alpha studies involve the collection of data to primarily ascertain (McKenney & Reeves 2012:137):

- Soundness: the ideas underpinning the design and how those ideas are applied in design (skeleton framework).
- Feasibility: the potential temporal, financial, emotional and human resource costs associated with creating the intervention.

In order to examine the intended ASMC programme, the researcher used expert perceptions of the ASMC programme. The expert appraisal took place in two ways: (1) during the focus group discussion of Phase 2 and (2) through a document analysis.

Focus group discussion of Phase 2

Due to limited participants suitable for this study, time constraints (of both the researcher and participants) and financial limitations, the prototype was subjected to critical external review from earlier stages of this study and not explicitly reserved for Phase 3. Testing perceived soundness and feasibility was mainly done during the focus group discussions in Phase 2, by asking participants about the needs and wishes and the opportunities and constraints of the proposed ASMC. Focus group questions that allowed participants to reflect on these issues were:

1. What would your dream for the best prototype ASMC programme to be?
   (Opportunities for the ASMC programme in the future)
2. What should the ideal prototype ASMC programme additionally include?
   (The ideal ASMC programme)
3. How will such an ASMC programme be implemented?
   (Ongoing empowerment and performance of the ASMC programme).

By utilising expert appraisal from early on in the research study, additional perspectives for looking at wellness and self-management were provided, ideas were collected for improvement and validity could be verified (McKenney & Reeves 2012:145).

Document analysis

Document analysis was used to appraise the components of the intervention (e.g. design specifications of an ASMC skeleton framework) to gain insight into the results (McKenney & Reeves 2012:148). This was done by using a planning document. The planning document is an important document in Design Research and used to check the emerging research plans. By providing an overview of research activities and timelines, the planning document allowed the expert reviewer to assess how well the study will meet its goals (McKenney & Reeves 2012:148). Due to the limited number of experts available to participate in this study, the researcher identified one individual – the study promoter – who acted as a coaching, educational and health expert. This expert was involved in the research process from the commencement of the research design, attended both focus group discussions and had access to the draft document at any time to review the perceived soundness and feasibility of the study, and to reflect on the six focus concepts (of Phase 3) mentioned above. The expert reviewer checked the planning document for methodological soundness (triangulation of data sources and data collection times) and feasibility (levels of invasiveness, cost and time needed). The in-depth involvement of the expert appraiser allowed her to "walk through" salient components of the intervention, and then give appropriate feedback (McKenney & Reeves 2012:145). Once all research activities were completed, the researcher and the expert appraiser met for an in-depth discussion on the final intended ASMC skeleton framework.

Using both of these methods to evaluate the proposed ASMC programme allowed the researcher to save valuable resources that influenced the study, especially the limited number of appropriate participants and the time constraints of each participant.

Reflection

During the reflection of Phase 3, the researcher was involved in "active and thoughtful consideration of what has come together in both research and development (including theoretical inputs, empirical findings and subjective reactions) with the aim of producing new theoretical understanding" (McKenney & Reeves 2012:80). McKenney and Reeves (2012:151) stated that new theories grow out of reflection and reflection has close ties with philosophy. The researcher chose to conduct the reflection, because the first-hand detailed understanding of the research findings is very beneficial (McKenney & Reeves 2012:149). It allowed the researcher to gain deeper and sharper insights into all aspects of the design and underlying assumptions. However, having the researcher as the sole

reflector introduces possible bias. Bracketing was therefore used to meet the methodological, ethical and emotional challenges that arose from being submerged in the study (Rolls & Relf 2006:286).

Reflection consisted of organic and structured reflection. The activities of this phase (critical reflection) lead to conclusions about the ASMC programme. Organic reflection was facilitated through the reflective practices used during the entire research process. Structured reflection focused on what should be reflected upon and when design reflection should take place. Reflection was used by the researcher to further both the theoretical and practical goals of the ASMC programme. The researcher developed theoretical understanding through considering the findings of this study ("what do these results tell us?") in light of how they were obtained (e.g. the soundness of the data collection tools and the appropriateness of the choice of settings) (McKenney & Reeves 2012:155).

During the research process (phase 1-3), various reflexive practises were used to deepen the understanding of the research processes and procedures. A reflective journal was mainly used for this purpose and is not the same as the reflection required in phase 3 of the study.

This thesis only discusses the intended ASMC in its initial stages of development. Subsequent research will be required to examine the actual efficacy of the ASMC.

3.5 CONCLUSION

In this chapter the research design for this study was introduced with specific emphasis on the overview of the methods used. The choice of social constructionism as a paradigm and the wellness and coaching theoretical frameworks underpinning this study were discussed. The phases of Design Research were discussed in detail and the methods used to answer the research questions were elaborated on.

Chapter 4 - **Current self-management and personal wellness facilitation of somatology therapists** – conceptualises the findings of the semi-structured interviews with literature. The aim is to identify how somatology therapists currently facilitate their self-management and personal wellness (research sub-question 1). The chapter also focus on addressing the need and context analysis of the ASMC for the proposed ASMC programme.

CHAPTER 4

Current self-management and individual wellness facilitation of somatology therapists

4.1 INTRODUCTION

Chapter 3 contained a discussion on the research design and methods used in this study. In Chapter 4, a conceptualisation of the findings from Phase 1 is done, as illustrated in Figure 4.1. The results from Phase 1 as described in this chapter will form the basis of Phase 2 of this study, namely the prototyping phase as described later in Chapters 5 and 6.

Together with Chapter 2, Chapter 4 will continuously consider problem identification as well as the needs and context analysis for this study. Where Chapter 2 contextualised current literature, Chapter 4 describes the findings from the (1) in-depth, semi-structured individual interviews with practitioners in the field of somatology, based on the philosophy of Appreciative Inquiry (AI) and (2) the field notes to address the first research sub-question:

- *How do somatology therapists currently facilitate their individual wellness?*

As outlined in Chapter 3 (cf. point 3.2.1), the philosophy of AI underpinned this study. AI is an approach focused towards "seeking, identifying and enhancing the life-giving forces that are present when a system is performing optimally" (Watkins & Mohr 2011:14). AI is a journey where profound or intense knowledge is discovered from human beings at their best moments. This journey involved a "process of seeking" and understanding through asking appreciative questions that focus on the life-giving forces that generate new meaning. This is then used to "co-construct the best and highest possible future for human beings" (Watkins & Mohr 2011:14). As mentioned in Chapter 3 (cf. point 3.2.1), the researcher guided the participants through the GROW model of coaching and therefore the questions posed to the participants were:

- *What will self-management and individual wellness look like in a utopian dream?*
- *What is your current reality of self-management and individual wellness?*
- *What are some of the obstacles or challenges that might hinder you from reaching your utopian dream?*

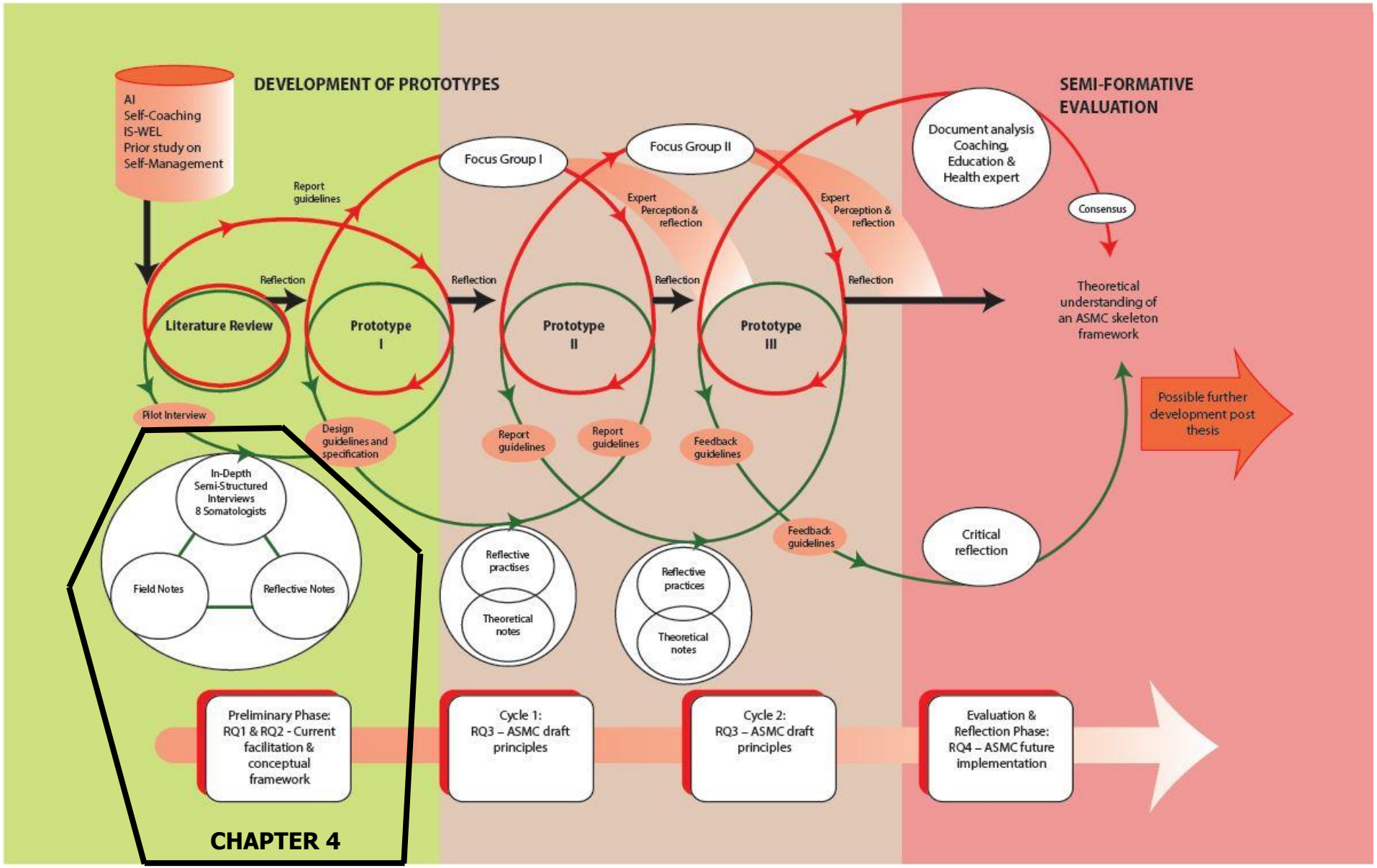


FIGURE 4.1: DESIGN RESEARCH PROCESS – FOCUS OF CHAPTER 4, PRELIMINARY PHASE
[Compiled by the Researcher, Henrico 2014]

- *What are some of the options you could utilise to facilitate bridging the obstacles and challenges mentioned previously?*

An additional question was also posed to the participants in the quest to design the Appreciative Self-Management Coaching (ASMC) programme:

- *What would you include in an ASMC Programme aimed at facilitating self-management and individual wellness in your context?*

A description of the central story line will be followed by the discussion on the findings.

4.2 CENTRAL STORY LINE

A central story line of this research project was formulated: "Somatology therapists described self-management in individual wellness as an interconnected journey to obtain personal, interpersonal, financial and professional wholeness. Self-management dreams are represented by equilibrium between personal and professional wellness. Suggestions for an ASMC programme to facilitate the holistic wellness of somatology therapists departed from a pragmatic approach".

The themes, categories and sub-themes (Table 4.1) that emerged from the data analysis indicated that the current self-management and individual wellness of a therapist in modern somatology were categorised into (1) a peak experience of self-management in individual wellness emerged from the outcome of holistic wellness, (2) current realities of self-management in individual wellness manifest as disequilibrium in holistic wellness complemented by wellness practices and (3) obstacles that might hinder self-management act as dream snatchers of holistic wellness. (4) The options to overcome obstacles in self-management and to facilitate the holistic wellness dream or peak experience, and lastly (5) suggestions for an ASMC programme to facilitate the holistic wellness of somatology therapists were discussed.

The findings will be described and interpreted in accordance to the central story line.

TABLE 4.1: OVERVIEW OF THE THEMES, CATEGORIES AND SUBCATEGORIES OF THERAPISTS' VIEWS ON SELF-MANAGEMENT AND WELLNESS

THEME	CATEGORY	SUB-CATEGORY
1. Peak experience of self-management in individual wellness emerged from the outcome of holistic wellness	1.1 Individual wellness	1.1.1 Physical wellness 1.1.2 Creative wellness 1.1.3 Coping wellness 1.1.4 Essential wellness
	1.2 Interpersonal wellness and connectedness	1.2.1 Well-functioning team 1.2.2 Sense of connection with significant others
	1.2 Financial wellness and independence	
	1.3 Professional wellness	1.3.1 Well-structured and organised business environment
2. Current realities of self-management in individual wellness manifests as disequilibrium in holistic wellness complemented by wellness practices	2.1 Personal disequilibrium complemented by individual wellness practices	2.1.1 Accounts of personal disequilibrium 2.1.2 Accounts of individual wellness practices/strategies
	2.2 Interpersonal disequilibrium complemented by interpersonal wellness practices	2.2.1 Accounts of interpersonal disequilibrium 2.2.2 Accounts of interpersonal wellness practices/strategies
	2.3 Financial disequilibrium	
	2.4 Professional disequilibrium complemented by professional wellness practices	2.4.1 Accounts of professional disequilibrium 2.4.2 Accounts of professional wellness practices
3. Obstacles that might hinder self-management act as dream snatchers of holistic wellness	3.1 Personal self-management obstacles	3.1.1 Physical obstacles 3.1.2 Emotional obstacles 3.1.3 Cognitive obstacles
	3.2 Interpersonal self-management obstacles	3.2.1 Insufficient conflict management skills & Boundary setting skills
	3.3 Financial self-management obstacles	
4. Options to overcome obstacles in self-management and to facilitate the holistic wellness dream/peak experience	4.1 Personal self-management options	4.1.1 Physical self-care 4.1.2 Emotional self-care and self-awareness 4.1.3 Cognitive self-care
	4.2 Interpersonal self-management options	4.2.1 People skills 4.2.2 Ability to work in a team
	4.3 Financial	4.3.1 Financial planning
5. Suggestions for an ASMC programme to facilitate the holistic wellness of somatology therapists	5.1 Nature of the programme	5.1.1 Pragmatic and self-directed in nature
	5.2 Programme options	5.2.1 Cognitive skills development 5.2.2 Interpersonal skills 5.2.3 Physical care strategies 5.2.4 Spiritual skills development

4.3 PEAK EXPERIENCE OF SELF-MANAGEMENT IN INDIVIDUAL WELLNESS

Participants of this study were asked to reflect on a utopian dream for their self-management and individual wellness. It became evident that a peak experience of self-management in individual wellness emerged from the outcome of holistic wellness.

It was interesting to observe that participants first tried to define self-management and individual wellness within their context and own beliefs. One participant expressed that individual wellness is *"…where everything works and everything is planned and everything is running smoothly…"* There seems to be a sense of interconnectedness and harmony that has to be in place to facilitate this peak experience of self-management and individual wellness. Another participant indicated that wellness is a *"balance between your mind and your body like your meditation and your exercise… and you're eating right".* Wellness is seen in literature as a dynamic process that allows the individual to become "aware of all aspects of the self and makes choices toward a more healthy existence through balance and integration across multiple life dimension" (Goss *et al.* 2010:30; cf. point 2.2.1).

Not only was balancing all dimensions in one's life seen as important for wellness, but also as being focussed on certain areas that maybe needed improvement, as indicated in the following quote (cf. point 2.2.1):

"So I think being in stage of utopia, where everything would be perfect, it would be where everything is in perfect balance, so you have enough time for everything and spent the right focus on everything…"

To elaborate on this section of the results, the peak experience of therapists will include discussions on **individual wellness, interpersonal wellness, financial wellness** and **professional wellness.**

4.3.1 Individual wellness

Individual wellness was understood by the participants as including an interconnectedness of the "*body, mind, and spirit*". Therapists mentioned that individual wellness could be divided into various sections and therefore the researcher will included a discussion on **physical wellness, creative wellness, coping wellness** and **essential wellness** in

order to conceptualise the findings within the IS-Wel (cf. point 2.2.1 & 3.2.2.1) as discussed by Myers and Sweeney (2004:242). It was interesting to note that somatology therapists omitted social wellness in their discussion of individual wellness, but referred to social wellness as interpersonal wellness (cf. point 4.3.2). This indicates that all five second order factors of the IS-Wel are pertinent in this study.

"[wellness] kan weer in 'n klomp dele verdeel word…" (Translation – "[Wellness] can be divided into many parts…").

4.3.1.1 ***Physical wellness***

Participants indicated that physical wellness included physical aspects related to looking after the self. Horton and Snyder (2009:219) indicated that the most common and frequently used dimension of wellness is physical aspects. The physical dimension of wellness is the one people often think of when considering the self as either well or ill (Horton & Snyder 2009:218). Myers and Sweeney (2004:242) indicated that the third order factors included in physical wellness are exercise and nutrition (cf. point 2.2.1.5 & 3.2.2.1). Although the topics discussed as a part of physical wellness in this study mainly focused on ***healthy eating***, ***enough sleep*** and ***exercise***, physical wellness generally integrates various concepts of lifestyle choices and the physical activity level of the individual (Horton & Snyder 2009:219).

In this study, participants expressed that ***healthy eating*** took the form of a balanced diet. In order to eat healthily one has to understand diet and nutrition and be able to identify individual needs (Goss *et al*. 2010:30). One participant indicated that following a balanced diet and using the right products are vital in her quest to obtain physical wellness.

"*Eat right … like a balance diet and … using obvious the right products".*

Another participant indicated that her physical wellness is not only concerned with healthy eating, but also with getting ***enough sleep***. Sleep is essential when the body needs to heal and recuperate, and often times sleep is sacrificed when under stress (Cardinal 2014:4). If the individual does not give the body enough time to rest and recuperate, fatigue will only exacerbate problems and cause individuals to make mistakes (Cardinal 2014:4).

"Jou fisiese welstand … wat jou gesondheid betref om genoeg slaap te kry … hmm … gesonde goeters te eet". (Translation – "Your physical wellness … with regards to your health, to get enough sleep … hmm … to eat healthy").

One particular participant mentioned that her physical wellness is so important to her that she makes sure she gets time to ***exercise*** by getting up early each morning and pre-pack her food to ensure that she eats correctly for sustained energy levels. Significant health benefits transpire from regular exercise and physical activity, thus it is important for individuals to develop and implement methods to incorporate time for physical activity (Sellers, Baghurst, Volberding & Brown 2014:33)

"…stand up early in the morning to do my exercises … hmm … pre-packed my foods so that I can follow my healthy diet the night before".

Physical wellness is affected by various lifestyle choices (Horton & Snyder 2009:219). Such choices include sleep, exercise, nutrition, cleanliness, and drug or alcohol abuse to name only but a few (Hettler 1984; Horton & Snyder 2009:219; Goss *et al.* 2010:29; Sellers *et al*. 2014:38). All of the third order factors of the physical self was were mentioned by the somatology therapists who participated in this study, therefore it is clear that one should know what is important to one as an individual and ensure that one caters for one's own physical wellness needs.

4.3.1.2 *Creative wellness*

As seen in Chapter 2 (cf. point 2.2.1.2), creative wellness or the creative self-comprises five third order factors. Although the main focus of therapists in this study was on emotional wellness, the general sense of the creative self was captured. Horton and Snyder (2009:220) stated that creative wellness is concerned with "developing a sound psyche" and an intense sense of self-identify and self-esteem. Creative wellness was discussed by the participants as having a sense of control and ability to deal with stress. Having a positive mindset or a positive humour (Myers *et al.* 2000:252) is vital for any wellness strategy.

"…ek sal sê dit gaan oor jy moet positief 'mindset' hê om te 'achieve' wat jy wil hê, as jy nie positief 'mindset' het nie gaan … 'things are not going as planned'". (Translation – "…I will say it is about having a positive mindset to achieve what you want, if you do not have a positive mindset … things are not going to go as planned").

"…en om 'n gesonde 'mindset' te hê, ek dink jou 'mindset' speel 'n baie groot rol ook, in al hierdie dinge [wellness]" (Translation – "… and to have a healthy mindset, I think your mindset will play a big role in these things [wellness]").

As seen in the above quotes, one's mindset will have an immense impact on one's ability to ensure self-management and individual wellness. Horton and Snyder (2009:221) stated that assisting individuals to comprehend and expand their emotional wellness often leads to a "healthier and more valuable individuals and ultimately citizens". Van der Cingel (2009:129) indicated that an emotion is complex in nature and is a phenomenon steered by thought. The researcher argues that emotional wellness is often overlooked by the somatology therapist and therefore not many participants elaborated on this or other factors considered as part of their creative self. It was noted that only the therapists who had been practising within the industry of somatology for longer than six years indicated the importance of this vital wellness facet.

4.3.1.3 ***Coping wellness***

Coping wellness or the coping self (cf. point 2.2.1.3) received far greater attention by the somatology therapists than physical or creative wellness. This subsection of individual wellness allows one to stay involved in "meaningful, informed conversations on an ongoing basis" (Hettler 1984:14). Coping wellness was discussed by the participants as their ability to '*think clearly*'. It involved processes of ***self-knowledge***, ***goal-setting*** and ***time management***.

When becoming a self-managed or personally well individual, Gerhardt (2007:11) indicated that the first step is a discovery process. ***Self-knowledge*** will lead to the establishment of and commitment to specific self-management and individual wellness goals. Understanding individual boundaries and practising attentiveness in one's ability to "listen to one's body" is critical to well-being (Cardinal 2014:4). The views of the participants in this study are in line with Gerhardt (2007:11), as he indicated that ***goal-setting*** is the second step in self-management. The goal-setting stage will be directly linked to individual motivation (Gerhardt 2007:13). Goal-setting theory indicates that individuals who set effective goals (S.M.A.R.T. goals) are more inclined to accomplish their pre-set goals than individuals who do not set effective goals (cf. point 2.3). The goals set in this stage of becoming self-managed and personally well do not pertain only to wellness, but to all other aspects of one's life. The researcher argues that once one

knows oneself and one has certain goals in place, one would be better able to focus on the task at hand, the reaching of one's goals and being in a state of peace, as seen in the next quote from a participant.

"…om gefokus te wees … in dit wat jy doen en … hmm … om vrede met jouself te hê in daar waar jy is en om dit reg te doen…" (Translation – "…to be focused … in what you do … hmm … to have peace in yourself in where you are and to do it right…").

Participants indicated that ***time management*** is a critical aspect of coping wellness. It was interesting to note that time management was also concerned with the usage of their time outside of the work context and the impact of this on their cognitive wellness. Time management is a self-management skill that individuals can easily include in their self-management and individual wellness strategies (Huggins *et al.* 2011:184).

"I probably need to like, the time I do have outside of working hours, I need to just management that better".

The quote above emphasises again the interlinked and interwovenness of self-management and individual wellness within one's professional and personal lives. Therefore the researcher is of the opinion that embarking on an ASMC programme will influence and affect not only the individual, but also other areas of the individuals' personal and professional contexts.

4.3.1.4 *Essential wellness*

Essential wellness is often misunderstood (Horton & Snyder 2009:219). As seen in Chapter 2 (cf. point 2.2.1.1), essential self or essential wellness comprises *spirituality*, *self-care*, *gender identity* and *cultural identity*. The participants in this study focused mainly on spirituality. This was found also in a previous study conducted by the researcher (Richter 2010:98). The spiritual dimension of the therapists emerged as values, purpose and meaning, inner wisdom, identity and the importance of being passionate and positive. In line with these findings, the therapists in the current study focused on ***meaning***, ***passion*** and ***empathy***.

Spirituality might give ***meaning*** and motivation to self-management and individual wellness and could help preserve the self when delivering the best service possible

(Richter 2010:98). Some participants from the Christian faith indicated that finding meaning would be to trust in God and to keep an eye on what is happening around one.

"…uit 'n Christelike oogpunt meer vertrou op die Here want daar is eintlik niks anders wat jy kan doen in … hmm … so en om net te weet van dinge wat om jou gebeur". (Translation – "…from a Christian viewpoint to trust God more, because there actually is nothing else you can do … hmm … so, and to just know what is happening around you").

"…'spiritual obviously', omdat ek 'n Christen is, bid ek daaroor, ek het geloof, vertroue in die Here … hmm … dat Hy ook my half op die regte pad sal lei". (Translation – "…spiritual obviously, because I am a Christian I pray, I have faith and I trust God … hmm … that He will lead me down the right path").

"Purposiveness, meaning in life, and a sense of power greater than one's self" are fundamental to the essential self (Hattie *et al.* 2004:360). Cardinal (2014:6) stated that one should search for purpose and meaning in life whereafter one needs to develop a philosophy that essential wellness is attained through living in a state of strength and peace.

Passion was expressed by a particular participant as being central to wellness. It seems that having a passion for one's work will allow all wellness related aspects to automatically fall into place. This is supported by Ardell (1977) who indicated that spirituality is the core to wellness.

"…dis belangrik om 'n passie ook te hê in wat jy doen … hmm … ek dink as jy 'n passie het vir dit wat jy doen is dit makliker vir daai … die res van die goeters [wellness] om van selfsprekend te vloei". (Translation – "…it is important to have a passion for what you do … hmm … I think that if you have a passion for what you do it is easier for those … for all these things [wellness] to automatically fall into place").

The final concept discussed by the participants as a part of their essential wellness was ***empathy***. Empathy is seen is much more than just a superficial relationship.

"Hulle [kliënt] kom vir daai 'personal touch' … En jy luister 'actually' na wat julle sê". (Translation – "They [client] comes for that personal touch … and you listen actually to what they say").

Vanaerschot and Lietaer (2007:338) indicated that empathy facilitates a deepened sustainable mental interaction, where a "genuine, confirming and validating encounter of different persons who are aware of one another's uniqueness can occur". Empathy is something that is achieved when there is an immersion of the self in the experiences of another. Empathy is also viewed as a process in which the therapist grasps the implicit aspects of the client's experiences. Moreover, empathy has been viewed as understanding emotions, desires and fears of others; the ability to understand emotional signals, allowing one to feel comfortable in social interactions and identifying various "power dynamics in a group or organisation" (Emelander 2013:52). Thus the therapist has to "*actually listen"* to the client in order to express deep-set empathy. Langhoff, Baer, Zubraegel and Linden (2008:69) suggested that the therapists should show high levels of empathy towards the client in order to nurture the therapist-client relationship.

As seen above, although most of the quotes in this section are from Christian participants, the literature and a previous study conducted by the researcher indicated that spirituality is much more than an affiliation to a religious organisation, but requires thought and reflection (Cardinal 2014:6). One has to comprehend that spirituality is not a standalone dimension of wellness, but the fundamental constituent necessary in creating a sense of equilibrium and supporting the other wellness dimensions (Horton & Snyder 2009:219).

"…ek dink mens om fisiese gesond te wees … moet geestelik eerste gesond wees". (Translation – "…I think to be physically healthy … one has first to be spiritually well").

Individual wellness, as discussed by the participants in this study, revolved around an interconnectedness of all the dimensions of wellness as depicted in the IS-Wel (cf. point 2.2.1 & 3.2.2.1). It is clear that one of these wellness dimensions cannot function optimally without the underlying support of the other dimensions. Thus when one of these is not in balance, the whole self-management and individual wellness system will be in a state of disequilibrium (cf. point 4.4). The following discussion will concentrate on interpersonal wellness as a part of the peak experience of self-management in individual wellness.

4.3.2 Interpersonal wellness

The peak experience of self-management in individual wellness also includes interpersonal wellness and connectedness with others. The data of this study was categorised and

includes a **well-functioning team** and a **sense of connection with significant others**. Therefore it can be clustered under social wellness or the social self (Myers & Sweeney 2004:242), as part of the IS-Wel (cf. point 2.2.1.4 & 3.2.2.1). The researcher is of the opinion that a well-balanced relational point of departure will facilitate the other aspect of wellness.

"Ja in balance, so I think once you are in balance then … everything can go smooth and you … hmm … are in controlled".

4.3.2.1 *Well-functioning team*

Most somatology therapists work in a team setting. The contemporary work pace is characterised, among others, by teamwork (Trejo 2014:32). A well-functioning team will benefit the individual's ability to self-manage and their state of individual wellness. Team members have to be willing to assist each other by taking some of the pressure off their fellow therapists in a somatology clinic (Richter 2010:108).

"I suppose people that, well I suppose that the most important things for me is somebody I can rely on, you know … specially your team you are working together with that you can rely on your team".

A vital part of teamwork is not only having a well-functioning team to facilitate your self-management and individual wellness, but to also be the team player that others can rely on (Trejo 2014:34).

"Be able to be there for somebody to rely on you to help with everything".

The team within a somatology clinic was also discussed by participants as the personal relationship with other colleagues. Here it is very important that team members get along, avoid jealousy and allow each other to prosper within their specific speciality. Houghton and Yoho (2005:70) indicated that supportive, considerate and relationship-orientated tactics have critical influences on the performance and attitude in team orientated organisational structures such as the somatology clinic.

"…staff wat mekaar oor die weg kom en nie afgunstig is nie en net 'n bietjie son oor mekaar laat skyn…" (Translation – "…staff should get along and not be jealous of each other, let the sun shine one another…").

It seems that a well-functioning team extends and improves the relationship with fellow colleagues and clients. This team, as referred to by the participants, will include clients and the employer, and all these entities will affect the self-management within individual wellness for the individual therapist. Therefore Emotional Intelligence (EI) has become popular in developing human capital collaborative teamwork scenarios (Trejo 2014:32).

"Therefore, a positive relationship [as explained] with clients, employer and colleagues, can facilitate self-management without this being realised by the therapist".

As seen in the quote above, self-management is often overlooked and interwoven in the daily activities of the therapist that is facilitated without taking cognisance thereof. Without realising it, often the environment will affect the working of the team and in turn self-management and individual wellness.

"*Die rustigheid, kalm kleure, niemand gil op mekaar nie…" (Translation – "The relaxed, calm [soothing] colours, no one yells at each other…").*

The ability of therapists to work in a team in the somatology clinic is often overlooked by employers and therapists; yet this plays an immense role in the ability of the therapist to self-manage, with the goal of obtaining a state of personal wellness. The data in a previous study on the self-management of the somatology therapist suggested that working as a team will provide physical and emotional support to the individual (Richter 2010:109). To date, no formal training on working in a team or relational facilitation is given to somatology therapists. According to Langfred (2000:565), work groups and teams have become critical to organisational effectiveness. The author explains how the overall research on self-management and autonomy in groups appears to show clear benefits, both in performance and in attitudes and behaviours. Langfred (2000:570) also states that group cohesiveness relates to group effectiveness.

4.3.2.2 *Sense of connection with significant others*

In addition to working in a well-functioning team, participants in this study also expressed their need to have meaningful relationships with people outside of their work context.

"Well, there is also the relationship of people".

One participant indicated that taking care of friends and family will form part of taking care of oneself.

"…outside of … like personal relationships with people, you have your friends and family … hmm … what you also need time for outside of working hours and taking care of yourself you also need to take care of them in a sense, spending time with them is also important".

As seen above and in the following quotes, one needs to make time to foster the relationship and connectedness with significant others.

"Well so then having time to spend with family and friends".

"I would say the other thing will be actually more of my personal life, because my job takes a lot you know so much time here at work".

In a previous study conducted by the researcher (Richter 2010:108), a meaningful relationship with friends and family served as a network that provides personal support. Having a positive relationship with and allowing for time with friends are mutual factors for professionals that work with clients (Ekendahl & Wengstrom 2008:43).

Interpersonal wellness is mainly concerned with an interconnectedness between colleagues, team members and significant others (all aspects of the social self). It is important to develop relationships with others as a strategy that may also alleviate work-related stress and serve as a form of personal support (Ekendahl & Wengstrom 2008:43). Once again, as indicated previously, individuals have to know what is important within their own context in order to facilitate their own self-management and individual wellness.

4.3.3 Financial wellness

The third category discussed by the participants, in relation to the peak experience of self-management in individual wellness, was financial wellness. Participants expressed a utopian dream of financial wellness or a state of financial independence where they would be able to support themselves.

"…eke wil genoeg finansiële ondersteuning vir myself kan maak, nie van iemand anders af nie". (Translation – "…I want to support myself financially, and not be dependent on anyone else").

Not only did therapists express the need for financial independence, but also alluded to the fact that financial issues influence one's ability to self-care.

"…self-care ultimately ja, gaan oor ja … finansiering…" (Translation – "…self-care ultimately yes, is about yes … financing…").

Finances were not only needed to take care of the self, but influenced the ability of the therapist to take care of her family and other individuals.

"Things what should be there … hmm … I don't know … like financially you should be able to take care of yourself, family and others that is involved in your life".

One particular participant expressed her dream of opening her own somatology clinic in the future. As she was dreaming her utopian dream, she expressed ways in which she could increase her financial standing by doing additional work on the side.

"You know that actually … my dream is to own my beauty clinic so … I would say something like actually or maybe doing something on the side, which will help me to get more income".

Financial wellness was mentioned by almost all participants. Therefore it can be assumed that financial independence would balance wellness and self-management and allow therapists to reach their self-managed, individual wellness utopia.

"…also, I mean, out of all this we need like money to balance the whole thing [wellness] because you need to buy the right food and the products and more spending time family".

The researcher proposes that the whole notion of wellness is hooked onto the financial independence of the individual, due to the fact that money is needed for certain aspects of wellness discussed by participants. One needs to still have a positive mindset with regards to financial wellness (either well paid or underpaid) and have a sense of contentment.

"Well … 'financial' kan jou maak of breek, so ja ek dink as jy 'again a positief mind' sal 'financial' deel wees daarvan…" (Translation – "Well … financial can make or break you, so yes I think if you again, a positive mind, financial will be a part of that…").

Although financial wellness is not seen within wellness literature often, one can safely assume that current self-management and individual wellness initiatives for the somatology therapist will need financial support. Myers and Sweeney (2008:485) indicated that the third order factor they call Work (discussed as part of Creative Self; cf. point 2.2.1.2) includes having adequate financial security. Balch and Copeland (2007:3030) stated that financial issues (such as salary, budgets, managed care, etc.) are a contributing factor to therapist burnout. The researcher is of the opinion that financial wellness was mentioned by therapists due to the current financial disequilibrium within the industry of somatology. This is of great concern due to the lack of literature that includes this facet as part of wellness and will be discussed again later in the chapter (cf. point 4.4.3). The current financial disequilibrium could also be a result of not being aware of industry related demands, remuneration, expectations by both industry and the therapist, as well as basic budget management skills. This could be dealt with by including a self-management and individual wellness programme that deals with these issues during the formal education of therapists.

4.3.4 Professional wellness

Professional wellness relates to a **well-structured and organised business environment**. There seems to be a consensus that having a well-structured environment will create a feeling of "*being on top of the game*" and having a successful business. This might be due to the fact that a structured environment might foster a perception of safety and influence the contextual realities of the IS-Wel and individual wellness (cf. point 2.2.1; Myers & Sweeney 2008:485).

One therapist indicated that succeeding in life will be her dream for self-management and individual wellness.

"…how can I say this … if I will have a dream it will obviously [be] me succeeding in life".

Succeeding in life and having a successful business seem to be very important to somatology therapists. Most of them are entrepreneurs and/or aspiring entrepreneurs working in small business, making business success a very personal dimension. A few of the participants indicated that their dream will be to maybe own their own business one day.

"I think the first thing will be like I'm said I said that will be see myself succeed, so that I meant by that more like probability own my own home, own my beauty clinic".

It was very interesting to note, that even though the therapist might not dream of owning his/her own business, they still dreamed to be a part of the success of their place of work.

"My altemit 'wellness' is om 'n suksesvolle besigheid te hê, nie noodwendig my eie besigheid, maar deel te wees van 'n suksesvolle besigheid". (Translation – "My ultimate wellness is to have a successful business, not necessarily my own business, but to be a part of a successful business").

It seems to the researcher that the therapists measured their ability to self-manage and their own success by the success of their business (Richter 2010:117). As Wallace (2008:46) indicates, this could be because if one does one's business well, one earns more; and if one performs one's business poorly, one earns less. This will relate back to the financial issues previously raised by the participants (cf. point 4.3.3).

4.3.4.1 *Well-structured and organised business environment*

As mentioned previously, professional wellness was discussed by the participants in this study as having a well-structured and organised business environment. The ability of therapists to structure their external environment could have an enormous effect on their ability to self-manage (Richter 2010:110). The external environment also has an enormous influence on the individual's ability to foster wellness and "can operate for better or worse in relation to individual wellness" (Myers, Willse & Villalba 2011:29). One therapist in a previous study conducted by the researcher (Richter 2010:110) stated "it's the small things that build up" and such things might leave the therapist feeling overwhelmed and incompetent.

One therapist indicated that a structured and organised business environment is where everything works; it is planned and running according to the schedule.

"I suppose where everything works and everything is planned and everything is running smoothly and there is no, no surprises".

It is also vital for individuals to know what is needed for them to structure their environments.

"It starts with you … I try to be better planned".

Having such a structured environment could relieve some of the pressure felt by therapists during the flow of the day (Richter 2010:110). According to Rosser (2005:x) having a structured environment includes preparing the working area, changing refills, arranging commodities on the trolley, checking if the machine is in a working condition, preparing one's plinth, preparing other treatment areas one might use during the day, checking the appointment book, preparing record cards, reading the notes on the record cards of regular clients or preparing new cards for new clients.

Some participants expressed that they are aware of their planning tendencies and the importance of planning to them.

"I am a little bit of a planner".

It is very important for therapists to arrive early, to allow them to prepare for their day ahead. Rosser (2005:x) indicated that arriving early will allow plenty of preparation and planning time before the first treatment. This should be done to avoid the surprises mentioned above by the participant and discussed later in this chapter (cf. point 4.4.4.1).

Once again, one should reflect on self-management and individual wellness issues related to the business environment that are important to the self when facilitating these concepts. It is clear that self-reflection is a vital and pivotal aspect in the ASMC programme, because one should acknowledge one's own behaviour and focal point before facilitating change. One should also keep in mind that each factors of the IS-Wel interacts with all other factors, creating a "holistic functioning" (Myers *et al.* 2011:29). Myers *et al.* (2011:29) concluded that an influence on a certain area of the IS-Wel can trigger improvements or declines in wellness for another area, thus self-reflection on priorities are important.

4.4 CURRENT REALITIES OF SELF-MANAGEMENT IN INDIVIDUAL WELLNESS

The current realities of self-management in individual wellness manifest as disequilibrium in the holistic wellness of individuals, which is complemented by various wellness practices. Participants elaborated on four aspects of disequilibrium, viz. **personal, interpersonal, financial** and **professional disequilibrium**.

4.4.1 Personal disequilibrium

Participants in this study elaborated on how personal disequilibrium is complemented by their own individual wellness practices. This discussion will include **accounts of personal disequilibrium** and **accounts of individual wellness practises**.

4.4.1.1 *Accounts of personal disequilibrium*

Accounts of personal disequilibrium included ***insufficient self-care***, ***emotional discomfort*** and ***cognitive disequilibrium***. Although therapists know and internalise the importance of these topics, there still seems to be disequilibrium of dealing with these on a day-to-day basis.

While working with the data, it became clear that the participants in this study are fully aware of the importance of self-care and what self-care should entail (cf. point 2.2.1.1). Yet, participants still expressed an ***insufficient physical self-care*** dilemma.

"Sometimes yes, I would say it now we just … I … get so tired so exhausted that you don't want to do anything [self-care]".

Self-care has been defined by Myers and Sweeney (2008:485) "as taking responsibility for one's wellness through self-care and safety habits that are preventative in nature". Therefore it is no surprise that not having the time for self-care could lead to guilt. Guilt could, in turn, result in ***emotional discomfort*** and/or distress. Not only is the lack of self-care seen as a trigger for emotional discomfort, but not having time for other things that might be important to the therapist will also snowball the emotional guilt dimension.

"All the other just come second, for instance my personal life that comes second".

People-orientated jobs, such as somatology, are personally demanding. Hence, it is vital to allow time to rest, relax, recharge and spend quality time with loved ones. Rest periods can be in the form of regular breaks or allowing emotional breathers amongst contact sessions with clients (Richter 2010:114). Breaks might not allow for sufficient self-care and personal care, but will at least allow the therapist some time to 'breathe'.

Another aspect the participants expressed as a problem area in terms of self-management and individual wellness is a state of ***cognitive disequilibrium***. Therapists expressed that they have insufficient skills to plan effectively. This form of planning might include, but is not limited to, emotional planning.

"…of ek sal baie gou dat my emosies in die pad kom om van 'n besluit te neem" (Translation – "…I am very quick to let my emotions get in the way of making a decision").

The inability of therapists to manage their time was another cognitive disequilibrium expressed by the participants in this study. Not managing time effectively adds pressure to the therapist and they expressed that time management is important to consider when looking at self-management and individual wellness.

"…dan hardloop ek soos 'n afkop hoender. So ek dink 'time management' is vir my op hierdie stadium 'n … hmm … belangrik en sal daarna moet kyk" (Translation – "…I then run around like a chicken without a head. So I think that time management is important for me at this stage … hmm … it is important and I need to look at it").

Participants in this study elaborated on their inability to effectively deal with conflict. Participants discussed their difficulty in working with a "*difficult boss"* and team members *"not being on the same page"*.

Finally, participants of this study discussed their cognitive disequilibrium in terms of insufficient boundary setting.

"So I have a small baby so it is actually hard to juggle work, myself, the house and so there I would say yes that is actually one of my weaknesses, to be able to just, you know, that can I say it's work, life and be able to actually manage".

As seen above, and in the following quote, boundary-setting includes balancing work and lifestyle schedules.

"Well, busy lifestyle, because it's not only the work schedule and hours".

From the above discussion, it is clear that the somatology therapist will go through experiences of personal disequilibrium. In a previous study conducted on the self-management of somatology therapists (Richter 2010:101), it became clear that

demarcating work and family life seems to be a big problem area for these individuals. This will be discussed in detail later in this chapter (cf. point 4.4.2.1). The somatology therapists should therefore give more acknowledgement to the Social Self, and not leave it out completely as part of individual wellness (cf. point 4.3.1). In the following discussion, the practices used by the therapists in this study to balance these disequilibriums will be discussed.

4.4.1.2 *Accounts of individual wellness practices*

The participants in this study indicated that they do attempt to overcome and balance the areas of disequilibrium in their personal capacity, as seen above (cf. point 4.4.1.1), by utilising various practices. Accounts of individual wellness practices and/or strategies discussed by participants included ***physical self-care***, ***emotional self-care*** and ***cognitive self-care*** strategies.

As mentioned, ***physical self-care*** is perceived by the somatology therapists as important, yet they seem not to be able to obtain a state where they are satisfied with their own physical self-care. Myers and Sweeney (2008:485) stated that the physical self involves all "biological and physiological processes that compose the physical aspects of a person's development and functioning". A single strategy will not foster a sense of physical self-care, but rather a combined effort of various strategies that are important to the individual. One participant indicated that she does regular waxing as a practise to improve self-care, yet she does not have time to do other treatments.

"I do my regular waxes, but stuff like facial, mani's, pedi's I never get to. Other [than] that, … I try to follow a healthy diet".

Even using good products might foster some sense of physical self-care as seen in the following quote.

"When I'm off I tried to get as much rest as possible and I try to eat right but it's not easy due to the hours what we work working … hmm … I try using the right products on my face, specifically the products that we work with and recommend to clients".

As seen in the quotes above and below, eating a healthy diet fosters a feeling of self-care. Exercise and healthy eating are seen to run alongside each other and influence each other

as they form part of the third order factors in the Physical Self (Myers & Sweeney 2008:485; cf. point 2.2.1.5 & 3.2.2.1).

"So in daai opsig om al daai goeters te juggle is dit, om jou te verbeter en dan die gesondheid ook, sonder die oefening, so ek weet outomaties voel jy wil gesonder eet en so fisies daar sal wil ook werk aan veranderinge". (Translation – "So in terms of all these things, to juggle them, to improve yourself, and then your health also, without exercise, so I know automatically you want to eat more healthily and so physically you will also want to work on changes").

It is the opinion of the researcher that using correct products, healthy eating and exercise could be among the easiest ways to facilitate a sense of self-care.

Another practice and/or strategy discussed by the participants of this study was ***emotional self-care*** strategies. These included relaxation, positive attitude and emotional control. Preferred relaxation techniques will vary from person to person. Participants did indicate that this could be in the form of a few minutes of silence before bed, debriefing, yoga, exercise and taking time for relaxation instead of going out with friends.

"Well just a few minutes at night before bed where I make my, myself silent for a few minutes … Just to relax, to unwind and to see what happened today what going to happen tomorrow, just to recap".

"Deelneem aan 'relaxation' of 'debriefing techniques and' … dalk yoga … dalk kan 'exercise' … jy dit doen om jou stress te verbeter…" (Translation – "Partake in relaxation or debriefing techniques and … maybe yoga … maybe exercise … you do it to improve your stress…").

"Dan 'physically' probeer ek om te ontspan, ek probeer … hmm … half myself te 'resist'. Soos byvoorbeeld, Sondagaande sal ek nou nie gaan party of uitgaan, ek sal nie in die week uitgaan nie, want ek weet ek moet fisies my liggaam, ek moet sterk kan wees vir werk…" (Translation – "Then physically I try to relax, I try … hmm … almost to resist myself. For instance, Sunday evenings, I will not party or go out, I will not go out during the week, because I have to physically my body, I need to be strong for work…").

Another strategy to maintain emotional self-care is to have a positive attitude.

"But also mentally how do you repair yourself and how do you keep yourself positive, especially when you working with lots of clients all time so mentally … hmm … to keep yourself positive throughout".

As mentioned above (cf. point 4.6.1.2), a positive attitude is vital to any wellness initiative. Being positive was also seen as a manner to automatically improve self-management, as seen in the following quote.

"…fokus op positiewe punt en dit te kan verbeter … hmm … gaan jou outomaties jouself beter 'managed'". (Translation – "…focus on positive aspects and to improve those … hmm … you will automatically manage yourself better").

By staying positive, an individual may decrease their levels of stress. This will in turn lead to a successful adaptation to the stressful situation (Baldacchino & Draper 2001:838). One should look for the positives in situations and work outcomes (Emelander 2013:54). A positive outlook to life, with optimism, enables the individual to cope in a crisis situation (Baldacchino & Draper 2001:838).

