The development and evaluation of a psychological wellness programme for adults

Herman G. Veitch

B.A. Honours (Psychology)

Manuscript submitted in fulfilment of the requirements for the Degree of Magister

Artium in Psychology at the University of the Free State in the

Faculty of Humanities.

Bloemfontein November 2007

Supervisor: Dr. Henriette van den Berg

DECLARATION

I declare	that	the	article	hereby	submitte	d by	, me	for	the	M.A.	degree	in
Psychology	y at th	ne U	FS is m	ny own ir	ndepende	nt wo	ork ar	nd ha	as no	t previ	iously be	en
submitted b	oy me	e at a	another	universi	ty or facu	lty.						
I furthermore cede copyright of the article in favour of the UFS.												
							-					_
H.G. Veitch	1						L	Date				

Dedication

I dedicate this work to my Princess. Thank you for loving me.

ACKNOWLEDGEMENTS

I wish to thank the following people for their continued interest and support that enabled me to successfully complete this study:

God, who gave me the ability and myself for using the ability.

My parents, who allowed me to grow up in a learning environment and for their numerous re-readings of the manuscript.

Dr. Henriette van den Berg for her insights, wisdom and dedication in accompanying me on this journey.

Everybody that participated in the study as part of the experimental group or the control group. Special thanks to the Peer Educators of Eskom in Kimberley and Welkom and the administrative staff of SAPS in Bloemfontein.

We stand on the shoulders of the giants who have gone before us. One I want to acknowledge, is Herman van Achter, who was the first person to introduce me to the truth that knowledge that is not applied, is useless. Bedankt Herman.

Table of Contents

	Page number
Declaration	ii
Dedication and Acknowledgements	iii
Abstract	ix
Abstrak	хi
Chapter 1 – Introductio	n
1.1. Orientation and problem statement	1
1.2. Objectives	3
1.3. Research questions	3
1.4. Research method	5
1.5. Concept clarification	6
1.6. Structure of the manuscript	6
Chapter 2 – A review of the literature	on well-being
interventions	
2.1. Introduction	7
2.2. Conceptualization of the construct psycholog	ical well-being 8
2.2.1. Popularity of and need for well-being	8
2.2.2. Clarification of constructs	11
2.2.3. Defining psychological well-being	12
2.2.4. Different models of well-being	14
2.2.4.1. General models of well-being	16
2.2.4.2. The wheel of wellness	17
2.2.4.3. Perception of wellness	19

2.2.4.4. Lightsey's process of well-being	20
2.2.4.5. Ryff's multi-dimensional model of well-being	22
2.2.5. Evaluation of models	23
2.2.6. Making choices	25
2.3. Intervention programmes	27
2.3.1. Introduction	
2.3.2. Defining the concept "intervention"	27
2.3.3. Classification of types of interventions	28
2.3.3.1. Systems for classification of interventions	28
2.3.3.1.1. The four quadrants of Oeij and Morvan	28
2.3.3.1.2. Bradley, Wiles, Kinmonth, Mant and Gantley's (1999) levels for	
evaluating different types of interventions	29
2.3.3.1.3. Summary	30
2.3.3.2. Evaluation of wellness intervention programmes	30
2.3.3.2.1. Types of wellness intervention programmes	30
2.3.3.2.1.1. Physical health	31
2.3.3.2.1.2. Psychological well-being	33
2.3.3.2.2. In search of multi-dimensional fortigenic interventions	38
2.3.4. Dimensions of well-being enhancing programmes	42
2.3.4.1. Autonomy	42
2.3.4.2. Self-esteem	43
2.3.4.3. Personal relationships	43
2.3.4.4. Personal growth and purposeful living	44
2.3.4.5. Environmental mastery	45
2.3.4.6. Conclusion	46
2.3.5. Group dynamics as vehicle for change	47
2.3.5.1. Introduction	47
2.3.5.2. The stages in a group	48
2.3.5.3. Conversation as medium of change	49
2.3.5.4. The role of the group leader	51
2.3.5.5. Ethical guidelines and implications	52