Emotional self-care strategies were also discussed by participants in terms of them keeping emotional control. A method of keeping emotional control is to "let-go" and trying to be emotionally mature.

"*Well I try not to let things get to me, like for instance if … maybe I say I get in an argument with [colleague] and my clients are here, I try to not let it take over because when it does, it prevents … like your whole day basically, so certain things I just try to deal with them like, I just calm myself down basically".*

"My self-care is well emotionally probeer ek volwasse wees". (Translation – "My self-care is well, emotionally I try to be mature").

"Letting-go" was also discussed in a previous study, conducted by the researcher (Richter 2010:99), as important for the therapist to self-manage. Richter (2010:99) indicated that if a therapist deals with clients on a daily basis, letting go could seep into various aspects of their ability to self-manage. Glaeser (2008:340) stated that "letting go" is a process that involves emotional, cognitive and behavioural tactics and requires mindful choices in order to achieve success.

A third practice and/or strategy discussed by the therapist in dealing with personal disequilibrium was their ***cognitive self-care*** strategies. Such cognitive self-care strategies included, but are not limited to, self-discipline, self-reflection and taking up hobbies. Self-discipline might include not getting mad at clients.

"Myne [wellness] is baie constant nou. Ek sal nooit kwaad raak vir 'n kliënt nie". (Translation – "Mine [wellness] is very constant now. I will never get angry at a client").

As seen throughout this chapter, self-reflection is vital for self-management and individual wellness. As seen in the following quote, one should be critical of the self and see this as an ability to grow.

"I take it's a self-growth, good criticism I can learn something from it".

Lastly, when discussing cognitive strategies, one individual indicated that pursuing a hobby allowed her to relax and improve her health.

"Ek het 'n paar jaar terug begin met fietsry en dit is vir my lekker; dis ontspanning en dis goed vir jou ook en dit voeg by vir jou gesondheid". (Translation – "I started with cycling a few years back, and it is fun; it is relaxing and it's good for you, and it also adds to your health").

All accounts of individual wellness practices and/or strategies, as discussed above, indicated the need for the therapist to create a balance. Ufuk and Ozgen (2001:101) concluded that the majority of female professionals find it difficult to allow sufficient time for the self and this is the area where most conflict might arise, because they often give little priority to the self. Women tend to sacrifice their hobbies and likes in order to balance their household and occupation (Ufuk & Ozgen 2001:101). Therefore a balanced lifestyle could allow more time for the self, and in turn present better self-management and individual wellness (Richter 2010:101).

4.4.2 Interpersonal disequilibrium

Another current reality of self-management and individual wellness is interpersonal disequilibrium. Interpersonal disequilibrium seems to be complemented by interpersonal wellness practices and includes **accounts of interpersonal disequilibrium** and **accounts of interpersonal wellness practises**.

4.4.2.1 *Accounts of interpersonal disequilibrium*

Accounts of interpersonal disequilibrium were discussed by the participants of this study as another area where problems for self-management and individual wellness might emerge. These included ***conflicting relationships with significant others*** and the ***client and working team relationships***. Social realities such as these could have an immense impact on the ability of the therapist to self-manage (Richter 2010:96). When all these relationships are perceived and maintained as positive, self-management and individual wellness could be practiced with ease, maybe without noticing it at first. The ability of an individual to manage relationships is seen as an EI competency (Trejo 2014:31).

When looking at the ***relationship with significant others***, one needs to be aware of the fact that significant others (i.e. those individuals who play an important role in one's life, such as a spouse, partner or child) should be well informed of the demands of one's work life. As seen in the quote below, the hours at work might be problematic to some.

"I spend a lot of time here at work so … my personal life … I'm engaged and it is taking its toll".

It might not only be conflicting relationships with a significant other, but as seen in the following quote, it might be one's child who wants some of one's time.

"And my child is missing out because she's still a baby. Actually, I am missing out on a lot off precious moment, yeah".

Not only is the current reality of conflicting relationships at home problematic to the therapist, but the duties and chores one needs to do, as seen below, or even part time studies.

"Ja that's that, the little time you get you also have to share it with your family, you just have to sit and relax or you have to do chores at home".

"…personal relationships, things you have to do after hours and …. studies, part-time … more time things takes the less I have".

The above discussion is in line with research findings, that showed that woman entrepreneurs indicated that their roles in family life were affected negatively, and they often suffered from conflicts between their roles in the economy and other roles in the family (Ufuk & Ozgen 2001:96). The authors expressed that being a wife, mother, housewife and family member are roles women portray, but apart from these women also have many other roles to fulfil in their career, in society and as an individual. This might cause role overload, which originates from the fact that women continuously have to play many roles at a time (Ufuk & Ozgen 2001:96). EI is the ability one has to manage numerous emotions in order to improve relationships, interpersonally and socially (Goleman 2006). Therefore EI is not only important when working in a team, but also when dealing with other kinds of relationships. EI is often overlooked in wellness, but is an important factor contributing to the possible success of the ASMC.

Participants in this study also expressed disequilibrium in dealing with ***client and working team relationships***. As seen in the following quotes, one should not take work related 'issues' home and one should not take certain issues personally.

"Ek dink as dit kom by, by die 'emotional' vlak moet jy nie jou kliënte se 'issues' huis toe vat nie. Jy moet dit hou in die kamer … dieselfde met jou 'team' met wie jy saam werk – ook dit nie te persoonlik opvat nie". (Translation – "I think when it comes to an emotional level, you should not take your clients 'issues' home. You should keep it in the [treatment] room … the same for the team you work with – do not take it personally").

If certain issues and comments are taken personally, one will feel there is something wrong with the self, as seen below. This might lead to feelings of being not good enough.

"Mense wat heeltyd op jou gaan skreeu en heeltyd vir jou sê, "you're not good enough", en 'eventually' gaan, gaan jy dink dat hoor hier 'something is wrong'". (Translation – "People that shout at you the whole time, saying, 'you're not good enough', and eventually you will think, 'listen here something is wrong'").

One should be mindful of the fact that it is not only work that affects family and personal time. Family and personal time will also have a reciprocal effect on your work. As seen below, boundaries are vital for both work and family domains.

"Met sekere goed, veral soos met 'n verhouding, verhoudings is vir my rerig 'n groot ding, so as daar 'n teleurstelling is, of iets kom dit, dan affekteer dit my werk". (Translation – "With certain things, especially relationships, relationships is really a big thing for me, so if there is a disappointment or something, it affects my work").

Creating boundaries between relationships is complex (Richter 2010:101). One has to be mindful of the fact that, for professionals who work with clients daily, boundaries will serve as an approach to assist with work-related stressors and might facilitate the self-management and individual wellness approaches. If these boundaries are in place the accounts of interpersonal disequilibrium might be reduced.

4.4.2.2 *Accounts of interpersonal wellness practices*

Participant accounts of interpersonal wellness practices and/or strategies included a discussion on ***relational management skills***. As mentioned in the previous section (cf. point 4.4.2.1), boundary creation is vital. Participants in this study expressed the importance of having a 'neutral balance' when dealing with relationships.

"Jy moet heeltyd 'n 'neutral balance' hê [regarding relationships]". (Translation – "You need to have that 'neutral balance' the whole time [regarding relationships]").

"Op hierdie stadium probeer ek 'n balans handhaaf. Familie, iets om te doen, soos 'walk in a park'". (Translation – "Currently I am trying to maintain a balance. Family, to do something, like walk in the park").

The walk in the park mentioned above might be a very good strategy to facilitate exercise and spending quality time with loved ones. A start to spending more time with family might be the acknowledgement that there is a need for one to do so, as seen below.

"Having more time to spend at home with family, because that is also a lacking".

When considering the ***relational management*** practices and/or strategies of the therapist, one needs to consider the client. As seen in the following quote, cancellations might affect self-management and individual wellness capabilities more than anticipated. Cancellations might also spill over to the team and are applicable not only to the client.

"I supposed my biggest problem is when people cancelled on you, so I go to the end of the world to make sure if I make a plan I try to stick to my plan and I try to be there for you because if you cancel one person's thing you don't know that person had riding on you be part of their little story".

A big part of the relational management skills of dealing with clients is not to take things personally. Letting go has been discussed previously (cf. point 4.4.1.2), but worth mentioning here as a strategy to deal with such relational issues.

"En ek sien dit so baie van die jong meisies wat nou net begin het. Die oomblik waar daar 'n kliënte probleem kom dan vat hul dit baie persoonlik. Jy moet leer om dit af te lag". (Translation – "I see it a lot with the young girls that only start [work] now. The moment a client brings a problem, they take it personally. You need to learn to laugh it off").

One has to comprehend that, during the self-management and individual wellness journey, each individual will have their own areas on which to focus.

"Elkeen is 'n 'individual' op sy eie. En elkeen het sy probleme op sy eie" (Translation – "Everyone is an individual on his own. And each has his own problems").

In order to effectively manage relationships, one needs to know when emotions should be introduced, in order to make the relationships effective and valuable (Emelander 2013:52). Emelander (2013:52) stated that this "includes developing and maintaining good relationships, communicating clearly, inspiring and influencing others, working well in teams and managing conflict". Interpersonal disequilibrium and interpersonal wellness practices are more concerned with the relationships in the life of the individual. This disequilibrium indicates the need for personality type and communication style training for the somatology therapist. This will be discussed later in this chapter (cf. point 4.7.2).

4.4.3 Financial disequilibrium

Therapists who participated in this study indicated that they have a sense of financial disequilibrium. As previously mentioned (cf. point 4.3.3), somatology therapists wished for financial independence, yet the industry is riddled with remuneration problems and misunderstanding. Table 4.2 contains all the quotes of the participants who indicated that their financial issues are hindering their self-management and individual wellness capabilities.

As seen it in the Table 4.2, and confirmed in a previous study conducted by Richter (2010:46), there is concrete evidence that there is a financial disequilibrium for the somatology therapist (a table is used to summarize the findings with the study of Richter). The researcher speculates that this could be due to therapists not being properly informed of their remuneration structure when being employed or signing their contract. But, there seems to be a consensus amongst participants in this study that the remuneration for therapists is not in line with the living expenses of a professional. Although commission-based remuneration, which is mostly used in the somatology clinic (cf. point 2.5), seems to be the fairest payment option, therapists expressed their frustration with the inability to budget properly for expenses, as they never know what salary they will receive at the end of the month. Participants also alluded to the fact that financial assistance is needed to support their self-management and individual wellness strategies (cf. point 4.3.3).

TABLE 4.2: PARTICIPANT QUOTES FOR FINANCIAL DISEQUILIBRIUM

Inability to budget	*"You know somebody [client] had planned to purpose X amount and you kind of budget it at your the end for the month".*
Insufficient funds for self-care	*"Well basically stresses in life, like financial stresses, maybe I don't have that amount of money always to do what I feel I want to, especially like the beauty treatments".*
Passion versus making ends meet	*"…there has [to be] that love, that passion for your job; so I would say basically my dream it's me, I can just see myself, I actually dream of me succeeding and be able to live a comfort life, financially well".* *"I would say your finance play a very big part, and other when what you should again the love your job what you do in our job, regardless of, you know, obviously at some point you need to survive".*
Lack of funds	*"I struggle … hmm … adding to that will be … hmm … sometimes the money it is not enough".*
Working on commission	*"So that would tend to hurt you financially because of all the debts you might have, you have to paid at home on the bond, on this and that so it's … it's lacks currently, it's not every month, but somehow you do struggle, I do struggle".*
Financial support for self-management	*"…and also, I mean, out of all this we need like money to balance the whole thing because you need to buy the right food and the products and more spending time family…"* *"Hmm … it's boils down again to financial".*

It has been found that the industry of somatology is "a site for work involving physical labour, emotional work, long hours, low remuneration, and often poor work conditions for the employees within it" (Black & Sharma 2001:104; cf. point 2.5). Toerien and Kitzinger (2007:646) also added that the somatology industry requires skill that may be effort intensive. They argued that the somatology clinic is an area that is poorly paid and is

highly gendered. Although financial disequilibrium was raised as a concern, not one participant expressed accounts of financial wellness practices and/or strategies. The researcher is of the opinion that somatology therapists are generally not aware of available practices to overcome these issues and they do not have the time or energy to do extramural activities for an additional income.

4.4.4 Professional disequilibrium

While reflecting on the current reality of self-management in individual wellness, participants indicated that professional disequilibrium is complemented by professional wellness practices. To elaborate on this further the discussion will include **accounts of professional disequilibrium** and **accounts of professional wellness practices.**

4.4.4.1 *Accounts of professional disequilibrium*

Accounts of professional disequilibrium discussed by the participants of this study included ***industry-specific demands*** and ***insufficient managerial skills***.

Industry-specific demands were discussed by the participants of this study as pertaining specifically to issues such as being in a competitive market and having a "*surprise element*" in the working environment. In the quote below, the moment of silence after the statement made by the participant was seen by the researcher, in her field notes, as indicating a truly problematic area for this specific participant.

"…daar is baie kompetisie daar buite… [silence]" (Translation – "…there is a lot of competition out there… [silence]").

The overly competitive market brings therapists into a state of professional disequilibrium. In addition, therapists who graduated from universities are often seen as being overqualified within the industry of somatology. Therefore, employment might be difficult for such therapists, as seen in the following quote.

"Die mark in my omgewing is versadig vir terapeute soos ek, so ek voel dit kan teen my tel en dis 'n 'challenge' vir my, so nou moet ek weer buite die boks te dink om daai situasie te werk, omdat daar so baie salonne byvoorbeeld is om 'n terapeut soos ek wat skaars is en die mense wil nie ons die graag in diens neem nie so dis vir my 'n challenge". (Translation – "The market in my area is

saturated with therapists, so that can count against me and that is a challenge, now I have to think outside of the box to work around that situation, because there are so many salons, for instance a therapist like me is scarce and people do not want to employ me, and that is a challenge for me").

The competition within the market might make well-qualified therapists (such as the participant above), and other therapists also, have to work harder and settle for a lower remuneration.

"…it will be the hours of the industry … hmm … finances … hmm … it's like overworking in yourself, I think that also tired your and tired body and just…".

As seen above, therapists are overworked and underpaid. This could be due to the fact that the employer might be able to pick from a sea of therapists and generally might go for those willing to settle for less remuneration. This seems to be a continuous concern in this industry, as previous studies also concluded that the hours and low remuneration are problematic (cf. point 4.3.3 & 4.4.3). Richter (2010:91) indicated that the industry of somatology is highly competitive; one therapist in that study stated that there is a salon on every corner. The body of literature on this subject is extremely limited, as no research was found supporting the claim that one would find many salons in a specific area (cf. point 2.5).

Participants of this study indicated that a "surprise element" adds additional disequilibrium within their professional careers.

"Lots of surprises".

"It's the most difficult thing that's surprises".

The "surprise element" was discussed as client cancellation and clients not understanding the intense immersion of the therapist in the treatment given to the client.

"People cancel on you".

"With our industry it's more than just touching or giving you neck massage, giving you a pedicure, it's more than that, it take over, it's … emotionally a physically straining so I feel that…"

Somatology therapists regard client satisfaction and client retention as a measure of their own success (Richter 2010:91). Therefore there is this notion of intense immersion of the therapist in the treatment session with the client. In order to establish client satisfaction, there needs to be a sense of connectedness between the client and the therapist (Littauer *et al.* 2005:31). This adds additional pressure to the therapist.

Clients seem to bring their own uniqueness to the therapy session with the somatology therapist. A participant in this study indicated that it is difficult for her to deal with clients who cannot relax.

"…'n baie moeilike kliënt, mense wat nie kan ontspan nie…" (Translation – "…a very difficult client, people who cannot relax…").

A second account of professional disequilibrium discussed by the participants in this study included ***insufficient managerial skills*** (cf. point 4.4.4.1). Insufficient managerial skills were mainly concerned with delegation and planning in the somatology clinic. Delegation, as seen in the quote below, might be a problem due to the fact that therapists might prefer to do the work themselves to ensure things are done properly.

"*…ek sal moet kyk om te delegeer want ek wil baie goeter self doen … hmm … ek sal dit eeder self doen om vir iemand te vra, dan weet ek dis gedoen". (Translation – "…I will have to learn to delegate because I want to do a lot of things myself … hmm … I will rather do it myself than to ask someone else, then I know it gets done").*

On the other hand planning in terms of professional disequilibrium, is having a schedule for each person to facilitate the notion of what is expected of each.

"I suppose a schedule of that each person, you know what is expect from them not only a list of tasks but what exactly expected".

Therapists might have raised these problems, as discussed above, due to the fact that no formal course or training is generally given to the therapists on aspects of industry competition and managerial skills. Therapists are often taken up into a managerial position assuming that management skills will come naturally. It seems that working as a well-functioning team might actually facilitate the lack of adequate managerial skills.

4.4.4.2 *Accounts of professional wellness practices*

Accounts of professional wellness practices discussed by the participants in this study mainly focused on the facilitation of client satisfaction. Client satisfaction also emerged from a previous study (Richter 2010) as a very important aspect the therapist used to measure their success (cf. point 4.4.4.1). Client satisfaction, as perceived by therapists, will depend on an accumulation of factors such as the room, the treatment, the atmosphere of the clinic and the nature of the therapist (Littauer *et al.* 2005:29).

"…waar daar net so vrede is en harmonie is en rustige atmosfeer waar die kliënt ook hom kan … of haarself kan geniet en ontspan". (Translation – "…where there is peace and harmony and a calm atmosphere where the client can come … or enjoy herself and relax").

Another aspect worth mentioning here is to always have a plan B should a something happen that hinders the self-management and individual wellness of the therapist. Being prepared and having a plan is a quality clients wished all therapists had (Littauer *et al.* 2005:29).

"…om ook altyd 'n plan B, 'n stappie voor te wees, weet as hierdie plan nie werk, om daai dinge wat kan gebeur". (Translation – "…to always have a plan B, be a step ahead, to know if this plan is not working, these things can happen").

Once again, it is clear to the researcher that problems discussed under professional disequilibrium are unique to each individual. Also, one can only have accounts of professional wellness practices to overcome the disequilibrium, once one has embarked on a journey of self-discovery, focusing on what is needed for each individual.

4.5 OBSTACLES THAT HINDER SELF-MANAGEMENT AND INDIVIDUAL WELLNESS

The third question posed to participants in the individual interviews required them to reflect on some of the obstacles or challenges that might hinder them from reaching their utopian dream as previously discussed (cf. point 4.3). Such obstacles acted as dream snatchers within the self-management and individual wellness of the participants. These dream snatchers included **personal, interpersonal** and **financial obstacles**.

4.5.1 Personal obstacles

Personal self-management obstacles discussed by the participants included **physical, emotional** and **cognitive obstacles**, which hinder self-management and individual wellness.

4.5.1.1 *Physical obstacles*

The physical obstacles discussed by the participants in this study were concerned with stress-related symptoms. As seen in the quote below, stress reduces the ability of the individual to be physically well.

"Ja stress, maar dis die hoof ding wat ek dink as jy as jy nie stress oor wat more gaan gebeur dan is jy, dan is jy fine, dan weet jy dinge gaan uitwerk en dan so en dan outomaties is jou physical well-being beter". (Translation – "Yes stress is the big thing, because I think if you are not stressed about what will happen, then you'll be fine, you know things will work out and so, automatically your physical well-being will be better").

The hours taken to fulfil all administrative tasks seemed to be problematic to one participant. It is important to note that this therapist is in a managerial position and also still working with clients. Additionally, it seems as if she never received training for the position she is filling.

"Ek sal baie keer tot laat in die aande hier sit as gevolg van goeters wat ek nie gedoen kry nie en dit beinvloed jou slaap ook en … 'add' … sit stress op jou". (Translation – "I will often stay here until late at night because of the things I do not get done and that influences your sleep and … adds … add stress on you".

Being tired and exhausted, without time to recuperate, was raised as a problem during the interviews, as seen in the following two quotes.

"Hmm … [silence] I would say it's more of … how would I said, like when you get tired and exhausted".

"It's it repeat itself all these things keep on repeating itself. It so you get so exhausted; you just wanna sit somewhere and just … you know rest".

Also worth mentioning here is that participants in this study acknowledge the importance of taking time for physical well-being, but there seems to be a contradicting factor due to the lack of time. In the following example the participant expressed her desire to pursue a hobby to deal with stress-related symptoms.

"…en dit het my begin uitbrand in die sin van jy daar is niks wat jou tenk vul nie, want all daai goeters is goed wat jy heel tyd gee vir mense. En ek besef dis belangrik om iets te kry om my tenk te vul. En ek hou nogals van sport altyd en ek het hokkie gespeel altyd en ek, maar ek kry nie tyd en so…" (Translation – "…and that started to burn me out, in the sense that nothing fills your tank, because all those things keep you busy the whole time, you give to people the whole time. And I realise that it is important to have something that fills your tank. And I enjoyed sport, I always played hockey and well, I do not get time and so…").

The therapists in this study clearly indicated a need for physical self-care (cf. point 4.4.1.1). The inability to look after the self will result in stress-related symptoms, as seen above. Taking care of the physical self is vital to avoiding burnout (Richter 2010:116). De Jong (2010:204) stated that "the virtue of self-interest stresses the importance of adequate and appropriate attention" to individuals. Self-care is needed to ensure that individual competence and judgement do not become impaired. This is an issue that needs to be addressed urgently and needs to be included in the ASMC programme, even if the therapist is just made aware of alternative physical self-care options one could utilise. One should foster the individual's self-knowledge and the individual should appropriately apply such principles to his or her own professional efforts, i.e. they should 'walk their talk' (De Jong 2010:204).

4.5.1.2 *Emotional obstacles*

Participants in this study expressed various emotional obstacles that might hinder them from reaching their self-management and individual wellness dream. These emotional obstacles included feelings of ***guilt*** and violation of ***emotional boundaries***.

The participant who expressed feelings of ***guilt*** as an obstacle, expressed this in terms of the team she manages. The story she shared started with the notion of the client always being right. She therefore took the side of the client rather than the therapist.

"…en op die einde van die dag besef jy dis glad nie reg gewees nie". (Translation – "…and at the end of the day you realise it was really not right").

She did indicate that after self-reflection the following day, she realised that her reaction was not right and now knows to treat such situations differently in future. This emphasises the trial-and-error stage of self-management, as discussed by Richter (2010:82) and Gerhardt (2007:11).

Creating boundaries seems to be very complex (cf. point 4.4.2.1). It is therefore no surprise that violation of ***emotional boundaries*** was seen by the therapists as an emotional obstacle in reaching their dream of self-management and individual wellness. Having and living one's own emotional philosophy is vital in avoiding violating emotional boundaries (Cardinal 2014:6). Therapists first and foremost expressed how they get emotionally involved with client related issues.

"Ek raak baie gou-gou emotioneel betrokke". (Translation – "I very quickly get emotionally involved").

A succession of clients with varying levels of energy, well-being or communication patterns can be a challenge for therapists, who must rapidly adjust to these different styles and patterns. As seen in the quote below, transitioning between emotional levels can be problematic to the therapist.

"En dis partykeer moeilik as jy 'n kliënt kry wat baie depressief is, dan moet jy op haar vlak kom en vir haar sê jy weet wat dis regtig nie so 'hectic' nie en dan die volgende kliënt is so 'happy' en dan moet jy weer op daai vlak kom so om dit te balance is partykeer nogal 'n 'challenge'". (Translation – "And it is sometimes difficult if you get a depressed client, to get to her level and say, you know it's not really that hectic, and then the next client is happy and you need to get to that level again, so to balance it is sometimes a challenge").

"…in ons industry moet jy 'emotionally' die hele tyd op jou kliënt se 'level' wees". (Translation – "…in our industry you have to emotionally be on the client's level the whole time").

For professionals working with clients on a daily basis it is important to create emotional boundaries that serve as a strategy "to deal with work-related stressors" and it might advance self-management and individual wellness (Ekendahl & Wengstrom 2008:43). Emotional boundaries can also include various coping strategies and will allow the individual to disengage from the previous client and focus their care on the treatment of client they are now busy with (Ekendahl & Wengstrom 2008:46).

4.5.1.3 *Cognitive obstacles*

The participants in this study indicated that ***insufficient time-management skills*** and ***lack of managerial skills*** are the main dream snatchers when looking at cognitive obstacles for peak self-management and individual wellness.

Insufficient time-management skills seems to be a general problem for managers and therapists in the somatology clinic. It was mentioned by participants on numerous occasions (cf. point 4.4.2.2).

"…ek besef dat 'time-management' op hierdie stadium vir my is soos 'n groot ding is, want daar is baie goeters wat moet gebeur soos wat ek vir jou gesê het dat ek soos manager". (Translation – "…I realise that time-management is a big thing for me at this stage, because there are many things that need to happen, like I said I am the manager").

Due to the general time constraints of the somatology industry, the therapists should be able to utilise her free time optimally.

"Obstacles … hmm … it will be the hours of the industry".

Participants in this study indicated that a ***lack of managerial skills***, in terms of delegation and planning, hindered the achievement of their utopian dream (cf. point 4.4.4.1). Having a reliable team will facilitate delegation as seen below.

"Okay, wel, definitief gaan ek moet leer om te delegeer en om mense te kan vertrou om te doen om hul manier al is dit nie my manier nie". (Translation – "Okay, well, I would have to learn to delegate, to trust people to do things their way even though it is not my way").

The ability to plan will allow one to see how the day will present itself in order to know what to expect and handle things as seen below.

"Ja, just to see like more a less your day is going to be like so you know what to expect or to handle things".

Cognition in terms of strategies and obstacles are complex. Once again self-knowledge and self-refection will allow the individual somatology therapist to better deal with cognitive obstacles in their self-management and individual wellness journey.

4.5.2 Interpersonal obstacles

Interpersonal self-management obstacles comprised just one obstacle, viz. **insufficient skills**.

4.5.2.1 *Insufficient skills*

Throughout this chapter it has become evident that somatology therapists lack various self-management and individual wellness skills. When asked about obstacles that might hinder them from reaching their utopian self-management and individual wellness dream, they focused only on insufficient ***conflict management*** and ***boundary setting skills***, in terms of their interpersonal obstacles.

"…'conflict management' wat ek sien daar het 'actually' in laas week 'n insident gebeur en klein goedtjie wat mens besef op daardie stadium ek dink jy jy hanteer dit reg in die sin van wat die winkel of die besigheid aanbetref". (Translation – "…conflict-management, I saw, actually there was an incident last week that happened, and small things that one realises at that moment, I think I handled it right in terms of the shop and business").

It is clear from this participant that conflict management is vital and that she is not completely convinced that the situation was handled correctly. Boundary setting was discussed previously and the researcher will not elaborate on the matter further in this section (cf. point 4.5.1.2).

4.5.3 Financial obstacles

Financial issues were discussed by almost all participants at some stage of their interview (cf. point 4.3.3 & 4.4.3). The main financial obstacle, however, was the inability to budget at the end of the month, as seen below, and the lack of finances to fund the individual's self-management and individual wellness strategies.

"You know me, I have a basic salary with a certain amount of money and every month you don't get the same amount of money, you could do your regular client or a walking in client that you just not just making a single amount every month".

Once again the researcher is of the opinion that discussing the remuneration structure with the therapists upon employment might facilitate financially-related issues. Also,

allowing for some financial self-management and individual wellness support for the therapist, from the employer, might bring about a mind shift for the therapist.

4.6 OPTIONS TO OVERCOME OBSTACLES RELATED TO SELF-MANAGEMENT AND INDIVIDUAL WELLNESS

The last question posed to the participants in the semi-structured individual interviews was: *What are some of the options you could utilise to facilitate bridging the obstacles and challenges mentioned previously?*

Participants in this study indicated that they would consider various **personal**, **interpersonal** and **financial** self-management options.

4.6.1 Personal options

Personal self-management options mentioned by the participants in this study included **physical, emotional** and **cognitive** self-care. As one participant summed it up, self-management and individual wellness is concerned with balancing everything together.

"…overall just the way I manage everything in my life how I balance it all together".

4.6.1.1 ***Physical self-care***

Physical self-care, as discussed previously (cf. point 4.3.1.1), was mentioned by the participants as including ***regular breaks*** and time for ***relaxation***.

Healthy eating, getting lunch breaks and having time for exercise was highlighted by the participants in this study on numerous occasions (cf. point 4.4.1.1). As seen in the quotes below, therapists would benefit from ***regular breaks***.

"Healthy eating and getting lunch breaks".

"If I could have more time to do like my exercises, like I'm supposed to, and eat the right diet and have my regular massage and mani, pedi and facial, like I know I should be".

In the previous quote the participant alluded to the fact that receiving treatments are important, yet overlooked, in terms of her self-management and individual wellness. This is also expressed in the following quote.

"…just schedule regular appointments and to just get myself to relax".

Relaxation, as seen above, is very important to the somatology therapist.

"I think okay fine I think what our hours ne, sometimes they can be… hmm, we are overworked basically sometimes and I think if they could just find a way to try and relax".

Relaxation might not always be possible, as seen from the following participant, due to the time constraints and various roles the individual has to play in her or his community.

"…when I'm off I tried to get as much rest as possible and I try to eat right, but it's not easy due to the hours that we work".

When considering relaxation, one should also take cognisance of one's environment, as seen in the following quote.

"I think surroundings is also very important, where you stay or where you work … Ja just surroundings, basically not having like a rush, rush life or having been able to go home and rest well".

Even though little attention has been given to the importance of self-care (Merluzzi, Phillip, Vachon & Heitzmann 2011:15), physical self-care is important because it has been linked to impairment in competence and judgement if not appropriately applied (De Jong 2010:208). Enhancing self-care behaviours has been documented to lead to reduction in individual distress and prevent burnout (Merluzzi *et al*. 2011:16). Merluzzi *et al.* (2011:22) indicated that self-care practices need to uphold one's health and well-being, actively pursue support and maintain leisure activity. This was also mentioned throughout this chapter (cf. point 4.4.1.1, 4.4.1.2 & 4.5.1.1). By taking care of ourselves first, we bring positive energy and vitality that positively affects others and influences all aspects of individual wellness (Richards 2013:198). A powerful aspect of self-care is being conscious of one's purpose, which in turn adds meaning to one's life (Drick 2014:50). Therefore self-care will be fundamental in the proposed ASMC.

4.6.1.2 *Emotional self-care and self-awareness*

Personal self-management options will also consider emotional self-care. As previously mentioned (cf. point 4.3.1.2), emotion is of a complex nature; it is a phenomenon steered by thought (Van der Cingel 2009:129). As seen by the therapist below, one's self-awareness and emotions go hand-in-hand. Richards (2013:198) also indicated that self-care is concerned with learning to calm emotional distress and deepen self-awareness (Drick 2014:50).

"Basically managing myself … hmm … my self-appearance but also my mental health – how I feel about things, my stress levels…".

It has been indicated in the literature that in order "to function optimally, therapists need the ability to experience, understand, regulate and express emotions at a level that facilitates the therapy session" (Skovholt & Ronnestad 2003:48-50). The authors stated that the aforementioned skill includes learning to continuously monitor oneself. Identifying emotions is a critical aspect in any therapeutic process (Merluzzi *et al.* 2011:22). Langhoff *et al.* (2008:69) also suggested that it is vital for the therapist's well-being to receive high levels of emotional support, demonstrating the importance of including emotional strategies and/or self-care in a balanced self-management and individual wellness programme. Taking care of one's emotions and fostering emotional wellness will improve productivity (Richards 2013:199), which is much needed in the somatology context.

4.6.1.3 *Cognitive self-care*

The third aspect discussed by therapists in their personal self-management options was cognitive self-care. Cognitive self-care included topics such as ***goal-setting***, ***healthy boundaries***, ***self-development*** and ***self-reflection***. It was interesting to note, that participants in a previous study (Richter 2010:97) additionally included self-talk, self-knowledge, focused attention, letting-go, planning, communication skills and time competence. Although these were highlighted at some stage of the current study, participants did not include them in their own personal cognitive self-care options. This could be due to the fact that the participants in these two studies were different individuals and therefore indicated what was important to them at that specific time.

In the current study, ***goal-setting*** was mentioned by a participant as she reflected on her inability to reach a peak of self-management and individual wellness. This could be due to the fact that the goals mentioned below were not realistic. Reflection is also important in the process to reach preset goals.

"'Set goals' en probeer daarby uitkom as jy nie daarby uitkom nie … kyk wat staan in jou pad, hoekom werk om dit al daai goedjies ly na 'wellness' toe om jou situasie te verbeter van waar jy in die lewe is". (Translation – "Set goals and try to reach them and if you do not … look at what is in your way, why is it not working, those things lead to wellness to improve your situation of where you are in life").

Moore, Prebble, Robertson, Waetford and Anderson (2001:257) elaborated on goal-setting by revising the empirical literature, and then concluded that goal-setting improved "task performance by focusing and directing the therapist, by regulating their efforts, by enhancing their persistence on a given strategy or task, and by promoting the development of new strategies for improving the therapist's task performance". Therefore goal-setting could increase the performance of the therapist. Goal-setting will be further elaborated in Chapter 5 (cf. point 5.2.4.5).

Participants expressed the need to set ***healthy boundaries*** as a self-care strategy. Boundaries were seen as necessary between colleagues and in the therapist-client relationship, as expressed in a previous section in this chapter (cf. point 4.4.2.1) and in the following quotes.

"En dan om hul te laat ongeskik wees en ek dink nie dit is noodwendig reg nie, veral nie as jy in 'n plek wil werk soos daai waar jy … hmm … jy wil 'n atmosfeer skep van daar is respek, mutual respek van kollegas asook tussen kliënt en kollega". (Translation – "And then to let them be disrespectful and to think that it's not necessarily right if you want a place like where you … hmm … you will create an atmosphere where there is mutual respect for colleagues as well as clients").

"Hmm … ek werk al lank hierso so my kliënte weet wat ek hier aankom ek soek nie hulle 'stront' nie … he he". (Translation – "Hmmm … I have been working here for a long time, so my clients know that if they get here, I do not what their nonsense … he he".

Self-development was interpreted as going on a course to improve cognitive self-care skills, as seen in the quotation below.

"Jy kan gaan kursusse gaan loop…" (Translation – "You can attend a course…")

Once therapists reach a state of self-knowledge, self-development might take the role of taking their career in a direction that most suits them.

"I think you should also not just like settle, like I'm a therapist, I think … like another options, like study for something, that's in line with what you are doing, like therapy work to like broaden up your mind and opening your eyes basically".

The last concept discussed by the participants in this study, in terms of their cognitive self-care was ***self-reflection***.

"*Jy kan ek dink 'self-reflection' is ook 'n groot ding". (Translation – "you can, I think self-reflection is an important thing").*

Self-reflection could be used in terms of looking at the day and asking the question of how things could have been done differently.

"Om te kyk wat het daar gebeur en hoe kon ek dinge anders hanteer het". (Translation – "To see what happened there and how you could have handled things differently").

Self-reflection is enhanced by coaching (Bresser & Wilson 2010:11). Self-reflection, self-care and ongoing self-reflection, "in addition to healing and personal development, are crucial for giving care to others, for being personally well and for appreciating one's personal journey" (Drick 2014:46). One should be careful that self-reflection is not used only to see how things could have been done differently, but rather as a motivational tool, "what was done well during the day?" At this point in time, it is clear that knowing the self will form the basis and a very important departure point for the ASMC programme.

4.6.2 Interpersonal options

The second aspect participants of this study reflected on, when asked how they overcome obstacles they have in reaching their utopian dream, was interpersonal options. They discussed interpersonal options by including **people skills** and the **ability to work in a team**.

4.6.2.1 *People skills*

People skills were discussed primarily in terms of the ***client*** and the ***working team***. When looking at the relational skills needed to facilitate a positive therapist-client relationship, one has to know the ***client*** and be their "friend" in a clinical setting.

"En ek dink om jou kliënte te leer ken". (Translation – "And I think to get to know your clients").

"…daar te wees as hul [kliënt] vriendin basies in 'n salon situasie". (Translation - "…to be there as a friend in the salon").

It is important to note that boundary setting (cf. 4.3.2) will have a vital role to play within the therapist-client relationship. Littauer *et al.* (2005:29) indicated that in order to foster the relationship with the client, the therapist should be sincere, composed and approachable, and be ready for the therapy session. The authors also indicated that it takes time for clients to be acquainted and get used to the somatologist.

"…dis ook belangrik om 'people skills' te hê want jy moet weet wat jou kliënt omgekrap het en dit nie persoonlik vat". (Translation – "It is important to have 'people skills', because you need to know what made your client upset and not to take it personally").

Participants also expressed the importance of knowing how to handle clients and to have mutual respect for the client as well as the client for the therapist.

"Ek dink dis belangrik om te weet hoe om met die kliënt dan te werk en te weet dat daar is sekere goeters wat jy vir 'n kliënt kan sê op 'n mooi manier … hmm … haar laat weet deur dit wat jy nou doen pas nie in by die kultuur wat ons hier probeer skep nie, en as dit nie is as jy dit nie respekteer nie want dan wil ons jou kliënt nie hê nie". (Translation – "I think it is important to know how to handle a client, to know there are certain things you can tell her in a nice manner … hmm … to let her know what is she is doing does not suit the culture we try to create here, and if you cannot respect that, we do not want you as a client").

"It shouldn't be, you know we shouldn't be disrespectful to them [clients] in process because some of them, it's not all of them, some of them you know … they don't talk to us nicely".

Almost all therapists in this study indicated the importance of working in a well-functioning ***team*** and the effect this will have on their ability to self-manage (cf. point 4.3.2.1). One important facet, as seen below, is the ability to rely on the team members.

"Important things for me: somebody I can rely on you know, somebody that I can … specially your team, you are working together with, that you can rely on your team".

One participant indicated the importance of emotional support from team members.

"Om net daar te wees vir mekaar. As iemand in stap en sien jy's 'n bietjie hartseer, maar hoor hier wat gaan aan, drukkie gee". (Translation – "To be there for each other. If someone walks in and you see they are a bit sad, ask what's going on and give them a hug").

Another participant indicated that it is vital for her that the team shares similar values and goals.

"Sharing similar values as a team".

As seen in the following two quotes, in some instances more thought should be taken when choosing the manager or team leader. Or alternatively, as seen earlier (cf. point 4.4.4.1), addressing the lack of managerial skills should not be overlooked. It is important to manage the team and ensure that each member is moving towards the same goal.

"I think your team is important as well. Then I suppose that thing about your team is only strong as their leader. Sometimes yes and sometimes no".

"You can have one person that wants to lead the pack and the other person that's completely different idea of what is happening".

Richter (2010:108) indicated that relational strategies, such as the issues discussed above, will improve the ability of the therapist to gain a sense of control, leading to improved self-management and individual wellness capabilities. Having a positive relationship with others will serve as a valuable coping strategy (Baldacchino & Draper 2001:838). Myers and Sweeney (2008:485) indicated that social support through connection with others is valuable in individual wellness. Such a relationship can be with family and friends, colleagues and even clients. Social relationships need to "involve a

connection with others individually or in a community, but does not have to be marital, sexual or family related" (Myers & Sweeney 2008:485). Having a team one can trust and that provides emotional, material and/or informational care is needed in any individual wellness programme.

4.6.2.2 *Ability to work in a team*

As seen in the previous section (cf. point 4.6.2.1), people skills and being able to work in a team have an immense impact on the self-management and individual wellness capabilities of the somatology therapist (Myers & Sweeney 2008:491). Not only does the team affect the individual, but also the ability of the individual to work in a well-functioning team will affect his/her self-management and individual wellness.

One should strive to be the team member others can rely on (cf. point 4.3.2.1). As seen in the following quote, one should listen to other team members and one should understand each team member's opinions and interests.

"Dan ook luister, luister, luister en reageer … hmm … wanneer … hmm … om spesifiek by die werk so nou maar as staff met jou praat … hmm … baie keer sal jy veral as jy nou hier [wellness] wil uitkom dis belangrik om te weet wat is elkeen se opinie, wat is elkeen se belangstelling, wat is elkeen se…" (Translation – "Then also listen, listen, listen and react … hmm … when … hmm … specifically at work so now when staff talk to you … hmm … many times especially if you want to get here [wellness] it is important to know everyone's opinion, what are their interests and so…").

One participant indicated that an option to overcome self-management and individual wellness obstacles is to manage relationships well.

"…relationship with people around me the way I managed that…".

One's team and the individuals one works with will improve one's positive thinking when they provide the needed support, as seen below.

"Ek dink die mense saam met wie jy werk ook … as jy daai 'support system' het by die werk nie, ek dink nie jy gaan positief wees nie". (Translation – "I think the people you work with … if you do not have that support system at work, you will not be positive").

People are social beings. Even though the social self was left out by the participants during the discussion on their individual wellness (cf. point 4.3.1), building a support system into a programme for self-management and individual wellness is a component not to be overlooked.

4.6.3 Financial options

Finally, participants in this study indicated that they would have to start putting financial options and strategies into their daily lives when reaching for a utopian dream of self-management and individual wellness. The sole financial option therapists in the industry of somatology discussed was **financial planning**.

4.6.3.1 *Financial planning*

Financial planning seems to be currently lacking in the contextual reality of the somatology therapists. It was very interesting to note that, as with most of the aspects discussed in this chapter, individuals would first have to discover the self and dream in order to clarify what is needed to reach their own utopian dream of self-management and individual wellness.

As the following participant indicated, financial planning starts with the self. Knowing what needs to be done in order to budget and plan financial issues is vital.

"I suppose it starts with you, so you have to be, I try to be better planned [financially], so I try to have little processed in place for the things that may be could go wrong where you have Plan B".

If therapists perceive receiving personal treatments in the clinic as important to them, they will need to budget accordingly to include such treatments, as seen below.

"Ja to budget better to included beauty treatments that I feel I need to do…".

One participant dreamed of owning her own clinic. Financial planning might look different for her, as seen below.

"In that way that I'm able to save up to this and put the money I am getting here at work, it would help".

Financial constraints have been identified at a job stressor human service professionals face that put them at high risk for burnout (Puig, Baggs, Mixon, Park, Kim & Lee 2012:98). And as seen throughout this chapter (cf. point 4.3.3, 4.4.3 & 4.5.3), financial issues are vital to the somatology therapist, even though they have not been well documented in the wellness literature (cf. point 4.3.3). The ASMC therefore included a section where the individual will expand and gather external resources such as financial planning (cf. point 5.2.5.4 & 5.2.5.5).

4.7 SUGGESTIONS FOR ASMC PROGRAMME

After guiding the participants through the GROW model of coaching for the AI-based individual interviews, the researcher asked an additional and final question: *What would you include in an ASMC Programme aimed at facilitating self-management and individual wellness in your context?*

This question was asked with the intention of determining what facets the individual therapist would perceive as important for their own ASMC programme. When participants suggested a suitable ASMC programme for the context of the somatology clinic, participants discussed what the **nature of the programme** could include and the various **programme options** one might have to look at. These were included in the design specifications that guided the design of Prototype I (cf. point 5.2).

4.7.1 Nature of the programme

As seen in various sections of this chapter, each individual brings his/her own unique self-management and individual wellness expectations, obstacles and options to the fore. Therefore one should be mindful of different learning needs and that the programme should be flexible. Participants discussed the **pragmatic and self-directed nature** of such a programme.

As seen in the following quote of a participant, a therapist should be well-rounded in terms of self-management and individual wellness. Therefore the programme should aim to supplement the current realities of the individual.

"'n terapeut moet 'well-rounded' wees en 'n terapeut moet kan na haar self kyk 'physically', 'emotionally' en al daai dinge. Want 'ultimately' as sy al daai dinge gebalanseerd kan wees; dan is

jou werk situasie 'n bietjie beter, dan kan jy beter 'cope' met stress". (Translation – "A therapist should be well-rounded, and a therapist should look after herself physically, emotionally and so on. Because all these things will ultimately lead to being balanced; then your work situation would be a bit better, then you can better cope with stress").

4.7.1.1 *Pragmatic and self-directed*

Therapists expressed that the proposed programme should be pragmatic and self-directed in nature. In order to achieve this, one participant indicated that interactive, scenario-based workshops might be a good avenue to pursue.

"Workshop – ek dink dit sal baie 'nice' wees, waar jy 'actually' met verskillende tipes scenarios kan kyk, kan werk en dit in prakties ook kan". (Translation – "Workshops – I think that would be very nice, where you can actually work with different types of scenarios and get to do it practically").

Workshops might have to be included in formal training courses of therapists in HEI and private training settings.

"Do like type of this workshops maybe at college so that they can prepare you for having a busy lifestyle and working and all whose type of things".

"Soos in somatalogie gaan swot en maak dit deel as 'n module dalk of 'whatever'". (Translation – "Like in somatology when you study, make it part of a module or whatever").

Another participant indicated that mentoring might be a good tool to include in the programme. The researcher noted in her fields notes that a coach as a mentor might be a useful component to include.

"Jy moet nou 'n bietjie gaan vir 'training' en vra vir die ander meisie wat nou 'n bietjie langer in die industry is hoe doen hul dit". (Translation – "You need to do training and ask another girl that's been in the industry for longer, how they do it").

Mentoring and/or coaching could be in the form of a CD the individual could use to recap. The researcher indicated in her field notes that a "podcast" might be an efficient way of implementing the programme, due to the time constraints the somatology therapist faces.

"…op CD sit sodat hul dit kan gaan recap". (Translation – "…put it on a CD so that they can go and recap").

Once again the self-directed nature of the programme will stem from self-knowledge and creating a dream for the self in terms of self-management and individual wellness. Once the individual knows what is needed, telling relevant role players about their needs would be a very important step in ensuring self-management and individual wellness in the future.

"Speak up".

"Ek dink 'self-reflection' is ook 'n groot ding". (Translation – "I think self-reflection is also a big thing").

As seen in the quote above, one has to foster self-reflection. If self-reflection is practised more and more consistently, self-knowledge (which is vital to the ASMC journey) is deepened and concomitantly one's reflective practices improve (Drick 2014:46). Journaling about experiences, contemplation, meditation and focusing, keeping a sensory intuitive log and reflecting on your body were mentioned by Drick (2014:47) as highly effective self-reflection practices.

4.7.2 Suggested programme options

It was very interesting to note that although most of the participants in this study did not know what self-management and individual wellness entailed in the beginning of the interview, they started forming their own definitions of these concepts during the process of the interviews. By the time they were asked what they would include in such a programme, all participants could give an opinion of what they would include.