2.3.5.6. Conclusion	55
2.3.6. Adult learning	55
2.3.6.1. Introduction	55
2.3.6.2. Principles of adult learning	56
2.3.7. Conclusion	60
Chapter 3 – Empirical study	
3.1. Introduction	62
3.2. Research method	62
3.2.1. Design	62
3.2.2. Participants	63
3.2.3. Data gathering	64
3.2.4. Ethical aspects	66
3.2.5. Measuring instrument	66
3.2.6. Research hypothesis	68
3.2.7. Statistical procedures	69
3.3. Intervention programme	70
Detailed description of Live Positive Intervention Programme	74
3.4. Conclusion	86
Chapter 4 - Results	
4.1. Introduction	87
4.2. Descriptive statistics	87
4.2.1. Investigating the Null and Alternative Hypothesis 1	89
4.2.2. Investigating the Null and Alternative Hypothesis 2	92
4.3. Semantic differentiation scale and qualitative feedback	94
4.4. Conclusion	95

Chapter 5 – Conclusion, limitations and recommendation of study

5.1. Introduction	96
5.2. Perspectives from the literature	96
5.2.1. Conceptualising psychological well-being	96
5.2.2. Framework for evaluating interventions	98
5.3. Research findings	101
5.4. Limitations of the study	103
5.5. Recommendations for practise and further research	104
5.6. Contribution of the study	105
List of references	106
List of Tables	
Table 1 – Global indices of freedom of choice and life satisfaction and	
happiness scores	11
Table 2 – Predictors of well-being	16
Table 3 – Comparison of different models	27
Table 4 – Values in Action Classification of Strengths and Virtues	41
Table 5 – Biographical characteristics of the participants	64
Table 6 – Timeline of research process	65
Table 7 – Alfa-coefficients regarding the well-being subscales	67
Table 8 – The six dimensions high and low score indicators	73
Table 9 – Descriptive statistics	88
Table 10 – Averages, standard deviation, Z- and P-values, concerning the	e pre
test scores of the six subscales for the experimental and control groups	89

Table 11 – Averages, standard deviation, Z- and P-values, concerning the		
subscales for the experimental and control groups	90	
Table 12 – Averages, standard deviation, Z- and P-values, concerning	the	six
subscales for the experimental and control groups	93	
Table 13 – Summary of semantic differential and qualitative feedback	94	
List of Figures		
Figure 1 – Core predictors of happiness	14	
Figure 2 – The Wheel of Wellness	18	
Figure 3 – The Indivisible Self: An Evidence-Based Model of Wellness	20	
Figure 4 – Ryff's six dimensions of well-being	24	
Figure 5 – Four quadrants of interventions	30	
Figure 6 – Types of wellness interventions	32	
Figure 7 - Complete Mental Health according to Keys and Lopez	40	
List of Appendices		
P.P		
Appendix 1 – Semantic Differential Scale	133	}
Appendix 2 – "Live Positive!" programme notes handed out	134	ŀ
Appendix 3 – Overview of six dimensions addressed in the "Live Positive!"	,	
programme	220)
Appendix 4 – Copy of Group Contract	224	ļ

Abstract

The development and evaluation of a psychological wellness programme for adults

Key words: Psychological well-being, intervention programmes, adults, Multi-dimensional Well-being Scales.

The aim of this study was the development and evaluation of an intervention programme aimed at promoting the psychological well-being of a group of adults. This research was motivated by the lack of scientifically evaluated intervention programmes focusing on the development of well-being of adults. There are intervention programmes that focus on well-being, but few of their findings can be verified and most of them had a one-dimensional focus on health and wellness and they focused more on early childhood development, adolescence, and the elderly (Ryff & Singer, 1998a, 2000). Very few studies like those of Els and De la Rey (2006) that focus on multi-dimensional psychological well-being were found in the South African context. This highlights the need for a scientifically verifiable intervention that develops the psychological well-being of adults in South Africa.

An experimental pre-test/post-test design was used to conduct the study. An experimental group of 28 participants and a control group of 25 participants were involved in the process. Participants were recruited from large employers such as Eskom and the South African Police Service, local businesses and from church congregations in the Bloemfontein district. Initially an availability sample of 60 adults between the ages of 18 and 70 was involved in the programme. Unfortunately it was not possible in practice to keep this large group because many participants in both the experimental and control groups discontinued their participation before the end of the intervention.