As the following participant explained, the ASMC programme should incorporate all aspects of self-management and individual wellness (IS-Wel). This would be done by assisting one to fit these components into one's lifestyle and identify what is needed for each individual.

"Well it should then help you … to see where you can managed all the difference aspects, how you can fit it in your daily lifestyle, so not only with regards to self-care and fitness and health and lifestyle, but with also regards … to budgeting and time-management for personal relationships and family time, not only then you're working hours and beauty treatments, but also personal things that you need time for".

Another participant also indicated the importance of looking at the individual emotional needs of the therapist.

"Ja, want ek dink as jy ook baie te doen het met daai 'balancing' van jy moet emosionele goetertjies, leer jy jouself, jy weet wat trigger emotions, jy leer wat wat maak jy vinnig fisies moeg en jy leer wat … hmm … al daai; dit is baie 'self-awareness', so leer jy jouself ken. Jy moet jouself baie goed ken". (Translation – "Yes, because I think it has to do with balancing emotional stuff, learning to know what triggers your emotions, what makes you rapidly physically tired and you learn all that; it is a lot of self-awareness, so you learn to know yourself. You have to know yourself well").

To facilitate the discussion of what participants recommended should be included, the researcher will now focus on options for such a programme, including **cognitive, interpersonal, physical** and **spiritual skills development**.

4.7.2.1 *Cognitive skills development*

Cognitive issues that should be included in self-management and individual wellness have been discussed extensively within this chapter. Participants in this study did, however, feel that ***time-management***, ***conflict management***, ***self-knowledge***, ***communication skills***, ***planning*** and ***goal-setting*** aspects to include in the ASMC programme. The quotes to support this will now be summarised.

Time-management

"Well better time-management for myself … hmm …".

"Ja and just better time-management, to also have bit of extra time for myself to relax".

Conflict management

"En hoe om daai persoon te kan 'approach' as jy daai goeters doen kan jy jou werk so makliker hanteer". (Translation – "And how you can approach a person and stuff you can incorporate into your work to handle it better").

"Conflict management is important".

"Dit gaan beide kante toe, want ons sê baie keer die kliënt is reg maar die kliënt is nie noodwendig altyd reg nie … En ek dink as dit kom by, hmm … ek wil amper sê morele ding van daar is respek in die winkel en ek wil hê jy as kliënt moet dit weet want ek gaan respekteer maar my kollegas ook". (Translation – "It goes both ways, because we normally say the client is right, but the client is not always right … and I think it is a hmm … moral thing that there is respect in the shop and I want you as the client to know that I will respect my colleague also").

"As jy 'n ding kan inwerk waar jy soos ek weet daar is goeters soos persoonlikheids toets doen om jou persoonlikheid verskillende persoonlikhede". (Translation – "Something like where you know there are things like personality tests that you can do to know your personality and different personalities").

Self-awareness and/or knowledge

"Well if I could have more time to spend not only on physically appearance but also on my personal things, like the wellness and planning ahead, to have more time to like recap of my day … that has been in past and the day coming up".

"Waar jy soos jouself ken, leer en ook … ek dink nie daar is so iets in ons kursus wat dit doen nie en dis so belangrik om met mense te werk en daar is so verskriklik variety van mense en persoonlikhede en goeters en dis eintlik een van die belangrikste goeters wanneer jy met mense werk om te weet met wie werk". (Translation – "Where you get to know yourself, learn … I don't think there is anything like that in our course and it is so important to work with people and there is such variety among people and personalities and things and it is actually one of the most important things when you work with people to know who you are working with.

Communication

"I suppose a schedule of that each person … you know what is expect from them not only a list of tasks but what exactly expected".

"…communication tools…".

"I suppose communication tools. It's really important because I think like I said before I really do think everybody needs to be on the same page".

"So I think communication is important and to communication tools".

Planning and goal-setting

All goal-setting quotes have been already used in this chapter. The researcher included the heading in this section due to the importance of setting appropriate goals, as seen by participants in this study (cf. point 4.3.1.3, 4.6.1.3 & 4.6.2.1).

4.7.2.2 *Interpersonal skills*

The interpersonal skills the participants in this study expressed as important to include the in the programme were ***people skills*** and ***communication skills***.

Learning ***people skills*** might be in the form of a personality test and learning about different types of personalities, as seen in the following quote.

"Ek dink as mens dalk 'n ding kan in werk waar jy soos, ek weet daar is goeters soos persoonlikheids toets doen om jou persoonlikheid verskillende persoonlikhede". (Translation – "I think if one could include something where you, I know you get things like personality tests, to get your personality, different personality types").

Communication skills are concerned with communication to facilitate relationships, as seen in the previous section (cf. point 3.4.1.3). In addition, the communication skills discussed should give the therapists the tools to express what they feel.

"As jy nie tevrede is met iets, dan moet jy praat". (Translation – "If you are not satisfied with something, you need to talk").

4.7.2.3 *Physical care strategies*

As with cognitive issues related to self-management and individual wellness, physical care strategies have been discussed extensively throughout this chapter. The following were mentioned by the participants as important to include in the ASMC programme:

Healthy eating

"…Healthy eating…".

Being able to do treatments in terms of self-care

"Coming for treatments regularly so I feel good about myself in a physical appearance as well".

"There is the physical, like your physical appearance, the hair, make-up and … the way your skin looks and your hands and your feet".

"Just things for self-care: how to … hmm … take better care of yourself not only treatments…"

Exercise and diet

"Doing exercising to feel good about how I look and how I feel so that I can feel healthy and more energy … hmm … but it also include the diet again".

"Diet and exercises and all that type of things".

4.7.2.4 *Spiritual skills development*

Participants in this study mentioned the importance of including spirituality in the ASMC programme. Meditation was mentioned as a specific spiritual strategy that should be included. As seen in the following quote, meditation could be in the form of 10 minutes before starting each working day.

"And also teaching meditation; I think that is also good, like to start your day like with 10 minutes of meditation programme I think that will help".

Meditation is perceived as balancing the mind and soul, as seen below.

"Meditation, go for mediation to balance … mind and soul…".

Such meditation session could ensure that the therapists are able to focus and to leave their negativity behind.

"Well I think it's a mental, a kind of choice you need to make, because you can focus on the negative things and then you will start to get negative, but if you just help yourself to see that's the positive things are and you focus on that, then you can keep yourself from been negative".

Meditation is concerned with focusing one's attention and quieting the inner chatter of a busy mind (Drick 2014:48). Being calm and ensuring that you are perceived as calm are also very important to consider when treating clients.

"Ja, niemand gaan na 'n hiperatiewe terapeut toe gaan nie, jy moet rustig wees". (Translation – "Yes, no one will go to a hyperactive therapist, you need to be calm").

Meditation can be used as a grounding and clarifying activity during the day, during a break at work or even at the beginning of certain work-related activities (Drick 2014:48).

4.8 CONCLUSION

The results of the interviews, as discussed in this chapter, are in line with the results of a previous study conducted by Richter (2010). This chapter focused on (1) what the somatology therapist wishes in terms of self-management and individual wellness, (2) their current self-management and individual wellness realities, (3) the obstacles they might have in reaching their self-management and individual wellness dream and (4) current strategies they might employ to facilitate self-management and individual wellness (cf. point 4.2).

The individual should realise that in order to self-manage and be personally well, one should take self-responsibility.

"Jy is verantwoordelik vir jouself en niemand is verantwoordelik eintlik vir jyself nie. Jou hele aksies en hoe jy dinge hanteer en optree en 'whatever', dit is jy". (Translation – "You are responsible for yourself and no one is actually responsible for you. Your whole actions and how you handle things and behave and whatever, that is you").

The following chapter, Chapter 5 - **Conceptual framework for an appreciative self-management coaching programme (Prototype I)** - identifies the design specifications (draft principles) that guided the design of the proposed Appreciative Self-Management Coaching (ASMC) programme. This is followed by providing the reader with an overview of Prototype 1.

CHAPTER 5

Conceptual framework of an appreciative self-management coaching programme (Prototype I)

5.1 INTRODUCTION

The previous chapter focused on the description of the findings from the (1) in-depth, semi-structured individual interviews with practitioners in the field of somatology, (2) the field notes and (3) reflective notes (cf. point 3.4.1.3). In doing so, Chapter 4 answered the research sub-question:

- *How do somatology therapists currently facilitate their individual wellness?*

Chapter 5 aims at answering research sub-question number two, namely:

- *What should a conceptual framework for the Appreciative Self-Management coaching (ASMC) programme consist of?*

Drawing on the literature in Chapter 2 and the empirical findings in Chapter 4, this chapter formulates the design specifications (draft principles) that guided the design of the proposed Appreciative Self-Management Coaching (ASMC) programme. The conceptual framework (skeleton framework) discussed in this chapter will form the baseline for the proposed ASMC programme aimed at facilitating the self-management and individual wellness of the somatologist and constitutes prototype I for this study (cf. Figure 5.1).

5.2 ASMC DESIGN SPECIFICATION

McKenney and Reeves (2012:124) stated that design specifications are clusters of ideas about the essence of the proposed programme (the design itself), as well as the design procedures and processes (how it gets created). Such detailed design specifications provides the information needed to begin "manufacturing" the ASMC. In this study, the design specifications will be in the form of draft design principles. The term 'design principles' is used to characterise the kind of prescriptive theoretical understanding developed through Design Research (McKenney & Reeves 2012:34); this kind of theory integrates descriptive, explanatory and predictive understanding to guide the design of the ASMC.

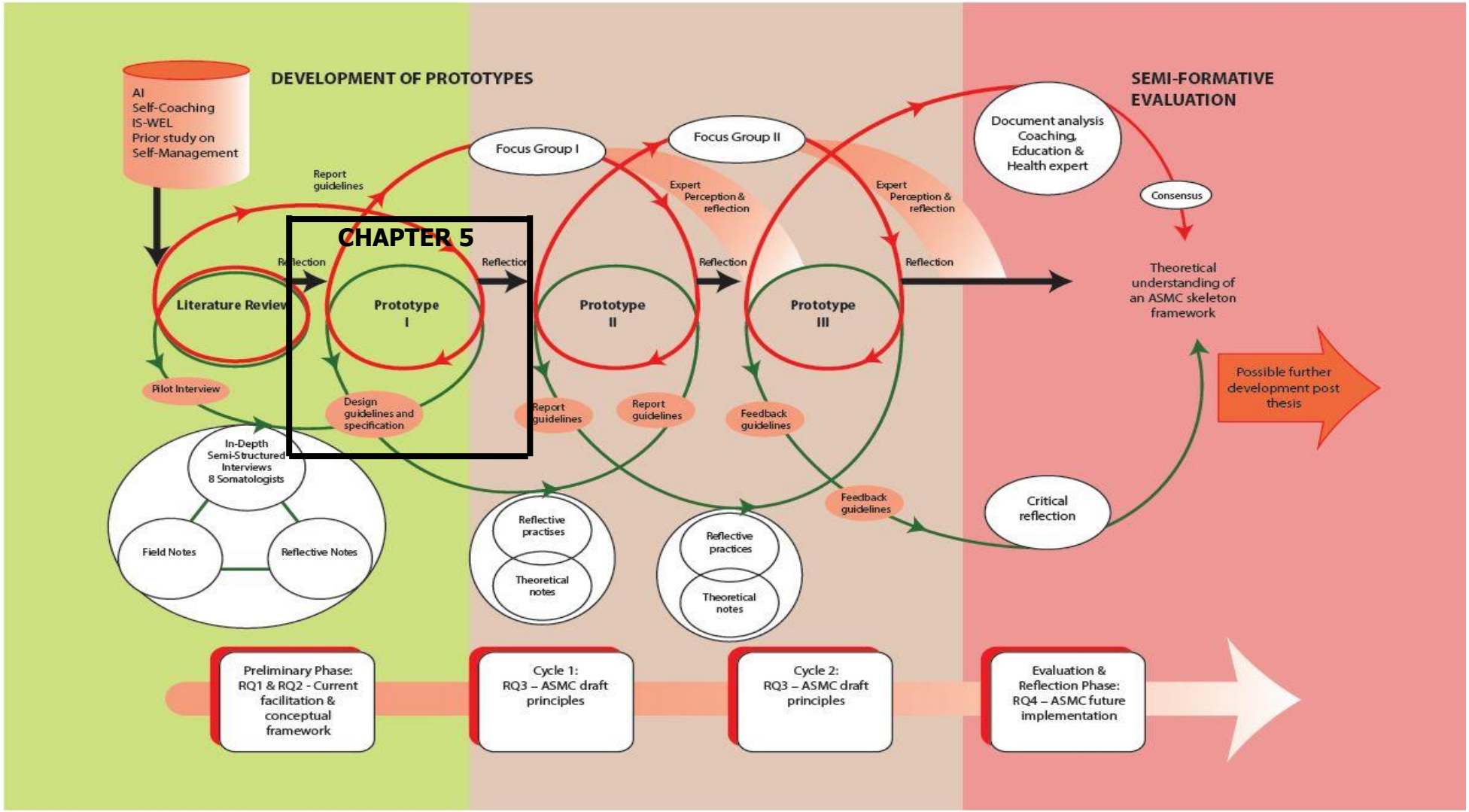


FIGURE 5.1: DESIGN RESEARCH PROCESS – FOCUS OF CHAPTER 5, ASMC SKELETON FRAMEWORK (PROTOTYPE I)
[Compiled by the Researcher, Henrico 2014]

The researcher derived the draft design principles by reflecting on available literature pertaining to the topic (Chapter 2) and the current self-management and individual wellness practices of somatology therapists (Chapter 4; Richter 2010).

Based on the initial analysis of pre-existing literature (Chapter 2) and the findings in Phase 1 (Chapter 4), it became evident that not only is there a dire need in addressing the misalignment of wellness and self-management practices, but that the draft principles for the ASMC would have to consider an array of specifications to make the ASMC a viable future intervention. The draft principles will therefore be discussed as having to be **holistic, unique, flexible, adaptive** and **effective.**

5.2.1 Holistic

Wellness has been defined in this study (cf. point 2.2) as a multi-dimensional, holistic way of life, through which one becomes aware of and makes choices toward optimal individual health and well-being. Therefore, in order to address individual wellness, it is vital for the ASMC to be holistic and incorporate the holism philosophy of wellness. The researcher is of the opinion that the ASMC should be an interconnected journey that aims to balance all the dimensions of wellness (cf. point 2.2.1). Furthermore, the ASMC has to manifest a relationship between various wellness factors and/or dimensions.

Balance is key to wellness (cf. point 2.2); therefore one needs to engage not only in all dimensions of wellness but also in all dimensions of the mind. It seems that the conative wellness connection is often left out of wellness programmes. Continuous self-reflection on one's current and future wellness strategies might foster balance between the dimensions of wellness. Additionally, the ASMC has to foster self-management skills and incorporate self-management strategies (cf. point 2.5.2.1).

5.2.2 Unique

The nature of the AMSC has to be unique for each individual. During the literature review, semi-structured interviews and the previous study conducted by the researcher, it became evident that the ASMC will aim to facilitate wellness for the individual and should therefore be as unique as the individual him/herself. As the *societal output* of design research, the ASMC would have to lead to provisional development while steering the individual towards optimal individual wellness. As a wellness programme, the ASMC

needs to first identify each individual's level of wellness and then address the current wellness disequilibrium mentioned in Chapter 4. In order to ensure wellness success, the ASMC has to "be personal and fit the lifestyle" of the individual (Horton & Snyder 2009:215).

5.2.3 Flexible

Wellness is not static (Habib *et al.* 2012:74), and therefore the ASMC needs to be flexible. Each individual will continuously identify her or his individual needs and this might change during the interconnected journey of the ASMC. It is vital that participants of the ASMC engage actively, to ignite their positive core and constantly improve their self-care, self-management and self-improvement strategies.

The ASMC should also be flexible in terms of natural growth, maturity and change in challenges an individual will undergo in his/her lifetime. Since individuals, as they journey through life, age, become more mature and face unforeseen challenges, it is vital that the ASMC be responsive to these changes that each individual will bring to the fore.

5.2.4 Adaptive

Wellness is dependent on context, thus the ASMC should also be context relevant and appropriate for each individual with their own contextual dilemmas. The ASMC should be adaptive and allow the individual to effectively implement wellness strategies in their contexts. The researcher is of the opinion that the ASMC should facilitate behavioural change (hence the strong focus on Appreciative Inquiry (AI) and self-management). When aiming to change behaviours, substantial time, perseverance, self-reflection, goal attainment and continuous involvement are necessary (Lockwood & Wohl 2012:628). Such a programme has to teach individuals to observe and record their own behaviour.

Apart from being adaptive to each individual and adaptive over the duration of the ASMC journey, the programme needs to (1) be easily incorporated in Higher Education (HE), (2) address wellness related issues in small businesses riddled with a lack of resources such as staffing and finances and (3) fit into an array of demanding work environments. All of this emphasises the need for the ASMC to be adaptive to the various contextual settings in which somatology therapists are situated.

5.2.5 Effective

The last draft design principle identified by the researcher is efficiency. Throughout Chapters 2 and 4, it became apparent that the ASMC should be time and cost-effective. The ASMC needs to provide guidelines on a sustainable and cost-effective programme facilitating individual wellness. The ASMC would have to meet the need for teaching wellness within the constraints of the university environment (cf. point 2.2.2) and fit into an emotionally labour-intensive and fast-paced industry, "where one woman's leisure is another woman's work" (Black & Sharma 2001:12). The overall goal of wellness is to maximise individual potential well-being and internalise lifelong wellness strategies.

Also worth mentioning as part of the draft design principles of the ASMC skeleton framework (prototype I), is that various aspects of individual wellness, self-management and coaching were mentioned by the participants throughout Chapter 4. Therefore the researcher sees it fit that all of these concepts in the original prototype.

In light of these design specifications, and after conducting a previous self-management study based on the philosophy of AI, conducting AI based interviews and working with the data in the previous chapters, the researcher is of the opinion that the first prototype of the proposed ASMC programme should include the following AI concepts as steps:

1. Self-dreaming
2. Self-discovery
3. Self-design
4. Self-driven destiny

The design specifications described above will now be integrated with the literature on self-coaching, self-management, the IS-Wel and appreciative coaching, to form a conceptual framework or skeleton framework (PrototypeI) for the proposed ASMC programme.

5.3 THE ASMC PROGRAMME CONCEPTUAL FRAMEWORK

As seen above, the programme aimed at facilitating the self-management and individual wellness of the therapist, and should be holistic and as unique as the individual him/herself. Not only should the programme be unique to each individual, but the

programme should also leave room to adapt and grow as the individual therapist grows and improves in her/his own self-management and individual wellness capabilities. The researcher is of the opinion that once a therapist finishes the first round of the proposed ASMC programme, the second round would need a completely different programme from the first.

Another challenge posed to the researcher is the fact that no one individual therapist is at the same departure point for self-management and wellness when starting the ASMC programme journey. Each individual will build on his/her own life experience, individual context and expectations when embarking on this programme.

Whilst working with self-management, the IS-Wel, self-coaching and appreciative coaching, the researcher used concept mapping to create the proposed conceptual framework for the ASMC programme proposed in this study as the self-management and individual wellness facilitation tool (cf. point 3.4.2). The researcher believes that the ASMC programme, as discussed in the following sections of this chapter, might overcome the time, financial and staffing obstacles previously discussed (cf. Chapter 2, Chapter 4 & point 5.2).

The proposed conceptual framework, or prototypeI, will be divided into 6 stages of ASMC. These will include: (1) *setting the stage*, (2) *self-discovery*, (3) *self-dreaming*, (4) *self-design*, (5) *self-driven destiny* and (6) *the closing stage*. Because holistic wellness is seen as a "journey" as opposed to a "destination and the journey will be different for each individual" (Horton & Snyder 2009:223), these six stages together will take the individual on an interconnected self-reflective journey. These will now be discussed in greater detail.

5.3.1 Setting the stage

The first stage for the ASMC programme is to 'set the stage' (Figure 5.2). In setting the stage, one should remember that "individuals are mysteries to be appreciated" (Orem *et al.* 2011:83). One cannot view the self as a problem to be fixed; rather, one should rather use a positive, generative approach in which one can be an agent of your own change (Orem *et al.* 2011:83). One should acknowledge the core beliefs and experiences of the self. Setting the stage is used by Orem *et al.* (2011:85) as a "pre-programme" phase. The researcher used setting the stage as the initial stage of the ASMC programme

because this is often overlooked by the participants of appreciative coaching. Due to the philosophy of AI that underlies this study (cf. point 3.2.1), setting the stage will focus on all five principles of AI namely simultaneity, anticipatory, positive, poetic and constructionist principles (Clancy & Binkert 2010:151-155), as discussed in Table 3.1.

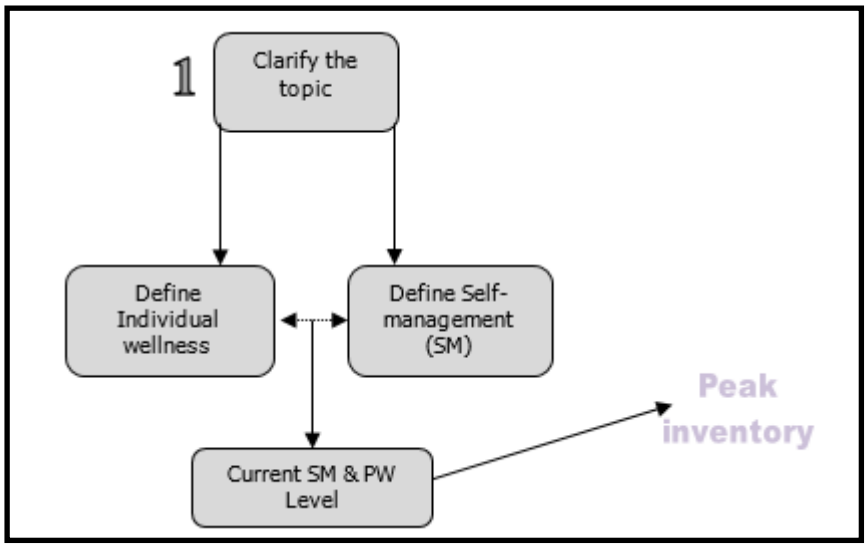


FIGURE 5.2: A DIAGRAMMATIC OVERVIEW FOR SETTING THE STAGE [Compiled by the Researcher, Henrico 2014]

In the preliminary stage the participant will be guided through four steps. These four steps include (1) *Clarifying the neutral affirmative topic*, (2) *developing a personal definition of self-management and individual wellness,* (3) *acknowledging that it is a 'continuous awakening process'* and (4) *considering your current self-management and individual wellness.*

5.3.1.1 *Clarifying the neutral affirmative topic*

A *neutral topic* is one that is neither good nor bad, neither weighty nor light, neither hard nor easy (Orem *et al.* 2011:85). When identifying a neutral affirmative topic, it is extremely important to identify a topic that has a positive core. The topic will be preset as "getting better at self-management and individual wellness." Such a topic will set a clear boundary and provide a foundation for exploring its positive aspects as it relates to the individual (Orem *et al.* 2011:87). Here language is critical (Roetz & Maritz 2013:87), as "language becomes the expression of a way of seeing, sensing and being in the world". Orem *et al.* (2011:87) also stated that the topic is an anchor and one can relate back to it by identifying common threads of learning along the ASMC programme journey.

Because the neutral affirmative topic for the ASMC is preset, it is important for the individual to clarify the topic by answering the question, *"What does this mean to you?"* The topic as clarified by the individual will focus the coaching process (Orem *et al.* 2011:86). Only once the individual has clarified what "getting better at self-management and individual wellness" means to them, can they continue onto the next step of the ASMC programme journey. Here it is vital to keep in mind that in any AI process what we focus on becomes our reality (Poetic principle of AI; Clancy & Binkert 2010:154).

5.3.1.2 *Develop a personal definition of self-management and individual wellness*

Before one can embark on the ASMC programme journey, one needs to develop a personal definition for self-management and individual wellness. During a previous study (Richter 2010) and the interviews discussed in Chapter 4, the researcher realised that each participant had his or her own definition of these concepts. This structured and focused what was important to them and how they dreamed of their peak self-management and individual wellness future. Both gender and cultural identity play a role in the definition of self-management and individual wellness. These definitions should be holistic and include personal (physical, emotional, cognitive and spiritual), interpersonal (team and relationships), financial and professional (well-structured organisation) dimensions.

According to social constructionism, how we see the world constructs or creates our world (Clancy & Binkert 2010:153). Clancy and Binkert (2010:153) explained that what one pays attention to and is curious about forms the foundation for how one takes action when creating one's future. During this step, the individual will be take an appreciative stance (constructionist principle) because our self-awareness and destiny are interwoven and influence the actions we will ultimately decide to take. Self-examination and the self-reflective nature of the ASMC will already start during this step.

5.3.1.3 *Acknowledge that it is a 'continuous awakening process'*

The individual who embarks on this ASMC programme needs to take cognisance that their own self-management and individual wellness skills are flexible and change overtime. One needs to be especially mindful of the change and improvement of cognitive skills, interpersonal skills (people and communication), physical care strategies and spiritual care

strategies. Therefore the mastery of self-management and individual wellness is seen as a "*continuous awakening process*" (Richter 2010:119). This implies that the process is usually a long and sometimes difficult one, involving much practice and learning. Even if the individual has already worked though the ASMC programme journey, another round might be necessary before self-management and individual wellness become second nature (Richter 2010:121). Although self-management and wellness skills can be taught (Gerhardt 2007:14), the individual needs to acknowledge that mastering self-management and individual wellness is a trial-and-error process that needs the internalisation of skills, attitudes and behaviours, and is built upon deep learning processes (Richter 2010:121). Only once this is grappled with will the individual be better equipped to succeed. The individual would have to spend time in self-reflection and be honest with oneself about what is really working or not working (Drick 2014:50). Additionally, one should take cognisance that the *continuous awakening process* is motivated and maintained by several internal and external cognitive realities of the individual (Richter 2010:36).

5.3.1.4 *Consider your current level of self-management and individual wellness*

Self-assessment, to considering one's current level of self-management and individual wellness (Gerhardt 2007:12), is important in the process of creating a point of departure. This can be done only once the individual has identified what self-management and individual wellness mean to him/her. Gerhardt (2007:12) indicated that the main aim here is for the individual to isolate his/her unique personal areas of excellence and development. The individual will most probably identify some positive and negative aspects of his/her current reality. All positive aspects should be taken forward in this journey and negative aspects should be kept on the side and not be taken forward.

Once the individual has guided him/herself through the four steps as discussed above, he/she will have a clear idea of what the ASMC programme aims to do and where they currently situate themselves as a starting point for the ASMC journey. All outcomes and all positive concepts identified in the process above will be placed in a "*peak inventory*". The peak inventory will be discussed in detail later (cf. point 5.3.2.1).

5.3.2 Self-discovery

The second step of the ASMC programme is 'Self-Discovery' (Figure 5.3). In the self-discovery stage there is a great deal of explanation about the past and present skills, talents and successes of the individual that relate to the programme topic (Orem *et al.* 2011:86). It is a stage of reflecting and celebrating what gives life to the individual (Orem *et al.* 2011:107). As seen in Chapter 3 (cf. point 3.2.1), the discovery phase of AI is concerned with identifying the "best of what has been or what is". Here the participant will focus on self-appreciation. One should affirm a sense of the possible and cultivate beliefs in a possible future.

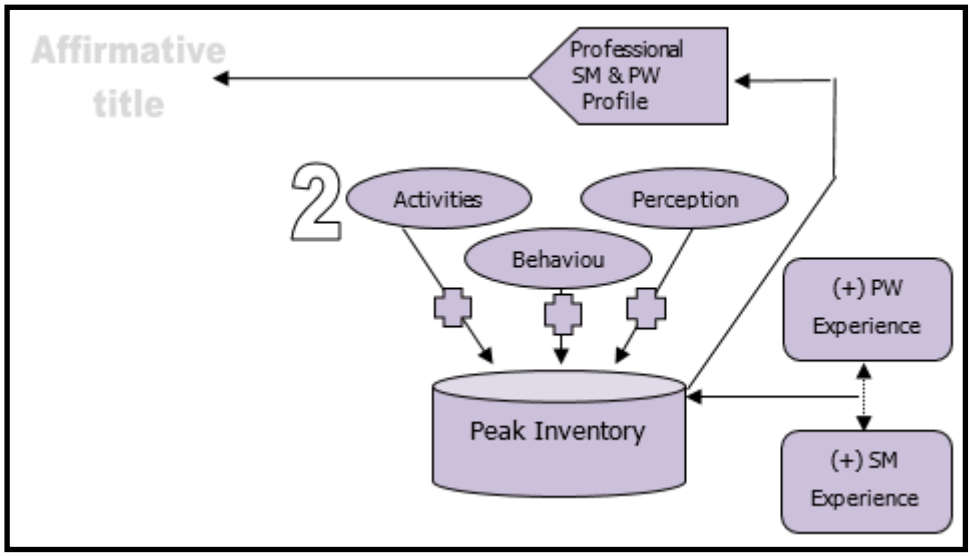


FIGURE 5.3: A DIAGRAMMATIC OVERVIEW OF SELF-DISCOVERY [Compiled by the Researcher, Henrico 2014]

During self-discovery, the Anticipatory Principle of AI (cf. Table 3.1) will be vital to the success of the ASMC. The ability to anticipate or imagine our future is one of the most important resources available for individual change (Clancy & Binkert 2010:152). Individuals with strong positive beliefs about themselves will take on more serious challenges, relinquish difficult tasks less easily and see themselves as capable and successful, even when they experience failure (Clancy & Binkert 2010:152).

The participant will guide him/herself through the following five steps that focus on exploring the best of their self-management and individual wellness. These include (1) *becoming aware of your peak inventory,* (2) *describing positive experiences,* (3) *reflecting on the positive aspects of your experiences* (4) *identifying similarities across these experiences* and (5) creating a *professional self-management and individual wellness profile.* These will now be discussed in detail.

5.3.2.1 *Become aware of your peak inventory*

This step is concerned with awareness of your own positive activities, perceptions and behaviours. This is done by examining your life (self-reflection). Self-reflection will require the individual to tune inward and "examine one's thoughts, values, beliefs, experiences, behaviours and inner wisdom" (Drick 2014:46). The individual is encouraged to think about the main positive areas in his/her life (Grant & Greene 2004:232). When compiling or filling the peak inventory, one needs to turn negative thoughts into performance-enhancing thoughts. This process requires that one constantly, actively change any negative beliefs that one might have and then replace them with positive self-talk (Grant & Greene 2004:137). Becoming aware of and identifying one's peak inventory will help one focus on acting in a way that will move one forward in achieving peak self-management and individual wellness (Grant & Greene 2004:143). The peak inventory can be defined as a mixing pot containing the best of the individual; his/her beliefs, skills, talents, behaviours and activities.

After completing the ASMC programme journey, the peak inventory will contain all one's best attributes, skills and capabilities. It will be the hub of one's positive motivation and ultimately remind one of one's talents and strides already made in reaching one's dream.

5.3.2.2 *Describe positive experiences*

The individual embarking on the ASMC programme should describe a self-management and individual wellness experience he/she is proud of (Orem *et al.* 2011:117). These can be past self-management and personal wellness high points (Trajkovski, Schmied, Vickers & Jackson 2013:1228). The peak experience will form the foundation for the positive context of the ASMC programme journey. The next step of the ASMC will reflect on the positive aspects of these experiences.

5.3.2.3 *Reflect on the positive aspects of your experiences*

After the individual has described the positive experiences, it is important to reflect on or identify what it is about the peak experience or successful situation that bought him/her to enjoyment (Orem *et al.* 2011:118). The individual would be required to reflect on what made these stories, in point 5.3.2.3, high points. By focusing on what the individual did right, one cultivates belief in a possible future.

5.3.2.4 *Identify similarities across these experiences*

After reflecting on a few peak self-management and individual wellness experiences, which may not be related to each other, one should identify similarities and patterns across all of these experiences. Orem *et al.* (2011:118) indicated that the idea here is for the individual to learn how to reflect on these similarities and patterns and how he/she approaches certain situations. The individual should use these similarities to affirm his/her capabilities (Orem *et al.* 2011:118). The similarities and patterns identified across several peak experiences should be included in the individual's peak inventory.

5.3.2.5 *Professional self-management and individual wellness profile*

Finally, one needs to circle back to the topic and determine what the individual's professional self-management and individual wellness profile resembles. This professional profile will include the positive activities, positive behaviours and positive perceptions that one can apply to the original topic and one's clarification and/or understanding thereof. Not only will the peak inventory inform this professional profile, but the professional profile should then be included back into the peak inventory of the individual.

Once the individual has a good understanding of what his/her peak inventory consists of, then the individual will be able to truly understand his/her current self-management and individual wellness point of departure. After the self has been discovered in the self-discovery stage, then the individual will be ready to move into the self-dreaming stage.

5.3.3 Self-dreaming

The third stage of the ASMC programme is 'Self-Dreaming' (Figure 5.4). The individual will be guided through a process where the focus will be on meaning and self-image. As seen in Chapter 3 (cf. point 3.2.1), the focus of the dream phase is to create a clear result-orientated vision. Orem *et al.* (2011:128) indicated that this stage is concerned with articulating potential. The main purpose here is to articulate "a meaningful picture of the future – a picture that is of their own choosing" (Orem *et al.* 2011:128 & 206).

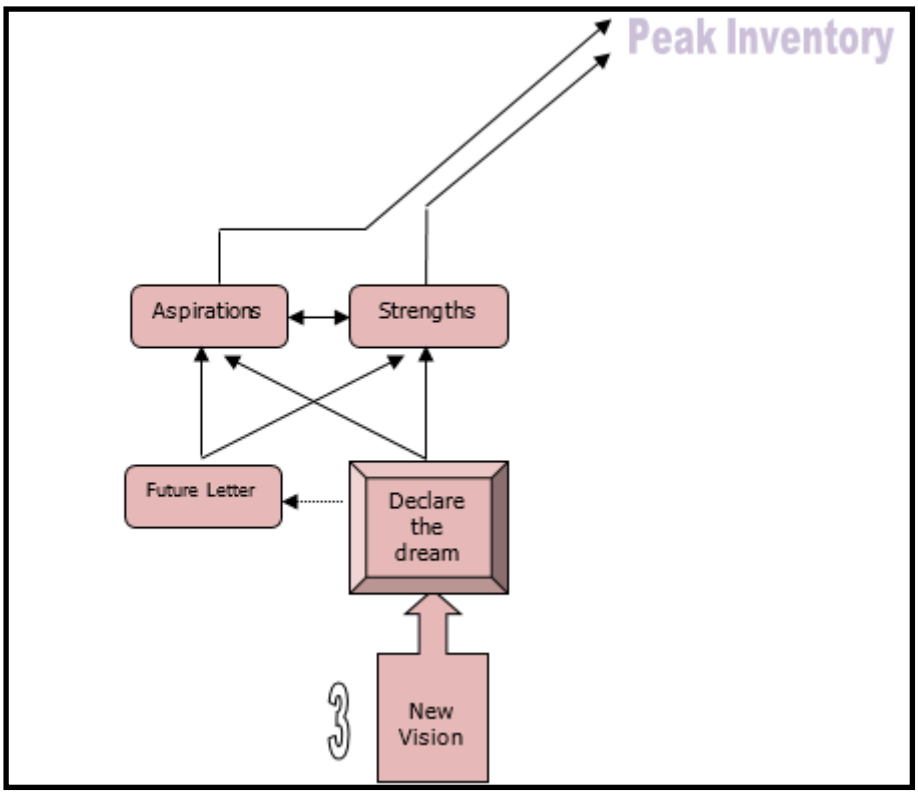


FIGURE 5.4: A DIAGRAMMATIC OVERVIEW OF SELF-DREAMING [Compiled by the Researcher, Henrico 2014]

This stage will be divided into another four steps of the ASMC programme that will allow the individual to dream of what might be. These steps include (1) *describing a new vision*, (2) *declaring your dream,* (3) your *future letter* and (4) *acknowledging aspirations and strengths*. These four steps will now be discussed in detail.

5.3.3.1 *Describe a new vision*

The first step in the self-dreaming stage of the ASMC programme journey is to expand one's thinking about possibilities and to envisage a dream (Orem *et al.* 2011:206). It is important that this new vision is dealt with only after celebrating the self in the previous stage (cf. point 5.3.2), because the affirmative, positive core foundations will now have been set and the new vision can therefore be built upon them. It is also suggested that self-dreaming and describing a new vision are dealt with in the same session, as self-dreaming will immediately inform and energise the vision of the future (Trajkovski *et al.* 2013: 1230). Here the individual will be stretched beyond their comfort zone, in order for them to "create a vision powerful enough to inspire and direct them to actualize a true dream" (Orem *et al.* 2011:129). In order to create this new vision, one should believe that any dream is legitimate and that the dream can indeed be realised (Orem *et al.*

2011:142). The individual is required to dream outside his/her usual boundaries, where 'miracles' or 'magic wand' metaphors might be used when creating positive and compelling images of the future (Trajkovski *et al.* 2013:1226). Orem *et al.* (2011:142) stated the individual should believe that he/she is indeed competent and that he/she can and will achieve his/her dream of self-management and individual wellness. This step can be done verbally (a voice note) or by writing it down; this will depend on what is most natural for the individual.

5.3.3.2 *Declare your dream*

Once the new vision is set and anticipated, the individual needs to declare his/her dream. By declaring one's dream, one gives voice to one's preferred future; one affirms one's dream (Orem *et al.* 2011:135). Orem *et al.* (2011:145) indicated that "dreams are unique, holistic, generative, descriptions of the future that are rich with possibility, emotion, inspiration, excitement, hope and often some fear". One should use 'provocative' declarations that are confident and assertive statements of what one hopes to achieve (Trajkovski *et al.* 2013:1226). Dreams will be different from individual to individual and might even change as the process of ASMC continues for an individual. Many dreams will be grand and broad, while others will be specific and focused. There is no right or wrong dream, and the individual should allow him/herself to dream of the best possible future for him/herself. The important part here is the tangible declaration of the dream in order to make it more reachable and real.

5.3.3.3 *Future letter*

The individual should write him/herself a letter from the future. By writing a future letter, it is easier to decode one's values, future aspirations and where one wishes to be. The individual will be able to identify his/her own needs and values for the preferred future. Writing has been found to be a powerful way to share the dream, as the individual will have to attend to the nuances of what he/she desires (Orem *et al.* 2011:147). One should choose a date in the future - this date can be either 3 months or 1 year from now. The individual is encouraged to pretend to have travelled in time to that date and sit down to write a letter to the current self. The writer should focus on the self-management and individual wellness aspects one has already achieved in the future. This is a simple yet powerful tool for change (Grant & Greene 2004:240).

5.3.3.4 *Acknowledge aspirations and strengths*

The individual should take time to examine the future letter and new vision. From this letter, new vision and peak experiences, the individual will acknowledge his/her aspirations, strengths, values and needs (Grant & Greene 2004:240). The individual should turn his/her attention to the aspirations he/she would like to fulfil and those strengths and skills about which he/she is confident in the present (Orem *et al.* 2011:143). These might have already been included in the peak inventory, but this step constitutes a confirming and reaffirming of what has already been included and what might have been omitted. Here the individual should discern which of these could be included for future self-management and individual wellness strategies. Once the individual has identified his/her own needs, values, aspirations and strengths, these should be included in his/her peak inventory.

After working through the previous steps and after the participant has self-dreamed a possible future for self-management and individual wellness, the individual will be in the position to self-design a structured ASMC programme. This becomes possible because they will know exactly what they are working towards and where they are currently as they start this journey.

5.3.4 Self-design

Once the individual has guided him/herself through the first three stages of the ASMC programme, he/she should have an idea of his/her current self-management and individual wellness capabilities and practices, as well as what he/she is working towards. The next stage – 'self-design' – is the heart of the ASMC programme journey (Figure 5.5). This stage is where the individual designs his/her own self-management and individual wellness future. The self-design stage is concerned with directing "attention and action" (Orem *et al.* 2007:149; cf. 3.2.1). The individual will be required to make choices as to how the envisioned future will be achieved (Trajkovski *et al.* 2013:1231). By being the designer of his/her own future, the individual will bring the dream into focus and provide structure and foundation to attain the dream (Orem *et al.* 2011:206).

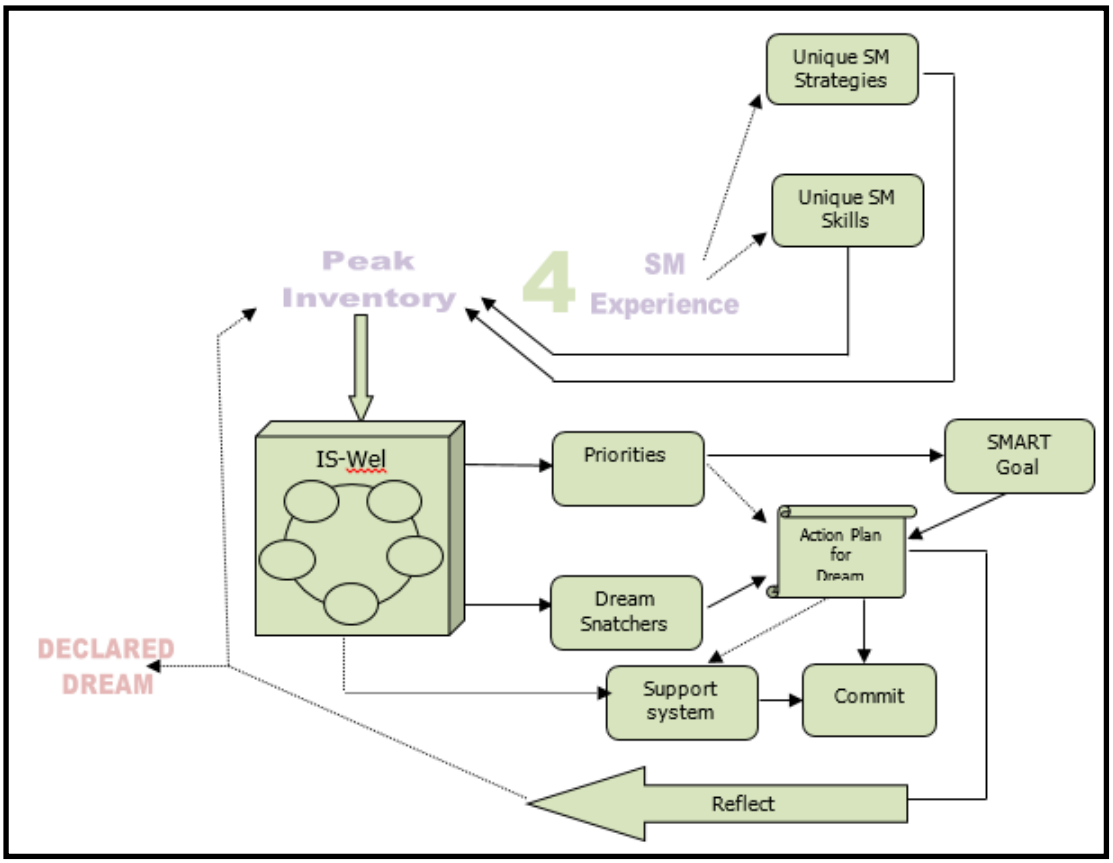


FIGURE 5.5: A DIAGRAMMATIC OVERVIEW OF SELF-DESIGN [Compiled by the Researcher, Henrico 2014]

In order to design the best possible future, one should incorporate skills and strengths that are written into the peak inventory (cf. point 5.3.2.1). The self-design stage is further divided into the following ten steps that focus on 'what should be': (1) *identifying your self-management strategies*, (2) *identifying your self-management skills,* (3) *plotting the peak inventory into the IS-Wel model,* and (4) *identifying compelling priorities.* Thereafter, the individual will: (5) *set SMART goals,* (6) *draw up an action plan,* (7) *anticipate dream snatchers,* (8) create a *support system,* (9) *reflect on living your dream* and (10) *commit to an action plan.* These will now be elaborated on.

5.3.4.1 *Identify your self-management strategies*

The first step within the self-design stage of the ASMC programme is to identify one's own unique self-management strategies (cf. point 2.5.2.1). These are strategies that might assist the individual to gain a sense of control (Richter 2010:53). Richter (2010:97-111) indicated that these strategies should include:

- Cognitive strategies: self-reflection; self-talk; self-knowledge; letting go; focused attention; thinking ahead, communication skills; planning goal-setting; tailor-made treatments for clients; creating boundaries (personal & family); time-management; time competence and personal touch in working environment;
- Emotional strategies: emotional awareness; faking-it; managing emotions; showing compassion and suspending judgement;
- Spiritual strategies: positive focus and saying a prayer;
- Relational strategies: network of "relationships that provide personal support and working as a team"; and
- Structured external environmental: planning working day; managing clients and structuring your working environment.

When identifying self-management strategies suitable to each unique individual, it is evident that the individual's current environment will determine the use of, or limit the use of, certain self-management strategies. According to Dilts (2003:3), external stimuli, such as our surroundings, will affect responses and the state of the individuals and needs to be considered as part of any goal-orientated coaching process such as the ASMC.

5.3.4.2 *Identify your self-management skills*

Once the self-management strategies have been identified, the individual can turn his/her attention to his/her own self-management skills. As seen in Chapter 2 (cf. point 2.3.1.2), these self-management skills should include problem solving, resource utilisation, decision-making, taking action and forming partnerships. Both one's self-management strategies and the skills one is good at should be included into the peak inventory.

5.3.4.3 *Plot peak inventory into the IS-Wel model*

Once all the aspects, identified in the previous steps and phases, have been included in the peak inventory, the individual now needs to plot the peak inventory into the IS-Wel model (cf. point 2.2.1 & 3.2.2.1). This will assist the individual to reflect on the ways he/she has already lived his/her dream in past experiences, and to identify all areas and/or aspects he/she needs to influence in order to reach his/her possible peak future – bringing his/her dream into focus (Orem *et al.* 2011:152). When plotting the peak inventory into the IS-Wel, the individual should make mindful choices and commit to meaningful actions (Orem *et al.* 2011:155). Orem *et al.* (2011:155) encourages

individuals to take action and use experimentation to move themselves forward. When mindful choices precede action, the individual will be able to build structure and foundation into a plan that will lead to achieving the declared dream (cf. point 5.3.3.2). The IS-Wel has been discussed in detail in Chapter 2 (cf. point 2.2.1) and Chapter 3 (cf. point 3.2.2.1). In short, for now, the individual has to plot the peak inventory into the IS-Wel by including the following topics:

- Essential self: spirituality, self-care, gender identity and cultural identity;
- Creative self: thinking, emotions, control, positive humour and work;
- Coping self: realistic beliefs, stress-management, self-worth and leisure;
- Social self: friendship and love; and
- Physical self: exercise and nutrition.

This will allow the individual to further identify his/her wellness needs. One has to understand that the environmental context will affect the above (Myers & Sweeney 2005:238). The context includes local (family, neighbourhood and community), institutional (education, religion, government, business and industry) and global (world events and/or politics, culture, environment and media) aspects, and all of these influence the ability of individuals to self-manage and achieve individual wellness.

5.3.4.4 *Identify compelling priorities*

Some dreams are very big and from the previous step the individual will be able to identify where change might be needed. To assist the individual to maintain focus, one needs to identify two or three compelling priorities that represent some of the major aspects of one's dream (Grant & Greene 2004: 235; Orem *et al.* 2011:152). These should not necessarily be the easiest to alter, but should be priorities that guide and inspire (Orem *et al.* 2011:150). They should be priorities that one can commit to and that will lead to action. Once the priorities have been set, Orem *et al.* (2011:153) alluded to fact that time should now be spent on describing what it would look like when the individual successfully achieved these priorities.

5.3.4.5 *Set SMART goals*

Goals identify specific ends for coaching and reflect language that is more commonly associated with planning or problem-solving approaches, such as improving oneself (Orem

et al. 2011:88). Goals begin with a vision of how the future should be (Zeus & Skiffington 2003:158). By setting goals, the purpose of the programme is kept in sharp focus and sets expectations for a successful conclusion. Orem *et al.* (2011:88) indicated that one should be mindful that goals can be confining if they do not provide room for exploring a client's experiences and talents and do not take into consideration the "full texture of a person's life". The goals set should be tangible, energising and highly focused (Orem *et al.* 2011:153). Goal-setting theory states that "individuals who set effective goals tend to accomplish more than individuals who do not set effective goals" (Gerhardt 2007:13).

Goal-setting is directly linked to individual motivation (Gerhardt 2007:13) and is a powerful technique that allows us to choose who we want to be and where we want to go (Zeus & Skiffington 2004:161). As soon as the priorities, structure and foundation are set, the individual needs to foster his/her own motivation (Grant & Greene 2004:100; cf. point 2.3.1.2). In order to achieve this level of motivation, one should set SMART goals. SMART goals are explained as (Grant & Greene 2004:107; Gerhardt 2007:13):

- Specific: vague goals lead to vague, half-hearted attempts to achieve them.
- Measurable: the individual needs to be able to evaluate the progress.
- Attractive: if the individual doesn't want it, he/she is unlikely to put in a sustained effort.
- Realistic: the individual has to be capable of achieving the goal.
- Time-framed: the individual needs to have an appropriate time frame in mind.

To ensure that the SMART goals set above are effective, they should be inspiring, challenging, measurable and have a deadline (Bresser & Wilson 2010:20). This will facilitate the maximisation of motivation, because the individual would be able to see that he/she is moving forward (Grant & Greene 2004:111). One needs to weigh up the positive and negative effects of making change (Grant & Greene 2004:246). Writing down the positive impact of making change in reaching the goals set in this stage will facilitate motivation.

5.3.4.6 *Draw up action plan*

Drawing up an action plan allows one to incorporate elements of one's dream into one's daily living (cf. point 2.3.1.5). Grant and Greene (2004:252) indicated that small, but significant, steps leads to big gains, and creating a step-by-step action plan might be the

best way to move towards the envisaged dream. Goals (as set above) are rarely achieved without an action plan being in place (Zeus & Skiffington 2004: 166). This action plan should start small; one could start with an action plan for just the following four weeks. The action plan should lead to achieving the SMART goals set in the previous step (cf. point 5.3.4.5) and will allow the individual to stay on track. Self-monitoring, as discussed by Gerhardt (2007:13), will be vital when setting up an action plan, as it would be unrealistic to expect simply to reach a preset goal without experiencing hurdles along the way.

5.3.4.7 *Anticipate dream snatchers*

Dream snatchers are a natural part of any behavioural change process. The best method to overcome these is firstly to anticipate the dream snatchers one might come across and secondly, to visualise oneself overcoming these. Pre-solving of dream snatchers before being confronted with them in real life might give the individual a sense of control and put him or her in a better position to deal with them (Grant & Greene 2004:200). To be successful at self-managing, one has to be ready for potential obstacles and be "skilled in techniques that are necessary to overcome these obstacles" (Gerhardt 2007:13). As Grant and Greene (2004:159) explained, one should optimise one's optimism, and anticipating these dream snatchers will sustain optimism. Due to the fact that life often takes us by surprise, not all dream snatcher can or will be anticipated. In this instance, one can analyse the peak experiences discussed in the self-dreaming stage (cf. point 5.3.2.2). The individual will then feel more confident in dealing with dream snatchers in the future (Grant & Greene 2004:201).

5.3.4.8 *Support System*

As mentioned in step two of the self-design stage (cf. point 5.3.4.2), individuals should reflect on partnerships they currently have to facilitate their own self-management. These partnerships might form part of the support system that is vital for the success of their ASMC programme. Humans are social beings who love, play and learn through interactions with others (Orem *et al.* 2011:156).

For the ASMC programme journey overall, and to be successful in this particular step, one cannot rely only on one's individual self-management. Other people are vital to the ASMC ideals of wellness. To set up one's support system or someone who can co-coach, one

needs to identify individuals who share a common goal and who will help one to reach one's self-management and individual wellness goal. Constructing a support system can start at the self-dream stage, but is most important in the self-design stage. Having someone to share a dream stimulates the thinking process and helps to even define the dream and action plan more (Orem *et al.* 2011:156). Orem *et al.* (2011:156) indicated that caution is necessary when the individual changes patterns of behaviour or action in the process of moving forward, as the change will affect others. It is vital to understand that change might influence the support system and vice versa.

One can decide to embark on this journey with a friend (Grant & Greene 2004:205). Support systems have to encourage the individual to use his or her best abilities, stay focused and keep heart (Orem *et al.* 2011:165). Orem *et al.* (2011:165) stated that support systems can include family, friends, colleagues, counsellors or a combination thereof, and such support systems provide encouragement, remind the individual of his/her talents and applaud his/her successes. The authors indicated that support systems represent the positive principle in action. A very important attribute one would look for in the support system is listening skills, as listening is key to any coaching relationship (Grant & Greene 2004:209).

In the context of the somatology clinic, ASMC programme participants would need to let their employer know what they need to facilitate their self-management and individual wellness (Richter 2010:128). One should improve the relationship with the self and with others as part of the support system in the ASMC programme (Richter 2010:133).

5.3.4.9 *Reflect on living your dream*

A part of this self-discovering journey and self-design stage of the ASMC programme is to reflect on the ways one is already living one's dream. The individual should recall elements of the dream that may already be in place (Orem *et al.* 2011:159). Not only will this allow the individual to monitor his/her progress, but most individuals will realise that they have past or current successes and strengths in place to support their dream (Orem *et al.* 2011:159). This realisation reinforces a cycle of success. Once this has been done, the action plan derived thus far (cf. point 5.3.4.6) might have to be revisited and revised to incorporate all concepts, skills and strengths identified in the process. Not only might this lead to motivation, but it would be an effective way to monitor progress. This can be

done on a weekly basis, or during a self-reflection session at the end of each day and/or reflective journals and diaries.

5.3.4.10 *Commit to action plan*

The final step within the self-design phase is to finalise the action plan. Here the individual has to make decisions and take action based on the priorities he or she has identified (Orem *et al.* 2011:160; cf. point 2.3.1.5). The individual should commit to the action plan and consciously make the decisions to begin the change process. The action plan should be signed and a copy given to the person identified as the individual's support system. One should encourage the self to manifest the dream into one's daily living. The individual should influence his/her own destiny by making choices and acting in ways that reflect his/her most positive core and desired future (Orem *et al.* 2011:149). One can use a very simple checklist to make the action plan real and quantifiable. The checklist should, however, not be too long, as this could make the process daunting and take up too much time for the individual. Rather, he/she should focus on what needs to be done and when it needs to be done (Grant & Greene 2004:262).

To facilitate the self-design process, as discussed above, one can use the GROW model of coaching (Grant & Greene 2004:260; cf. point 3.4.1.3).

5.3.5 Self-driven destiny

Once the individual ASMC programme has been designed and committed to, the individual will move into the 'Self-driven destiny' stage (Figure 5.6). In this fifth stage of the ASMC programme, the focus will be on the internalisation and living of the dream, the "being and becoming" (Orem *et al.* 2011:170). The self-driven destiny stage will allow individuals to review and celebrate accomplishments (Trajkovski *et al.* 2013: 1231). One should anticipate results and achievements when initiating the self-driven destiny stage of the proposed ASMC programme. Here the aim is allowing the individual to live life to the full and to expand his/her capacity when creating the dream (Orem *et al.* 2011:206).

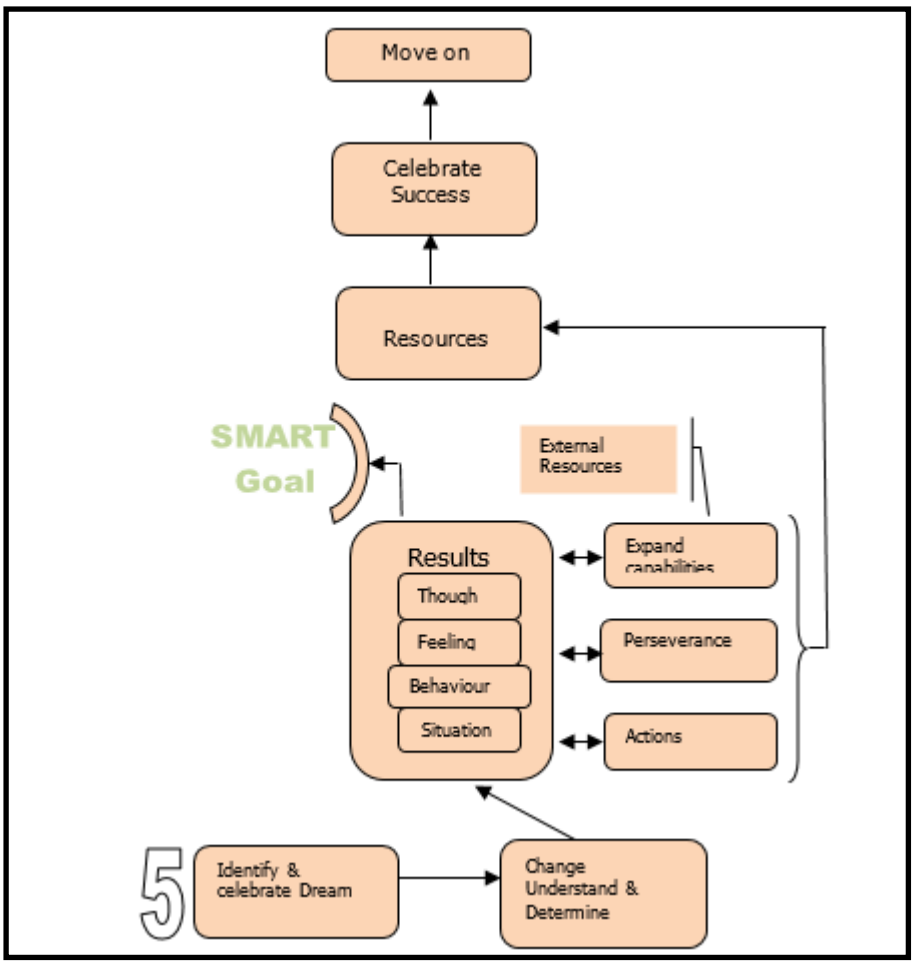


FIGURE 5.6: A DIAGRAMMATIC OVERVIEW OF SELF-DRIVEN DESTINY [Compiled by the Researcher, Henrico 2014]

The seven steps of the self-driven destiny stage are concerned with adjusting and improving the ASMC programme. The individual should first (1) *identify and celebrate the dream*. Thereafter he/she should (2) *understand change*, (3) *focus on results,* (4) *focus on ways to act, persevere and expand capabilities,* (5) *gather your resources*, (6) *celebrate success* and (7) *prepare to move on.*

5.3.5.1 *Identify and celebrate your dream*

Revisiting one's dream, as set out in the self-dream stage (cf. point 5.3.3), will enable the individual to have a clear idea of what he/she is working towards and to celebrate where he/she is now in manifesting the dream (Orem *et al.* 2011:180). Celebration is important at this point of time, as the road to change is a challenging one and celebration maintains feelings of hope and empowerment (Orem *et al.* 2011:180). Not only will this reemphasise the action plan created (cf. point 5.4.3.6), but it will also improve the individual's level of optimism and positive outlook, reemphasising the positive effect.

5.3.5.2 *Understand change*

Change means an "alteration in our world, an interruption of how we usually cope in the world, with ourselves and with others" (Zeus & Skiffington 2004:199). It is difficult to bring about change, as much time and effort are needed to gradually bring about change; it is not a quick fix, therefore understanding change is important. Although change has been identified as difficult and very important, it is often an overlooked part of behavioural change processes. Grant and Greene (2004:3) explained that change is at the heart of any coaching programme. When preparing for change, one should first understand change. Change is not merely about making a decision to change; it encompasses far more than that. Grant & Greene (2004:43) discussed six stages of change, developed by Prochaska in his transtheoretical model of change. These include:

- Pre-contemplation: this is the stage before we even start to think about making change.
- Contemplation: here the main feeling is ambivalence. The individual wants things to change but at the same time wants things to stay the same.
- Preparation: this stage begins when one continues to think about change despite reservations. At this point the decision to change has been made, as the individual might be tired of the specific behaviour, although there is still uncertainty if change is what the individual wants.
- Action: here the person actually starts to take some steps towards change.
- Maintenance: after action the individual enters the maintenance stage. This is only after he/she was successful in changing the behaviour and new behaviours have become part of his/her personality and daily life.
- Relapse: relapse involves doing the very thing one has been trying so hard to change. Relapse is a normal part of change.

In order to sustain real and lasting change the individual should change thoughts, feelings and behaviours (Grant & Greene 2004:38). One should first determine at what stage of change one is currently at and then aim for the next stage. The individual should leverage their positive core beliefs and values to sustain him/herself through the change process (Orem *et al.* 2011:154).

5.3.5.3 *Focus on results*

Self-coaching literature suggests that the individual should focus on solutions (Grant & Greene 2004:249). Solution-focused coaching has been developed from solution-focused therapy and has been used extensively with very good results in the fields of education, child behavioural problems, drug counselling and others (Grant & Greene 2004:148). This form of coaching emphasises where people "what to go", how they will get there (self-design) and "how they are going to achieve outstanding results" (Grant 2010:94). Grant and Greene (2004:148) suggested that one should focus on the results – the dream of where one wants one's self-management and wellness to be – rather than on the way to get there. One should envisage oneself (in the mind's eye) as already living the dream – 'day-dream' one's preferred future. Doing so will assist one in building the motivation needed for change. The individual then has to identify how his/her thoughts, feelings, behaviours and situation will support his/her SMART goals (cf. point 5.3.4.5). One might want to spend some time in reflecting how far one has already progressed (Grant & Greene 2004:250). Reflecting and revisiting the peak inventory (cf. point 5.3.2.1) might assist the individual to reflect on the progress already made.

5.3.5.4 *Focus on ways to act, persevere and expand capabilities*

The individual should improve his/her capacity to reach his/her dream. The focus in this step is to help the individual to take action, expand capabilities and persevere on the path forward (Orem *et al.* 2011:181). One would have to build on current, productive and energising self-management strategies and skills (cf. point 5.3.1.1, 5.3.1.2 & 5.3.2.1), assessing them and ensuring that they do lead in the direction of the dream as identified by the individual. Part of this step is to revisit one's dream and action plan continuously. One should allow for adjustment and improvement throughout this journey. The individual should use this time to build competency and confidence and determine what more needs to be done (Orem *et al.* 2011:181).

Particular care should be taken when discerning the expansion of capabilities. Although most of the capabilities needed would be included in the peak inventory, one might have to draw on external sources to supplement current capabilities and strategies. These will be discussed later (cf. point 5.3.6.3).

5.3.5.5 *Gather your resources*

When making change, one will have to draw on one's strengths (Grant & Greene 2004:168). For the ASMC, these are all resources one can use to facilitate the change. Grant and Greene (2004:168) indicated that resources could be personal experiences, mentors, influential people in one's life, teachers, books, paintings, music or concepts already included in the peak inventory (cf. point 5.3.2.1). Then one should map all resources that one has that will move one towards the self-management and individual wellness dream. These will include physical, mental/intellectual, spiritual, financial, situational (Grant & Greene 2004:252) and relational resources. Most of these might have already been identified in previous steps (cf. point 5.3.4.3). A resource list will enable the individual to have faith when the 'going gets tough'. Monthly team meetings could also be included as a resource if more than one employee working in a team has embarked on the ASMC programme. Having a mental image of the ASMC project helps one to stay on track (Grant & Greene 2004:251). One can therefore name the action plan or pick a symbol or sign that represents the individual ASMC programme.

5.3.5.6 *Celebrate success*

Celebrating success should be done on a daily basis throughout the journey and also at the end of the ASMC programme journey (Grant & Greene 2004:261). One should always celebrate even the smallest stride toward success in the journey to be a self-managed and personally well individual. *Nothing succeeds like success* (Grant & Greene 2004:214). The ultimate aim of the programme is for the individual to live life fully and well, and this should be celebrated. Individuals should allow themselves to take credit when succeeding, and to acknowledge the skills, talents and work that they have put into their achievements (Grant & Greene 2004:214). By celebrating even the smallest success, one paves affirmative ways for the envisaged future while letting go of the negative (Trajkovski *et al.* 2013:1226).

5.3.5.7 *Prepare to move on*

Preparing to move is an often-overlooked part of coaching programmes. Here the individual needs to disengage from the ASMC programme or go around the cycle again (Orem *et al.* 2011:181). The individual needs to ensure that he/she now has the

practices and tools he/she needs to sustain the new direction in reaching his/her own self-management and individual wellness dreams.

5.3.6 Closing stage

Due to the continuous awakening process and pragmatic approach of the ASMC programme, the final stage was designed to support the way forward as identified by the individual. 'Closing stage' is the final part of the programme and is divided into three steps. These include (1) *adjusting and improving*, (2) *debriefing each day* and (3) *finding external sources* for support. These will now be elaborated on.

5.3.6.1 ***Adjust and improve***

As repeatedly mentioned throughout the process of this self-management and individual wellness journey, one should continuously adjust and improve the action plan. At the end of the ASMC programme, one should take time to revisit the initial plan, celebrate the successes and reflect on how the programme can be improved and adjusted to move the individual forward to a better self-managed and personally well future.

5.3.6.2 ***Debrief each day***

It is vital for the individual to debrief each day. One should find a way best suited to one's individual need, preference and lifestyle. Debriefing can be a 5-10 minute debriefing session at the end of each day, keeping a debriefing diary and/or taking time throughout the day to reflect on various aspects of the day. This will assist the individual in reflecting on behaviours, thoughts, feelings and situations and how these were handled.

5.3.6.3 ***Find external sources***

Although most of the ASMC programme could be dealt with on a personal/individual level, some of the participants of the semi-structured interviews explained that they might need additional support (cf. point 4.7.2). Such support included time-management, conflict management, financial planning, alteration of clinic policies to promote self-management and individual wellness, team building people skills and personality type workshops. Once the individual has created his/her peak inventory and action plan, he/she would know

exactly which of these he/she would have to include in his/her journey towards reaching his/her self-management and individual wellness dream.

The six stages of the ASMC can be summarised (Figure 5.2-5.6) in Figure 5.7. This summary was used as the skeleton framework (prototypeI) of the ASMC that was used during the focus group interviews in Phase 2 in this design research study (cf. point 1.4.3, 1.7.2 & 3.4.2). The skeleton framework (prototype I) and the design specifications (cf. point 5.2) bring the ASMC closer to reality; and when design requirements and especially propositions are explicated and shared (for example in focus group settings such as the case for this study), contributions can be made to theoretical understanding (McKenney & Reeves 2012:132).

5.4 CONCLUSION

The conceptual framework discussed above is a novel approach to facilitate the self-management and individual wellness of the somatology therapist. It consists of six stages, namely (1) setting the stage, (2) self-discovery, (3) self-dreaming, (4) self-design, (5) self-driven destiny and (6) the closing stage. This process if far from linear and would need a cyclical approach when embarking on the ASMC programme journey. Throughout the process, the use of appreciative language (Orem *et al.* 2011:192) is vital. This will reinforce and generate the positive feelings, actions and outcomes of the individual.

The following chapter, Chapter 6 – **Transforming and refining prototype I (prototype II & III)**, will elaborate on the findings of the focus groups with experts identified in Chapter 3 (cf. Table 3.3) and elaborate on the unique contribution of this study by expanding on possible implementation guidelines.

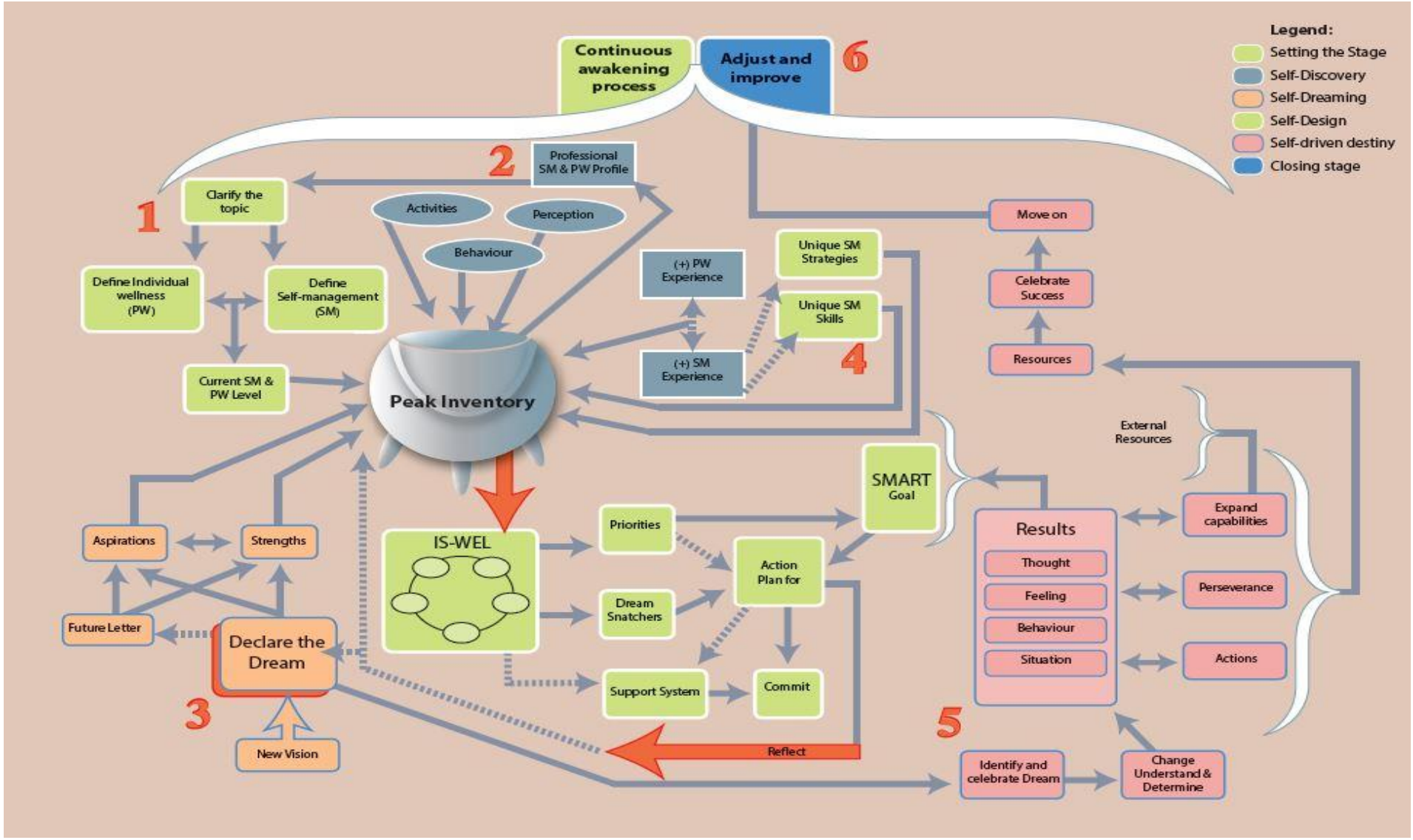


FIGURE 5.7: A DIAGRAMMATIC OVERVIEW OF THE ASMC SKELETON FRAMEWORK [Compiled by the Researcher, Henrico 2014]

CHAPTER 6

REFINING THE ASMC (CYCLES I & II)

6.1 INTRODUCTION

The previous chapter, Chapter 5, elaborated on the design specification that guided the design of the Appreciative Self-Management Coaching (ASMC) Programme, and additionally consisted of a focused discussion on the initial skeleton framework (cf. Figure 5.7) for the ASMC programme (Prototype I) aimed at facilitating the wellness of somatology therapists.

This chapter focuses on the unique contribution of this study by addressing research sub-questions three and four:

- *What draft principles should be included for an ASMC programme prototype?*
- *How will such an ASMC programme be implemented in the context of somatology?*

In order to address the above-mentioned research questions, Chapter 6 will discuss elements of both Phase 2 and Phase 3 of this study (cf. Figure 6.1). For Phase 2, Chapter 6 will attend to the remainder of the prototyping phase (Cycles I & II), by discussing the formative evaluations done through the focus group interviews with experts in the field of somatology, education and coaching (cf. point 1.4.3, 1.7.2 & 3.4.2). In order to elaborate on Phase 3 of this study, Chapter 6 will include the discussion of the twofold Alpha test (cf. point 1.7.2 & 3.4.3).

As previously mentioned (cf. point 3.2.1, 3.4.2.3 & 4.1), the philosophy of Appreciative Inquiry (AI) underpinned this study. Therefore the questions asked during the focus group discussions were (cf. point 3.4.2.3):

- What is the best strategy or practice in the suggested ASMC prototype?
  (The best of the ASMC prototype)
- What would your dream for the best prototype ASMC programme be?
  (Opportunities for the ASMC programme in the future)
- What should the ideal prototype ASMC programme additionally include?
  (The ideal ASMC programme)
- How could such an ASMC programme be implemented?
  (Ongoing empowerment and performance of the ASMC programme)

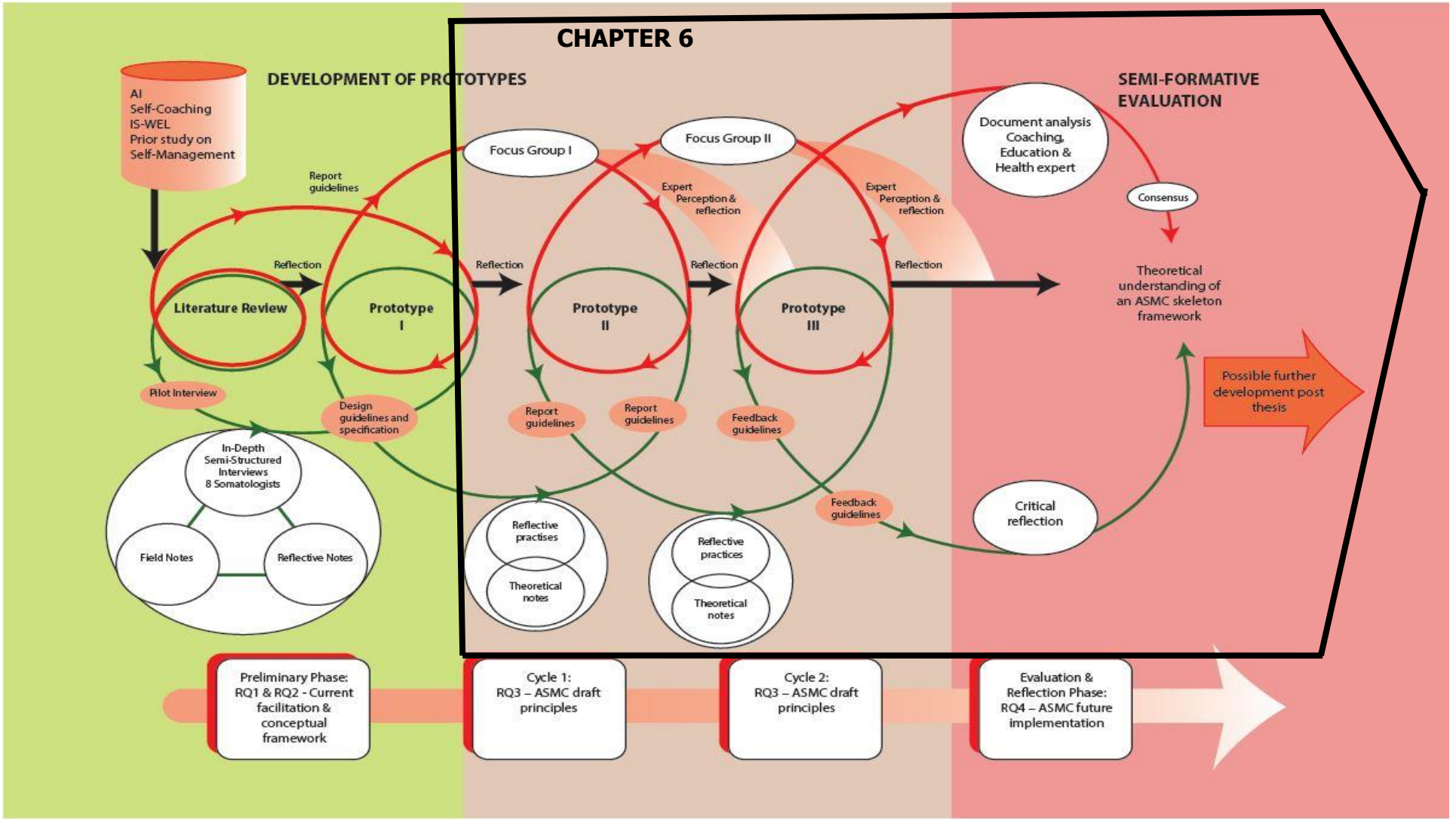


FIGURE 6.1: DESIGN RESEARCH PROCESS – FOCUS OF CHAPTER 6, REFINING CONSECUTIVE PROTOTYPES [Compiled by the Researcher, Henrico 2014]

The findings of the focus group discussion will now be elaborated in conjunction with the considerations of Phase 3 (cf. point 3.4.3), namely the perceived soundness and feasibility of the proposed ASMC skeleton framework through the twofold expert appraisal. This discussion will be followed by a detailed account of possible future implementation guidelines.

6.2 DISCUSSION OF THE FINDINGS (FOCUS GROUP AND DOCUMENT ANALYSIS)

The main aim of the focus group discussion and document analysis was to improve and refine the suggested Prototype I of the ASMC programme (Figure 5.7). As summarised in Table 6.1, the participants of the focus group and the expert, identified in Phase 3 (cf. point 3.4.3), acknowledged a central story line that articulated the pragmatic approach of the ASMC programme as being underpinned by a self-driven, preventative and flexible nature that allows for emotional stability within the self-management and personal wellness of individuals. An intense future dream for the ASMC programme included aspects of the individual, the somatology industry and education in general. Additional considerations for the ASMC programme and contextual framework will allow for improvement and refinement of the consecutive Prototypes and secure prospected success. The possible future implementation of the ASMC departed from a realistic approach with possible envisaged future obstacles.

During the discussion with experts in the field of somatology, coaching and education, it became clear that there is a need for the implementation of an ASMC programme. This could be due to the lack of self-worth not only within the individual, but for the somatology industry as a whole. As one focus group participant said:

"…that sense of worth of our industry which then, because it was lacking, it then filtered of how you were taught how you receive the teaching that sense of self of a somatologist working within the industry that has the concrete … hmm … understanding of itself or its identity. I think the big issue was the issue of an identity and because as we were taught, we were never taught as engaging individuals that are critical that are able to step back, that are … this what I'm doing is worth it…".

TABLE 6.1: OVERVIEW OF THE THEMES, CATEGORIES AND SUB-CATEGORIES OF PARTICIPANTS' VIEWS ON THE ASMC PROGRAMME

THEMES	CATEGORY AND SUB-CATEGORY
1. Pragmatic approach	1.1 Self-Driven in nature 1.2 Preventative in nature 1.3 Flexible in nature 1.4 Emotional stability
2. Intense future dream	2.1 Individual 2.2 Somatology Industry 2.2.1 Somatology Business 2.2.2 Collaborative network 2.3 Education 2.3.1 School 2.3.2 Higher Education
3. Additional considerations	3.1 Individual 3.2 Support 3.2.1 Dream Buddy 3.2.2 Managerial 3.2.3 Additional support (outside) 3.3 Implementation 3.4 Safety net 3.5 Conceptual Framework
4. Realistic implementation	4.1 Individual 4.2 Somatology Industry 4.3 Education 4.3.1 School 4.3.2 Higher Education 4.4 Additional implementation possibilities 4.5 Implementation obstacles 4.6 Realistic implementation suggestion

An additional topic to include at the onset of the prototype is to allow for sufficient time to embark on and continue with the ASMC journey. Not only would the whole programme take time to master, but each individual stage should be given the appropriate time allocation in order to appreciate the self.

"I think the process will take a while the stages, before you can understand and appreciated who you are".

As seen in the previous quote and the quote below, participants mentioned that the in-depth 'interrogation' of knowing the self will be a long but worthwhile process.

"…as an adult I am that, that in-depth that interrogation of who I'm of, where I'm it, it was a long process".

Not only will each stage need time to master due to the need for self-knowledge, but one has to comprehend that self-management (Richter 2010:38), individual wellness

(Lockwood & Wohl 2012:636) and coaching (Erricson *et al.* 2007:4) are all concepts that are dependent on sufficient time to effectively change the many factors of each and that collectively comprise the ASMC programme.

The discussion of the findings for the focus groups and the document analysis is structured around four themes, viz. the **pragmatic approach**, the **intense future dream**, some **additional considerations** to consider and **realistic implementation** suggestions, as seen in Table 6.1.

6.2.1 Pragmatic approach

The first question posed to the focus group participants was: *What is the best strategy or practice in the suggested ASMC prototype?*

Here participants were required to reflect on what they believed the best of the ASMC programme is. The responses were generally positive and can be summed up in the following quote:

"I can see big things happening. I really believe in this kind of life skills and life-management and I think if you have gone through it in your own life and you see result of this, it's easy to be excited about it because it is life changing".

To elaborate on the findings of this question, the discussion will focus on the **self-driven**, **preventative** and **flexible nature** as well as the **emotional stability** participants mentioned this programme offers individuals.

6.2.1.1 ***Self-driven in nature***

A large part of the discussion during Phase 2 of this study focused on the self-driven nature of the ASMC prototype. Participants mentioned the positive aspects of *self-knowledge, self-compilation, self-control, self-reflection, self-dependant* and the ease of *internalisation* of the programme.

Self-knowledge was perceived to be vital in the ASMC programme, as it will allow the individual to dream and set up a clear vision for the future, as seen in the following quote:

"…if you know who you are as person you in general, yourself dreaming and your vision…".

Knowing who you are and understanding the self, will allow the individual to have a better idea of what fulfils them and how they perceive personal wellness.

"I think I will not be sticking to the terminology that you use but that … hmm … process in self-understanding where you, you integrated of yourself of you are and in what fulfils you because if you are at a points and says this is who I am and this is how I'm perceive my personal wellness in to be".

Not only will the individual be at a better place to self-manage and be personally well, as seen above, but the individual might even know how to deal with different situations and environments.

"…with the self-discovery you see what you do correct, but also once you identified certain things that you are good at, you know how to deal with different things in different environments in … hmm … different situations".

Drick (2014:47) indicated that ongoing self-assessment is crucial for individual well-being and for appreciating one's personal journey, such as the ASMC journey. It also seemed to the researcher that the ability to know the self will not only facilitate the aspects discussed by Drick and the previous quotes, but also protect the self from unnecessary negative emotions and thoughts. This is supported by a view of a participant in the first focus group discussion:

"…when you get older you realise that it, it's easier to deal with nonsense because you know are fully, you are fully rooted in terms of and it's became natural to reflect to, this is how I deal with that or that, and as a result you are kind off protected from unnecessary anxiety, unnecessary irritation that you are protect from depression".

Another aspect participants expressed was positive in the self-driven nature of the ASMC prototype was the *self-compilation* process of the self-design phase. The programme allows the individual room to determine what to include and what to exclude in his or her personal self-management and personal wellness journey. The energetic feeling in the Destiny phase of AI, where individuals think 'outside the box' when brainstorming how to

achieve their visions (Wilson 2014:310), allows the individual to feel enthusiastic when embarking on making changes.

"…you are able to determine those things that you compile your success to your vision were your dream letter and also to be selective in terms of, of this person, of this vision, what is this to my environment that can make me a better person to get there and what are the impediments for me that is it's … it's the crux of it all".

The self-driven destiny of ASMC programme was another positive attribute mentioned by the participants of this study. The ability to *self-control* the design and destiny phases, by identifying different situations when embarking on this programme seems to allow for greater success in reaching the set out individual goal. Each ASMC journey will be a new creation, an experiment that brings out the best in the individual, due to the core foundation of AI in this programme (Whitney & Trosten-Bloom 2010:ebook).

"I think in where it goes with the self-design … how can I say … how you can take control over a situation in a different … number of in those categories in what you just mention".

Apart from the above, being able to step back and change one's thinking patterns – to take responsibility for oneself – was perceived as one of the best practices of the ASMC prototype.

"So this is kind of a newer thinking, in the sense that you have to do it yourself; it's a self-programme; you have to check yourself, you have to understand yourself, and you can't blame somebody if you didn't do it, so you have to that take responsibility and that if you would say".

The fourth concept discussed in the self-driven nature of the prototype that participants mentioned as a good approach, is the *self-reflective* nature of the prototype. Self-reflection is seen as a special kind of nurturing that enhances the soul and its expression, and the more self-reflection is practised, the more one can deepen self-understanding (Drick 2014:47). As seen in the quote below, most of the participants spoke about self-reflecting.

"…everybody says the same thing, you have to self-reflect and understand who you are, where we going, what your dreams snatchers are, if you can go there and how you can get there".

Not only was reflecting mentioned as important, but also a daily debriefing session and continuous self-talk during the ASMC journey, as seen in the following two quotations:

"…self-talk the whole time, so that you are reflecting and talking to yourself and that self-conversation that's going on".

"…the daily … hmm … you know, going back to see that I do this day, you know … debriefing".

Additionally, the *self-dependant* nature of the programme was perceived as one of the best strategies of the ASMC Prototype.

"…it's also … hmm … like simple; it depends on the individual".

The direction the programme takes will depend on the individual's clarification of the topic, what he/she perceives as important and where he/she would like to be.

"From what topic, from clarifying the topic, you can find it start with yourself, how you show, like you said how you start internalising, and how do you take it out…".

Because the programme is self-dependant, one participant appreciated the lack of competition due to the fact that an individual benchmark will be set based on one's own realities and current context.

"But what I also like is that not competitive with others, so you set own benchmark, you take into consideration your own realities, where you are, that things change, if you're getting marriage things are going to changes and a lot of things might need to tweak … hmm … so that it is dynamic".

The self-driven nature of the programme, including all the concepts discussed above, seems to facilitate the *internalisation* of the ASMC prototype.

"What I actually thought was positive … is that it can be internalised pretty easy. I think you can pretty easily see the picture, where am I now, where do I want to be and what is my dream snatchers so that you can internalised it I think".

It is the researcher's belief that this internalisation will allow for ease in facilitating behavioural change. As Lockwood and Wohl (2012:628) indicated, any behavioural change process requires "significant time, self-reflection, perseverance, goal achievement in small increments and continuous participation" – all of these are included in the ASMC at one point or the other.

6.2.1.2 ***Preventative in nature***

The focus group participants expressed how they perceive the ASMC prototype to be preventative in nature due to the *new way of thinking* (positive way of thinking) and the *imaginary achievement* (future letter; cf. point 5.3.3.3). The ASMC was particularly perceived as *preventative* in terms of a burnout.

One participant alluded to the fact that the 'old' way of thinking assumed that the individual 'will be okay', yet there is an existing problem due to this assumption. The *new way of thinking* will allow the individual to realise that they can actually think about the self, as seen in the following quote:

"…you were told to do this and if you do it you are not in trouble and you'll be okay … hmm … but it's something that you there, there is obviously a problem everywhere, in everybody's life, I mean somebody should have told you, but look you can actually think…".

At the heart of AI, is the belief that individuals are mysteries to be appreciated (Orem *et al.* 2011:83) and that we are agents in our own change process, as opposed to problems that need solving. With traditional behavioural change, self-coaching and/or individual wellness programmes, the focus is on the problems that need fixing, hence the previous quotation speaks about the 'old' versus the 'new' way of thinking.

The *imaginary achievement* (future letter) was perceived as one of the best principles of the ASMC prototype by one of the participants. The ability to see the self already succeed

in self-management and individual wellness was something she did not even think of, yet immediately saw its benefit.

"…what's stood out for me was that imaginary uhm … achievements … hmm … like you always have in sport, you see yourself winning and to actually to go through that process … hmm … in any situation but it didn't even come to mind before you started that, of course that would be the ideal to do in a self-management, to see yourself there already".

A letter from the future is a powerful tool for change (Grant & Greene 2004:69). Imagining that you already achieved self-management and personal wellness was perceived as a tool to shorten the process and allow the individual to reach that state quicker.

"…you are there talking back to yourself. Saying that listen if you had only known, this would have been a shorter step and I think that is quite, that is quite precious in this programme".

The *preventative* nature of the ASMC prototype was discussed in terms of giving the individual a tool to prevent burnout.

"It gives you a tool to prevent that [burnout]".

The ASMC will allow the individual to take stock of one's personal health practices, self-care routines and one's role as a professional (Richard 2013:199). Taking stock of these issues leads to a reduction in caregiver stress, also known as burnout (Merluzzi *et al.* 2011:16).

6.2.1.3 *Flexible in nature*

The third principle participants of the focus group discussed in terms of what is the best of the ASMC prototype is the *flexibility* and *cyclic* nature of the ASMC prototype. Not only is flexibility evidenced in allowing various individuals at different stages and ages, or for one individual as he/she ages and grows in their own capabilities, but also the ability to cross contextualise to various parts of the individual's life.

"…depending on your age, depending that you have done for the self, so you won't necessarily start on stage one or stage two…".

"And you can carry it with you and also cross contextualise it, so I find say the same to work or to my personal life where or deciding on a car it's … it's a nice tool that you could carry".

Pena and Cooper (2010:194) indicated that the effectiveness of a coaching programme aimed at wellness, such as the ASMC, depends on designing a process suited to the individual, and adopting a flexible approach that allows a response to individual requirements.

Due to the strong foundation of AI in the ASMC, the journey strongly resembles the 4-D cycle of AI (Gordon 2008:23; cf. Figure 3.2). The *cyclic* nature of the programme was perceived as a good principle, because it is something that continues and does not stop and/or start as a specific point.

"…the fact to you there specific that … hmm … it's something that continues…".

The researcher is of the opinion that this cyclic nature adds to the flexibility of the programme, by allowing the individual to start the programme at any given point and go back to previous steps should the need arise, without losing valuable progress made in self-management and individual wellness.

6.2.1.4 *Emotional stability*

The final topic discussed by participants in Phases 2 and 3 of this study, regarding the best principles of the ASMC prototype, was *emotional stability*. It seems as if the ASMC programme will allow the individual to take control of his or her emotions and focus on the task at hand, because it was perceived as a 'life skill'. Goleman (1995:45) indicated that emotional stability forms part of self-regulation in terms of emotional intelligence and is vital in any self-management programme. As seen in the quote below, the daily debriefing will allow the individual to better understand their emotions.

"Debriefing, daily briefing. Because that will allow you to get through that emotion that you don't want to open the cupboard and count the stock, what do you do when you feel like that? Because this is a life skill this is not such a practical skill of how to massage, how to get better sales, this is a life skill what do I do with my feeling of failure or fear that I didn't reach my dream…".

As seen in the discussion above, the best principle of the ASMC prototype, as mentioned by experts in the field of somatology, coaching and education, is the fact that the programme allows the individual to take control of the self. By internalising the self-driven topics discussed above, allowing flexibility for each individual, providing a new way of thinking and facilitating emotional stability the ASMC was perceived as an appropriate tool to facilitate self-management and individual wellness.

6.2.2 Intense future dream

The second question discussed during the focus group discussions was for the participants to reflect on the future opportunities of the ASMC prototype by providing a dream for the best prototype. It became clear that the participants had an intense future dream for the ASMC prototype and that the majority of the participants mentioned that there is a need for such an intervention as mentioned previously (cf. point 6.2.1).

"I think I have quite a big dream for this programme, is that one should launch it, wherever it is, whether it is in a department or outside, that really you should launch so that other people are aware of it".

As seen in the quote above, participants mentioned that there was room for this programme even outside of the somatology industry and other individuals should also be made aware of it. To elaborate on this further, the discussion will focus on the dream participants shared in terms of the **individual**, the **somatology industry** and **education.**

6.2.2.1 ***Individual***

When discussing a future dream for the individual and the ASMC prototype, two distinct topics were raised, the one being a coaching *toolkit* and the other *being present* in everyday situations. A participant dreamed that the ASMC would become a part of every person's personal *toolkit*.

"I think that my dream would be that it becomes part of every person's personal … toolkit, you know, that it can be transfer".

The quote above also alludes to the fact that the ASMC prototype could be transferred to other individuals in other disciplines and not only to somatology therapists. This could be due to the wide and misaligned application of wellness strategies, as seen in Chapter 2 (cf. point 2.2), which are not related only to the somatology industry.

The second topic that was raised while discussing the future dream of the ASMC prototype for the individual is the fact that this programme forces the individual to be *present* in their own life and become a witness in one's own life.

"So you even in your life this programme then brings, it forces you to be present in your own life".