Data was gathered about the psychological well-being of both the experimental groups and the control groups through the use of the Multi-dimensional Wellbeing Scale (Ryff & Keyes, 1995). Before the start of the intervention, both groups (experimental and control) did a pre-test. The experimental group then completed a 12 week intervention designed to enhance their psychological wellbeing. The intervention programme was designed to cover the six dimensions of well-being (purpose in life, self acceptance, positive relations, environmental mastery, personal growth and autonomy) identified by Ryff (1989). After the 12 weeks, both the experimental and the control group completed the Multi-dimensional Well-being Scale for the purpose of evaluating any changes effected by the intervention programme. Six month after the pre-test a second post-test was filled in by both the experimental and the control group to measure the longer term effect of the intervention.

Data gathered showed the average differential score (from the pre- to the post-test as well as from the pre- to the follow-up test) was significantly higher for the experimental group than for the control group in five of the six subscales, namely purpose in life, self acceptance, positive relations, environmental mastery and autonomy. The deduction can therefore be made that the five subscales of the experimental group were maintained and did not decrease significantly over the period of three months following the first post-test. It can therefore be assumed that the intervention has had a short- and medium- term impact on the psychological well-being (specifically the five scales: purpose in life, self acceptance, positive relations, environmental mastery and autonomy) of the participants. It is interesting that no significant difference was found in the preand post-test scores of the dimension, personal growth. This finding can be explored in further research.

Abstrak

Die ontwikkeling en evaluering van psigologiese welstandsprogramme vir volwassenes.

Sleutelterme: Psigologiese welstand, intervensieprogramme, volwassenes, Multidimensionele Welstandskale.

Die doel van die studie was die ontwikkeling en evaluering van 'n intervensieprogram gemik op die ontwikkeling van 'n groep volwassenes se psigologiese welstand. Hierdie navorsing is gemotiveer vanuit die gebrek aan wetenskaplik verifieerbare intervensieprogramme wat fokus op die ontwikkeling van psigologiese welstand by volwassenes. Daar is wel intervensieprogramme wat fokus op welstandontwikkeling, maar min van die programme se bevindinge kan geverifieer word en meeste van die programme fokus op een dimensie van gesondheid of welstand. Meeste fokus ook op vroeë kinderontwikkeling, adolessente of bejaardes. (Ryff & Singer, 1998a, 2000). Min studies soos die van Els en De la Rey (2006) wat fokus op multidimensionele psigologiese welstand is in die Suid-Afrikaanse konteks gevind. Dit benadruk die behoefte aan 'n wetenskaplik verifieerbare intervensie wat die psigologiese welstand van volwassenes in Suid-Afrika bevorder.

'n Eksperimentele voortoets/na-toets-ontwerp is gebruik om hierdie studie te doen. 'n Eksperimentele groep van 28 deelnemers en 'n kontrolegroep van 25 deelnemers was betrokke by die proses. Deelnemers is gewerf van groot werkgewers soos Eskom en die Suid-Afrikaanse Polisiediens, plaaslike besighede en gemeentes in die Bloemfontein-distrik. Aanvanklik was 'n beskikbaarheidsgroep van 60 volwassenes tussen die ouderdom van 18 en 70 jaar betrokke by die programme. Ongelukkig was dit in die praktyk nie moontlik om hierdie groot groep in stand te hou nie, want van die deelnemers in beide die

eksperimentele en kontrolegroep het hulle deelname beëindig voor die einde van die intervensie.

Inligting oor die psigologiese welstand van beide die eksperimentele groep as die kontrolegroep is bekom deur die Multidimensionele Welstandskaal (Ryff & Keyes, 1995) te gebruik. Voor die intervensie het beide groepe (eksperimenteel en kontrole) 'n voortoets gedoen. Die eksperimentele groep het toe 'n 12 weekintervensieprogram voltooi. Die intervensieprogram is ontwerp om die psigologiese welstand van deelnemers te bevorder. Die intervensieprogram het gehandel oor die onwikkeling van die ses dimensies van welstand (Doel in die lewe, selfaanvaarding, positiewe verhoudings, bemeestering van omgewing, persoonlike groei en autonomie) soos deur Ryff (1989) geïdentifiseer. Na die 12 weke het beide die eksperimentele en kontrolegroepe die Multidimensionele Welstandskaal voltooi om die effek van die intervensieprogram te meet. Ses maande na die voortoets is 'n tweede na-toets as opvolgtoets deur beide groepe afgeneem om die effek van die intervensie op die langer termyn te meet.

Die inligting wat bekom is wys dat dit duidelik is dat die gemiddelde verskiltelling (van die voortoets na die na-toets sowel as van die voortoets na die opvolgtoets) beduidend hoër was vir die eksperimentele groep as vir die kontrole groep vir vyf van die ses subskale, naamlik Doel in die lewe, selfaanvaarding, positiewe verhoudings, bemeestering van omgewing en outonomie. Die afleiding kan dus gemaak word dat die welstandsvlak van die vyf subskale van die eksperimentele groep gehandhaaf is en nie beduidend gesak het oor 'n tydperk van drie maande nie. Dit kan dus aanvaar word dat die intervensie 'n kort- en mediumtermyn impak het op die psigologiese welstand (spesifiek dan die vyf skale: Doel in die lewe, selfaanvaarding, positiewe verhoudings, bemeestering van omgewing en outonomie) op die deelnemers. Wat wel interessant is, is dat daar geen beduidende verskil in die subskaal persoonlike groei was nie. Hierdie bevindinge kan verder ondersoek word.

Chapter 1

Introduction

1.1. Orientation and problem statement

In society a greater awareness of, as well as a need for a positive, practical, healthy lifestyle is developing. According to Beck (2001) a growing number of people experience a lack of meaning in their lives and they are purposefully seeking for a more meaningful life. This need for fulfilment is mirrored in a paradigm-shift in psychology. Where traditionally that which was wrong was focused on, now the focus is on what is right (Ryff & Singer, 1996). This implies a move from the healing model to the health model (Seligman, 2002). Proponents of the latter model see the individual as a pro-active, self-regulating organism that constantly interacts with his environment (Snyder & Lopez et al., 2002).

Several authors (Beck, 2001; Maxwell, 2004) point to the need of the general public for guidance concerning information and capabilities that they can utilise to improve their quality of life. A movement is conspicuously growing in the business world to equip staff in a positive and constructive manner to function as healthy employees. The American Coach College, for example, is using findings from Positive Psychology in their curriculum (Kettner, 2004), so that it may be used in service to clients. Senge (1999) also emphasizes the fact that if there is a balance between the individual's private and professional lives, the person will experience a greater measure of success in his/her work and personal life.

When scrutinised, the general state of mental health reflects that very little fulfilment is found in the relationships and general adaptations of the broader population. Statistics on the occurrence of psychological and adjustment problems paint a negative image of the ability of people to adapt effectively to the demands of the modern society. On estimate there are 7, 289,548 people in South Africa who suffer from anxiety disorders (Wrong Diagnosis, 2005) while, according to the Health System Trust (2005), approximately 28% of South African men are alcohol-dependent. Literature supports the point of view of Seligman (2002) that therapy is usually applied too late and that an intervention while the individual is still healthy would have a much greater impact. Therefore, the researcher proposes the development of a programme that can be used as an intervention to promote the psychological well-being and optimal functioning of individuals, specifically adults.

In an interview with Time Magazine (Wallis, 2005), Seligman emphasizes the fact that psychological well-being is more than only the absence of pathology, and that it can be compared to the alertness and physical fitness of the human cognition which allows for optimal human functioning. According to Ryff and Keyes (1995) psychological well-being is a multi-dimensional construct consisting of six different dimensions. These dimensions incorporate the positive evaluation of the self and the past (acceptance of self); an experience of continuing growth and development as a person (personal growth); the conviction that life is meaningful (purpose in life); positive relations with other people; the ability to manage one's environment and one's life effectively (environmental control) and a perception of self-determination (autonomy).