Dilts (2003:53) indicated that in the process of coaching an individual must make self-initiated changes in behaviour by being engaged in his or her own life activities. This is possible only when the individual actively participates in and witnesses his or her own life. Being present in one's life seems to make the individual more conscious about the language and words and how one speaks not only to oneself, but also to other individuals.

"…being fully conscious in terms, you know language can be very powerful, because when we engage in you know, we must speak gentle, how the language, the words that you use, you know, can determine your fate…".

The use of affirmative language as a vehicle to create meaning is also vital in the future success of the ASMC (Whitney & Trosten-Bloom 2010:ebook).

It became evident that participants in both focus groups and the expert reviewer saw the need for the ASMC prototype in the somatology industry. Moreover, they dreamed of the value it could add to every individual's life who wishes to embark on the ASMC journey.

6.2.2.2 *Somatology industry*

The second part of the dream participants had for the best ASMC prototype was specifically related to the somatology industry. When sharing a dream focused on somatology, participants discussed the **somatology business** and a **collaborative network**. These will now be discussed in detail.

Somatology business

The majority of the dreams expressed were not related only to the somatology industry; therefore this section does not contain a thick discussion on how the programme could benefit only the somatology industry. Worth mentioning here is the fact that a participant spoke about the need for the ASMC prototype within the somatology business because the majority of somatology professionals are 'vulnerable', and in need of hope.

"I think you know, somatologists are very vulnerable, and we really need something like that, that it you keep them energise and it will give them hope, I think we all need hope [laugh]…".

As seen in Chapter 2 (cf. point 2.5), the somatology industry offers parcels of free time to clients but is a site of emotional labour for the professionals within this highly competitive market. It was clearly identified that there currently is no suitable wellness initiative in the somatology clinic (cf. point 2.5.2). The quotation above reemphasises the need for the ASMC in the context of somatology.

Collaborative network

An immense dream that emerged from the focus group discussion was that the ASMC prototype could, if implemented correctly, be the start of a collaborative network. This collaborative network was dreamed of as a 'somatology community', were practitioners in the field, from both University and private institutions, could work together for the improvement of the somatology industry as a whole.

"…know you so I think this could start building maybe your [somatology] family".

"A close network".
"Even for those who did not study at university it needs to them reach them as well … For me as example I study outside I didn't have anybody at all and because I didn't have that support system I went out of the industry completely. Ja so this is, it's very important".

As seen in the quote above, not having a close network of experts in the field of somatology as a support system is the main reason this participant left the industry. Currently, the retention rate of therapists is a concern in the somatology industry.
Participants in the focus groups expressed that it is important to have this collaborative network because of the support that it will give the somatology therapists.

"…being able to support somatology therapist".

As seen in the quote below, having this family of somatologists in a network will facilitate the engagement amongst each other, reduce animosity and possibly even improve the standing of somatology as a discipline because individuals would be able to speak in one voice. Even though it is a big dream, having a collaborative network could remove the division in the industry in terms of education providers.

"I think that for me is also something that is very, very important with regard to and I like the idea of somatology family … hmm … You know all of us are somatologists here, we don't engage with each other, we engage with each other on the basis you know, we are technicon, we are university, we you are Camelot, you are … there's been that … animosity, a very nuance animosity you know between, and we have always worked you know I, I, I, ideas of how education should be provide and we are quite diverse and I think that's why we even at this point have never able to speak with one voice as such, and we've never been able to develop somatology as a standalone discipline, that will lead to an industry that is respected … So I like the idea of a family".

The researcher is of the opinion that this collaborative network will be similar to the community of practice discussed by Clutterbuck and Megginson (2005:26). The authors identified that such a community of practice will assist with:

- Awakening. Helping the individual to create a new personal vision.
- Sharing. Sharing wisdom, knowledge and resources.
- Continuing. Gaining commitment to being a co-coach to someone else.

Apart from the above, a community of practice or collaborative network is important in creating a coaching culture, because "they produce excellent hotspots to fan the flames of change" (Clutterbuck & Megginson 2005:27). The collaborative network will not be

focused on for the purpose of this thesis, but will be part of the consideration when implementing and further testing the ASMC post thesis.

6.2.2.3 *Education*

A third and final dream participants had for the ASMC prototype was a dream for education. Once again the dream was not only for somatology education, but for the education system as a whole. The dream ranged from early **school** education to more formal **higher education**, once again not only the somatology course.

School

The researcher was astounded by the inclusion of the schooling system in the future dream of the ASMC prototype. This was not even anticipated by the researcher, but as seen in the quote below, introducing the ASMC prototype at a young age might equip the individual with certain coping strategies that might be useful when faced with a problem in one's life.

"…at the younger age possible, because if you have building block of certain skills and you are going through a crisis in your life and they are bringing this programme in and teaching you certain things, you will remember certain things you will have those building blocks".

Introducing the ASMC prototype at a young age was perceived as a method to allow the individual to take control of his or her own life at an appropriate age. As seen in the quote below, should this be introduced at a young age, the implementation thereof should be in a simplistic manner.

"Because when do you actually take responsibility in your life for your life, I mean somewhere your parents have to let you go and you have to take responsibility for your decisions and I think at that stage this would probably be a good time to implement, ja like you say, maybe in a simplistic manoner that you can get use to idea that you actually in control of your life…".

Finally, by introducing the ASMC early in life, self-management might be formed into a habit earlier and will not be as hard to master later on. By forming a habit, the daily

debriefing will become easier and eventually lead to a place of self-management and individual wellness.

"So this for me is, is phenomenal, it is something that should be implemented very soon … he he he … and it sounds like hard work and I think it is hard work to management yourself, where do I find time to daily you know debrief but, you know, if you do that in your life daily, I think you actually end up at that place".

Introducing the ASMC at a young age might be feasible, as self-management can be "taught in a classroom setting" through straightforward and simple tutorials (Gerhardt 2007:15). Gerhardt (2007:15) found that students viewed the act of learning self-management skills worthwhile and valuable. It is not yet clear at what age this would be appropriate, as the majority of literature includes self-management and individual wellness as part of higher education (cf. point 2.2.2 & 2.3.3), hence the fact that the researcher did not foresee the ASMC introduced at a young age.

Higher education

The second part of the dream participants had for the ASMC prototype in education, was the inclusion of the ASMC programme in higher education, especially within the first year of studies.

"I think my biggest dream that … hmm … this programme done within the first year student".

Once again it is important to note that the dream of including the ASMC within higher education was not limited to the somatology curriculum. This could be due to the possibilities this prototype gives the individual to achieve what he or she set out to achieve in the first stages of the ASMC prototype.

"I think my dream will also be possibilities you know, the possibilities that is there in the programme … whatever programme, nursing, somatology … what are the possibilities for me to be able to achieve what I want to achieve you know, because everybody is not being taught about, you know, self-management and things like that".

As identified by the participant above and the literature in Chapter 2 (cf. point 2.2.2 & 2.3.3), not all students are currently being taught self-management and individual wellness related issues that allows them to internalise their own "toolkit". It was also evident in Chapter 2 (cf. point 2.6) that self-management and individual wellness are not used effectively in higher education. By including such a programme to education, the student will be better able to determine what they envisage their future, within their selected domain, to be. The following example was specific to the somatology industry, but clearly identifies a reason for including the ASMC within any course.

"…students will already be able to say that within the somatology business, where do I want to be so that in the next year as they build themself a brand and find themself a place in somatology it becomes a very focus almost specialised decision, because our problem is that at any point time as we were developing to be these somatologists we were not sure in terms of when I finished I'm going to be a spa therapist, I'm be in aesthetic medicine, I am going to be a complimentary therapist, you know and that sort of thing. And I found that that sort of reduce the extent to which we development our careers".

As seen above, allowing students to determine where they want to situate themselves within a specific industry will allow them to facilitate the development of their careers. This could be due to the fact that they will be much more focused on their future from the inception of their studies.

6.2.3 Additional considerations

The third question posed to the participants in the focus group discussions, was what should be additionally included in the ASMC prototype. Here participants were asked to reflect on what they believe the ideal ASMC programme should additionally incorporate. Additional considerations to be integrated into Prototype I ranged from aspects related to the **individual**, the **support** within the programme, considerations for **implementation**, the inclusion of a **safety net** and considerations to refine and improve the current **conceptual framework.** These will now be discussed in detail.

6.2.3.1 *Individual*

Additional considerations that might improve success for the individual who embarks on the ASMC journey included *reflective* and *positive self-talk* guiding principles, as well as including the asking of *critical questions* to the self.

It was pointed out that the success of the ASMC prototype in reaching a state of self-management and personal wellness, depend largely on the ability of the individual to be *reflective*. As seen in the quote below, some individuals are reflective by nature while other individuals might find it harder to be truly reflective.

"…in order to implement this programme you need to be quite reflective … and not everyone is equally reflective, some more than others, some maybe need to, to be taught how to reflect, so I think a part of your programme is that in some way, by doing it teach people to be reflective".

As seen above, embarking on this programme might teach the individual to be reflective in the long run. The researcher is concerned, however, about the individual who is not reflective at the onset of the programme and therefore guiding principles to improve reflectivity should be included. This could be in the form of daily homework sections, as seen below, which will be discussed later on in this section.

"…the programme should have a set of daily homework sections".

The use of appreciative language underpins the ASMC programme and therefore the researcher did explicitly state in Prototype I that the use of appreciative language should be practised throughout the ASMC journey. The focus group participants acknowledged the importance of appreciative language and *positive self-talk*, but as with the reflective practices discussed above, indicated the need to give the individual guiding principles on how to use appreciative language. Once again, this might be easy for certain individuals, but some might be competitive with the self and fall easily into negative self-talk.

"I know some people can be very competitive with themselves and actually bring themselves down in the process … hmm … and so how to be kind to yourself … and stopping maybe negative self-talk and you avoid reaching that wobbling thing you know, your bad, your bad, maybe you will … and that becomes as negatives as someone says

that to you so the self-talk thing is I think is important and but can go both ways, so maybe think of a way to make people maybe, be make I don't … manage it".

Managing negative self-talk might be difficult for the individual in the early stages of the ASMC prototype and therefore should be dealt with in the first stage of the ASMC. The researcher is of the opinion that the more the individual celebrates their successes, the easier positive self-talk will become. But until one reaches that state, being mindful of how the self-talks to the self is critical.

The researcher – "…if you celebrate your success on a continuous … everyday basis, it would become easier to see the tiny things you get right and hopefully change your thoughts into more positive versus a negative … hmm … self-talk".

The third and final topic mentioned to include as an additional consideration for the individual is *asking critical questions*. The asking of critical questions could be incorporated as an additional support mechanism; Stock's (2013) "*The Book of Questions: revised and updated*" was used as an example. The act of asking critical questions should be incorporated into the ASMC prototype.

"You must ask what do I want now, is it realistic, is it … you know, what is more important, is it realistic, is it going to benefit me in the long run?".

"…and the one thing that struck me and I stood for a while when she [another focus group participant] spoke about you know, 'be a rainbow in somebody cloud', you know and that strikes me that she said … hmm … you know, where ever you are be a rainbow in somebody else cloud it doesn't matter who they are, what car they drive".

Asking "If you were a rainbow in someone's cloud" throughout the ASMC programme, as recommended by one of the participants, could facilitate the ability of the individual to ask critical questions. It encourages one to question oneself regarding one's contribution to the betterment of others. As the following participant rightly points out, the process of coaching is concerned with asking critical questions, in this instance asking critical questions to the self.

"I can add to that this questions, because coaching is about whether it is self or other, it is about asking critical questions … so are you asking critical questions to yourself … hmm

… and we had a nice comment the other day, 'was I a rainbow in somebody else's life?' and build up a repertoire of critical questions or means something else like 'How was I a rainbow in someone else's life' if that is how you measure yourself?"

Adding various critical questions the individual could ask the self as an additional support mechanism, might improve the ability of the individual to reach success within the ASMC journey and facilitate the self-reflective nature that is needed in this journey.

The researcher is of the opinion that reflective practices, positive self-talk and the ability to ask critical questions are of such importance to the success of the ASMC that these should be dealt with at the onset of the ASMC journey – even before the individual 'sets the stage' (cf. point 5.3.1). Therefore individuals will be guided through a 'Pre-ASMC' step where they will grapple with (1) reflective practices, (2) positive self-talk and (3) critical questions. The intention of including these three topics at this point of the research study is not to familiarise the reader with literature pertaining to this ever-expanding topic, but rather to stress the importance of including such practices in the ASMC on a continuous basis. A practical guide for each of these will be drafted post thesis and included in the final ASMC programme that the researcher will continue to test and refine.

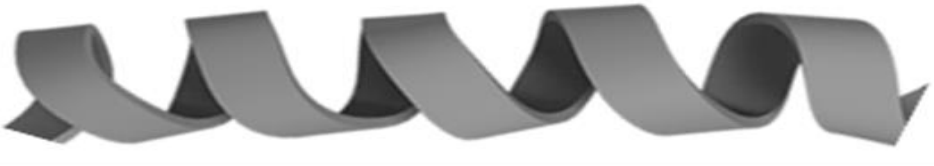
<u>Reflective practices</u>

The concept of reflective practices has been evident in education and healthcare since 1933 (Dewey 1933). The body of literature regarding reflective and reflexive practice has grown substantially over a number of years. Forrest (2008:232) indicated that reflective practice is increasingly being recognised as an essential skill for practitioners who are required to analyse and evaluate their personal performance. Confucius (500BC; cited in Hong & Choi 2011:689) regarded reflection as the examination of the inner self. By examining the inner self, Confucius propagated the importance of transforming one's life into a meaningful existence by engaging in silent reflection on a daily basis. As seen in the discussions above, participants in this study also mentioned the need to reflect every day on various aspects of the ASMC and the individual self. Although reflective practices are crucial in solving problems (Hong & Choi 2011:687), each individual will reflect in different ways (Devenny & Duffy 2014:38). Therefore guidance is central to the development of reflective skills (Devenny & Duffy 2014:38).

The researcher is of the opinion that reflection will:

- Allow the individual to be conscious of the ASMC processes and be in control of the design phase (Hong & Choi 2011:690);
- Allow the individual to better handle self-management and individual wellness problems;
- Increase the frequency of ASMC iterations; and
- Improve one's practice and ultimately client care (Devenny & Duffy 2014:41).

It has been noted that the process of self-reflection has underlying assumptions that self-awareness, self-understanding and caring for the self are essential in creating a caring relationship with others (Hentz & Lauterbach 2005:24). Hentz and Lauterbach (2005:26) indicated that self-reflection begins with creating an improved relationship with the self, a process that begins with a focus on personal experiences and meaning. For the purpose of the ASMC, the researcher will further investigate (post thesis) the reflective process, depicted by Hentz and Lauterbach (2005:27) as a ribbon turning and looping, bending back to the world of self and experience (Figure 6.2). It is the researcher's view that the reflection most suited to the ASMC is reflective writing (Forrest 2008:230), where one will find out more about the self through a writing activity as the 'vehicle for reflection'. Predetermined reflective writing questions will be setup post thesis.



REFLECTION – AWARENESS – ACTION – REFLECTION – AWARENESS - ACTION

From reflection to understanding

FIGURE 6.2: THE REFLECTIVE PROCESS (ADAPTED FROM HENTZ & LAUTERBACH 2005:26)

Positive self-talk

Positive self-talk is closely related to reflection, as discussed above, and using appreciative language is vital in the success of the ASMC. Appreciative language will help the individual to free him/herself from outdated habits and old beliefs (Orem *et al.* 2011:43). This form of language is rooted in the Constructionist Principle of Appreciative Inquiry (cf.

Table 3.1), underpinning the ASMC. The use of the Peak Inventory (cf. point 5.3.2.1) will allow the individual time to begin to understand how their own language and actions have focused their reality in specific ways. It will allow them to shift to new words and metaphors to describe where they are and where they want to go (Orem *et al* 2011:43), as only positive attributes, experiences and behaviours can be taken forward into the ASMC journey. Additionally, the stages and the steps within each stage of the ASMC have been designed in such a manner as to facilitate appreciative language when self-reflecting or self-talking. Due to time limitations, the researcher could not elaborate on each individual aspect of the ASMC during the focus group discussions and therefore participants alluded to the fact that this should additionally be included.

In order to emphasise the importance of appreciative self-talk, special mention will be made to this during the Pre-ASMC step. Additionally, care will be taken during the implementation suggestions of the ASMC not to overlook the importance of positive self-talk.

Critical questions

The final aspects participants of the focus group discussions mentioned that could receive additional attention, is guidance on asking critical questions. The ability of the individual to ask critical questions will not only influence the previous two topics (reflection and positive self-talk), but also various steps in the suggested ASMC (cf. point 5.3.2.3; 5.3.2.5, 5.3.3.3; 5.3.4 & 5.3.5). The researcher is of the opinion that critical thinking could be fostered by the inclusion of the conative domain (cf. point 2.2.1), which is done throughout the ASMC. Once again, as mentioned with positive self-talk, the researcher did not explicitly allude to critical thinking or the inclusion of the conative domain during the focus group discussions. It would, however, still be beneficial to include critical thinking in the Pre-ASMC step. This will be done through using additional material, such as Stock's (2013) "*The Book of Questions: revised and updated*" (refer to discussion above).

Critical thinking is a higher-order thinking skill which consists of evaluating arguments and helping one to make decisions that guide beliefs and behaviours (Russell, Block, Kraft & Kissock 2011:108). It is often described as a meta-cognitive process, consisting of a number of sub-skills, which, when used appropriately, increase the chances of producing a solution to a problem (Dwyer, Hogan & Steward 2014:43). Russell *et al.* (2011:108)

indicated that critical thinking consists of (1) problem solving, evaluation or judgement, and (3) inference (Dwyer *et al.* 2014:43). The authors also indicated that these skills can be learned and are not dependant on high intellectual ability. In order for critical thinking to occur, individuals must be given opportunities for personal inquiry, such as the Self-Discovery step of the ASMC (cf. point 5.3.2).

Once again, this section will be dealt with in detail post thesis. It is important to note that the research is inclined to use the Integrative Framework of Critical Thinking as formalised by Dwyer *et al.* (2014:49). The ability to ask critical questions will also be fostered through using self-coaching questions (cf. point 2.4.2.1).

6.2.3.2 ***Support***

The inclusion of support structure of the ASMC prototype, as an additional consideration, received a great deal of attention from the focus group participants. The discussion was threefold and included a **dream buddy**, **managerial** support and **additional support** that could benefit the ASMC prototype.

In the initial ASMC prototype discussed in Chapter 5, the researcher did make provision for support system implementation (cf. point 5.3.4.2 & 5.3.4.8), but participants in the focus group discussions and the expert doing the document analysis mentioned that (1) the support system should be identified earlier in the journey, and (2) the support system should play a bigger role in the ASMC journey as depicted in preceding prototypes. As with the previous section (cf. point 6.2.3.1) the additional considerations for the support system will be mentioned briefly in the following discussion.

<u>Dream buddy</u>

The first suggestion for an additional consideration in terms of the support system was the inclusion of a dream buddy. All participants perceived this concept as adding value to the prototype. A dream buddy will be an external individual who supports the person who embarked on the ASMC journey. It will be someone who reads the future letter and act as a witness for the self.

"…someone to read your letter".

"…like witnesses of the self … People who are interested in what you are doing".

Having a dream buddy will motivate one when one loses one's way in the journey, and might keep one accountable for one's dream in a positive way, as seen in the quotes below:

"And also it will motivate you because what if you get lost".

"…just I am dreaming on my own and I never get there tomorrow we start again, but this may be keeping it positive I may if have a dream buddy.

One has to keep in mind that when choosing a dream buddy, caution should be taken. The dream buddy should:

1. Allow one to have and follow one's own dream and not put additional pressure on one in reaching a dream equal to the buddy's own dream.
   "I just think, choosing, the uh buddy would be quite an important thing, because like you were saying, you cannot have a buddy that is up there and the next person is down here and the gap is just too far for them, you know like she would seem like I could never get there with that person".
2. Have one's best interest at heart and have a desire for the ASMC participant to succeed in his/her own personal ASMC journey.
   The researcher – "So it has to be someone who has your goals at heart. Someone who wants you to do good".
3. The buddy should have a genuine interest in one's dream and in one's self-management and personal wellness success.
   "I think these will be people with interest in what you are doing".

The dream buddy could therefore take on the role as a *"co-coach"* (Grant & Greene 2004:204), as mentioned during the focus group discussions. The dream buddy might even take on a more formal role within the individual's ASMC journey. It could be in the form of having a support system at work, or maybe even friends who will hold one accountable for the dream one has shared within the future letter.

"…an ideal is to have a support system within a work environment. I am just reflecting to myself that there are people, within the university, they are my friends, but they hold me accountable for my dream that I have shared with them…".

One participant even indicated that the dream buddy might be in the form of the collaborative network as discussed earlier (cf. point 6.2.2.2). Having a dream buddy within this network might improve the support, but additional caution should be taken as the identified individual who will act as a dream buddy has to have one's best interest at heart, as seen above. But this form of dream buddy could significantly improve the perceived accountability of the ASMC.

"…to make just that bigger support may have a dream buddy or you know just because the self is amazing, you know, how to make the cost that you are in control of that all but the sustainability … hmm … so may be something about you know, at the implementation part of it … hmm … the adaptive, the networking comes in again and also … it gives some sense of accountability".

From the discussion above it seems not only that the dream buddy might take on various forms, but also that the individual might have various dream buddies, perhaps one in each of these spheres – personal, work environment and in the collaborative network – all with the main purpose of keeping one accountable for the ASMC dream.

Therefore guidelines for the dream buddy will have to be considered for the future success of the ASMC programme.

"…there should also be like almost instructions for the buddy".

An additional consideration worth mentioning in terms of the dream buddy is the fact that when one embarks on any behavioural change process, people around you will be affected. Having a dream buddy will not only allow people to know where you are going and why the change is necessary, but also provide room for input to avoid possible conflict situations with individuals within your close environment.

"…sometimes in taking reason into context, in all of you to manage yourself it's not that self only, it is also the people around you that helps you to go where you want to go you know, without stepping on their toes".

Therefore the dream buddy should be able to give critical constructive input, and the individual who embarked on the ASMC journey should allow them to do so (Grant & Greene 2004:209).

When discussing the dimension of having a dream buddy, participants elaborated on various tasks the dream buddy should support one to complete. They can be summarised as the following four tasks:

1. Facilitating dreaming. The dream buddy should be able to assist the individual in dreaming a future of self-management and personal wellness:
   "How to actually get them to dream in the first place". / "but I think the biggest thing especially with the therapist is where do I want to go first".
2. Structured dreaming. Another task of the dream buddy will be to clearly identify where the individual will be going within their ASMC journey:
   "Want do I want and how do I get to where I want".
   This will form part of setting realistic goals:
   "…writing realistic goals and checking it with your dream buddy".
3. Goal alignment. Not only will the dream buddy check if one has realistic goals, but he or she would have to discern if one's goals are aligned in a coherent manner:
   "It's a process in every step you've got the short term goals, as you go through your sort term goals it leave you to the bigger goal".
4. Realistic goals. The dream buddy would be able to verify if the goals set are indeed realistic or not:
   "…if the dream buddy is more formal, such as a manager, would be that role of how realistic is your dream, you know you are dreaming and that's fine. But you know, but when you set the goal how realistic is it if you weigh a 100kg and next month you want to weight 50 you are bound to set yourself up for failure".

A common role of such a dream buddy is as a supporter for a person preparing to embark on the ASMC and providing ongoing support during the AMSC journey (Dilts 2003:19). If a person agrees to be a dream buddy, he or she would be required to support, motivate and facilitate change (Grant & Greene 2004:204). The GROW model of coaching (cf. Figure 3.6) might be very useful if the dream buddy takes on the role of co-coach. The researcher is of the opinion that the individual would first have to work through Setting the Stage (cf. point 5.3.1) and Self-Discovery (cf. point 5.3.2) before identifying a suitable dream buddy. The individual should know who he or she is and what self-

management and individual wellness means to him or her before he or she can identify with a likeminded dream buddy.

Managerial

The second concept that needed additional consideration in terms of the support in the ASMC prototype was managerial support. In order to ensure a successful ASMC journey, management should foster a culture of coaching. Participants discussed the need for *employer support* and the inclusion of *managerial guidelines* in the future of the ASMC programme.

When looking at *employer support*, which participants expressed as lacking in Prototype I, the main focus was on encouraging staff to embark on the ASMC journey and to provide them with options to support or facilitate the ASMC process.

"…is just to encourage … hmm … with skills and things that is available to maybe pinpoint it a little bit more to them, because we always ask them to say, you know, what do you want to do, do you want to learn a new skill, but maybe give them options…".

To facilitate the ASMC as mentioned in the previous quote, it is vital that the employer create an enabling environment for the individual to express his or her unique needs and avoid a situation where the person feels trapped, as seen in the following example:

"…now that you mention the boss, if I am not in that environment that is enabling for me, that you know there are environments within our industry, environment which can become like walls".

In order to allow the employer to better support staff participants mentioned that *managerial guidelines* for implementation should be included in the ASMC prototype.

"…it looks very good for myself but … hmm … for me as a manager of a team … I don't quite see the strategy of implementing this to other people".

If the employer knows how to facilitate the process, it might bridge a gap in the complex manager-therapist relationship.

"…as an owner you do not know how to interact, you don't know what to do anymore and this [managerial guideline] will bridge that gap".

The managerial guidelines could include, but is not limited to, the following:

1. Initiating the ASMC journey and encourage them to reach their dreams:
   "Ask staff you know, 'what is your dream?', you know, 'want do you want to be, tell us your goal?' Write down your goal and we will get back to it at the end of the year and see how far you … but we don't actually encourage them to see … hmm … what can we do to help them with their dream".
2. Offer staff the opportunity to buy into the vision of the business, to allow them to also shape the future of the business they work in:
   "To offer them my vision into the spa as well, because then they are working with you and not against you…"
3. Support staff in developing and managing their own dream:
   "Especially in a management-therapist situation … like for the manager how can I support my staff to actually develop a dream".
4. Allowing staff to have their own definition and their own dream in terms of self-management and personal wellness, sometimes within the dream of the employer and facilitating their positive mind set:
   "Because you will have your own dream and now you have to lift people who … hmm … it, it's a difficult process to get it together … hmm … to stay positive and to bring people with you".

Due to the flexible nature of the ASMC programme (cf. point 5.2.3), one participant identified the need to write not only guidelines for the somatology manager but also business owners within a larger setting. This does not form part of the research question and/or sub-questions of this study and will be dealt with post thesis.

"…from a managerial point of view, so maybe not for this study, but post Doc you can look at management guidelines for managers of spas or salons … or business owners … hmm … specific to assist in, in implementation maybe in larger settings that could be very valuable part".

Coaching, as used in the ASMC, is not an isolated phenomenon, but a viable, effective self-improvement technique that can complement and enhance other improvement

programmes within any business (Zeus & Skiffington 2003:103). The researcher is therefore of the opinion that the manager or employer should embark on the ASMC as well as his/her team of employees. The managerial team should first ask how much of a coaching culture they would like to create and support (Clutterbuck & Megginson 2005:2). In order to truly support an employee who has embarked on the ASMC programme, there should be meaningful communication where the individual can express what he/she needs in order to be successful in the ASMC. This was also evident in a previous study conducted by the researcher, when participants expressed a need for management to specifically cater for their needs in self-management (Richter 2010:137).

Additional support

A final consideration for the support within the ASMC programme is additional support. This is specifically concerned with support from outside. This chapter already discussed the use of a critical question booklet (cf. point 6.2.3.1), but one should additionally include a variety of support available to the individual. As seen in the following quote, this participant is of the opinoin that one should include product trainers, product houses and other institutions and/or professions, and determine how they could be of benefit to the individual's ASMC journey.

"…so you are a person because of other people you know you not an individual alone and yes, there are aspect were you can work on alone, but they extend beyond just the therapist, the owners that are never there in the salon, product trainers, your product houses that all of that and expanding of that any other people based and institution and/or profession".

When looking at additional support one can build into the ASMC programme, it is important not to limit the amount and type of support one can draw on when embarking on the ASMC programme. As indicated by Richter (2010:129), it is vital for therapist and employer to acknowledge the impact external realities have on the individual's ability to self-management and foster wellness with reference to the social dimension. Here the researcher identified the importance of collaborative network that includes all stakeholders in the somatology industry or abroad (cf. point 6.2.2.2).

6.2.3.3 *Implementation*

During the focus group discussions, participants expressed diverse considerations that one should include in the ASMC prototype to facilitate the implementation of the final programme. After the researcher elaborated on a 'birds-eye' view of what the ASMC prototype includes, one participant indicated that he was confused about the practicality of the programme.

"Well I must admit that I am still a bit confused about the actual practicality of the programme…"

He elaborated that while he could see the benefit of the programme in his own life, he had difficulty in translating the programme to his employees. He indicated that once the implementation guidelines for managers were dealt with (cf. point 3.2.3), it might be easier to envision the programme in his context. As another participant pointed out, once the practicality (implementation) is dealt with, it will make more sense.

"I think once the practicality of the programme gets reveal it will make a lot more senses".

In order to make the programme more practical, one might need to make it more practical to various employers and relate it to their personal context and individual needs through looking at Maslow's Hierarchy of needs (cf. point 6.3.1) as a reliable guide to motivate staff (Sadri & Bowen 2011:44).

"So one just have to bring the programme practical back to … hmm … so that people can understand that it make senses … so, so I don't think it's that difficult, it's just bring it practical to mind".

By using Maslow's theory (Koltko-Rivera 2006:309) to motivate staff to implement the ASMC programme, the researcher is of the opinion that the ASMC will be more adaptive in terms of various staff levels within a business. The majority of the somatology businesses host a variety of staff with various educational backgrounds and capabilities. Some might be from university and some might be from rural backgrounds and the implementation success of the programme will depend on the ability of the programme to assist all individuals in a particular business.

"My aesthetics staff is people who study at university, they you can speak to them on a kind of level that they can understand but my day spa staff are people coming from different background, rural background, use a taxi. So it is important to, to explain to them the importance of this through a practical example, like how are I'm going to get more money on my phone, if I'm well inside, I can treat my clients well, I can get more clients, I am giving out positive energy, my clients are happier and I am getting more clients and I am getting more money for my phone, so you are gonna bring this whole programme back to their little problem such as school fees, more happy clients result in a bigger salary, result in school fees. So you know, what I … it's just that the only thing I am seeing is to make it a lot more practical and simplistic for certain staff".

Not only would one need to consider the different levels of staff within a business, but also various business and their employees within the industry of somatology.

"…but to make it easier and practical for different type of people somebody that is in an aesthetics centre and somebody that is in a massage centre".

This might be facilitated by including principles of adult education (cf. point 6.3.3) when considering possible implementation guidelines (Kistler 2011:29).

"…the principles of adult education would be very important and it brings it back to what you have said is, you know, an adult learns on, what I need today, don't tell me in a few year's time I need to learn to do that and today I to learn or I, I'm at a place where I opened to learn about whatever, so adult education strategies would be very important to, when, writing the implementing guidelines. To know what the adult learner looks like, because it's different from for instance school and they have different realities".

In order to facilitate the implementation of the ASMC programme, it is important to make people realise the importance and value of embarking on the ASMC journey. Careful consideration would be needed in selling the programme to various target audiences.

"…how to get people to discovered it or the value of it, how do you get people to know the value of it, I think that is the difficult part, to sell the programme…"

Therefore, the use of this motivation theory (Maslow's Hierarchy) and adult education principles will be discussed later on when reflecting on possible implementation guidelines (cf. point 6.3).

6.2.3.4 *Safety net*

When participants of Phases 2 and 3 were asked to elaborate on what they perceived as important to additionally include in the ASMC prototype, it became evident that a safety net should be included.

"I think maybe one aspect that … hmm … maybe should receive a bit more attention as well is … hmm … a safety net, for, if you don't reach those dreams".

A safety net should be included for individuals who fail to reach the dream and goals they set for themselves. One needs to consider how one deals with failure, especially if it was not one's fault that there is a misalignment between reality and the goal.

"I thinks that happens when your dream is caught, that, that spot there … that area when it's not met, how to cope with failure … hmm … even if you look back and you see, but I did everything that I should have done and it still didn't work … hmm … so what now and if I probably … depends on the personality you are, that is the point you are going to give up. So something stealing your dream".

The focus group participants' initial concern was what happens when the individual does not reach his/her goals. The first step in avoiding goal failure is to ensure that the goals set are indeed S.M.A.R.T. goals, as discussed in Chapter 5 (cf. point 5.3.4.5). The dream buddy should also ensure that the dreams set out are indeed plausible and reachable by the individual who is embarking on the ASMC journey. Because goal-setting and attainment are directly linked to individual motivation (Gerhardt 2007:13), the researcher is of the opinion that the use of the Poetic and Positive Principles of AI (cf. Table 3.1) will assist in keeping the individual motivated to reach their preset goals. The foundations of AI, used throughout the ASMC, are perceived to 'give life' to the individual's goals and dreams.

Another concern, as seen in the previous quotes, was what will happen when the dream does get snatched by a dream snatcher that was not anticipated in the ASMC journey

(cf. point 5.3.4.7). Once again, it is vital to anticipate dream snatchers with the identified support system, especially the dream buddy. The researcher is of the opinion that when a dream is snatched, the individual should take a step back and relook at their compelling priorities (cf. point 5.3.4.4), their set out S.M.A.R.T. goals (cf. point 5.3.4.5) and the action plan they drew during the Self-Design stage (cf. point 5.3.4.6). This will assist in relooking the situation, rethinking the outcome and continuing to build on 'what is working' in his/her current self-management and individual wellness realm. By incorporating a safety net, one might allow the individual to not give up on their dream and/or goals.

6.2.3.5 *Conceptual Framework*

The final topic discussed during the focus groups as additional considerations to include in the ASMC prototype, was aspects to refine and improve the original conceptual framework (Figure 6.3). Even though these are minor adjustments, they will assist in improving the prospective success of the ASMC prototype, by making the framework more user-friendly.

The suggestions to improve the conceptual framework included:

1. Rephrase the affirmative topic. 'Getting better' has a negative connotation and assumes that something is bad (cf. point 5.3.1.1).
   "…that the words are very powerful, it's … hmm … just look at the word 'getting better' … hmm … I found that it is assuming that there is something that is bad, so just in terms of a more appreciative word that may be … hmm … ideal or but it was a bit negative the word getting better".
   The ASMC prototype that will be refined and tested post thesis will identify the affirmative topic as, "My appreciative self-management and wellness journey".
2. Renaming stage six of the ASMC (cf. point 5.3.6). The programme does not close, so having a 'closing stage' is not appropriate.
   "…the wording on the closing stage, if you are saying that it is a cyclic process".
   Due to the cyclic nature of the ASMC, and the belief of the researcher that the ASMC journey will continue without end or interruption, stage six will be renamed as "Transitional reflections".
3. Due to the cyclic nature of the programme the conceptual framework needs to illustrate that the programme is indeed cyclic.

"…but in a bigger picture it should show the cycle, if you say something that go on and on, and you said that, I mean you can start anywhere, because like today you can find yourself, tomorrow you can still find that you are designing or your dream is so big".

Figure 6.4 is a reworked version the original framework, in order to better represent the cyclical nature of the ASMC, which was lacking in the original framework.

4. Inclusion of the collaborative network (cf. point 6.2.2.2) and the dream buddy (cf. point 6.2.3.2). Both these topics will be included in the skeleton ASMC framework that will be refined and tested post thesis (Figure 6.4).

   "…conceptual framework shows this family, buddy…"

Additionally, the expert reviewer identified that the original ASMC framework (Figure 6.3) needed to be simplified. Therefore Figure 6.4 is a schematic representation of the simplified ASMC skeleton framework that includes the topics discussed above (cf. point 6.2.1; 6.2.2 & 6.2.3).

6.2.4 Realistic implementation

The last section in the discussion of the focus group findings is in part concerned with answering research sub-question four, as posted in Chapter 1 of this study (cf. point 1.3), namely: *How will such an ASMC programme be implemented in the context of somatology?*

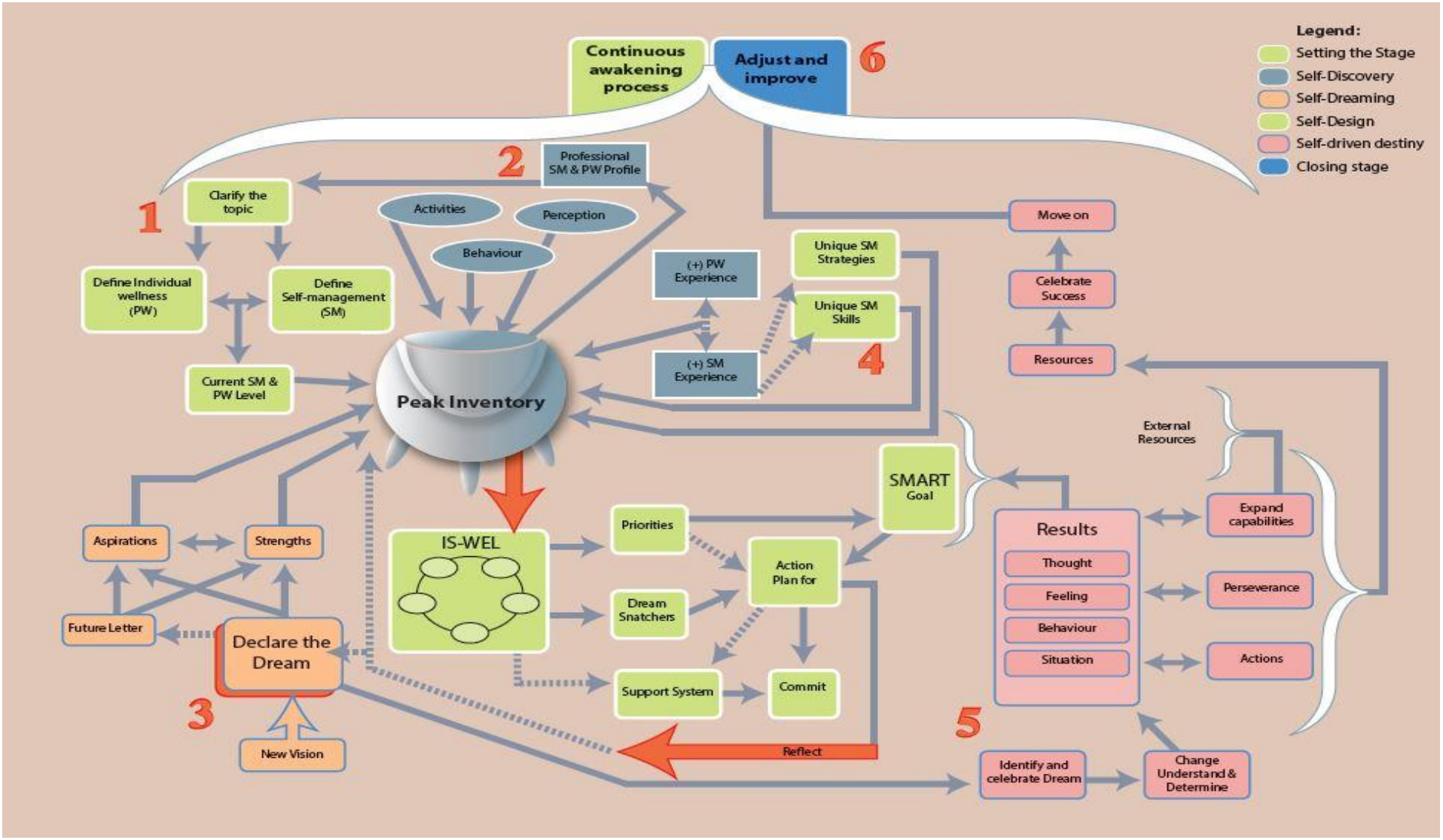


FIGURE 6.3: A DIAGRAMMATIC OVERVIEW OF PROTOTYPE I [Compiled by the Researcher, Henrico 2014]

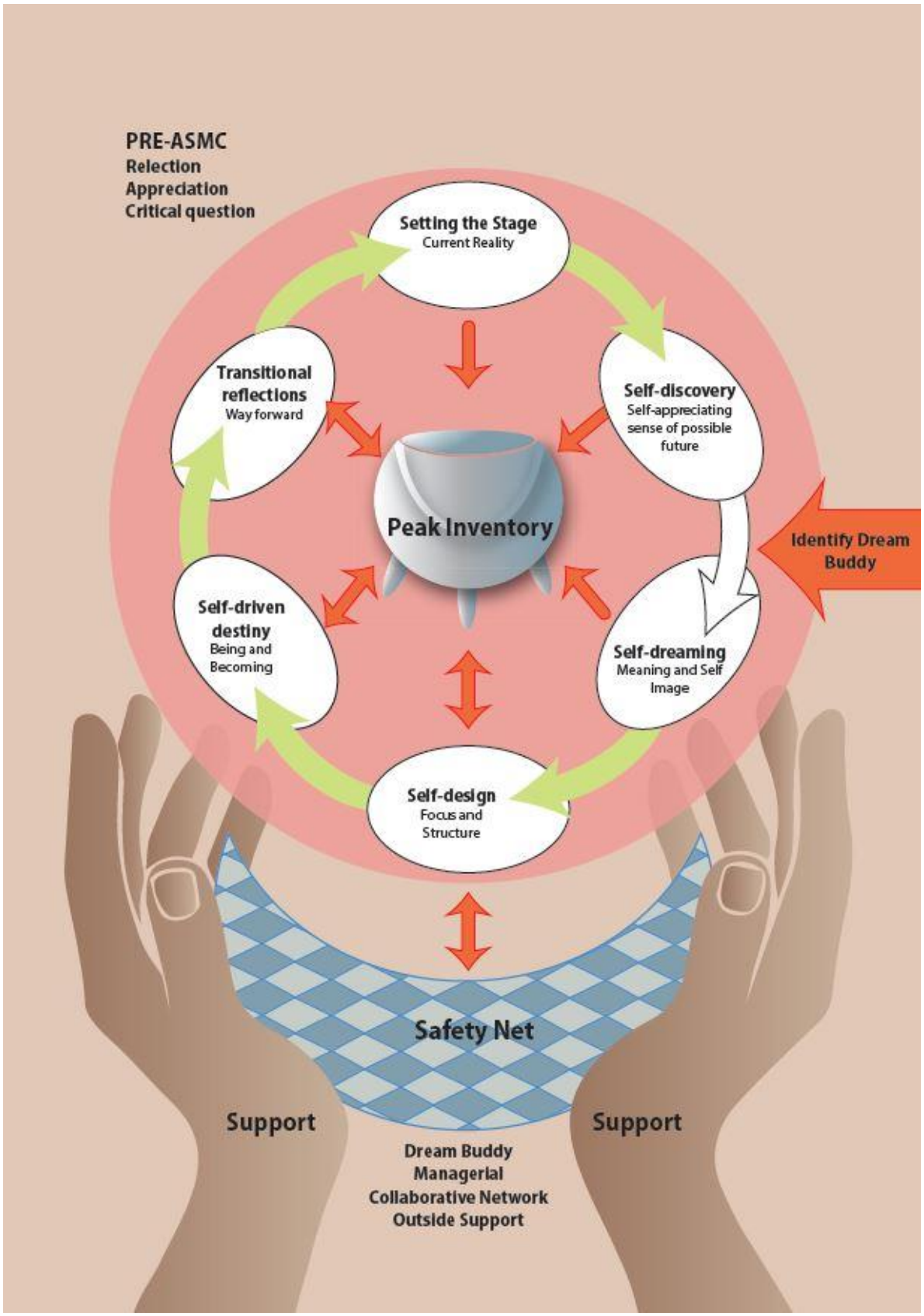


FIGURE 6.4: REVISED ASMC SKELETON FRAMEWORK [Compiled by the Researcher, Henrico 2014]

Subsequently, during the focus group discussions the researcher asked *"How will such an ASMC programme be implemented?"* Here the research is concerned with the ongoing empowerment and performance of the ASMC programme.

Not only did the focus group participants elaborate on realistic implementation possibilities of the ASMC programme, but they also had a clear sense of why such a programme should be implemented. The quote below provides a summary of why such a programme should be implemented.

"It's a very big problem because we, any of the staff … hmm … have internal issues … hmm … with self-management, with self-acceptance, with understanding who they are, their weaknesses, their strengths, their environment … as, just as a programme has said getting it in their mind-set, and as you said putting it into a pot and basically explaining it to them and teaching them what do you do with these weakness and strengths, and where the areas they are concentrate on internally. It completely affects their work, in every aspect".

This section will be dealt with in terms of the **individual**, the **somatology industry** and **education**. The discussion will also include foreseen **implementation obstacles** and some **realistic implementation suggestions** one could consider as a way forward.

6.2.4.1 *Individual*

When considering implementation for the individual, participants mentioned *everyday sessions*, *time* and *getting stuck* as areas to work on when implementing the programme. Until a habit of daily reflection or debriefing is formed, one should allow for *everyday sessions*. 'Everyday' implies both that this is something that should be done every day, rather than only now and then, and that these are ordinary, everyday tasks, rather than time-consuming or extraordinary activities. A good example of such might be a diary with critical questions (cf. point 6.2.3.1) that will allow the individual to reflect on their progress for any particular day.

"…so it helps to became a habit, so that every day fill in like almost a dairy … diary with questions".

Here the individual needs to schedule time to critically reflect on their individual wellness practices during the day. Appointments with the self will be preset and fixed in one's diary.

The second topic to allow individual implementation is to set aside *time* to work on the stage you are at. It might help if the time is provided within the work context, by the employer. Scheduling clients in such a way to allow for 10 minutes before the start of the day to reflect might be a practical way to facilitate the ASMC prototype.

"…you have to give time for that because, uhm I mean they are not going to take their own time for that, you are gonna have to say okay before we start, our client is only going to start at 10, so at quarter to 10 we all came together and you quickly sit because if you say you have you have to do it at home they won't, because I can't if I shut that door, boy … there is another door there … he he … I'm not going to sit with my paperwork no, no, no, no, no so I have to not see a client".

If the employer schedules the time, the collaborative network (cf. point 6.2.2.2) could be strengthened and the individual might feel an additional sense of support (cf. point 6.2.3.2) and caring from the employer.

Once again, it is important for the individual to know what they need and can allow within their own context. Making a mindful choice to diarise and/or schedule time for the ASMC programme might only be necessary until the process of reflecting becomes habitual.

"Until it becomes a habit and then … and it became something for themselves and not something that they have to do".