Just as physical fitness is developed by means of an intervention programme, the supposition is that psychological well-being may also be developed by means of a programme. The proposed research aims to develop a programme that attempts to empower individuals to live to their optimal potential and to evaluate whether this programme improves the level of well-being of participants completing the intervention programme.

This research is motivated by the lack of scientifically evaluated intervention programmes focusing on the development of well-being of adults. The researcher did find intervention programmes that focus on well-being, but few of their findings can be verified and most of them had a one-dimensional focus on health and wellness and they focused more on early childhood development, adolescence, and the elderly (Ryff and Singer, 1998a, 2000). Very few studies like those of Els and De la Rey (2006) that focus on multi-dimensional psychological well-being were found in the South African context. This highlights the need for a scientifically verifiable intervention that develops the psychological well-being of adults in South Africa.

1.2. Objectives

The aim of this study is the development and evaluation of an intervention programme aimed at promoting the psychological well-being of a group of adults.

Specific objectives to be reached in order to ensure the success of the above mentioned aim are:

- 1. The clarification of the construct well-being.
- 2. To clarify the guiding theoretical foundation of the planned intervention programme.
- 3. To show the need for an intervention that addresses the psychological well-being of adults.
- 4. To develop an intervention programme that adheres to the criteria of being multi-dimensional and fortigenic.
- 5. To present the programme in the most effective way for the target audience, by adhering to the best practices in group dynamics and psycho-educational principles.
- 6. To ensure the programme can be tested scientifically.

1.3. Research questions

Three research questions have been formulated. The first question asked whether an intervention programme will enhance the psychological well-being of adults. The second question asked what such an intervention programme should look like. And thirdly, what elements a successful intervention programme would consist of. To answer these questions the following hypotheses were formulated to be investigated.

Null Hypothesis 1:

Adults who participate in the Live Positive programme (experimental group) will not show higher levels of psychological well-being (purpose in life, self acceptance, positive relations, personal growth, environmental mastery en autonomy) than adults who did not participate in this intervention (control group).

Alternative Hypothesis 1:

Adults who participate in the Live Positive programme (experimental group) will show higher levels of psychological well-being (purpose in life, self acceptance, positive relations, personal growth, environmental mastery en autonomy) than adults who did not participate in this intervention (control group).

Null Hypothesis 2:

Adults who participate in the Live Positive programme (experimental group) will not show higher levels of psychological well-being (purpose in life, self acceptance, positive relations, personal growth, environmental mastery en autonomy) over a period of 6 months than adults who did not participate in this intervention (control group).

Alternative Hypothesis 2:

Adults who participate in the Live Positive programme (experimental group) will show higher levels of psychological well-being (purpose in life, self acceptance, positive relations, personal growth, environmental mastery en autonomy) over a period of 6 months than adults who did not participate in this intervention (control group).

1.4. Research method

An experimental pre-test/post-test design will be used to conduct the study. An experimental group and a control group will be involved in the process. Data will be gathered about the psychological well-being of both the experimental groups and the control groups through the use of the Multi-dimensional Well-being Scale (Ryff & Keyes, 1995).

The experimental group will then complete a 12 week intervention designed to enhance their psychological well-being. The intervention programme will be designed to cover the six dimensions of well-being identified by Ryff (1989). After the 12 weeks, both the experimental and the control group will complete the Multi-dimensional Well-being Scale for the purpose of evaluating any changes effected by the intervention programme. Six month after the pre–test a second

post-test was filled in by both the experimental and the control group to measure the longer term effect of the intervention.

1.5. Concept clarification

<u>Well-being</u>: For the purpose of this research well-being will be used interchangeably with wellness and will be defined as a multi-dimensional construct in which human beings are active in the process of living their lives to the fullest.

<u>Intervention programmes:</u> For the purpose of this research intervention programmes will be defined as a process of deliberated change on a continuum from identified strength to optimized living. Together with a legitimate measurement to evaluate progress.

<u>Fortigenic:</u> For the purpose of this research fortigenic will be defined as the paradigm that assumes that it is important to focus on health, strengths, capacities and wellness.

<u>Pathogenic:</u> For the purpose of this research pathogenic will be defined as the paradigm that assumes it is important to focus on illness and vulnerabilities.