A final consideration to include when implementing the ASMC on an individual level is what happens when the individual *gets stuck*. As seen in the discussion below, once the individual is stuck, he/she might have to go one step back or even start with a fresh take on the ASMC journey (cf. point 6.2.3.4).

"…You don't move you know you have to move on you know".

"Ja you have to stop and start again. You have to set new goals and new meanings".

In order for the individual to successfully implement the ASMC, one has to comprehend that mastering the processes involved in the ASMC will take time and is achieved with experience (Richter 2010:38). Scheduling or diarising (1) weekly sessions to work on the ASMC stages and progress and (2) daily debriefing or reflecting sessions is vital to the success and mastery of the AMSC. Both of these sessions can be done either individually or in a group session. If weekly sessions are scheduled to look at the bigger ASMC picture, the individual should be able to easily identify when he/she gets stuck and determine which stage he or she needs to step back onto.

6.2.4.2 *Somatology industry*

When reflecting on the implementation possibilities of the ASMC programme, participants mentioned the need to include the programme within the context of the somatology business. As seen in the following quote, if the individuals were not exposed to self-management and personal wellness strategies previously, it needs to be practised throughout the work environment, and utilising small groups might be a way to achieve this.

"If they didn't have that opportunity, there need to be … somewhere it can be equally practised within that environment of a spa … hmm … for each person. Having like a small group talk, or moments for even in a small salon".

When implementing the programme it should be implemented before the individual experiences a problem, 'while you are still sane'.

"So if it's implemented, I know it must be implemented while you are still sane … he he he … because I mean, if you are losing it, you go to rehab and you are cut off from the world for eight months…"

Participants again expressed that the ASMC might be suitable to other types of business environments and not only the somatology business. The implementation suggestions did however stay the same for both somatology and other industries, with minor adjustments to the ASMC (Henrico 2014:20).

"I think this programme can be adjusted to suit anything, any business…"

The implementation strategy discussed by participants in terms of the business environment was limited to an example of a workshop. Some somatology businesses do seem to include time for workshops on several of the strategies as standalone sections and industry related training, but it has not been structured to facilitate a holistic approach to wellness.

"[Business name], they have like a, I saw that, they have a lot of little programmes and some of the things they address you know. [Product house name] has similar efforts, but now it is something that is structured that is specific, that everybody buys into it and is excellent".

Having a series of workshops to implement the ASMC might save time and better facilitate self-management and individual wellness, due to the focus and structured approach of the AMSC.

The workshops mentioned above will also be a foundation to set up the collaborative network mentioned previously in this chapter (cf. point 6.2.2.2). This will be due to the fact that therapists will be able to meet, share ideas and learn from each other.

"…sort of a support base that that is easy to access, because it is not every time that you can sit like this, meet and talk".

Additional considerations would have to be taken when reflecting on the implementation of the ASMC in the business environment. Somatology therapists do not always have the time to attend various workshops, as they lose valuable time with their clients and as a result they lose income (cf. point 2.5).

6.2.4.3 ***Education***

As mentioned previously, during the focus groups discussions there was an intense future dream for the ASMC within the education system as a whole (cf. point 6.2.2.3). Therefore educational implementation strategies will be separated into **school** and **higher education**.

School

Until introducing the ASMC in schools was mentioned, the researcher only focused her attention on higher education (cf. point 6.2.2.3).

Participants expressed that the sooner the ASMC could be introduced the better it would be to the individual.

"I think it's extremely valuable and I think there is a place for this sooner than later definitely".

In order to introduce the ASMC at a young age, it would first have to be formulated in a simple manner. This will allow the youth to have various skills to tap into should a crisis arise. As seen in the quote below, one of the participants mentioned that the ASMC would prevent small crises turning into major problems during adult life.

"I really think as young as possible, you know obviously you have to be quite simplistic, but … hmm … then we will have some kind of skills when you are in the a crisis to fall back on. And I do believe that it will actually prevent a lot smaller crises when you do have some kind of skills when you are growing up".

Once again, should the ASMC be introduced to a younger population, it should be revised to be suitable to the type of learning for a particular age group. It is clear that the following participant expressed that self-management is not only problematic within somatology.

"I think it should be introduce to schools from a very … hmm … small age up because if small children can start learning, obviously on a very you know, simplistic way to self-management themselves … hmm … [sigh]… we will have a whole different culture out there, because I think that is one of our main problems, not only somatology, but somatology are treating other people and you are supposed to make them feel better, so if you don't feel well about yourself, how are you going…"

Formulating the ASMC into a simple and age-appropriate form will only be dealt with post thesis, after the testing of the ASMC among somatology therapists has been completed.

Higher Education

The second part of implementing the ASMC within the education realm is the implementation thereof within a higher educational setting. Participants expressed the lack of teaching on self-management and personal wellness strategies during their formal education. This is in line with the literature review done in Chapter 2 (cf. point 2.2.2, 2.3.3, 2.5.2 & 2.5.3). As seen in the quote below, the deficiency of such strategies might be due to the fact that the student therapist was always perceived as 'being okay'. There seems to be a distinct disequilibrium between knowing what is expected of one and actually coping within a service orientated industry such as somatology (cf. point 2.2.2).

"Because I doubt well … hmm … definitely not while I was training … hmm … the value of something like this … hmm … was not even touched upon … hmm … you knew what is expected of you, but not exactly how to cope with it, or maybe it's because most people that are therapist are service-orientated people so they are always looking after others, and they tend to … a … think that they are okay and … a … maybe because that attitude … hmm … it was never brought into as a study, because I mean why would you need that because you are always okay…"

The assumption that the individual will be 'okay', as seen above, might add to the fact that staff within somatology internalise problems with clients and colleagues. As seen in the quote below, the participant wants to see the ASMC included in formal higher educational settings of the somatologist, even before industry related skills are taught.

"…they internalise things and issues and problems with other staff members with you know, with a lots of things and I think this is fantastic, this should be in every … I think this should must be first … he he he … and then they can start teaching them treatments, because it's life skills if you can use in life".

Therefore, in order to successfully implement the ASMC within higher education, it would be best incorporated within the first few weeks of studies during their first year.

"…were they starting that first week, that we sort of break it down for them. You can divided into six stages in six weeks in each week just right there at the beginning because I find that as you know".

The example given above of dividing the programme into six weeks, each focusing on a stage might be a practicable and uncomplicated way to incorporate the ASMC into an academic programme.

Another implementation strategy for a higher educational setting is to include the programme as a formal module.

"I just think that it is that is done, that we can have this in a module, that there is now a way that you can continue to pursuit self you know self-interest, because you then realise how you affect the bigger picture".

Including the ASMC as a formal module would be the ideal implementation route, but it might not always be possible for every course. The researcher is of the opinion that this might be problematic, due to the already overloaded curriculum most domains currently experience (McGrady *et al.* 2012:259). If one could implement the programme as a module, it would facilitate the enforcement of a reflective stage which is vital for the success of the programme as seen below:

"At least go through the programme and force a reflective stage. You know, at the end of every term you have to sit with your dream buddy and go through it and just say where are you know, to check yourself, even if it is not in the course".

The researcher is of the opinion that the ASMC would be best implemented within the first weeks of studies for all first year students. As the following quote illustrates, if the ASMC is aimed at somatology is should at least be incorporated sometime during the students' formal education.

"But at least, if it is going to be for somatology, at least during the course".

Throughout Chapter 2 (literature review), Chapter 4 (conceptualising of interviews with participants) and Chapter 6 (conceptualising of focus groups discussions), it has been apparent that there is maldistribution of self-management and individual wellness strategies within somatology education and various other higher educational domains. It is also evident that HEIs cannot ignore self-management and wellness strategies in the 21st Century (Shalala 2010:9). Therefore, the future implementation of the ASMC within tertiary education institutions is vital.

6.2.4.4 *Additional implementation possibilities*

The focus group participants saw a wide range of possibilities for the ASMC programmes' future. One participant even indicated that she is of the view that if every person could embark on the ASMC journey we would have a 'better world'.

"I think I mean we will get a better world once we can all try implement and apply something similar to this, we are not going to be such angry people, self-centre the whole time and forgetting about the next person, and it also has be highlighted it's also quiet important".

As mentioned several times in this chapter, the many of the participants elaborated on the fact that there is a place for the ASMC that extends beyond the somatology industry.

"Jissy, it can be implemented everywhere … laugh … I can think…".

"So in terms of a marketing strategy for this, I think it's incredible valuable, I think it can add value way beyond just this industry … hmm … and even if it's not, just you what is in your PhD, but launching it can make big, huge contribution to the whole wellness industry, but also in people-orientated industries. So taking it beyond this department to other health professionals, I think desperately need it … hmm … we are all in a people-intense environment and you are the tool, so the better you are the better the product, service".

Therefore, a big part of the post thesis plan for the ASMC is to approach other health professionals who work in people-orientated and emotionally labour-intensive environments and use the design principles (cf. point 1.6) of this study to contribute to their self-management and individual wellness. The ability to extend the ASMC to other disciplines is due to the scientific foundation this study is built upon (Scientific Output of Design Research – cf. point 1.6).

"And also from an advantaged point that it is scientifically based is not something that is suck out of thin air at the end … hmm … it's based on the need of, of hmm … it's transferrable … hmm … to other industries so I really, I really think you can think big".

Another option worth mentioning is the perceived ability of the programme to assist children from disadvantaged backgrounds, as mentioned in the following quote. This will not be the focus of the researcher during the early stages of implementing the ASMC.

"…if you look a small child who has been abuse, or who is not in a perfect home environment … hm … you know these kind of skills can be valuable to them from a much younger age to understand that my circumstances are not definitely not perfect, but I'm responsible for my own joy and this is how I get there through these skills and I can learn to get there and to get to self-healing and to get to self-acceptance and to get to wellness through apply these skills in my life and … so you know the ages is different but … hmm … some people will need it, they we will learn from it".

6.2.4.5 *Implementation obstacles*

In order to successfully implement the ASMC programme in any of the areas discussed above, one would first have to anticipate implementation obstacles that might hinder flawless implementation.

First and foremost will be the way in which people learn and in what stage of change they are in when introduced to the ASMC programme. As seen in the following two quotes, some people will wholeheartedly engage in the ASMC while others will only dabble on the surface of the programme or even not engage with the ASMC at all. Therefore Maslow's Hierarchy of needs, stages of change and adult education principles will be looked at when reflecting on possible implementation guidelines (cf. point 6.3).

"Some people will receive it, some people will learn it and some people won't … and that's just unfortunately life".

"…some will dabble on the surface and some might go further and some might not engage in, in it at all because they are not reflective by nature or not interest so … hmm … but I think that is a very valuable input".

A second obstacle that might hinder the implementation of the ASMC is the level of excitement the programme evokes within the individual. If one can get people excited about the programme and the possibility this programme offers, they might engage with

the programme on a deeper level. During the introduction phases of the ASMC (cf. point 6.3.1), a strong focus on the life-giving and positive aspects of AI will be emphasised.

"I think it's incredible but … hmm … I think something that would just maybe … uhm … be worth looking at is how to get people excited about a programme, like if they know nothing about something like that. They do have a problem and they are going nowhere slowly … he he … in personal wellness, but how to get them to understand a programme like that if they have no idea".

The third obstacle the participants anticipated in the implementation of the ASMC is the different levels of the individual's needs, education and departure point. As the expert reviewer indicated, using the Hierarchy of Maslow on basic needs might allow the programme to appeal to various individuals situated at various levels of basic needs.

"…how do you sell it to different levels of self … those with educational background might have insight and it's easier, than the one … if I think of Malsow's Hierarchy, you know where they … at the basic needs, taxi money, isn't at the level where you are going to sell this to. So different levels would probably require different approached. Selling it to a manager it would quite different from implementing it in an educational setting, for instance higher education".

Also, as seen above the researcher needs to be clear to whom the programme is being marketed. One would need to use different approaches for managers compared to students at an HEI, therefore the principles of adult education needs to be considered (cf. point 6.3).

Even though it was not mentioned by the participants in the focus group, the researcher believes that the level of commitment from management in a business environment might affect the implementation strategy of the ASMC. If there is a lack of managerial support, there will be a direct impediment in fully implementing the ASMC among staff. Therefore it is vital to have the full support of the managerial team when implementing the ASMC in any business setting.

The above-mentioned obstacles will be taken into consideration when reflecting on possible implementation guidelines.

6.2.5.6 *Realistic implementation suggestions*

The final section included in the discussion of the focus group findings and more particularly the implementation strategy, is various implementation suggestions given by the participants. Even though none of these will be pursued as part of this study, mainly because that they do not form part of the research questions, they are worth mentioning here as findings during the focus groups. These will also be looked at during the implementation and further testing of the ASMC post thesis.

The suggestions made by the participant that are scheduled for future implementation consideration included the following practical examples:

1. Designing the ASMC programme in the form of a Compact Disc (CD)
   "I am excited about it, but I really think you need to think big, I think you need to launch it … hmm … I am think of … a creative way you know … I drive from Pretoria to Jo'burg every day you spend two hours in a car, I am very audio … hmm … influenced because of that, so if you have it on CD for instance and you able listen to … hmm … make it open available or access to open if you".
   This could facilitate the time efficiency aspect the ASMC has to adhere to.
   "…in your car makes it time efficient, if you have it on audio".
   Having the ASMC on a CD might also allow for additional flexibility, were one could go back to previous steps and continue from there as the need arise.
   "…you have it on CD you have it ones you go back, you have it on audio or that ever".

2. Developing a podcast for the ASMC might improve the ease of access to the ASMC programme
   "…you know with an iPod".
   Buying the podcast could be something that the employer could assist the individual with.
   "…but you know, buying podcasts that quite something that is really nice that you can give to staff and they listen can listen to something positive and influencing them and you know, through testimonies, through other staff that started from nowhere reaching you know a goal slow but surely through hard work and to certain skills and working with patients after this programme".

Having aspects of the ASMC on a podcast will facilitate the ease of incorporating the programme into one's daily life. One can listen in the car, at the gym or when waiting for an appointment due to use of mobile devices.

3. Developing an application (app) for the programme.
   "Or eventually you want to go to development after you PhD developing an app for it or … hmm … multi-media thing".
   There seemed to be a general buy-in from participants to the ASMC app. Participants also mentioned that the app might sync with the diary of the individual to facilitate the scheduling of time during the day for various ASMC activities as any particular stage.
   "I like the app idea".

4. ASMC software development
   "…even if you can get a programme to install in your computer where you can then write the letter to the self, to yourself, you can automatic, because when you think of in your car it doesn't always go to action".
   The researcher is of the opinion that the previously mentioned app will be more effective than computer software and still be able to automatically sync with one's diary even on one's computer.

These rather grand implementation suggestions are realistic in that they will help participants form the ASMC into a habit. This is because their level of engagement, progress and excitement about the possibilities the ASMC programme offers all begin with the self.

"I think also it is something you also it start with yourself".

The ultimate goal of the ASMC is the realisation that self-management and personal wellness start with and are solely dependent on the individual's self.

"Because it's not anybody else's responsibility to get your goals for you and I think that's the mindset as we sitting in this profession and in this country a lot, is actually somebody else responsibility to get me happy or to get me there to get me a job to get me and this programme is really focusing on what I can do to have success in my life that is a great approach in any business".

During the focus group sessions, as discussed above, the researcher's vision for the ASMC and possible future has been expanded. The participants shared various dimensions not anticipated by the researcher (cf. point 6.2.2.3, 6.2.3 & 6.4) and gave the researcher practical examples on how to improve the ASMC (cf. point 6.2.3) and implement the ASMC (cf. point 6.4). As a conclusion to the contextualising of the focus group discussion, it is worth mentioning the following excerpt from the researcher's own reflective notes.

"I think I felt a reduction in my excitement towards the title of this PhD thesis, but after conducting the focus group discussions, I felt a sense of 'being alive' again. I saw a brighter future, more possibilities and even a higher sense of enthusiasm. One I have not felt in a very long time toward finishing this PhD. Having experts in the field affirm your thinking and dreaming with you, is truly an improving, enriching and empowering experience, that surpasses anything I could ever have imagined".

6.3 POSSIBLE IMPLEMENTATION GUIDELINES

The primary aim of this research study was to develop an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists (cf. point 1.4.2). It was never the intention of the researcher to fully implement the ASMC with somatologists or within the context of somatology industry. Nevertheless, research sub-question four did ask: *How will such an ASMC programme be implemented in the context of somatology?*

Therefore the following discussion will elaborate on possible implementation guidelines in the form of suggestions for future implementation. It is important to note that full implementation will only commence post thesis and will focus on informing the National Diploma: Somatology (Department of Somatology, University of Johannesburg). The possible implementation guidelines of the ASMC were produced during the Alpha Test conducted in Phase 3 of this study (cf. point 1.7.2 & 3.4.3). Here, the recommendations of the focus group participants (cf. point 6.2.4), the expert appraiser and the critical reflections of the researcher (both organic and structural) were taken into account.

Due to the possible widespread application of the AMSC, as discussed by the focus group participants (cf. point 6.2.2 & 6.2.4), the discussion on possible implementation guidelines will be dealt with in terms of the individual **Somatologist**, **Somatology Education** and

the **Somatology Industry**. It should be noted that not all suggestions made by the participants were incorporated into this section of the research study, and the discussion is limited to the somatologist only and not other disciples as envisioned by the focus group participants (cf. point 6.2.2, 6.2.3.3 & 6.2.4), due to the fact that the research question (as set out in Chapter 1; cf. point 1.7.2) pertains to the somatology industry only.

6.3.1 Somatologist (the individual)

When considering possible implementation strategies for the ASMC in terms of the individual somatologist, the first step would be to introduce the somatologist to the ASMC programme and excite the individual about the possibilities of the programme (cf. point 6.2.1 & 6.2.2). This could be done through an ASMC introduction workshop or even writing an ASMC booklet (or workbook) that deals with an in-depth discussion of the ASMC framework, phases and reasons why self-management and individual wellness are of importance, all in layman's terms. Due to the fact that self-management and individual wellness are solely dependent on the individual (cf. point 6.2.5.6), the somatologist has to make a conscious decision to embark on this ASMC journey. Here Maslow's Hierarchy of needs (Figure 6.5) will be important to speak effectively to a variety of individuals at different levels. This will give the researcher a theoretical tool with which to pursue a more comprehensive and accurate understanding of the human personality and allow the researcher to adapt the introduction and focus of the ASMC to the needs and focal points of each individual.

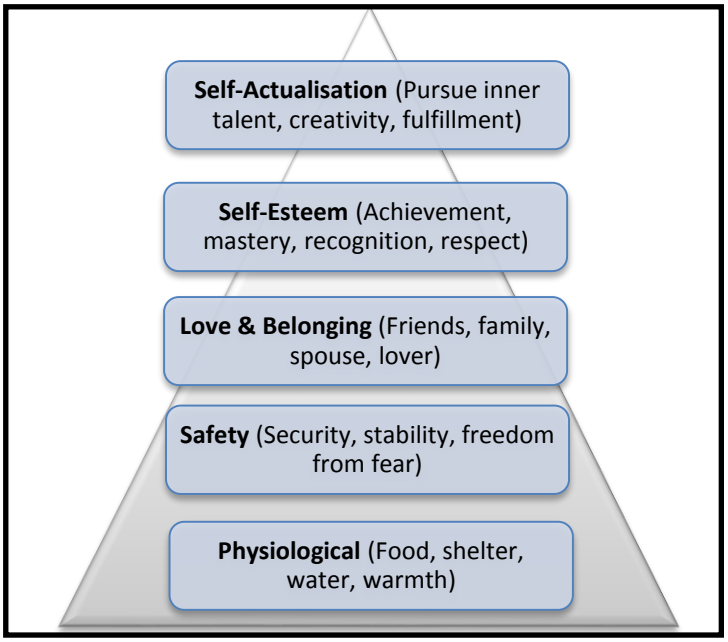


FIGURE 6.5: MASLOW'S HIERARCHY OF NEEDS (ADAPTED FROM JACKSON, SANTORO, ELY, BOEHM, KIEHL, ANDERSON & WESLEY 2014:440)

Once the individual has been introduced to the ASMC, made a conscious decision to embark on the ASMC journey and acknowledged that the ASMC will take time to master (Richter 2010:38; cf. point 6.2), the following guidelines are suggested:

1. Pre-diarise appointments with the self to allow sufficient time for daily (critical) reflection and debriefing sessions (cf. point 6.2.4.1);
2. Set aside weekly group or individual sessions to work on the progress of the ASMC;
3. Commit to monthly sessions with the dream buddy or other support systems;
4. Keep record of the coaching 'tool kit' (cf. point 6.2.2.1), the peak inventory (cf. point 5.3.2.1) and one's progression on the ASMC programme; and
5. Should the individual 'get stuck', redesign the tailor-made ASMC.

While reflecting on the best suitable implementation possibilities for individual somatologists, the researcher felt it vital to consider the design specification as set out in Chapter 5 (cf. point 5.2). The researcher is of the opinion that if one wants to include the ASMC into one's daily life, even the implementation strategies have to adhere to the preset design specifications. Through the process of reflection, the researcher believes that an interactive mobile application (i.e. an app) might be best suited to facilitate the implementation of the ASMC. An app would make the suggested ASMC skeleton framework *flexible*, *adaptive* and *effective* in various contextual realities and allow for *holistic* and *unique* implementation processes and facilitate the aspects discussed above. This might also be useful when considering the strong focus of Digitally Mediated Learning and the ease of incorporating mobile devices (LeNoue, Hall & Eighmy 2011:4).

It is important to take into account that the individual might need to take a step back to a previous step when the need arises or when he/she 'gets stuck'. Therefore coupling the suggested interactive app with podcast discussions might be a useful implementation strategy to consider post thesis.

6.3.2 Somatology Education (Higher Education)

The researcher and participants of the study (cf. point 6.2.4.3) are of the opinion that including the AMSC during first year orientation would be best suited in the context of somatology educational institutions. Due to the limitation in time, available resources and student commitment, six half-day sessions during student orientation might be most

appropriate. During these sessions, each student will be dealt with in a way similar to the individual discussed previously (cf. point 6.3.2), with the exception of the monthly dream buddy sessions. Although this could still be incorporated, the researcher believes that utilising departmental tutors in form of wellness tutors/mentors would be better suited in the context of higher education.

Wellness tutors will be senior students who volunteer to mentor first year students. Such tutors will be trained on all aspects related to the ASMC prior to appointment and each academic department should have at least one wellness tutor. The wellness tutor will be present during the first year students' six day ASMC orientation and be available for individual sessions throughout the year. Formal quarterly follow-up sessions should be scheduled with students to track their progress. These sessions will be conducted in a group format and might facilitate the collaborative network discussed previously.

In a pilot study conducted at Mangosuthu University of Technology (MUT), a similar student mentorship programme has proven successful in terms of gaining better understanding of the programme and improved understanding of the self, one's goals and one's values (Ramrung 2014:21). The author is also of the opinion that such a scaffolding mentorship programme will facilitate soft skills such as time-management and is worthy of being formally established at university. The researcher is of the opinion that using a similar approach to the wellness tutor/mentor programme will be suitable in the context of the somatology department at the University of Johannesburg.

6.3.3 Somatology Industry (People orientated industry)

Incorporating the ASMC into the somatology industry might be the most complex of all implementation guidelines. The researcher is of the opinion that similar processes to those mentioned for individuals and education (cf. point 6.3.1 & 6.3.2) can be followed with minor changes. For example, the wellness tutor/mentor could be the employer or line manager, though one must consider the role and power differences between a tutor and a manager. Additionally the principles of adult education are vital for effective implementation within this fast-paced, diverse and female-orientated industry. Due to the strong inclination toward digital mediating learning through an app, the researcher will draw on the work of LeNoue *et al.* (2011) when considering the principles of adult education. The authors summarised the primary principles of adult education as:

1. Adults develop readiness to learn as they experience needs and interests within their life situations;
2. Adult learners in general are autonomous individuals capable of identifying their personal learning needs and planning, carrying out, and assessing learning activities;
3. Adults have a need to be self-directed in their learning processes;
4. In adult education, the teacher should be positioned as a facilitator engaged in a process of mutual inquiry rather than as a transmitter of knowledge;
5. Relationships and collaborations with others make important contributions to the adult learning process;
6. Adults learn through their lifetime and engage in many informal learning projects outside of educational institutions and programmes;
7. Individual differences among people increase with age; therefore, adult education must make optimal provision for differences in style, time and pace of learning; and
8. As with coaching (Dilts 2003:53), adults bring life experiences and prior learning to bear on current learning projects (LeNoue *et al.* 2011:7).

Somatologist currently working will best learn when they (1) have a direct role in selecting the content and process of the ASMC (cf. point 5.3.4), and (2) are able to build immediate relevance between experiences and the necessities of their daily life through reflection sessions each day (LeNoue *et al.* 2011:8). Therefore the use of an interactive app to facilitate the ASMC journey will be best suited. Because the app will only be developed post thesis, for the interim the researcher suggests an ASMC Workbook.

The success of the ASMC in the somatology industry might rest on the ability of the employer to create a culture suitable to the ASMC journey. Therefore the employer and/or manager needs to:

1. Create a coaching culture allowing change (Clutterbuck & Megginson 2005:80);
2. Provide the individual with room to notify the employer of what is needed in his/her own ASMC journey to facilitate self-management and wellness (Richter 2010:120);
3. Provide small increments of time to facilitate the ASMC process;
4. Embark on the ASMC with employees; and
5. Allow employees to attend ASMC sessions mentioned below, should the need arise.

One has to comprehend that self-interest is a complex filter of behaviour (Clutterbuck & Megginson 2005:37). The benefit to the employer to include a coaching programme such

as the ASMC extends much deeper than the eye can see. By coaching others the line manager/employer or wellness mentor will positively impact their:

1. Ability to do their job;
2. Ability to do the tasks they like to do; and
3. Self-esteem/recognition by influential third parties (Clutterbuck & Megginson 2005:37).

In order to facilitate the collaborative network (Somatology Community) discussed during the focus groups session (cf. point 6.2.2.2), it might be feasible to arrange quarterly ASMC sessions and invite all individuals within the context of the somatology industry who embarked on the ASMC journey. This might also assist in maintaining the participants' motivation, through awakening, sharing and continuing (Clutterbuck & Megginson 2005:26).

6.4 CONCLUSION

The results of the focus group discussions, aspects of the document analysis conducted through expert appraisal and some of the reflective practices of the researcher, discussed in this chapter suggested minor yet significant changes to each consecutive prototype draft. There was an appreciation of the *pragmatic approach* of the ASMC due to its *self-driven*, *preventative*, *flexible* nature and the fact that the ASMC seems to facilitate *emotional stability*. Experts in the identified fields shared an *intense future dream* for the *individual*, the *somatology industry* and *education* when embarking on the ASMC.

By focusing on transforming and refining the suggested design specifications and the ASMC programme, Chapter 6 suggested *additional considerations* that focused on the *individual*, the *support* within the programme, *considerations for implementation*, the inclusion of a *safety net* and recommendations to refine and improve the ASMC *conceptual framework*. *Realistic implementation* suggestions were concerned with the *individual*, the *somatology industry*, *education* and anticipated *implementation obstacles* as a way forward.

By reflecting on possible implementation guidelines, the researcher was able to reflect on some aspects discussed by the participants she did not anticipate at first. Allowing for behavioural change through the implementation suggestions is of vital importance to the success of the ASMC.

The following chapter, Chapter 7 – **Conclusion, recommendations and limitations of the study** – will provide the reader with an overview of the study and address recommendations and limitations, as well as the unique contribution of this study.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS and limitations of the study

7.1 INTRODUCTION

As indicated in Chapter 1 (cf. point 1.1), clients require therapists to be sincere, composed and receptive, they should be well prepared and have a treatment strategy, listen courteously and be considerate. The researcher is of the opinion that this can only be done when the therapist is self-managed and individually 'well'. Therefore an in-depth study was done by the researcher with a view to develop an Appreciative Self-Management Coaching (ASMC) programme in order to facilitate the wellness of the somatology therapist.

Self-management and wellness have been well documented in literature (cf. point 2.2 & 2.3). Strategies and solutions aimed at improving isolated components of self-management and individual wellness have been proven successful in terms of both professional and individual lives. Yet the amalgamation of self-management and individual wellness together with two distinct coaching techniques is a novel approach to the holistic improvement of these concepts. It has been noted that self-management seems to be the 'missing link' in any programme that focuses on individual effectiveness and self-directed behaviour (cf. point 2.6). Self-management and individual wellness should go together and are intimately interwoven in our daily lives and in our practices. While somatologists care for others on a daily basis (cf. point 2.5), they are novices with regards to taking care of the self (Drick 2014:51).

The research concludes with Chapter 7. The aim of this chapter is to provide a brief overview of the study and to present comments and some concluding thoughts on the final findings. The chapter commences with an overview of the study, followed by drawing factual and conceptual conclusions, a short discussion on the limitations of the study, recommendations on the way forward, the contribution to knowledge and concluding remarks.

7.2 OVERVIEW OF THE STUDY

There is a rising interest in changing the way we take care of ourselves – not just our bodies, but also our mind, spirit, society and planet. This paradigm shift has sparked growing interest in the field of wellness. Somatology therapists play a vital, but often overlooked, role in all aspects of wellness (cf. point 1.2). Yet there seems to be a misalignment in the industry, as therapists are not taught wellness related practices and strategies for their own use (cf. point 2.5.2 & 2.5.3). Additionally, current wellness related strategies and programmes do not consider the holistic nature of the individual and focuses on isolated variables of self-management and wellness (cf. point 2.2 & 2.3). The industry of somatology is unique due the fact that this emotionally labour-intensive industry provides little room for the implementation of self-management and individual wellness (cf. point 1.3), due to the time and financial constraints found in this highly competitive industry (cf. point 2.5). The researcher aspired to address this multidimensional gap (identified in Chapter 1; cf. point 1.3), since the researcher is confronted on a daily basis, as a lecturer at the University of Johannesburg, with therapists' inability to self-manage and ensure their own individual wellness (cf. point 1.5).

The aim of this research study was to develop an Appreciative Self-Management Coaching (ASMC) programme to facilitate the wellness of somatology therapists (cf. point 1.4.2). The main research question was as follows (cf. point 1.3):
What should an appreciative self-management coaching programme consist of to facilitate the wellness of somatology therapists?

In order to address the overall research question, a number of specific questions were explored. In this study, four research sub-questions were employed to answer the main research question.

1. *How do somatology therapists currently facilitate their individual wellness?*
2. *What should a conceptual framework for the ASMC programme consist of?*
3. *What draft principles should be included for an ASMC programme prototype?*
4. *How will such an ASMC programme be implemented in the context of somatology?*

The research aimed not only to generate knowledge by describing the characteristics of an ASMC programme and developing design specifications, but also to design and develop

a scientifically-based ASMC in order to promote the individual wellness of somatology therapists in their own specific contexts. The main research question lends itself to a Design Research approach that aims to align research with utility (cf. point 3.3). This form of research is iterative and follows a cyclic pathway of development, combining design, development and reflection, with formative evaluation to understand issues of implementation. In this study, each cycle of Design Research consists of the design and formative evaluation of each consecutive ASMC prototype, leading to a further cycle of development.

In order to address this research question, the study was divided into the three phases of Design Research (cf. point 1.4.3 & 3.4):

- **Phase 1** (one cycle) – Preliminary research (cf. point 1.4.1 & 3.4.1): This phase focused on research sub-questions 1 and 2 (cf. point 7.2.1). Sub-question 1 was addressed through the needs-and-context analysis, including a literature review (Chapter 2) and the discussion of the appreciative inquiry based, in-depth, semi-structured interviews using the GROW model of coaching (Chapter 4). Sub-question 2 was addressed through the development of a conceptual and theoretical framework (cf. point 3.2.2) for this study. The emphasis of this phase was to contextualise (cf. Chapter 2) and conceptualise (Chapter 4 & 5) the ASMC and define preliminary design specifications (cf. point 5.2). Data for this phase was collected (cf. point 3.4.1.3) through a literature review, in-depth semi-structured interviews, field notes and reflective notes. The sample (cf. point 3.4.1.2) consisted of eight somatologists practising in Gauteng, South-Africa.

- **Phase 2** (two cycles) – Prototyping phase (cf. point 1.4.2 & 3.4.2): research sub-question 3 was addressed in this phase (cf. point 7.2.3). This phase started with a description of the ASMC (Chapter 5; cf. Figure 5.7) and consisted of iterative research cycles during which Prototypes I and II of the ASMC were refined (cf. Chapter 6) by means of a focus group discussion with experts in the field of somatology, education and coaching (cf. point 3.4.2.1). The emphasis of the cycles shifted throughout the prototyping phase between improving and refining the suggested ASMC programme. Initially, concept mapping (cf. point 3.4.2) was used to design Prototype I; then data was collected through focus group discussions, theoretical notes and reflective notes (cf. point 3.4.2.3) for cycle 1 and 2.

- **Phase 3** (one cycle) – Evaluation and reflection phase (cf. point 1.4.3 & 3.4.3). This phase represents the semi-formative evaluation that examined the perceived soundness and feasibility of Prototype III of the ASMC (cf. point 3.4.3). This phase therefore re-examined research sub-questions 1 to 3, but specifically focused on sub-question 4 (cf. point 7.2.4). The semi-formative *evaluations* were conducted through a twofold Alpha test (cf. point 3.4.3), consisting of expert appraisal (1) dealt with during the focus group discussions (Chapter 6) and (2) document analysis (Chapter 6) by an expert in the field of health, coaching and education. *Reflection* consisted of organic and structured reflection done by the researcher (Chapters 6 & 7; cf. point 7.4 & 7.5). This is the final phase of the Design Research process for this thesis, although further development may take place as part of Post Doctoral studies.

The Design Research approach for this study incorporated various combinations of qualitative methodologies (cf. point 3.4) during each cycle of the research. Figure 7.1 illustrates the processes of this research study, and additionally indicates how Chapter7 fits into the initial design of this study. The data from each evaluation served to develop design principles to inform the development of the next iteration of the prototype, which was again evaluated (the overall research methodology is discussed in full in Chapter 3). In the next section the research results are presented with specific reference to each research sub-question that was addressed. Reference is made to the chapters in which the full results for each sub-question can be found.

7.2.1 Research sub-question 1

How do somatology therapists currently facilitate their individual wellness?

This research question was addressed during Phase 1 of this Design Research study. This research question aimed to provide the background of the study. A contextualising of the literature was dealt with in Chapter 2 (cf. point 2.5.2), while the conceptualising was discussed in Chapter 4 (and part of Chapter 5) of this study.

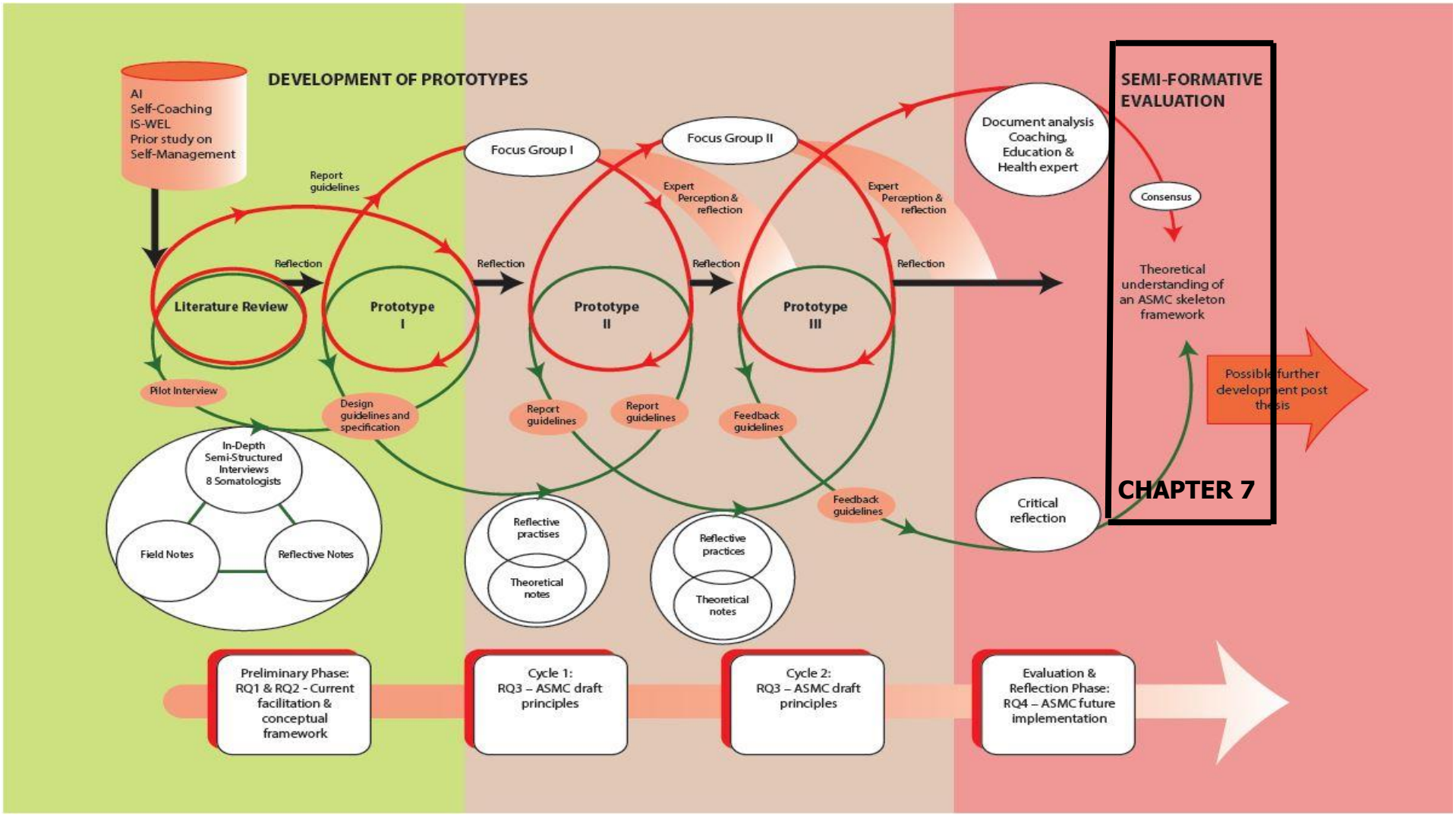


FIGURE 7.1: DESIGN RESEARCH PROCESS – FOCUS OF CHAPTER 7
[Compiled by the Researcher, Henrico 2014]

In responding to research sub-question 1, Chapter 2 presented an overview of the literature pertaining to this study. Literature was provided in three main spheres, pertaining to wellness, self-management and coaching (cf. Figure 2.1). In order to fully comprehend individual wellness, it was important to include a thick description of current wellness literature (cf. point 2.2). Individual wellness (cf. point 2.2.1) was dealt with by elaborating on the five second-order factors of the IS-WEL, namely the essential self (cf. point 2.2.1.1), the creative self (cf. point 2.2.1.2), the coping self (cf. point 2.2.1.3), the social self (cf. point 2.2.1.4) and the physical self (cf. point 2.2.1.5). The influences of the individual's context on these factors were also discussed.

By conducting a literature review on self-management (cf. point 2.3) the researcher was able to identify how self-management would allow for better self-care. Through the use of self-management skills (cf. point 2.3.1), the study included problem solving (cf. point 2.3.1.1), decision making (cf. point 2.3.1.2), available resource utilisation (cf. point 2.3.1.3), the ability to form relationships (cf. point 2.3.1.4) and taking action (cf. point 2.3) in the original ASMC framework. Discussions on wellness practices in higher education (cf. point 2.2.2) and self-management in higher education (cf. point 2.3.3) allowed the researcher to draw on other programmes that have been implemented in higher education settings and proved to be effective. It became clear that even higher education experiences similar dilemmas to those found in this multi-dimensional problem originally identified in the industry of somatology (cf. point 1.3).

Due to the coaching nature of the suggested ASMC, the researcher included a thorough discussion on coaching (cf. point 2.4) in Chapter 2. Two distinct forms of coaching suitable to the ASMC were identified and elaborated on, namely (1) appreciative coaching (cf. point 2.4.1) and the use thereof, and (2) self-coaching (cf. point 2.4.2) and the processes for self-coaching (cf. point 2.4.2.1), which together formed the basis of the ASMC. In order to fully comprehend the use of coaching, chapter 2 included current coaching in higher educational settings (cf. point 2.4.3).

Finally, Chapter 2 demarcated and defined the somatology industry (cf. point 2.5), elaborated on somatology within higher education (cf. point 2.5.1) and contextualised the current use of wellness (cf. point 2.5.2) and self-management (cf. point 2.5.3) in somatology. This included current self-management strategies (cf. point 2.5.2.1) used by therapists and the outcomes of self-management in somatology (cf. point 2.5.2.2) as identified in a previous study. As the aim of this study was to introduce a coaching based

programme in somatology, the literature review included a final discussion on the current use of coaching in somatology (cf. point 2.5.3).

During the literature review conducted in Chapter 2, the researcher was alarmed by the fact that, to date, neither wellness nor self-management or coaching has been effectively used in student education to produce 'well' somatology graduates. This omission is concerning, as it could undermines the achievement of a healthier work force in somatology education and the broader health sciences domain. The aspects identified in this literature review with regards to wellness, self-management and coaching practice were taken forward to the design of the initial ASMC skeleton framework (cf. Figure 5.7) and the design specifications (cf. point 5.2).

In Chapter 4, the (1) Appreciative Inquiry based, in-depth, semi-structured interviews using the GROW model of coaching with practitioners in the field of somatology (cf. point 3.4.1) and (2) the field notes were discussed to address the research sub-question 1. During Chapter 4, the peak experiences of therapist self-management and individual wellness was dealt with (cf. point 4.3). It became evident during this study that somatology therapists viewed self-management and individual wellness is an interconnected journey to attain personal, interpersonal, financial and professional wholeness (cf. point 4.2). The misalignment of wellness practices was not found only in the literature (Chapter 2), but also among somatology therapists, who continually expressed that their current realities of self-management in individual wellness manifest a disequilibrium in holistic wellness (cf. point 4.4). Even though participants in Phase 1 of this study described various obstacles that hinder self-management and individual wellness (cf. point 4.5), they were able to share options they utilise to overcome such obstacles (cf. point 4.6). It is clear that the wellness of somatology therapists has not yet received attention from researchers, and there is no suitable wellness programme currently in the literature to address the individual wellness of the somatology therapist (cf. point 2.5.2). With the collaboration of the somatology therapists, the researcher was able to identify the pragmatic and self-directed nature of the ASMC (cf. point 4.7.1) and identify various skills-development strategies that are of importance (cf. point 4.7.2). These formed the basis of Phase 2 of the study.

7.2.2 Research sub-question 2

What should a conceptual framework for the ASMC programme consist of?

Phase 1 did not assist in addressing only research sub-question 1, but also sub-question 2. By including a previous study conducted by the researcher on the self-management of somatology therapists and a literature review on wellness (cf. point 2.2), self-management (cf. point 2.3) and coaching (cf. point 2.4), in conjunction with the interviews mentioned above (cf. point 7.2.1.), the thorough needs-and-context analysis allowed the researcher to identify aspects that should be included in the original conceptual framework for the ASMC (Chapter 5).

In response to sub-question 2, Chapter 5 identified the design specifications (draft principles) of the ASMC (cf. point 5.2) as a point of departure. It became clear that any programme aiming to improve the individual wellness of the somatology therapist needs to be holistic (cf. point 5.2.1), unique (cf. point 5.2.2), flexible (cf. point 5.2.3), adaptive (cf. point 5.2.4) and efficient (cf. point 5.2.5). With the aid of the literature review (Chapter 2) and the findings discussed in Chapter 4, the ASMC programme conceptual framework (cf. point 5.3) was discussed. This discussion indicated the start of Phase 2 as mentioned above (cf. point 7.2). During the ASMC programme, the individual is guided through a six-staged, interconnected and self-reflective journey (cf. point 5.3.1 – 5.3.6) each containing an array of steps per stage. This skeleton framework was used as Prototype I during the focus group discussion in Phase 2 of this Design Research study (cf. Figure 5.7).

7.2.3 Research sub-question 3

What draft principles should be included for the ASMC programme prototype?

Draft principles (also known as design specifications; cf. point 5.2) were used to guide the design of the ASMC. In response to research sub-question 3, the focus group discussions (cf. point 3.4.2.3) allowed the researcher to improve and refine the ASMC in collaboration with experts in the fields of somatology, education and coaching. By improving and refining the draft principles (design specifications cf. point 5.2) and Prototype I (cf. point 5.3), Chapter 6 was able to change, remove and add certain aspects to the original ASMC skeleton framework. During the focus group discussions, there was an appreciation for the pragmatic approach of the ASMC (cf. point 6.2.1). Participants elaborated on an intense future dream (cf. point 6.2.2) for the ASMC and identified additional consideration (cf. point 6.2.3) that the researcher included in the revised ASMC skeleton framework (Prototype III; cf. Figure 6.4). Therefore the five draft principles that should be included

in the ASMC programme were confirmed and it was recommended that 'self-driven' (cf. point 6.2.1.1) be added to the original five discussed in Chapter 5 (cf. point 5.2). Recommendations for the programme and conceptual framework were made.

While employing experts from various fields in an attempt to answer this research sub-question, the researcher's ideas were expanded. Some topics that the researcher had not even anticipated, in part because they were not mentioned in the literature (Chapter 2), were elaborated during these discussions (cf. point 6.2.2.3).

7.2.4 Research sub-question 4

How will such an ASMC programme be implemented in the context of somatology?

Research sub-question 4 was addressed during Phase 3 of this study by devoting explicit attention to revisiting the evaluation, through summative reflection that produced design principles and enhanced the implementation of the ASMC (cf. point 3.4.3.).

In response research sub-question 4, the final question asked during the focus group discussion was, "How could such an ASMC programme be implemented?" Chapter 6 conceptualised the findings with current literature to address realistic implementation (cf. point 6.2.4) possibilities. By employing expert appraisals, Chapter 6 (cf. point 6.3) answered the research sub-question by looking at possible implementation options for the somatologist (cf. point 6.3.1), somatology education (cf. point 6.3.2) and the somatology industry (cf. point 6.3.3). The researcher is of the opinion that implementation during formal education will be the most successful in shifting the paradigm to the behavioural change needed for a successful individual wellness programme, due to the support available in the university in the form of tutors.

7.3 CONCLUSIONS OF THE RESEARCH

This research was prompted by a previous Masters study conducted by the researcher on the self-management of the somatology therapists (Richter 2010). During this study it became evident that there is a dire need for individual wellness and self-management in the context of somatology due to the neglect of self-management and wellness related practises in the somatology industry and a general assumption that the therapist 'will be okay' (cf. point 6.2.1.2).

No recent, scientific study concerning the facilitation of wellness among somatology therapists in South-Africa has been traced. There seems to be no scientific research on combining self-coaching and appreciative coaching for the improvement of self-management in higher education, nor the use of self-management to facilitate wellness. This study is based on recognising and acknowledging that a gap existed in the literature to give the somatology therapist clear guidelines on a sustainable, cost-effective programme to facilitate his or her own holistic wellness (cf. point 1.3). To bridge this gap, the researcher developed an Appreciative Self-Management Coaching (ASMC) programme as a novel approach to address this multi-dimensional problem. Key stakeholders in the coaching, somatology and educational fields contributed their views as to what should be included in the final ASMC skeleton framework, culminating in the programme design and guidelines for the implementation.

The use of a Design Research approach was effective for the design and development of the ASMC programme aimed at facilitating the wellness of somatology therapists. The use of a philosophy of Appreciative Inquiry (AI; cf. point 3.2.1) as the philosophical stance of this study and formulating the prototypes in collaboration with various stakeholders, increased the sense of ownership of the ASMC, making research participants more receptive and responsive to the data. It also allowed the researcher to cultivate a sense of a possible future by taking positive aspects of the past forward. The principles of AI (cf. Table 3.1) proved to be fundamental in the study by focusing on 'what works' in self-management and individual wellness. Focusing on the positive core of AI breathed a well-deserved life into the problem-based nature of self-management. By combining AI with self-management the researcher believes that it effortlessly allows for the behavioural change needed to be successful in individual wellness.

The Design Research approach also allowed for the use of mixture qualitative methods in this study (cf. point 3.4). A combination of methods was used to generate data and only these findings were interpreted to produce evidenced-based results. The combination of methods meant that the different weaknesses inherent in each data collection method could be offset with the strengths of other methods, leading to more robust results through triangulation. Additionally, Design Research also required input from both experts and users, which provided insight from both academic and practice levels. Although the Design Research approach was successful, it was very labour intensive and the researcher had difficulty in writing up the study within the framework of a traditional

thesis structure. Due to the iterative nature of Design Research, care was taken to make sense of the data and write the argument in a coherent and scholarly manner.

A detailed description of the factual aspects was given in Chapters 2, 4, 5 and 6 of this thesis. Throughout these chapters the interpretations, as scientific evidence, converged to compile the final prototype (cf. Figure 6.4). It is clear that most of the participants in this study are of the opinion that there is a great need, in the context of somatology for an intervention such as the ASMC, maybe not only in the context of somatology but also in other health disciplines. The ability to extend the ASMC to other disciples is due to the scientific foundation upon which this study is built (Scientific Output of Design Research; cf. point 1.6). It is also evident that the success of the ASMC depends solely on the self and the desire to improve one's self-management and wellness.

Theoretical perspectives, based on a thorough literature study and linked to the scholarly contributions of various authors, as well as in-depth semi-structured interviews with practitioners in the field of somatology, helped to develop a conceptual framework on which the research was based. At the conceptual level, it became clear that this study did accomplish the goal (cf. point 1.4.1), aim and objectives (cf. point 1.4.3) as set out in Chapter 1 (cf. point 1.4.2). The programme addresses most, if not all of the problems stated in Chapter 1 (cf. point 1.3), but seems to have also addressed problems associated with other academic courses and disciplines, as well as professional environments. This is supported by the intense future dream expressed by the focus group participants (cf. point 6.2.2).

Wellness is important to all professional groups. The demand for enhancing holistic wellness initiatives and programmes has to be taken into account and must be focused on during formal the formal training of any professional. The researcher is of the opinion that the development of the ASMC is a first step in creating a holistic model of wellness that fits within the context and meets the needs for teaching wellness within the constraints of Higher Education Institutions (HEIs). Wellness has been recognised as crucial in the literature for student preparedness to handle the challenges of their profession. Therefore, the role of academic institutions, as a provider of 'well' graduates, is of the utmost importance in the 21st Century (Henrico 2014:20). HEIs need to allow for students to self-monitor their stress levels and develop their own individualised self-care programme, which is allowed for during the self-reflective and interconnected ASMC

journey. The responsibility and accountability to create a culture that promotes health, wellness and personal accountability will make a significant contribution to HEIs.

Finally, during the Alpha Test (cf. point 3.4.3) conducted in Phase 3 of this study, it became evident that the ASMC is perceived by experts in the field of education, somatology, coaching and health to be feasible and sound. These experts indicated that the ideas underpinning the design and how these ideas are applied in the design are reliable, and that the potential temporal, financial, emotional and human resource costs associated with the intervention are viable and practical.

7.4 LIMITATIONS OF THE STUDY

The researcher recognises various limitations in the study.

Qualitative research is often criticised due to the lack of scientific rigor, objectivity and the potential effects of the bias of the researcher. By providing the reader with rich descriptions and explanations that uses a variety of theoretical constructs, data sources and participants the researcher aimed improve the scientific rigor of the current study (Tracy 2010:841). Although researcher bias might affect the majority of qualitative studies, the researcher used self-reflectivity (reflective journal), honesty, transparency and data auditing throughout this research project. This was a time consuming yet enriching experience for the researcher.

Although the study was clearly demarcated, it became a comprehensive study, generating a large amount of data. The study was conducted in the field of health professions education, somatology, self-management (psychology), coaching and individual wellness, but some aspects – for instance, Maslow's Hierarchy of Needs, adult education principles, conative domain, reflective practices, positive self-talk, critical questions (cf. point 6.2.3.1) and behavioural theory – broadened the scope of the study. Some aspects were discussed only briefly, but can still be addressed in more detail when publications are prepared or follow-up research topics are pursued.

Although the researcher is of the opinion that this study did achieve what was set out in Chapter 1, further testing and implementation of the ASMC is needed to ensure an effective and holistic wellness-promotion programme. This will be addressed in further post doctoral research projects and studies.

During the focus group discussions, a limitation that was identified was the lack of time available for each focus group. The researcher could provide only a bird's-eye view of the ASMC and not discuss each aspect in detail. This proved to be problematic, as some aspects included in the original framework (cf. Chapter 5) were indicated as not receiving enough attention from the researcher. This was corrected by making explicit mention of such during Prototype III (cf. Figure 6.4). Also, limitations in terms of the discussion were seen. Some of the conversation continued during teatime, when the discussions were no longer being recorded. The researcher was, however, able to take field notes as a form of recording these contributions from the participants. The small number of participants during the focus group discussions posed another limitation, but small sample sizes are a characteristic of Design Research studies (Plomp, 2007:23). Only the initial stages of development were focused on during this thesis. The ASMC will be further developed post doctoral, with a focus on the actual efficacy of this wellness programme.

Literature on the facilitation of wellness among somatology therapists in South-Africa was not traced. Therefore the researcher found it difficult for the researcher to draw on the experiences of other scholars.

Finally, due to time constraints, financial limitations and limited participants available to participate in this study, the critical review was not explicitly reserved for Phase 3 of this study, but dealt with during the focus groups and expert appraisal through document analysis. The researcher is of the opinion that if additional participants were available, more insight might have been given into the possible implementation of the ASMC. This will be included in consideration for future studies.

7.5 RECOMMENDATIONS

In order for the study to yield significant and valuable results, the researcher takes the liberty of making the following recommendations. It is firstly recommended that the ASMC programme aimed at facilitating the wellness of somatology therapists be implemented and thereafter continuously evaluated and refined in terms of content and processes. Stakeholders need to be constantly involved in the refinement of the programme to ensure that the content remains up-to-date and that the programme offers what the industry needs.

7.5.1 Wellness practice

The following recommendations are made for enhancing wellness practice:

- Due to the uneven application of wellness practices and strategies in the somatology industry, it is recommended that the innovative practices of the ASMC be implemented, as this study is believed to make a valuable contribution to individual wellness practices. The ASMC provides a fresh, new approach to wellness interventions that is feasible and much needed (Toa *et al.* 2014:35).
- The findings of this study should be submitted to the Allied Health Professions Council of South Africa (AHPCSA) for consideration, implementation and further recommendations, as a way forward in the wellness of professionals.
- The networking opportunities that will present themselves from the dissemination of this research should be nurtured and utilised in the best possible ways.
- The culture of the workplace needs to be considered, because an unreceptive culture may lead to failure of the ASMC, irrespective of its technical quality.
- A collaborative network (somatology community) should participate in the implementation suggestions and further testing (cf. point 6.2.2.2).
- The findings of this study should be presented to other health professionals and people-orientated emotionally labour-intensive environments, to incorporate the ASMC through design principles.
- The findings of this study should be developed into an interactive application (app) and podcast, to allow for ease of implementation.
- Managerial guidelines should be drafted for implementing the ASMC in the somatology and larger context businesses.

7.5.2 Wellness education

The following recommendations are made for wellness education:

- The findings of this study should be submitted to the Executive Management of the Faculty of Health Sciences, University of Johannesburg (UJ) for consideration, implementation and further recommendations as a way forward in the education and training of students, especially within the Department of Somatology.
- The ASMC should be implemented in the first year of study at UJ, by means of a structured implementation plan that is flexible and needs-driven.

- The recommendations can be customised for other South African and African universities across a wide range of formal and non-formal programmes.
- The ASMC should play a proactive role in addressing the wellness needs in HEI's and use modern educational methods, such as e-learning activities, in student training programmes.
- The ASMC can assist in drafting a practical guide on reflective practices, positive self-talk and asking critical questions (cf. point 6.2.3.1).
- Guidelines should be drafted for the dream buddy (cf. point 6.2.3.2).
- The ASMC should be adapted into a simpler format suitable for a younger population (cf. point 6.2.4.3).

7.5.3 Wellness research

Finally, the following recommendations are made for ongoing wellness research:

- The research results should be presented at national and international congresses.
- The results should be published by means of articles in accredited higher education and health journals.
- Further research should be conducted to evaluate the impact of the ASMC on the wellness of students.
- The impact of the ASMC on the workplace should be further researched.
- Further research should be conducted on the impact of the ASMC on human capital.
- Research should be conducted on how the ASMC can be implemented in primary and secondary schooling and to determine at what ages this is most appropriate.
- A study should be conducted to determine how long it takes participants to master the ASMC and form a habit of the daily self-reflection sessions.

7.6 CONTRIBUTION OF THE RESEARCH

The researcher is of the opinion that this research makes a modest contribution to new knowledge. By developing the ASMC, the identified gap in wellness and coaching literature is bridged. The sound research approach and methodology ensured the quality, reliability and validity of the research. The completed research can form the basis for a future research agenda.

The overall goal of this study was to facilitate the wellness of somatology therapists through a tailor-made ASMC programme specific to an individual context. Therefore the value of this study resides in the development of a context-relevant, original and practical ASMC programme to facilitate the wellness of somatology therapists. This programme has a unique and holistic approach to addressing individual wellness. The study provided clear recommendations to reach the goal that was set. The output of this study in the form of an ASMC may significantly improve wellness training, as was discussed in Chapter 6.

This study also made a minor but significant contribution to the somatology industry and HEIs, due to the lack of and maldistribution of holistic self-management and wellness related practices currently experienced.

Through publications in academic journals and presentation at conferences, the researcher is of the opinion that this study may contribute to health professions education, wellness, coaching (psychology) and self-management (psychology), as it was perceived by experts in the field to address wellness in other disciplines, not only somatology (cf. point 6.2.2.1). This study also contributes significantly to international self-management and individual wellness practices by articulating practical and scientific outcomes of the study through the (1) *scientific output* in the form of the six design principles, (2) *practical output* in the form of the ASMC, and (3) *societal output* in the form of professional development of the participants.

The ASMC programme to facilitate the wellness of somatology therapists could be included not only in somatology curricula, but also the curricula of other health professions that experience similar challenges with individual wellness and self-management.

The combination of self-coaching and appreciative coaching proved to be highly novel and was perceived by experts in the field as an effective tool in the facilitation of individual wellness through self-management skills. The formulation of the peak inventory at the heart of the ASMC is perceived as facilitating a much-needed paradigm shift in advancing what works in self-management and individual.

7.7 CONCLUSION

Chapter 7 brought to a close this research and included the overview of the study, conclusions of the research, limitations and recommendations of the study, followed by the contribution of research.

"This then is the nurturing. This is the buoyancy. This is the iceberg beneath the water that enhances our self and our practise. It's your practise. It's your time. It's your choice. Choose wisely."

Carol Ann Drick

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PERSONAL COMMUNICATION

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APPENDIX A
(INCLUDING APPENDICES A1-A2)

APPENDIX A1: INTERVIEW PARTICIPATION CONSENT LETTER
APPENDIX A2: SOMATOLOGY CLINIC CONSENT LETTER

APPENDIX A1

INTERVIEW PARTICIPATION CONSENT LETTER

September 2013

Information and Consent

Dear prospective participant

My name is Karien Henrico from the Faculty of Health Sciences, at the University of The Freestate (UFS). I am currently registered as a Doctoral student in the Health Professions Education Programme (at the UFS) under the supervision of Prof. Jeanette Maritz (UNISA) and Dr Johan Bezuidenhout (UFS). I am conducting interviews as part of a research project entitled: ***An appreciative self-management coaching programme to facilitate the wellness of somatology therapists.*** I hereby invite you to participate in this study.

The purpose of this study is to design and develop an appreciative self-management coaching programme in order to adress the lack of wellness for the somatology employee. There should be no risks of discomfort when sharing your experiences during individual interviews. I shall visit you for individual semi-structured interviews in a private room without disturbances. During discussions, I will be taking field notes to keep track of what has been said and will record the experiences of participants. I request your permission to audiotape your interview. All notes and audiotaped interviews will solely be used by myself, supervisor, co-supervisor. The audiotaped interviews will be transcribed, and the transcribed interviews and notes will be kept under lock and key for two years after publication of the research results, where after it will be destroyed.

Participants' names, or any information that identifies them, will not appear on the notes or on transcripts, to ensure confidentiality. Furthermore, the identity of participants will not be revealed when the study is reported or published. Participants have the right to autonomy and can withdraw at any stage of the research process. The findings of this study will be made available in a published article. The proposal was approved by the Faculty of Health Sciences: Ethics Committee (Ethical clearance number 45/2013).

Your participation in this study is totally voluntary, with no financial compensation. You have the right to withdraw at any time if you want to, without repercussion or penalty.

I, *Karien Henrico* have discussed the above points with the participant. It is my opinion that the participant understands the risks, benefits and obligations involved in participating in this project.

_____ _____

SIGNATURE OF THE INTERVIEWER DATE

I understand that my participation is voluntary in this study. I hereby freely consent to take part in this research project. I agree to

1. Participate in the interview ☐

2. That the interview be audio-taped ☐

_____ _____

SIGNATURE OF PARTICIPANT DATE

If you have any questions about the study, or about participating in the study, please feel free to contact me (Karien Henrico). You may call me at work (011) 559 6464 or cell phone 079 481 5823.

APPENDIX A2

SOMATOLOGY CLINIC CONSENT LETTER

June 2013

Request to conduct research

To whom it may concern

My name is Karien Henrico from the Faculty of Health Sciences, at The University of Free State (UFS). I am currently registered as a Doctoral student in the Health Professions Education Programme (at the University of the Free State) under the supervision of Prof. Jeanette Maritz (UNISA) and Dr Johan Bezuidenhout (UFS). I am conducting interviews as part of a research project entitled: ***An appreciative self-management coaching programme to facilitate the wellness of somatology therapists.*** I hereby request permission to conduct interviews within your facilities.

The purpose of this study is to design and develop an appreciative self-management coaching programme framework in order to adress the lack of wellness for the somatology employee. There should be no risks of discomfort during the interviews. During discussions, I will be taking field notes to keep track of what has been said and will record the interviews by audio-tape. I request your permission to conduct these interviews with therapists within your clinic/spa.

Participants' names and affiliation, or any information that identifies them or your business, will not appear on the notes or on transcripts, to ensure confidentiality. Furthermore, the identity of participants or your business will not be revealed when the study is reported or published. Participants have the right to autonomy and can withdraw at any stage of the research process. The findings of this study will be made available in a published article. The proposal was approved by the Faculty of Health Sciences: Ethics Committee (45/2013).

Their participation in this study is totally voluntary, with no financial compensation. Participants have the right to withdraw at any time if you want to, without repercussion or penalty.

If you have any questions about the study, or about participating in the study, please feel free to contact me (Karien Henrico). You may call me at work (011) 559 6464 or cell phone 079 481 5823.

Kindest Regards

Mrs Karien Henrico
PhD student in Health Professions Education
Student number: 2012170474
E-mail address: karienr@uj.ac.za

APPENDIX B
(INCLUDING APPENDICES B1-B4)

APPENDIX B1: EXAMPLE OF INTRODUCTION EMAIL SENT TO PROSPECTIVE PARTICIPANTS
APPENDIX B2: FOCUS GROUP PARTICIPATION CONSENT LETTER
APPENDIX B3: FOCUS GROUP AGENDA
APPENDIX B4: FOLLOW UP THANK YOU EMAIL

APPENDIX B1

EXAMPLE OF INTRODUCTION EMAIL SENT TO PROSPECTIVE PARTICIPANTS

Dear XXXX

Thank you for accepting our invitation to attend the focus group for my research study entitled: "An Appreciative Self-Management Coaching programme to facilitate the wellness of somatology therapists."

This focus group discussion is aimed at asking you, the somatology expert, for your valuable input on the proposed programme I drafted. This programme aims at assisting the somatologist in improving her self-management and ultimately leading to personal wellness within the complex and demanding nature of the somatology clinic. The group discussion will include a presentation on the proposed programme, followed by a discussion lead by the group facilitator, Prof. Jeanette Maritz. Attached, please find the consent letter (we will have copies available at the venue) for your perusal. The details for the schedules session is as follows:

Date: Thursday, May 8th
Time: 9:00 – 10:00
Venue: Casa Toscana (5 Darlington Rd, Pretoria 0081 – next to the N1)

This session will be a small group 6-10 people. We will serve refreshments and I do hope that you will be able to take something back to your clinic and own personal life in terms of self-management and personal wellness.

Please let me know if you would be able to join us before 30 April. If you have any additional queries, please do not hesitate to contact me on 079 481 5823.

We are looking forward to meeting you. See you then.

Your Sincerely,

Karien Henrico

APPENDIX B2

FOCUS GROUP PARTICIPATION CONSENT LETTER

8 May 2014

Information and Consent

Dear participant

My name is Karien Henrico from the Faculty of Health Sciences, at the University of The Freestate. I am currently registered as a Doctoral student in the Health Professions Education Programme (at the University of the Free State) under the supervision of Prof. Jeanette Maritz (UNISA) and Dr Johan Bezuidenhout (UFS). I am conducting focus group interviews as part of a research project entitled: ***An appreciative self-management coaching programme to facilitate the wellness of somatology therapists. I hereby invite you to participate in this study.***

The purpose of this study is to design and develop an appreciative self-management coaching programme framework in order to adress the lack of wellness for the somatology employee. The focus group interview will be in a private room without disturbances. The session will be small and consist of 6-10 people. During the discussions, I present the proposed programme to you, followed by a discussion on the suitability of such a programme within the context of the somatology clinic. I will be taking field notes to keep track of what has been said and will record the discussion of the participants for further data analysis. I request your permission to audiotape your interview. All notes and audiotaped interviews will solely be used by myself, supervisor, co-supervisor. The audiotaped interviews will be transcribed, and the transcribed interviews and notes will be kept under lock and key for two years after publication of the research results, where after it will be destroyed.

Participants' names, or any information that identifies them, will not appear on the notes or on transcripts, to ensure confidentiality. Furthermore, the identity of participants will not be revealed when the study is reported or published. Participants have the right to autonomy and can withdraw at any stage of the research process. The findings of this study will be made available in a published article. Your participation in this study is totally voluntary, with no financial compensation. You have the right to withdraw at any time if you want to, without repercussion or penalty.

I, *Karien Henrico* have discussed the above points with the participant. It is my opinion that the participant understands the risks, benefits and obligations involved in participating in this project.

_____ _____

SIGNATURE OF THE INTERVIEWER DATE

I understand that my participation is voluntary in this study. I hereby freely consent to take part in this research project. I agree to

1. Participate in the interview ☐
2. That the interview be audio-taped ☐

_____ _____

SIGNATURE OF PARTICIPANT DATE

If you have any questions about the study, or about participating in the study, please feel free to contact me (Karien Henrico). You may call me at work (011) 559 6464 or cell phone 079 481 5823.

APPENDIX B3

FOCUS GROUP AGENDA

FOCUS GROUP AGENDA: PROPOSED APPRECIATIVE SELF-MANAGEMENT COACHING (ASMC) PROGRAMME

The focus group interview held at 9:00 at Casa Toscana (5 Darlington Rd, Pretoria 0081 – next to the N1) on 8 May 2014.

1. OPENING AND ATTENDANCE

1.2 Welcome

1.3 Ground Rules

2. OVERVIEW OF THE ASMC **±15 min**

A presentation done by the researcher, Karien Henrico, on the proposed Appreciative Self-Management Coaching programme, with the view to provide an overview of the topic of this study.

3. QUESTIONING **±40min**

3.1 What is the best strategy or practise in the suggested ASMC prototype? ±10min
(The best of the ASMC prototype)

3.2 What would your dream for the best prototype ASMC programme be? ±10min
(Opportunities for the ASMC programme in the future)

3.3 What should the ideal prototype ASMC programme additionally include? ±10min
(The ideal ASMC programme)

3.4 How could such an ASMC programme be implemented? ±10min
(Ongoing empowerment and performance of the ASMC programme).

4. CLOSING

Please enjoy some refreshments.

APPENDIX B4

FOLLOW UP THANK YOU EMAIL

Thank you so much for giving up some for your valuable time to attend my focus group interview this morning. Your input was extremely valuable and will be used in the next phase of this study.

Kindest Regards

Karien Henrico

www.uj.ac.za

Mrs. Karien Henrico
Lecturer: Department of Somatology
Faculty of Health Sciences
Tel +27 11 559 6464
Fax +27 11 559 6515

APPENDIX C
(INCLUDING APPENDICES C1-C5)

APPENDIX C1: LETTER FOR APPROVAL FROM THE ETHICS COMMITTEE, SCHOOL OF MEDICINE, FACULTY OF HEALTH SCIENCES, UFS
APPENDIX C2: ETHICAL CLEARANCE LETTER
APPENDIX C3: TRANSCRIBED INTERVIEW EXAMPLE
APPENDIX C4: TRANSCRIBED FOCUS GROUP EXAMPLE
APPENDIX C5: DEBRIEFING INTERVIEW

APPENDIX C1

LETTER FOR APPROVAL FROM THE ETHICS COMMITTEE, SCHOOL OF MEDICINE, FACULTY OF HEALTH SCIENCES, UFS

November 2012

Mrs H Strauss
The Chairperson: Ethics Committee
Block D, Room 115
François Retief Building
School of Medicine
Faculty of Health Sciences
University of the Free State

RE: APPLICATION FOR ETHICAL APPROVAL TO CONDUCT RESEARCH

Dear Mrs Strauss

I have registered for a Doctoral degree in Health Professions Education, for which I must conduct a research study related to Health Professions Education. The purpose of this study is to design and develop an appreciative self-management coaching programme framework in order to adress the lack of wellness for the somatology employee. There should be no risks of discomfort when participants share their experiences during individual interviews. During discussions, I will be taking field notes to keep track of what has been said and will record the experiences of participants if consent is given to do so. All notes and audiotaped interviews will solely be used by myself, supervisor, co-supervisor. The audiotaped interviews will be transcribed, and the transcribed interviews and notes will be kept under lock and key for two years after publication of the research results, where after it will be destroyed. Participants' names, or any information that identifies them, will not appear on the notes or on transcripts, to ensure confidentiality. Furthermore, the identity of participants will not be revealed when the study is reported or published. Participants have the right to autonomy and can withdraw at any stage of the research process. Participation in this study is totally voluntary, with no financial compensation.

The title of my research project is:

"AN APPRECIATIVE SELF-MANAGEMENT COACHING PROGRAMME TO FACILITATE THE WELLNESS OF SOMATOLOGY THERAPISTS"

My supervisors are:
Dr J Bezuidenhout (Division of Health Sciences Education Development, Faculty of Health Sciences, UFS)
Dr J Maritz (Department of Health Studies, University of South Africa)

I hereby apply for ethical evaluation and approval of my research protocol.

My sincere thanks for your attention and consideration of this request.

Yours faithfully,

Mrs Karien Henrico
PhD student in Health Professions Education
Student number: 2012170474
E-mail address: karienr@uj.ac.za

APPENDIX C2

ETHICAL CLEARANCE LETTER

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
UFS UV

Research Division
Internal Post Box G40
☎(051) 4052812
Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss/hv

2013-05-27

REC Reference nr 230408-011
IRB nr 00006240

MS K HENRICO
c/o DR JOHAN BEZUIDENHOUT
DEPARTMENT OF HEALTH STUDIES
G14
FACULTY OF HEALTH SCIENCES
UFS

Dear Ms Henrico

ECUFS NR 45/2013
PROJECT TITLE: AN APPRECIATIVE SELF-MANAGEMENT COACHING PROGRAMME TO FACILITATE THE WELLNESS OF SOMATOLOGY THERAPISTS.

- You are hereby kindly informed that the Ethics Committee approved the above project at the meeting held on 21 May 2013.
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ETOVS/ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully

.....
PROF WH KRUGER
CHAIR: ETHICS COMMITTEE

Cc **Dr Johan Bezuidenhout**

APPENDIX C3

TRANSCRIBED INTERVIEW EXAMPLE

PARTICIPANT 2

Karien: Okay so dankie weereens ons gaan ... hmmm... basies weer dieselfde vragies as wat ons laas gedoen jy hoef nie te worry om weer vir my dieselfde goed te se of bang te wees as jy iets vergeet of enige so iets dis rerig dis rerig okay

Terapeut: Hehe

Karien: So as jy nou moet dink aan jou peak experience of jou beste vorm van self-management in wellness of jou droom van wat dit kan wees hoe sal dit dan lyk, lyk jou utopia?

Terapeut: Hmmm .... environment gewys is jou… kom in die salon en dis soos jou ideale

Karien: Ja dis jou droom

Terapeut: Waar jy gaan werk

Karien: Dis jou droom

Terapeut: Hmmm ... kliente wat daar wees

Karien: Hmm

Terapeut: En geen mounery nie ... hmmm ... staff wat mekaar oor die weg kom en nie afgunstig is nie en net n bietjie son oor mekaar laat skyn ... hmmm ... waar daar net so vrede is en harmonie is en rustige atmosfeer waar die klient ook hom kan.. of haarself kan geniet en ontspan.

Karien: Mmmm

Terapeut: Hmm.... waar elkeen sy potensiaal kan bereik en uitleef en ja ... hmmm ... ja waar jy dag vir dag kan soos verbeter wat jy doen

Karien: So as ek jou reg verstaan so dis baie belangrig bo en behalwe die die ... ee... klient "client satisfaction" is ook belangrik om in `n goeie team te kan werk in jou werks omstandighede

Terapeut: Ja

Karien: Okay en vertel vir my... vir jouself as persoon hoe sal dit lyk?

Terapeut: Vir myself as persoon?

Karien: Ja

Terapeut: Hmmm .... hmm ..

Karien: Dis jou droom

Terapeut: Hehe ..

Karien: Of jy kan droom

Terapeut: Hehe .. hmmm ... seker maak ek verstaan jou vra nou reg. Okay .... Hmmm ...

Karien: Soos wanneer jy dink aan self-management en individual wellness …. hoe sal dit vir jou lyk as jy nou eindlik se jy het dit nou reg gekry… Jy jys in 'n stage of wellness… vir jou as persoon?

Terapeut: Hmm .... Okay wellness sien ek as dit gaan nou soos oor die hele liggaam so dis soos ligaam, siel en gees ek sou dit gese het so ...hmmm ... ek dink mens om fisiese gesond te wees om jy moet geestelik eerste gesond wees so ... hmmm ....om te kyk na daai aspekte van jou lewe en ...ee... hmmm ... jou fisiese welstand ... hmmm ... wat jou gesondheid betref om genoeg slaap te kry ... hmmm ... gesonde goeters te eet

Karien: Ja

Terapeut Hmmm .... en om 'n gesonde mindset te he, ek dink jou mindset speel 'n baie groot rol ook, in al hierdie dinge en .... hmmm ..... fokus te wees … in dit wat jy doen en ... hmm ... om vrede met jouself te he in daar waar jy is en om dit reg…

Karien: Soos in vorm van satification so jy moet satifited wees

Terapeut: Ja

Karien: Okay So .. hmm… jy het nou genoem vir by die werk is vir jou belangrik om gelukkige kliente te he en in 'n team te kan werk 'n gesonde team te kan werk en dan om vir jouself te kyk om drie… body mind spirit

Terapeut: Ja

Karien: Om op al drie vlakke te kyk, goed te kan eet, spesifiek uit kyk denke te kan he as wel as gefokus te bly en ook satification te he is daar enige iets anders wat jy in jou droom sal sien vir self-management en individual wise?

Terapeut: Hmmm .... wag nou dink ek n bietjie

Karien: Hehehe

Terapeut: Hmm ... ek dink ek het laas vir jou gese dis belangrik om 'n pas ook te he in wat jy doen en ek gaan dit weereens se .. hmm ... ek dink as jy 'n passie het vir dit wat jy doen is dit makliker vir daai die res van goeters om van selfsprekend te vloei ... hmmmm ... hmmm ... ja

Karien: Okay dis reg. As ons nou terug moet gaan hierdie kant toe wat sal jy se hoe lyk jou reality in vorms in vorm van waar is jy tans met self-management en individual wellness

Terapeut: Hmmm ... self-management sal ek se… ons is nog nie by die probleem

Karien: Nee nee waar is jy nou

Terapeut: hehehe

Karien: Jy dink nou vooruit

Terapeut: O goodness ... hmm ... ag nee gee my n voorbeeld… he he

Karien: Soos jy ... hmm ... jy het laas genoem van wat jy die bestuurder en terapeut is

Terapeut: Ja

Karien: So dis vir jou moeilik om half om met al twee te grapple

Terapeut: Ja ja ja

Karien: So dit was soos nou hoe lyk jou self-management en wellness nou

Terapeut: Moet ek se waar ek nou moet aandag gee of kom ons nog daarby

Karien: Ja nee dis goed hoe dit nou lyk dis fine

Terapeut: Hmmm .... ek besef dat time-management op hierdie stadium vir my is soos 'n groot ding want daar is baie goeters wat moet gebeur soos wat ek vir jou gese het dat ek soos manager en dan

Karien: Hmmm ...

Terapeut: meer vandie skoonheid goetertjies ook so ... hmmm ... ek het gesien soos met dae wat ek soos moet rerig ingesteld is om my goeters uiteen te sit wat dit wat ek moet doen en ek weet het 'n besige dag wat kliente betref en ek kan dit managed .... hmmmm ... ek ...hmmm... ek weet wanneer ek wat moet doen, wanneer die admin ook moet bykom gaan die dag net soveel meer effektief as wat ek dit dalk gedoen het

Karien: Ja

Terapeut: Of ek het dalk 'n dag wat oop is en ek worry nie so veel om dit soos 'n prioriteit lys opgestel van ek moet ek moet dit en dan skielik is die dag vol en dan's dit gaos en dan hardloop ek soos 'n afkop hoender so ek dink time-management is vir my op hierdie staduim 'n ... hmm ... belangrik en sal daarna moet kyk en ... hmmm ... ek sal moet kyk om te delegeer want ek wil baie goeters self doen ... hmm ... ek sal dit eerder self doen om vir iemand want dan weet ek dis gedoen

Karien: Hmmm

Terapeut: Dis gedoen soos ek dit gedoen wil he

Karien: Ja

Terapeut: So ... hmm .... ja en weereens dit kan ... hmmm ... dit kan my well being

Karien: Ja

Terapeut: Beinvloed in die sin van .... hmmm ... ek sal baie keer tot laat in die aande hier sit as gevolg van goeters wat ek nie gedoen kry nie en dit beinvloed jou slaap ook en ..add... sit stress op jou

Karien: Ja

Terapeut: So ... hmm ... so ja dit kan negatief invloed het dis wat ek sien, so ek moet definitief leer om te kan delegeer om my tyd beter te kan spandeer

Karien: Okay en ...hmm... as jy soos hierdie ... hmmm ... goedjies wat jy nou genoem het wat wat meer pertinent tot jou werksomstandighede so as jy nou moet dink aan jouself hoe lyk jou wellbeing jou wellness as persoon?

Terapeut: Hmm ... ek dink okay. Hehe ek het so rukkie terug deur 'n ding gegaan wat ek net rerig wil werk werk werk huis toe what ever net soos daai twee goeters gedoen het, en dit het my begin uitbrand in die sin van jy daar is niks wat jou tenkvul want al daai goeters is goed wat jy heel tyd gee vir mense en ek het besef dis belangrik om iets te kry om my tenkvul en ek hou nogal van sport altyd en ek het hokkie gespeel altyd en ek maar ek kry nie tyd en so ...

Karien: Hmmmm

Terapeut: Hmmm ... het n paar jaar terug begin met fiets ry en dit is vir my lekker dis ontspanning en dis goed vir jou ook en dit voeg by vir jou gesondheid

Karien: Ja

Terapeut: En tyd ... hmmm ... Dis vir my lekker so ek dink dis op hierdie staduim probeer ek 'n balans handhaaf. Familie, iets om te doen soos walk in 'n park soos sport ... hmmm ... ja en dan die werk wanneer dis nou tyd om huis te gaan.

Karien: Ja

Terapeut: So in daai opsig om al daai goeters te juggle is dit kom by om jou te verbeter en dan die gesondheid ook sonder die oefening so ek weet outomaties voel jy wil gesonder eet en so fisies daar sal wil ook werk aan veranderinge Ja

Karien: Okay hmm ..

Terapeut: Is ek reg?

Karien: Ja nee

Terapeut: heheh

Karien: Dis jou antwoorde. Hmmm ... jy se jy gee baie van jouself en dis belangrik om 'n hobby of sport soos fiets ry te doen alles gebalanseerd, jou familie

Terapeut: Ja

Karien: Is daar enige iets anders wat jy wil bylas van hoe jou wellness in self-management nou lyk hetsy by die werk of as indivisioneel

Terapeut: Nee ek dink nie so

Karien: Okay nou kom ons by waar jy netnou wou wees. Obsticles of jou challenges wat jy tans het ... hmmm ... om goed wat jou nou wat ek hier bedoel is om goetertjies wat jou sal keer om by jou droom van self-managedment van wellness uit te kom

Terapeut: Okay ... hmmm ... as ek reg verstaan as ek nie meedeel nie gaan ek nooit hier uitkom nie

Karien: Ja

Terapeut: Okay wel definitief gaan ek moet leer om te delegeer en om mense te kan vertrou om te doen om hul manier al is dit nie my manier nie ...hehehe..

Karien: Ja

Terapeut: Hmmm .... om te delegeer te trust .... hmmm .... conflict-management wat ek sien daar het actually in laas week 'n insident gebeur en klein goedtjie wat mens besef op daardie stadium ek dink jy jy hanteer dit reg in die sin van wat die winkel of die besigheid aanbetref

Karien: Ja

Terapeut: Of op die ou end van die dag kry die mense binne in skade wat jy nie op daai oomblik besef nie want jy probeer 'n klient dalk beskerm

Karien: Hmmm

Terapeut: En op die einde van die dag besef jy dis glad nie reg gewees nie so ja ek dink om meer in detail te kan ... situasies beter te kan hanteer waar management

Karien: Ja

Terapeut: Hmmm ... dan ook te luister, luister, luister en te reageer ... hmmm ... wanneer ... hmmm ... om spesifiek by die werk so nou maar as staff met jou praat ... hmmm ... baie keer sal jy veral as jy nou hier wil uitkom dis belangrik om te weet wat is elkeen se opinie wat is elkeen se belangstelling wat is elkeen se ... hmmm .. hindernis limitations en goeters ook by die werk en dan as jy rerig daar wil uitkom gaan jy ook met daai goeters moet deal want elkeen is n indiviual op sy eie en elkeen het sy probleme op sy eie en… ja

Karien: Hmm … So as ek jy reg verstaan is dit people skills, dat jy se jy moet alkeen se limitations ken.

Terapeut: Yes

Karien: So is daar enige iets anders wat jy wil by sit in die konteks van die besigheid in die werk?

Terapeut: Hmm ... ek dink om jou kliente te leer ken ek weet nie of dit kom by people skills nie maar ... hmmm ... ek dink dis iets wat ek nou die laaste ruk baie leer dat jy kan ... party mense is baie ongeskik soos rerig ongeskik en my persoonlikheid is op daai stadium is om terug te staan

Karien: Ja

Terapeut: En dan om hul te laat ongeskik wees en ek dink nie dit is noodwendig reg nie veral nie as jy in 'n plek wil werk soos daai waar jy ... hmmm ... jy wil 'n atmosfeer skep van daar is respek, mutual respek van kollegas asook tussen klient en kollega

Karien: Ja

Terapeut: Dit gaan beide kante toe want ons se baie keer die klient is reg maar die klient is nie noodwendig altyd reg nie

Karien: Ja

Terapeut: En ek dink as dit kom by ... hmmm . ek wil amper se morele ding van daar is respek in die winkel en ek wil he jy as klient moet dit weet want ek gaan respekteer maar my kollegas ook

Karien: Ja

Terapeut: Dit het nou alles gekom by daai insident

Karien: Ja

Terapeut: Insident wat nou gebeur het maar ... hmmm ... ek dink dis belangrik om te weet hoe om met die klient dan te werk en te weet dat daar is sekere goeters wat jy vir 'n klient kan se op 'n mooi manier ... hmmm ... maar laat weet deur dit wat jy nou doen pas nie in by die kultuur wat ons hier probeer skep nie, en as dit nie is as jy dit nie respekteer nie want dan wil ons jou klient dit klink dalk baar

Karien: Ja

Terapeut: Dit klink dalk half baar maar goeters .... hmmm ... dit pas nie in by dit nie so ek weet nie of dit dis…

Karien: Nee dit maak een honderd persent sin een honderd persent Okay as ons kon kyk na obsticles wat jy as persoon vir jou eie individuel wellness en self-management het wat sal dit wees

Terapeut: Hmm ... emosioneel ek praat

Karien: Hehe

Terapeut: Hehe ek raak baie gou-gou emosioneel betrokke ... hmmm ... of ek sal baie gou dat my emosies in die pad kom om van 'n besluit te neem of om ... hmmm ... even as iets in my persoonlike lewe gebeur … met sekere goeters kan ek dit soos half jy weet een kant toe los maar met sekere goed veral soos met 'n verhouding soos wat ek laas gese het verhouding is vir my rerig 'n groot ding so as daar 'n teleurstelling is of iets kom dit, dan affekteer dit my werk

Karien: Ja

Terapeut: En dit affekteer hoe ek as persoon op tree en goeters en dit is vir my op hierdie stadium 'n challenges om daai te kan jy weet nog steeds ek meen toe te laat om my so

Karien: Ja

Terapeut: Beinvloed want soos met enige ander goeters so even 'n familie krisis of 'n dood in die familie sal my nie so beinvloed soos wat iets my beinvloed nie

Karien: Ja

Terapeut: So wat iets nog scary is maar ... hmm ... dis maar

Karien: So as ek jou reg verstaan is dat ... hmmm ... om jou self te ken eerstens en dan om emsional boundries te kan skep... vir jouself in die privaat lewe

Terapeut: Ja

Karien: Asook by die werk

Terapeut: Ja

Karien: Enige iets wat jy daarby wil las

Terapeut: Ek dink nie so nie

Karien: Okay. Nou as jy moet dink aan option wat jy het tans of goed wat jy kan doen om van hierdie obsticales te oorbrug ..ee.. uhm.. toe te laat om by jou droom van self-management wellness uit te kom wat sal dit insluit?

Terapeut: Hmm ... ek dink ek het laas vir jou gese jy kan gaan kursusse gaan loop in enige van daai goeters

Karien: Ja

Terapeut: Jy kan ek dink self reflection is ook 'n groot ding ... hmmm.

Karien: Ja

Terapeut: Om te kyk wat het daar gebeur en hoe kon ek dinge anders hanteer het ... hmmm ...

Karien: Ja

Terapeut: En dan dit wanneer sulke goeters weer gebeur om nie net weer dink maar ek kon dit so gedoen het actually te implementeer en dit te doen

Karien: Ja

Terapeut: So… om veranderings in te bring waar dit nodig is ... hmmm ..

Karien: mmmm

Terapeut: Ja sss ....hmm .. hehe

Karien: Hehe

Terapeut: hmmm ... laat ek dink…kan abvioulsy op lees oor die tipe persoon dit gaan opwees onder

Karien: Ja

Terapeut: Hmm ... ek kan nie onthou nie

Karien: Ag shame dis reg. Jy wil net se oplees

Terapeut: Ja

Karien: Okay enige iets anders wat jy dink jy kan bylas

Terapeut: Nie wat ek nou aan kan dink nie

Karien: Okay so dis dan reg. Dan wil ek jou net vra voor ons nou klaar maak as jy nou so program sou moes skryf wat dink jy is worth while of including wat dink jy is goed om by te las?

Terapeut: Speak up sou ek daarby skryf ons het dit klaar gese

Karien: Ja

Terapeut: As jy nie te vrede is met iets dan moet jy praat

Karien: Okay jou options speak up

Terapeut: Hehe ... hmmm... of as jy n voorstel het of enige

Karien: Ja

Terapeut: Enige iets wat jy wil ja okay .... hmm ... ek dink as jy soos 'n kursus kan aanbied soos as jy dit kan deel soos hierdie self-management kan deel maak van 'n ... hmmm ... soos in somatalogie gaan swot en maak dit deel as 'n module dalk of what ever maar

Karien: Ja

Terapeut: Jy bied dit aan ek het laas jaar gese as 'n workshop ek dink dit sal baie nice wees waar jy actually met verskillende tipes cenarios kan kyk kan werk en dit in prakties ook kan

Karien: mmmm

Terapeut: Te kan probeer uit .. hmmm ...

Karien: Relevant te maak

Terapeut: Ja want dit is vir my as student om net deur hierdie goeters te gaan het ek sou dink dis borring

Karien: Ja

Terapeut: Maar jy besef nie die waarde van dit wat jyself in die werks plek is nie tot jy self verantwoordhede en goeters begin kan kry en dan sien jy okay maar ja ek mos 'n bietjie op gelet het. So ek dink dit dis 'n mens kan dit baie interresant maak deur te werk 'n werkswinkel daarvan te maak en dan ... hmmm ....

Karien: Deur live senario

Terapeut: Ja

Karien: Deur in te sluit

Terapeut: Deur verskillende tiepes

Karien: Eeder as om iemand te gooi met papiere

Terapeut: Ja ja ja

Karien: Of op lees dit

Terapeut: Hmm ... Dis baie anders om te gaan werk en

Karien: Ja

Terapeut: He he En dan ookal waar jy werk van al die plekke verskil in elkgeval .... hmmm .... modules workshops jy kan dit op CD sit sodat hul dit kan gaan re-cap hehe ... hmmm ...

Karien: Wat dink jy is belangrik soos jy sal se module daarvan maak en werkwinkels daarvan maak wat soos meer die real live cenorios wat dink jy moet ons actually vir hulle leer

Terapeut: Okay ... hmm ... iets in sit van time-management om tyd beter te bestuur

Karien: Hehe

Terapeut: Hmm ... en om te delegeer ek weet nie of is daar iets

Karien: Ja

Terapeut: Is daar iets wat 'n mens kan dink nie dis iets soos aanleer om te doen maar as daar bietjie riglyne is

Karien: Ja

Terapeut: ek weet nie of dit van toepassing is nie maar
... hmmm ...

Karien: Nee maar een honderd persent

Terapeut: En wel as jy kyk na jou hele self-management dink ek ... hmm ... self-menagement ja die manier hoe jy jou self managed ek dink dis nogal belangrik

Karien: Ja

Terapeut: Want soos ek laas vir jou gese het dis nie 'n ding wat mens rerig… oor gedink het of iets al ooit voor jy dit vir my gese het nie en nou as jy begin sit en dink daaroor jy, jy is

verantwoordelik vir jouself en niemand is verantwoordelik eintlik van waar jyself nie jou hele aksies en hoe jy dinge hanteer en optree en what ever dis dit is jy

Karien: Ja

Terapeut: En ... hmmm ... aan die einde van die dag jy as al die goeters wat ek nou vir jou hier genoem het kan saam vat en te kan leer hoe om dit heeltemal te vermy daar waar my swakpunte beter kan eerder positiewe punt kan maak focus op jou

Karien: Ja

Terapeut: positiewe punt en dit te kan verbeter ... hmmm ... gaan jou outomaties jouself beter managed so ... hmm ... ek dink as mens dalk 'n ding kan inwerk waar jy soos ek weet daar is goeters soos persoonlikheids toets doen om jou persoonlikheid verskillende persoonlikhede

Karien: Personality trades

Terapeut: Waar jy soos jouself kan leer en ook ... hmm ... ek dink nie daar is so iets in ons kursus wat dit doen nie en dis so belangrik om met mense te werk en daar is so verskriklik variety van mense en persoonlikhede en goeters en dis eintlik een van die belangrikste goeters wanneer jy met mense werk om te weet met wie werk jy wat

Karien: Ja

Terapeut: En hoe om daai persoon te kan approach as jy daai goeters doen kan jy jou werk so makliker hanteer

Karien: Ja

Terapeut: En ek dink nie daar is rerig teensy jy gaan vir 'n kursus of jy gaan op lees daaroor

Karien: Ja

Terapeut: So ja ek dink dit sal ook help

Karien: Enige iets anders wat jy wil by sit?