<u>Adults:</u> For the purpose of this research adults will be defined as the part of the population that falls between the age of 20 and 60.

1.6. Structure of the manuscript

The focus of the first chapter is the problem statement and the clarification of the goals of the study. The second chapter will be dedicated to a review of the available literature on the concept of psychological well-being and wellness interventions. The research methodology used will be explained in chapter 3,

while the results obtained will be presented and discussed in chapter 4. The dissertation is concluded in chapter 5 with the conclusions of the study, as well as with the recommendations for future research and practice.

Chapter 2

A review of the literature on well-being interventions

2.1. Introduction

In the first part of this chapter the aim is to conceptualise the construct psychological well-being. The author aims to compare different definitions of well-being with the objective of choosing the best fitting definition. The popularity of well-being as a goal to strive for and the drive for well-being will be highlighted. This will lead to the clarification of the construct well-being and to a discussion of the different dimensions of well-being as well as the evaluation of different models of well-being.

In the second part of this chapter an overview of wellness promotion will be presented.

Firstly, wellness intervention programmes will be defined and positioned to show that the practical application of theory is an important part of any intervention programme.

Secondly, existing programmes will be evaluated and positioned. The researcher will distinguish between wellness programmes in general and programmes focussing on psychological well-being. Under general programmes the researcher will look at those that focus on promoting physical health and employee well-being and under psychological well-being the researcher will try to distinguish between a pathological and a fortigenical approach to intervention programmes. The researcher will then further distinguish between those fortigenically focussed programmes that just report on well-being and those that make a deliberate intervention.

Thirdly, as the proposed intervention will take place in groups, we will highlight the different processes of group formation, where after the role of the group leader as well as the ethical implications of a group intervention programme will be discussed.

Lastly, because the proposed intervention programme focuses on adults, the important elements of adult learning will be highlighted.

2.2. Conceptualization of the construct psychological well-being

2.2.1. Popularity of and need for well-being

Well-being is a quality in demand in contemporary society. The general public's interest in well-being has continued to grow over the last 40 years. In South Africa the academic interest in well-being has grown from the early 1980s as can be seen in Strumpfers (1983) writings. Another example is that of the study (Eisenberg et al., 1993) on the use of alternative practices to traditional medicine found that, in the previous year, one third of Americans used treatments that could be classified as unconventional. This can also be deduced from the increasing number of scholarly activity regarding happiness or satisfaction of life as seen in the number of conferences on the subject (New Economist, 2007). The increasing popularity of the ideal of well-being appears to reflect shifts in perceptions and experiences of individuals taking initiative and responsibility for their own well-being. This shift in particular, is related to changes in subjectivity. Where individuals move from subjects as citizens to subjects as consumers and in a consumer society, well-being emerges as a normative obligation chosen and sought after by individual agents. As such, well-being is a virtue that is much desired and promoted (Sointu, 2005). This is evident in commercialisation and marketing of health and well-being. An example of this is seen in the rapidly growing Managed Health Care Systems in both the private and public sectors and in most geographic areas, and this growth is likely to continue or to accelerate in the future. Managed care reflects a broad set of fundamental

changes taking place in the health care system, characterised in both the delivery and financing of health care. Each of the various types of managed care has been growing in recent years, with health maintenance organisations (HMOs) and preferred-provider organisations (PPOs) having grown 3 to 4-fold in the past decade (Council on Graduate Medical Education, 2005). In spite of this growth of focus on well-being in the first world, a worldwide view of the presence of well-being as seen in the World Values Survey (2007) on happiness and satisfaction with life, shows that well-being is not evenly distributed in countries. Overall, European countries were seeing a higher score in freedom of choice and control (7.00 out of 10), compared to Asian/African non-rich countries like Bangladesh, China, Vietnam and South Africa (6.44 out of 10). The freedom to choose and control is **positively correlated** to the satisfaction of life score and to the feeling "very happy" percentage (see Table 1).