Terapeut: Sjoe ek dink nie

Karien: Weereens baie dankie So dit het hierdie keer gewerk

APPENDIX C4

TRANSCRIBED FOCUS GROUP EXAMPLE

FOCUS GROUP 2

Karien: Okay so that is ..hm... the process, a first draft of the program, but that's an eagle eye view of the program because there is a lot in every single step that we didn't have time to cover today, but if you have to reflect on the program, maybe I should just go back to ...what would you say is the best strategy or practice in the suggested appreciative self-management coaching program?
[silence]

Participant 1: I think can you elaborate on that question a little bit?

Karien: What was, what do you feel is a good strategy or a good practice that is built into the programme, something that stood out for your ... hm... something that you will take home ...hm... if I can put it like that?

Participant 1: In this program

Karien: In this program, yes...

Participant 1: I think for me ...hm… just… what I write down, that just come to mind, as you were going through it, you know in my own experience is… I often ..hm.. ask my staff in workshop and things you know 'what is your dream', you know, want do you want to be, tell us your goal, write down your goal and we will get back to it at the end of the year and see how far you… but we don't actually encourage them to see ..hm.. what can we do to help them with their dream to ..hm… And also the ..hm.. the daily ...hm.. you know, going back to see that I do this day, you know. ..

Karien: Debriefing...

Participant 1: Debriefing Ja. Uhm.. and then the other thing that kind of came to my mind is also …hm...you know, is just to encourage them aw sell with the external...hm.. skills and things that is available to maybe pin point it a little bit more to them, because we always ask them to say, you know what is that, what do you want to do, do you want to learning a new skill, but maybe give them option, like you were giving options, you know with an IPod, or with you know maybe a study that you could, ja. So that is what kind of came up for me when you were going through the program, I don't know if that helps?

Karien: Okay that's perfect

Participant 2: What uhm... what's good out for me was that imaginary uhm… achievements ..hm.. like you always have in sport, you see yourself winning and to actually to go through that process .h.. in any situation but it didn't even come to mind before you started that of course that would be the ideal to do in a self-management, to see yourself there already.

Karien: Hm

Participant 2: instead of from here, you are there talking back to yourself. Saying that listen if you had only known, this would have been a shorter step and I think that is quite, that is quite precious in this program.

Karien: because ultimately self-management and wellness is an ideal were I think most of us and myself would like to be because if you are well managed it would allow you to be better therapist. So if you stand there you and look back if makes this whole process not as big, it is not such a big mountain to climb. Anything else you like to add that stood out as a positive practice or strategy of the program?

Participant 3: Well I must admit that I am still a bit confused about the actual practicality of the program...

Karien: Okay

Participant 3: Uhm… How exactly you want to achieve or implement this program and in the context of...hm… working with… you talk about self-management ...hm... how do we implement it to stop…hm... How do we, I can't quite see the length here…

Karien: The support.... Uhm are you talking about allowing your staff to be self-managed?

Participant: No. Well it's just in general …hm... the strategy the ..hm.. that you portrait...hm… looks very good for myself but ..hm.. for me as a manager of a team ..hm.. I don't quite see the strategy of implementing this to other people

Karien: Okay, definitely the program is written for the individual, so I'm very glad that you say it looks alluring to yourself, because ultimately that is the idea ...hm... when it comes... I haven't actually reached the process of implementing, and that's why I said the next phase would to be reflect on implementing such a program and the last questions is also related to that ..hm.. I think from a managerial point of view it will more supporting your staff, who decided to enroll on such a program and..hm.. allowing them room to tell you what they would need in terms of their own self-management and personal wellness journey ..hm... we spoke about it in the previous ..hm.. focus group we spoke about ..hm.. introducing the program or launching the program in something like a podcast, so that the individual can listen to it on the way home, so it is internationalizing the program for someone who wants to be better at self-management and personal wellness...

Participants: Hm

Karien: So it's not something that I expect management take this to the salon and ..hm.. drive if I can put it like that, it's more, it will come from the individual and then filter back and say but, I might need x y z ..hm.. as support for my program. And in the previous focus group something came out that was very striking for me is embarking on this journey with a dream buddy, and your support and your teamwork can be of such a nature were the staff in the clinic and spa will be dream buddies together, so you are accountable for your dream, otherwise you'll be like you know I won't... does that answer your question

Participant 3: okay…

Karien: a little bit? Okay. But we will get back to implementation and how this could go forward.

Participant 4: Karien I think there is maybe a valuable input in terms of you are going to write implementation guidelines for the program that will probably be based on the individual how they can use the program. But I think you are bringing a very, very, very important aspect uhm, from a managerial point of view, so may be not for this study, but post Doc you can look at management guidelines for managers of spa's, or salons… or business owners ...hm.. specific to assist in, in implementation maybe in larger settings that could be very valuable part.

Participant 2: Because I doubt well …hm... definitely not while I was training …hm... the value of something like this ..hm.. was not even touched upon...hm… you knew what is expected of you, but not exactly how to cope with it...hm… you..a, it was... maybe it wasn't...hm… I, I...I don't know, maybe is just now days that everybody is realizing the importants of it, or maybe it's because most people that are therapist are services people so they are always looking after others, and they tend to...a... think that they are okay and ..a... maybe because that attitude ..hm.. it was

never brought into as a study, because I mean why would you need that because you are always okay…

Karien: But it's not still in the curriculum

Participant 2: But it's still not in curriculum. Is it's still not in?

Karien: Ja, not private or higher education…

Participant 2: Well maybe this is, this is…

Participant 1: I think this is excellent, I really do

Participant 2: Joeg, This is a problem, it is a problem

Participant 1: It's a very big problem because we, any of the staff ...hm... have internal issues ...hm… with self-management, with self acceptance, with understanding who they are, their weaknesses, their strengths, their environment… as, just as a program has said getting it in their mind set, and as you said putting it in to a pot and basically explaining it to them and teaching them what do you do with these weakness and strengths, and where the areas they are concentrate on internally. It completely affects their work, in every aspects, because if a clients come back complain about something they don't always hear the complain if, if they don't have self-management they think I'm a terrible person I can't work and that effects them, their treatment further on and they don't see it always as, alright let's see the nails wasn't painted probably, uhm right, this is what I can do to fix it, they internalize things and issues and problems with other staff members with you know, with a lots of things and I think this is fantastic, this should be in every... I think this should must be first ....hehehe... and then they can start teaching them treatments, because its life skills if you can use in life. It's great, ja, I think it's every big hole and everything is there

Participant 3: You actual mention the important of a question that I also had. Its general life skills, ...hm... in how far ...hm... do you actually, I don't want to say limit but… focuses this on, on somatologists?

Karien: …Hm.. See the studies started, and my Masters started with somatology therapists, because that is my background so that's where I come from, and I soon realize that there was for myself there was a need, no one ever taught me how to look after myself, and this, this uhm... self-management journey in my Masters started and then from there it took over in to my PhD and my main focus was to write a program specifically for the therapist, but reading literature it is a wider problem than just the somathology therapist. So I do hope en believe that post Doctoral, uhm, I could take it to other industries, that can learn from the somatology therapist and the problems we face, that it is the same in most other health, especially in health care disciplines. So it's not…hm… hopefully, now it is limited to therapist, but hopefully post doctoral it's not…a… necessarily going to be limited.

Participant 3: Ja because from ..hm.. from your presentation from all the aspects that you mention ..hm.. didn't find one aspect that would only work with somatologists, it's general…

Participant 2: Ja

Participant 3: General .. Ja it's uhm…

Participant 1: I agree with you, …I... think this can really, my vision is similar to this and I think it should be introduce to schools from a very, you know...hm... small age up because if small children can start learning, obviously on a very you know, simplistic way to self-management themselves ...hm… [sigh]... we will have a whole different culture out there, because I think that is one of our main problems, not only somatology, but somatology are treating other people and you are suppose to make them feel better, so if you don't feel well about yourself, how are you going…

Karien: Ultimately, sorry, the literature that I use, most of its from coaching, life coaching, appreciative coaching, so I, I built on a different discipline to assist the therapist which I'm am passionate about because no one look after therapist

Participant 1: Ja, no its fantastic.

Karien: So we slight touch on the next question of what your dream for the best prototype and program would be, so if it's ...hm... she mentioned in ..hm... implementing it in to schools ..hm... [Participant 2] mentioned ..hm.. taking it back to higher education, because it was not there. Anything else that you would dream for this program?

Participant 1: Ja, ja I think like in any business as you say .... I think this program can be adjusted to suit anything, any business…

Participant 3: Ja it's a life coaching ..hm.. approach so it's not…

Participant 2: hm...But I think also, sorry, uhm… maybe we come from a background where uhm, we are quite discipline or come from a disciplined family upbringing, where as people tell you what to do and you listen and that's the way you became...hm. uh... good citizen...Hm... and hopefully your life will turn out okay, but I think ..hm.. so this is kind of a newer thinking, in the sense that you have to do it yourself it's a self program you have to check yourself you have to understand yourself, and you can't blame somebody if you didn't do it, so you have to that take responsibility and that if you would say ..hm.. that should start a lot earlier like you said. I think schools now there is a subject for life skills but it doesn't come through, I think it's to wide the life skills things is so wide that I think most be terrible to draw up a curriculum at school level to pin point something ...hm... like that. Because when do you actually take responsibility in your life for your life, I mean somewhere your parents have to let you go and you have to take responsibility for your decisions and I think at that stage this would probably be a good time to implement, ja like you say, maybe in a simplistic manor that you can get use to idea that you actually in control of your life…

Participant 1: I think it depends from situation to situation because in a, in a prefect scenario where a child grow up in a loving home and they go out the house of the age of 18 they do take responsibility for your own life, but if you look a small child who has been abuse, or who is not in a perfect home environment ...hm… you know these kind of skills can be valuable to them from a much younger age to understand that my circumstances are not definitely not perfect, but I'm responsible for my own joy and this is how I get there through these skills and I can learn to get there and to get to self healing and to get to self acceptance and to get to wellness through apply these skills in my life and, … so you know the ages is different but …hm... some people will need it, they we will learn from it ..hm.. and apply it some people will hear it ..hm... and you know, it's like anything in life ..hehe.. but I think it's extremely valuable and I think there is a place for this sooner than later definitely, definitely, sjoe.

Participant 4: I think she is tapping into something that is very important, uhm the fact that some, in order to implement this program you need to be quite reflective ...hm... and not everyone is equally reflective, some more than others, some maybe need to, to be taught how to reflect, so I think apart of your program is that in some way, by doing it teacher people to be reflective...hm... given that. ..hm... I do agree with you that some will dabble on the surface and some might go future and some might not engage in, in it at because they are not reflective by nature or not interest so ...hm...but I think that is a very valuable input.

Participant 3: I think may be one aspect that ...hm... maybe should receive a bit more intention as well is ..hm.. a safety net, for, if you don't reach those dreams. Hm... because I was thinking during the presentation as well, this sounds so American… hm… thisw whole idea of you are good, you are the best, you come on, pump up, pump up, pump up and the guy on the side that can't take it, they fall flat and there is nothing to catch them. It's... hm... like, you have to be beautiful, you have to be thin, you have to be this and you have to be that and you come on you can do it,

you can do it, and the poor fat little girl, she has got nothing, she can never reach this hyped up dream that everybody pushing for and she just falls flat and there is nothing to catch her.

Karien: Ja

Participant 3: Hm... So yes it, it does belong quite early in life but it may not be such a hyped thing ..hm.. if you want to make it a hype for yourself, if you wanne..hm.. ja be that self ..hm.. developed or, aiming for such a goal, dream or whatever then go for it but, but to...hm… to give it to everybody and to expect everybody to, to hook on to that could actually be quite dangerous because you are going to hurt people.

Participant 1: I disagree, because I think that this is only a skill, this is a program and some people will take it on, and like you say be hyped up about it, and because you get different personalities types, some people hear something and it's the right time and the right place and they grab onto it with everything, were as some people will hear a program and they learn thing, and have to grow into it, like you say they are not all there like going for it and grabbing on to it, because maybe of certain...hm… you know things in their life, like maybe being overweight and that being a setback for them, but think there is a lack in the program because she did a dream catcher in there...

Participant 3: Ja I well

Participant 1: And I also think that it is a personal program you know, the skills are there, the whole program is very complete and it will depends from individual to individual on what they actually do with the program that will be their prerogative..hm... we can't tap out of that you, that's life people choice things and from big and they reach big and some not and that's life, but I don't think the program self lacks in that because there is enough ..hm.. input, or, or information in that program to where you reach your place in wellness I personally feel

Participant 4: Ja I think the concept that come out from the other group was the concept of a dream buddy ... and you know, even if it is, if the dream buddy is more formal such as a manager, would be that role of how realistic is your dream, you know you are dreaming and that's fine. But you know, but when you set the goal how realistic is it if you weight a 100kg and next month you want to weight 50 you are bound to set you self up for failure. So I think when you write the finer implementation goals, something like writing and realistic goals and checking it out your dream buddy, or your safety net, or where ever else just to

Participant 2: Ja, I think what, I think the difference between a dream catcher and is something take your dream from you, is not exactly that he is referring to I thinks that happens when your dream is caught, that, that spot there ...hm... I think is what he is just touching in is that, that area when its not met, how to cope with failure ...hm... even if you look back and you see, but I did everything that I should have done and it still didn't work ..hm.. so what now and if I probably ..h... depends on the personality you are that is the point you are going to give up. So something stealing your dream I don't think it is exactly it your failure it could be something from outside may be if you failed your where suppose to stick to your diet but you didn't, so what's going to motivate you how you going to get back on your dream plan, instead of just giving up I think that's a concern. I think a dream catcher self sounds like something from outside taking it from you like your client cancelling ...brrr... it's nothing that you could done about it ..hm.. it's not me I did not do anything wrong I did with check her, I did confirm with her, she even spoke to me two minutes ago, so it's nothing that I did wrong, but what to do in that situation of I didn't meet my target, now what? Urgh… I was suppose to make three thousand rand today and I didn't. What now I think that is the concern that I hear. Not that there isn't a place, you might have said it somewere, I didn't see actually, I can't see where it fits in…

Karien: I did not built a safety net into the, so its definitely a very important part.

Participant 2: What now? Ja. Otherwise, I am just going to drop out. I never able to do that I can't make R3000 a day.

Karien: Ja. It's . Because dream snatcher ..hm.. will only allow up to a specific, like let's say, let's take the example, not that necessarily the program it not for losing weight, but if that is part of your self-management and personal wellness dream, then obviously that will be a part of the program ..hm.. and when anticipating dream snatchers will then be sitting and saying ..hm.. alright I'm not great at dieting so what happens if I do eat something, so it can still be internalized, but you are definitely right what happens if you did everything right and you did not reach that goal of selling R3000 a day, of being personally well or self-managed. So definitely a very important topic thank you. Anything else you guys want to uhm that is important of dreaming of the best protype ..hm.. your dream of the program anything else you want to includes ?

Participant 1: No I, I think, I can see big things happening. I really belief in this, ja kind of life skills and life-management and I think if have gone through it in your own life and you see result of this it's, easy to excited about it because it is life changed and I think it's incredible but,..hm.. I think something that would just maybe uhm, be worth looking at is how to get people excited about a program like if they know nothing about something like that. They do have a problem and they are going nowhere slowly ..hehe.. in personal wellness but how to get them to understand a program like that if they have not idea Ja

Participant 3: How to actually get them to dream in the first place

Participant 1: Exciting about ja

Participant 3: Because if I just think about the staff that I'm responsible for ..hm..

[Laugh]

Participant 2: Ja but that's what I said earlier, exactly you were told to do this and if you do it you are not in trouble and you'll be okay ..hm.. but it's something that you there, there is obviously a problem everywhere, in every bodies life, I mean somebody should have told you, but look you can actually think… differently

Participant 3: Ja if I just think of a girls, all they think about is uhm, they…

Participant 2: their next smoke break

Participant 3: their air time on their blackberry..hm... where, where are the next money for the taxi fair gonna come from and practical things, I mean, where the school fee is gonna come from. They are so drawn in to just surviving the now, that there is no space or no place for dreams or

Participant 1: I think

Participant 2: It's sad but it is ..hm..

Participant 3: It is sad, yes it is, but

Participant 2: Dit is algemeen, dit is algemeen.

Participant 3: It's a no place for ambition ..hm...

Participant 1: Just an idea. What I have done with my staff is make it practical them because I understand what you are saying, you are working with a different range of staff. My aesthetics staff is people who study at university, they you can speak to them on a kind of level that they can understand but my day spa staff are people coming from different background, rural background use a taxi, you know that kind of, as you were saying that. So it is important to, to explain to them the importance of this through a practical example, like how are I'm going to get more money on my phone, if I'm well in side, I can treat my clients well, I can get more clients, I am giving out positive energy my clients are happier and I am getting more clients and I am getting more money for my phone, so you are gonna bring this whole program back to their little problem

such as school fees, more happy clients result in a bigger salary, result in school fees. So you know, what I … it's just that the only thing I am seeing ist o make it a lot more practical and simplistic for certain staff ja .. hehe...

Participant 3: But if I just think of, of...hm… our staff, the one is hard hearing so she ...hm… she is a sweet kid but there is no way that she can communicate with clients to up selling or anything like that. The other one can hardly speak English ..hm.. so it is a problem..hehe..

Participant 2: Ja it is a problem. The other side is also a problem that I have found with my small business ..hm.. especially because I'm hands on myself ..hm... actually what I now I teach you so my whole idea is to get you confident enough so that I don't have to pay more attention to you I can just focus on myself ..hm... because it is very draining try to let somebody understands their worth but long process, but it normally take 5 years so after 5 years my therapist is beautiful and strong and she leave on her open place…

Participants: laugh - Ja Ja

Participant 2: Takes all her clients with her and mine as well so which wonderful now she's grown and my business collapse again, so there is good and there is bad...hehe... so it's depends...hm… My whole idea if you come to work for me, it I want you to grow, I want you to grow and I will do anything and I can't believe that you can't grow but it has happen that I... in this year I had somebody go because I had to realize that she is untrainable

Participant 3: Ja

Participant 2: She is untrainable and I didn't want to believe it and after 2 days I knew she was untrainable, but I didn't want to know that because I thought I will be able to let her know and understand but she didn't, it took me more when a year… to admit to myself, I made a mistake… [laugh]

Participant 1: Untrainable in skills or…?

Participant 2: That, that's very difficult but just a whole ..hm.. I mean she didn't receive a lot

Participant 1: or in teaching, like massaging

Participant 2: Ja that as well. Ja that as well but also the whole personal

Participant 1: Personal skills as well …

Participant 2: Ja

Participant 3: The client attitude and

Participant 2: Ja thats

Participant 3: Dealing the clients…

Participant 2: That's very difficult, to work with someone that is ...sigh… not gonna happens

Participant 3: Ja

Participant 2: Its, and I didn't wanna believe it, but if I now put all my attention to you, why can you not now grow. But sometimes you must ma let her go…

Participant 1: Some people will receive it, some people will learn it and some people won't… and that's just unfortunately life.

Participant 2: And that is the down side as is say…

Participant 1: Ja

Participant 2: Some are so strong… he he... it's like coaching for the second team and now your best player get pick for the first team… And you think no there goes my player, but it's good you want them to move on… [Laugh]

Participant 1: But this is nothing to do with the program, but something that I do, you know with my staff, to try and prevent that, but it is not always possible, to offer them my vision in to the spa as well and to be able to buy shares into the business itself and to promote that with them. Because then working with you and not against you that kind of thing, so its got nothing to do with the programme... but that helps a little bit, sometimes ..hehe..

Participant 3: Ja at this points also in the same direction of that safety net... hm… maybe for example ..hm.. I am very much into the holistic..hm.. not just the wellness and the, uhm what I call the rich kid massage, I think they are just there to … you know, but uh, but to help that person to improve their wellness and if I look at some of my staff we have no concept of holistic wellness…

Karien: That's, that's what the program is for. Initially, also I start... cuz, with a lot of companies have wellness initiatives, I mean even at the university where I work there is a whole wellness department. And I am sorry but wellness is not a once off biometrical screening, or a once off massage, or that's not wellness. It's the wholistic wellness of and it is including the embedding of the whole person in wellness and for myself a part of that is first off all understanding what you need in order for you to be well and then to built on, on that.

Participant 1: I think once the practicality of the program gets reveal it will make a lot more senses as well...hm... because she was touching on couple of things of how to implement it, but you know, buying podcasts that quite something that is really nice that you can give to staff and they listen can listen to something positive and influencing them and you know, through testimonies, through other staff that started from nowhere reaching you know a goal slow but surely through hard work and to certain skills and working with patients after this program, but to make it easier and practical for different type of people somebody that is in an aesthetics centre and somebody that is in a massage centre, so you know. So I think once it is… explain of how it will be to implemented it also make lot more senses but I think the actually program is great.

Karien: Ja. Alright we did speak briefly about, we actually already touched on all four questions, but just to double check uhm, we did mention what the ideal program should additionally included and we touched on making it more reflective …hm... even explaining that from the beginning as well as the safety net, which was mention. Uhm, anything else that you think I could include in to the program that you felt was missing and I not talking about the implementation of the program, just the actual program.

Participant 1: I just think, choosing, the uh buddy would be quite an important thing, because like you were saying, you cannot have a buddy that is up there and the next person is down here and the gap is just too far for them, you know like she would seem like I could never get there with that person, you know so….

Participant 3: Ja so maybe there should also be like almost instructions for the buddy

Participants: Hehe Ja [laugh]

Participant 3: Tips to support

Participant 1: Yes, each other

Participant 3: To supports each other

Participant 1: Ja that true

Participant 3: especially in a management-therapist situation...Ja tips like for the manager how can I support my staff to actually develop a dream, uh…

Participant 2: That is also hard

Karien: a train the trainer,

Participant 1: because you will have your own dream and now you have to lift people who…hm… it, it's a difficult process to get it together...hm… to stay positive and to bring people with you

Karien: Positive. I think also, I think for the buddy or for the manager. And as you said now-now, you invite your staff to be a part of your vision, your dream and it can difficult for some people to let that individual have their own dream, in terms of self-management and personal wellness which is not necessary your idea ..hm.. and that I had to learn when I do my interviews I knew what I thought self-management and personal wellness was, and it was very difficult for me to listen to people who talk about other stuff... and then I am like really, is that important to you? And it is difficult especially in terms of the dream buddy to you know, to allow that individual to have their own definition and their own dream in terms of self-management and personal wellness. So definitely I think instructions for the structure buddy is good. Anything else that you think I can include? … Alright and then, just lastly and we did mention also briefly ..hm.. how could such a, how could you see such a program be implemented … we did speak about schools and uhm,

Participant 1: Do you mean in the wellness, in a salon, in the wellness industry or just in general, for anyone?

Karien: Just in general the program how could such a program be implement?

Participant 1: Jissy, it can be implemented everywhere… laugh… I can think…

Participant 2: Normally, if somebody is in a crisis they start looking. The problem is now you are already in a crisis ..hehehe... you know, so even if you get help you are water treading and you... you might not have the sanity to go through a program you just need… crisis management. So if it's implemented, I know it must be implemented while you are still sane...hehehe... because I mean, if you are losing it, you go to rehab and you are cut off from the world for 8 months or something and you get back and you think… OH what are all these things on the shelves?

Participant 1: I think that's why I am thinking you know, at the younger age possible, because if you have building block of certain skills and you are going through a crisis in your life and they are brining this program in and teaching you certain things, you will reminder certain things you will have those building blocks. Were as now for us, it this is the first time ever you've seen this problem, this self-management and wellness program, it is like a dream, it like 'what' and you are going to barely wake up, never mind understand, so I, I really think as young as possible, you know obviously you have to be quite simplistic, but..hm... then we will have some kind of skills when you are in the a crisis to fall back on. And I do believe that it will actually prevent a lot smaller crisis's when you do have some kind of skills when you are growing up.

Participant 2: But at least, if it is going to be for somatology, at least during the course

Participant 1: Definitely

Participant 2: At least go through the program, at least go through the program and force a reflective stage. You know, you are you know at the end of ever term you have to sit with your buddy or how ever and go through it and just say where are you know to check yourself, even if it is not in the course.

Participant 3: That will then even help the course itself …

Participant 2: Support

Participant 3: …to motivate for the exam and motivate for those 600 hours

Participant 2: But it is not forced, and you know, you are not going to do it. If I cheated on my diet I don't want to weight, you know, so if I didn't make my sales that I should have, I don't even want count my stock, I will be opening my cupboard and I just closed it. I don't want count them, so if it's not enforces it is not going to become a habit. I don't want to be check…

Participant 1: That is why I think that one think that you had in there that stood out for me is the daily…

Participant 2: Ja

Participant 1: the daily… what did you call it?

Karien: Daily reflective

Participant 2: reflective, debriefing…

Participant 1: Debriefing, daily briefing. Because that will allow you to get through that emotion that you don't want to open the cupboard and count the stock, what do you do when you feel like that. Because this is a life skill this is not such a practical skill of how to massage, how to get better sales, this is a life skills what do I do with my feeling of failure or fear that I didn't reach my dream now so I think this is what it is about…

Karien: The reflecting part and I said that at the end, is a reflective were you need to use appreciative language. And even though, like you say, it does feel, there is a lot written…hm… on positive thoughts, so that day when you did not for instance make yours sales, you will have a reflecting or a briefing session saying, okay so what did I do right in terms of my personal wellness and self-management today? And if you dig deep you will find that one thing, you will celebrate that and that might just give you the courage to way, you know what, let me go check my stock. So it's a whole mind shift on the end of the day.

Participant 1: It is every valuable because we running through life so fast and then you crash, like you said yourself, you know, and it's like how did I get here, but with this program every day you will go through the days saying alright what went wrong today so that tomorrow I can work on that one thing so like it's a daily thing more than after 10 years I'm in rehab and I have no clue why, how did I get here? So this for me is, is phenomenal, it is something that should be implemented very soon.... hehehe.... and it sounds like hard work and I think it is hard work to management yourself, where do I find time to daily you know debrief but, you know, if you do that in your life daily, I think you actually end up at that place

Participant 2: Ja, but like you say it has to be a habit

Participant 1: It's a habit

Participant 2: It has to came a habit, but now the question is how to implement it how to get people to discovered it or the value of it how do you get people to know the value of it I think that is the difficult part, to sell the program…

Participant 1: to sell it ja.... but it's like anything else I mean, it you want to lose weight what motivate you to lose weight ...hm... Maybe somebody who was a lot overweigh that is now not over weight, that is kind of motivating, because if she can do it I can do it. So it's actually quite simple it's like looking at somebody who had no money and now he has got a nice job and money but how do he get there. So one just have to bring the program practical back to ..hm.. so that people can understand that it make senses, somebody you know, was in rehab and now they have

you know, victory how do they get there . So, so I don't think it's that difficult, it's just bring it practical to mind.

Participant 4: What comes to mind Karien, is to also looking back to you know, how do you sell it to different levels of self… those with educational back ground might have insight and its easier, that the one… if I think of Malsow's Hierarchy, you know where they… at the basic needs, taxi money, isn't at the level where you are going to sell this to. So different levels would probably require different approached. Selling it to a manager it would quite different from implementing it in an educational setting, for instance higher education. And then what I also just though for, for implementation guidelines, for instance in high education ...hm... for instance at the university…uhm… or the other programs is the principles of adult education would be very important and it brings it back to what you have said is, you know, an adult learns on a, the what I need today, don't tell me in a years time I need to learn to do that and today I to learn or I, I'm at a place where I opened to learn about what ever. So your, your adult education strategies would be very important to, when, when implementing guidelines. To know what the adult learner looks like, because it's different from for instance school and they have different realities... I stumbled upon a little book yesterday, The Book of Questions. It's a pocket sized book, I just so sorry I did not buy it, it is in greenside in a second selling store, reselling store and uhm… and its really… it is different question that you could ask yourself, but it is virtually in any area that you can think off, so having resources like that in your list, you know additional to the program...hm… The little Book of Questions is you know, I can add to that this questions, because the couching is about whether it is self or other, it is about asking critical questions... so are you asking critical questions to yourself...hm... and we had a nice comment the other day, 'what I a rainbow in somebody elses life?' and build up a repetwha in critical questions or means something else like 'How was I a rainbow in someone else's life if that is how you measure yourself?

Participant 3: Ja, I was also thinking in the terms of almost like...hm… the program have a set off daily homework sections

Participants: Yes

Participant 3: that has a…

Participant 1: Yes and that will help for it to

Participant 3: so it helps to because a habit, sothat every day full in like almost a dairy

Participants: Yes

Participant 3: Diary with questions

Participant 2: You know, that's good I thinking if you have a lot of staff like you have...hm… you have to give time for that because, uhm I mean they are not going to take their own time for that, you are gonne a have to say okay before we start, us, our client is only going to start at 10, so at quarter to 10 we all came together and you quickly sit because if you say you have you have to do it at home they won't, because I can't if I shut that door, boy… there is another door there ..hehe.. I'm not going to sit with my paperwork no, no, no, no, no so I have to not see a client

Participant 4: its time

Participant 1: That's a good point

Participants: Ja

Participant 3: Untill it becomes a habit and then... and it became something for themselves and not something that they have to do.

Participant 2: That is enforced.

Participant 1: And I think the importance of that is to explain to them why they should be doing this once they buy into the reason why I'm doing it, once they bought into I want to, I want to lose weight you know, and this that is what I wanna do, you are going to follow the instruction of a diet to get to that point. So once they understand that this is going to get their phone bill paid and that's what I want and they can focus, you know, they we will start buying into it and actually doing it in their own time, it will depends from person to person, some people will and some people won't. But I think making time for it can help people who might not go home and, and….

Karien: I have to say, when the first 2 interviews that I did for my second, for my PhD now, my recorder did not work. So I had to go back and redo the two, it was two or three interviews, so I had to go back and redo the interviews and after the second take of the interviews, it was not very nice for me to go back first of all, so I decided to stop the interview and start a new one to ask them have you done anything else when I spoke to you last in self-management and all three of them say to me never have they ever thought of self-management but just the act of ask them about their own self-management made them realize how critical it is in their own functioning as well as where they already are and how well they already are at their own self-management. So just by asking people about what they think about self-management might also just switch on that light to make them realize the importance there off.

Participant 1: And I think that the program is about, is to make people understand that they need self-management themselves in order to get to that goal. Because it's not anybody elses responsibility to get your goals for you and I think that's the mind set as we sitting in this profession and in this country a lot, is actually somebody else responsibility to get me happy or to get me there to get me a job to get me and this program is really focusing on what I can do to have success in my life that is a great approach in any business I think ja, and especially in schools, I think that is great.

Karien: Anything else that you want to add, we have gone al little bit over time … nothing? I thank you for your valuable input, you guys really helped me to enrich my first draft prototype, and what will happen now…

APPENDIX C5

DEBRIEFING INTERVIEW

Lecture: Okay what is your best well self management structure in practice?

Karien I think time management and making sure you have a schedule at hearing to that schedule to far as possible as well as coming in may be 10 to 15minute earlier to prepare for client because it is a high demand working situation basically you have to give so much of your self

Lecture: so by time management it also seem like you say you need to be quite organised if you say that you have to be come in a bit early so as to do what?

Karien: Definitely you have to come in to make sure that everything is prepare if you have to like be in a clinic situation for instant if you have to cut cotton it has to be there before you have to see your client so if you do nails that all your products are there so that you can just do what you have to do at least in a manner of time basically

Lecture: So self management entails time management, organisation would be seems like organisation your exterminal environment how about your internal environment?

Karien: Definitely you have to be in a frame of mind in order to I think you have to work with that client you have to know at least get a little bit of background of that client as well if she have came before like previously go the die consultation card know that client as far as possible and just be ready to create boundaries so that you don't share to much of yourself you have to in giving stayed of mind basically so to put yourself behind you and to focusing on that client so that you paid for.

Lecture: So what is the price what you paid for to giving moment that you have to be in?

Karien: Ha ha properly yourself ha ha

Lecture: And what gives of yourself?

Karien: You give your time give your expertise you give your compassion if needed your give basically anything what client wants take it sound weird everything that client wants to take from you what way it's very important to great a boundaries to that you don't give too much which can easily happens

Lecture: Okay so be sounds what you have structures in place to kind of protect yourself to as well

Karien: Definitely

Lecture: Cost of this content giving

Karien: Definitely because of the end of I think that's way I do the research as well there is lot of therapist out there how doesn't have that and that came throw my masters that they don't have that so from me experience and be out like been in a in salon< working the therapist working with students ja to helps them to have that structure to be able to protect them self as well

Lecture: So what are the consequences if they don't have these scores?

Karien: So I think alternally they go in burning out and leave the industry so we seen that in a turnover in 5 years and I think the people aren't protected or them self either

Lecture: So some of the structured that you use yourself is self-management managed the external environment managed yourself anything else?

Karien: Mmm .. let me think … aha … I think cognately structure play a huge part in because I men you have to but that is also part of the internal you have to be ready for that client so I men emotionally cognately. you have to be ready for that client they are demanding in a sense of taking that much of yourself because it is one on one it not like yes it is but I don't know the industry that much but with a nurse so much you did close to the patient but it's not that much I think with us the people came and sit there and they unload with you where you have to sit there and suck it up because that they pays for because you not a physiologist you don't have that background

Lecture: Mm .... Okay if they don't have the structure they tend to burn out and the bigger effect on the industry is that you losing to the industry and so you know sitting say for instance with students who have little bit expires of this environment ahm how old ahm you say you tell them about this structures but it is not part of their reality yet how do you think you could may be make it part of their reality other than by giving the information?

Karien: Well we do lot of community services in our department so I think from like the last week go to a Alzheimer's home where we have to do hand massaged on people who is on their way where we just wait for the people to die and so at least they at first years they had that and the second year they have to working so I am do believe that can't give you structures and say you have to do this you don't I could gave

you a tool kit of things what you can pick that is relevant to you in a specific time that you always keep that tool kit so what you always go back alright well this is not working is where nothing like a spanner or screwdriver or that ever that I can use because your needs to protect yourself or changes over time as use to the industry and to you have to have it is always like make-up bag that you take with you

Lecture: So you need to a variety for different contents what you needs will you only will you target business owners

Karien: Yes because I think it depends ahm most in our industry I think probably this now roughly 70% of business owners are actually therapist themselves and what I have realised is what in those clinics it is always a little bit easy for the therapist to be the therapist because the owner or boss knows what happening to them where most like 30% then is just someone to get money to opening a clinic because they don't have nothing to done they don't realised to what it extent to the therapist to give of herself if it's for now I think the is therapist the owners of the owner therapist yes but may be the ones not the therapist just try to explain to them in a sense what the therapists are going through so that can understand but not necessarily for the purpose of their studies not include them

Lecture: For say for instance you have a student ultimately that they might be opening a business of their own?

Karien: Ja definite

Lecture: Will this structure include something on the line or managed them self as a business owner

Karien: I haven't thought of that actually but that make senses yes because am self-management alternelly self-management I think is done correctly if you structured correctly it could help you if you were a therapist or a owner or a academy or so it leans itself to broaden it up even the with the tool kit that you make everyone can used it for their specific context but for I think for the purposes of this study I, I haven't thought of that ja

Lecture: I would think

Karien: Thinking

Lecture: think of the self-management in terms of your a business owner that may would includes a wider tools kit because that also came up from previous research that previously phylogeny that not necessary for business service or businesses owners...

Karien: Ja its true

Lecture: So you have different structures that you use yourself

Karien: Hmm hmm

Lecture: Plan that you say is that your structures need to be mortality we need to variety because you changes things changes the environment context changes

Karien: Yes

Lecture: If we look at what this structures or what this out came of the studies it would like that it flexible durable or dynamic tool kit or structures that.....

Karien: Yes

Lecture: Might be looking at .....

Karien: Yes that I hope for haha

Lecture: So if you had a dream of nearly the perfect self-managed program what would it be?

Karien: O I think it will be something with my hectic schedule aha actually a perfect example but it would be something that be tailor make for me so it would be something what is suitable for my content what I think am from structuring yourself in using am I a huge believer of time-management alternatively of that else you to free up a 10 minutes here or 15 minutes there which you then can us to grown yourself but if you have a dairy that looks like your breakfast you can't so in my ideal world is would what I can something what I can use in my situation because I not gone be I gone have hectic schedule for every so

Lecture: So?

Karien: So I hope so depending my Phd is perfect and I'm fame mist may be.... laugh ... but it gone changed so if I have something that sites my now in a years of 2 years or 3 years time done with this it necessary be relevant even more so I need to be able to changed whatever the wellness program came up with its should be tailor made with my dream

Lectures: Hmm so time-management stands out very very much

That ever you do say nothing related to where you are at moment and I just thinking so tools will you need for the tools you talking about time-management I see you use a tablet and hmm I wondering how media technology social media might coming to change for the program

Karien: Well for me now social media is exactly taking more time then that I wanted to I use like spend more time on face-book when I want to use to which is great its structuring once again . Your right a change I have 5 minutes for face-book and 10 minutes for twitter I thinks what's internally what I hope that it will probably boil done to steps what every I came up with and when step 1 I hope to be self inflection were you could know yourself because at the end of the day to order to do everything to know your of to know what suits you but some people don't like social media on the other hand I mean in specially in our industry there is brilliant technology that you can use where people can gone on the internet and make bookings for themselves so you don't even worry structuring your dairy your client can do it for your but if you not a tech if you have a disadvantage technology in what every is not gone work for you so its knowing yourself knowing what work but if you have 10 minutes you can say on twitter listen I have 10 minutes free who wants this

Lecture So okay for in terms of the people that you targeting say for instant curriculum it will be young people and they are technology study

Karien ; Ha ha

Lecture: And so I am just thinking when you explore these structures in the program is to be thinking about

Karien: Hm hm

Lecture: in how to include technology to expect this ... hhm ... things like down like say for instant time-management they as for instant technology and I things like that if we talking about ..mmh .. reflectivity making time to reflect

Karien: Reflect yes

Lecture: So they will relied to each other but in the ups in technology that be that's may be fun

Karien: Mmh

Lecture: or am very few people actually say I'm going to looks for next years

Karien: Ja

Lecture: I may reflect why I am drive or every else gymeming or that every else so may be just when you doing your interviews explore hmm you know it could be a link that could make very transportable

Karien: I have to say demalogy I know brought on a app for skin analyst and I must say they went crazy why people love it and not only therapist but die clients as well install you data centrally its nice so it's a very good idea because I thinking of I am speaking of one of my standards college and she wants to do a or she wanted to do a computer game for stress management basically but her supervisor kick that one out so don't understand because it was for first year so I was think that was great but even by making like a website where you can go and you know get the tool where you can put the tool on where and you can get the tools and get a app as you say whatever that's going help you find yourself ha ha

Lecture: Reminders that's on your dairy or whatever the case may be

Karien: And if I thinks it's on the internet or all the tools are on there it's going to be easier to change it

Lecture: Yes

Karien: Well this is not working en when going back to note or a book

Lecture: And that will keep it a live

Karien: Yes

Lecture: And that making it relevant for a Phd or sitting on a shelve for now

Karien: Ja

Lecture: Hmm so may be that's a thought to do the interviews may be explore issues like that or ideas or a need for that .. hmm .. because thats the future

Karien: Hmm

Lecture: It's future.....

Karien: Definitely

Lecture: Okay you talk about wellness program in your context where you and in any program like that people talk some so ideas

Karien: I must say that I like the internet implementation which could be great when you do needs to do a course with some of the someone of the first year we can always go back because what's my its actually one of the big problems that I have within our industry now one going pay for a intervention because you don't have the time and the owners is not going pay that much so it you can give them the website address we can explore it on their own time which I think is very good or a app or whatever very good

Lecture: So that is your involve in collect data what do you think?

Karien: In my ideal world is a lot of people will talk to me

Lecture: In terms of data

Karien: The data well I hope to get that they think the relevant of this study is in terms of that tools should included

Lecture: What do they have to say if you ask one about tools in context or implementation?

Karien: First they won't understand that I'm talking about I have to wait and briefly give a introduction of the background of where I'm coming from and where I going so that they get a field that I'm trying to do hmm I note I actually realised when I explain it to my students as soon as I start I also use example of waxing where let's say you burn someone and when that client is cross with you and your boss just exploded because you didn't make target and your clients waiting for you in the reception why are always link to that example and they know that I'm talking about so it will definitely first of all gave them a background but not leading them in a sense what's this is the way that I'm want you to say but still explaining at least where I'm coming from and that I'm trying to do and hopefully they will share with me how they do it what tools they use so that I can corporate that or to build on that to come up whatever I coming up with

Lecture: Hmm it sounds to me you don't really know in terms on content what they might be need so you quite open. I was wanderings your previous study look at what current wellness and where they are it will not be relevant to go back where again and because simple ... hm ... tool couching tool that they call the grown model but it is really just a piece of paper and it is very interactive but left hand corner is your current reality so you can sketch what is your current reality regarding wellness. Top right hand corner where you like to be and that can be a idea picture hmm your include in visual auditory.. hhmm.. chemistry all aspect really anker it that and the next step is simple how do you get from bottom left to top right step by step and that could may be help them to think

Karien: To understand

Lecture: So if I needed to go from here to get It could actually get one of your tools it's a easy tool to internalise it may also be helpful to get your audience captivated in just I can see my current reality but you will picture this scenario ... hmmm ... but may they can picture their own scenario in terms of wellness of this

Karien: Because there is a big emphasis and I don't want to be involved... your reality so you have to be able to almost figure it out for yourself in a sense

Lecture: That's what I think if you may did something like that ... hmmm ... you actually have a intervention and a ... hmmm .... ultimately when we do interviews we take from people and it may be something you can give back

Karien: Hmmmm

Lecture: its already a kind of tools or it really kind of place where they start thinking you got them for a hour or whatever the case may be they will take you something you talk about may be ground them and

Karien: And?

Lecture: And see where it comes from and from there is be take all your questions

Karien: Now alternately it's not my underline philosophy about

Lecture: So think about it but it is a bit alternated

Karien: So I can do that instant of an interview

Lecture: That will be an interview

Karien: It is a part of so I can still do recording as we do go throw things because I also with my previous study but I thinking but I've done that

Lecture: Ja .. hmm .. this could ... be acting

Karien: Yes

Lecture: You will give them a tool and I say tool you talk about you will talk about hmmm so said step 1 is time-management okay so let's break down time-management what is your current reality what will you be in time-management what is involved is you unpack

Karien: Hmmm

Lecture: I am thinking in a formal why time-management and all the reality around that and that trouble you currently have with time-management why doesn't it work why is it a issue or if it's perfect why does it work

Karien: Yes

Lecture: Hmm .. I don't have time to reflect. Okay so that hour is a hour of reflection what you also gave you direction and you are corporation your question your dreaming your designing

Karien: And then maybe I can still gave them that after words to complete

Lecture: Hhmmm I feel that you will get all the information that you need. You can after words go and slop it in, in notes if you wanted to or you can give to me

Karien: I thinking it would actually better because when you know already starting build the thing and that will make the focus group easier

Lecture: Definitely

Karien: When I can say listen this is

Lecture: Focus group gave its one to complete and you still versatile the process you don't need to know the content so you did explain the bottom right hand corner put there right

Karien: .....

Lecture: Else

Karien: Right there ha ha

Lecture: Hmm everyone does that perfect when everyone does that perfect.

Karien: Actually I read about the growth model and I seen it and I have

Lecture: And it is very very simple and there is so al done it when you have the discussion about

Karien: When they will understand what is happening

Lecture: Ja

Karien: And what takes away me might that I could leading them

Lecture: Ja

Karien: In a sense

Lecture: Hmmm

Karien: Hmm

Lecture: I have got a very simple little one page on where I actually have where we now where you want to be put the people on their feet and that's become the challenged what is the opportunity how much do you want them

Karien: Hmmm

Lecture: And what know your coughing questions so you has actually have a intervention and that it also does the opportunity remember al facilitate one of them the wall mark has intercept changed

Karien: Yes

Lecture: Or the persistence so you can measured in the interview or the end of ... aaa ... focus group you ask them how was this for you for instants and I think you will hear all they changed or make they think or gave the tool because that tool is so easy internalised you can use it for everything

Karien: Ja

Lecture: I .... you know ... planning as wedding
Karien: Yes alternally you will build on what you already have

Lecture: Yes and it is basic

Karien: So

Lecture: Basic

Karien: So it is build on working which I trying to do

Lecture: Ja it is just in a none threatening way

Karien: Hmmm

Lecture: and so already got a tool so you feel actually

Karien: Hmmm clever ideas

Lecture: Okay it sound that you going pretty open mind any obstacle that you foreseen

Karien: Well once again I think time I'm going to be limit by time and I will try to do as much as possible it is now winter die salon aren't that busy now but definitely time and same resistance who am I going in there context asking them question of their personal things definitely limit time resistance and like the previously study as well may be finding quite space there we can sit done therapist can be relax and not be dispute with telephone and just getting there and undivided attention basically I thing that could be the challenged

Lecture: Any affected challenged that you fore see

Karien: Haha nou eers dink wat is affected challenged

Lecture: Jy is nou 3 jaar later en jy nog steeds

Karien: Laugh

Lecture: May be reflect

Karien: Ja

Lecture: May also

Karien: Eke definitely gave that intimidation things like I say how am I came in there context asking them questions but not intimidation but you just know the researcher participant but not like mentally but

Lecture: The power

Karien: The power relation

Lecture: I wonder if you go with a offering but you know it is not just the interview is may they will offer you a tool that you could use it may be might be helpful that you just coming

Karien: Ja

Lecture: Coming to get

Karien: We whatever thy is whatever you give will be des-contributed

Lecture: Ja ja

Karien Definitely

Lecture: I will think about it

Karien: Okay

Lecture: Then you will/can resign one very easy it is a one pager and you can make keep it make a copy or what every die case may be but that can be data as well

Karien: Hmmm

Lecture: And I think that can be different

Karien: Definitely

Lecture: And incorporate the coaching note

Karien: Cool

APPENDIX D
(INCLUDING APPENDICES D1)

APPENDIX D1: LETTER FROM LANGUAGE PRACTITIONER

APPENDIX D1

LETTER FROM LANGUAGE PRACTITIONER

UNIVERSITY OF JOHANNESBURG

16 January 2015

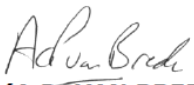
From: Prof A.D. van Breda

To: Whom it may concern

Re: Editing of Ms Karien Henrico's Doctoral Thesis

This serves to confirm that I have copy edited Ms Karien Henrico's doctoral thesis entitled, "An Appreciative Self-Management Coaching Programme to Facilitate the Wellness of Somatology Therapists".

Warm regards



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