This demand for well-being is better understood if the reality of society is scrutinized. In the broader population one will find elements of society that show very little well-being in relationships and general adaptations as seen in the statistics on the occurrence of psychological and adjustment problems. These statistics create a negative image of the ability of people to adapt effectively to the demands of the modern society. On estimate there are 7, 289, 548 people in South Africa who suffer from anxiety disturbances (Wrong Diagnosis, 2005) while, according to the Health System Trust (2005), approximately 28% of South African men are alcohol-dependent.

Although the demand and need for well-being is evident – for the purpose of this dissertation – well-being as a construct needs to be positioned and clarified.

Table 1 – Global indices of freedom of choice and life satisfaction and happiness scores

		Freedom to			
			Satisfaction	Feeling H	appiness
		control	with Life	Very	Quite
		(mean	(mean	happy	happy
Continent	Country	соге)	score)	(%)	(%)
Еигоре	Austria	7.51	8.02	35.5	54.2
Laropo	Belgium	6.59	7.56	42.6	49.9
	Denmark	7.34	8.24	44.9	49.3
	Finland	7.45	7.87	24.2	65.7
	France	6.45	6.93	31.4	59.6
	Greece	7.00	6.67	18.7	56.2
	Hungary	6.16	5.70	16.8	54.1
	Iceland	7.60	8.05	46.7	50.5
	Ireland	7.32	8.17	42.1	53.9
	Great Britain	7.22	7.40		
	Germany West	7.43	7.70	19.0	66.8
	Italy	6.32	7.17	18.3	61.4
	Luxembourg	7.02	7.87	35.4	58.3
	Netherlands	6.73	7.88	45.9	49.2
	Portugal	6.81	6.99	18.0	65.5
	Spain	6.73	7.00	20.1	66.9
	Sweden	7.41	7.65	36.5	56.8
	Canada	7.63	7.80	44.0	51.6
North America	United States	7.99	7.65	39.1	54.0
Asia	Bangladesh	5.65	5.78	14.8	62.6
	China	7.15	6.53	27.8	58.7
	Egypt	5.47	5.36	11.5	66.3
	India	5.65	5.14	9.6	78.1
	Indonesia	7.25	6.96	38.3	49.2
	Japan	6.00	6.48	20.5	74.1
	Korea	7.14	6.21	18.1	71.3
	Philipines	6.84	6.67	28.7	66.1
	Saudi Arabia	6.60	7.28	48.6	42.8
	Singapore	7.07	7.13	44.3	47.0
	Vietnam	7.49	6.52	25.3	47.6
	Turkey	5.52	5.09	20.8	37.8
South Africa	South Africa	6.78	5.81	38.5	38.8

http://micpohling.wordpress.com/2007/05/12/world-freedom-to-choose-and-life-satisfaction-happiness-score/

2.2.2. Clarification of constructs

The constructs health and well-being differ from one another. In everyday use, and because of the longstanding emphasis in human health on illness, and because science has thus far relegated health to the biological disciplines, the state of the art conceptualisation of health is that it is primarily concerned with the body (Ryff & Singer, 1998). Thus, despite the definition of the World Health Organisation (WHO, 1999) of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", health has been defined negatively as the absence of physical illness.

In contrast, wellness is currently broadly construed as the upper end of a continuum of holistic well-being in important life domains (Hattie, Meyers & Sweeney, 2004). Two broadly different paradigms in the approach to human health/wellness can be distinguished, namely the traditional pathogenic or biomedical paradigm, and the so called salutogenic or fortigenic paradigm (Savolaine & Granello, 2002). The traditional pathogenic paradigm assumes it is important to focus on illness and vulnerabilities. Thus the pathogenic orientation is very explicit in the study of psychopathology and clinical psychology. Asking the question: How can we help people suffering from illnesses? a salutogenic/fortigenic paradigm assumes that it is important to focus on health, strengths, capacities and wellness. Positive psychology, as sub-discipline of the salutogenic/fortigenic paradigm, asks questions like: What are the origins and manifestations of well-being and how can it be enhanced? (Wissing and Van Eeden, 2000)

For further clarification, the constructs psychological well-being, mental health and health psychology must be distinguished. Psychological health and health psychology are being confused. Health psychology focuses on factors that may influence physical health or illness. Research in this domain can be conducted

from both a pathogenic perspective and a fortigenic perspective. Psychological health/well-being, on the other hand, is the primary subject of research of positive psychology (Wissing & Van Eeden, 2000). The construct psychological well-being can also be distinguished from the construct mental health. Mental health is the absence of psychopathology. Thus the construct mental health is primarily used in a pathogenic paradigm and psychological well-being in a fortigenic paradigm (Wissing & Van Eeden, 2000). Ryan and Deci (2001) see psychological well-being not just as the absence of psychological disorders but also as the presence of optimal psychological functioning and experience. They distinguish between the hedonistic perspective of well-being and the eudaimonic perspective. For the hedonistic perspective, psychological well-being consists of pleasure or happiness. The eudaimonic perspective sees psychological well-being as the realisation of a person's true potential (Compton. 2005).

Psychological well-being (used interchangeably with psychological wellness) as used in this dissertation, is in essence a construct flowing from a positive psychological orientation. This positioning is important for clarification and definition of the construct, which will be done next. However, it is also necessary to look at the different models of well-being to develop a better understanding of the dimensions of well-being, which will be dealt with later in this chapter.

2.2.3. Defining psychological well-being

Positive psychology is primarily concerned with the scientific study of human strengths and happiness (Carr, 2004). One of the distinguishing features of positive psychology is a focus on what constitutes the type of life that leads to the greatest sense of well-being, satisfaction or contentment and the good life for a human being. The good life refers to the factors that contribute most to a well-lived and fulfilling life (Compton, 2005).

Identifying these factors is one of the objectives of research within positive psychology. Argyle (1987), Myers, (1992) and Diener et al. (1999) identified six core variables that best predict happiness and satisfaction with life. These six variables are: positive self-esteem, sense of perceived control, extroversion, optimism, positive social relationships and a sense of meaning and purpose to life.

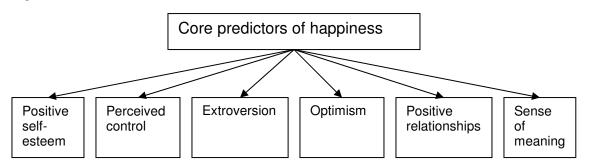


Figure 1 – Core predictors of happiness

Carr (2004) adds to these predictors; happiness, flow, optimism, emotional intelligence, giftedness, creativity and wisdom. He agrees on dimensions like, self systems that contribute to resilience, like positive self-esteem and positive relationships to make up a comprehensive presentation of the moderators of well-being.

Variables that do not have a significant predictive influence on well-being is gender (Nolen-Hoeksema & Rusting, 1999), race and ethnicity (Argyle, 1999), education and climate (Argyle, 1999 and Argyle 1987). King and Napa (1998) found that most conceptions of happiness do not include wealth as a significant element. Most people would like to have more income, but they also know that money is not the ultimate key to happiness.

Keeping the variables in mind, a definition of well-being can be attempted. The World Health Organisation defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1999). This definition is maybe the broadest possible definition, but for

our understanding of well-being we need to focus on well-being as a fortigenic construct as defined earlier in this chapter. Dunn (1961), who is widely credited as being the "architect" of the modern wellness movement, defined wellness as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. Seligman and Csikszentmihalyi (2000) define wellness as "valued subjective experiences: Well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)." Ryff and Singer (1998) contend that human well-being ("the good life" = well-being) is ultimately "an issue of engagement in living, involving expression of a broad range of human potentialities: intellectual, social, emotional, and physical". This committed living is universally expressed in: Leading a life of purpose, deep and meaningful connections to others and self-regard and mastery. The different predictors of well-being as identified by different researchers are illustrated in Table 2.

From the abovementioned definitions it can be construed that psychological well-being is equal to the good life or satisfaction with life in a eudaimonic sense. For this dissertation well-being will be seen and defined as a multi-dimensional construct in which human beings are active in the process of living their lives to the fullest. Before venturing further, let us construct a brief overview of the different models of well-being in order to propose a better understanding of and working model for developing psychological well-being.

2.2.4. Different models of well-being

Different theoretical models of well-being currently exist and each model discusses different dimensions of well-being. This is because it is widely accepted that health and well-being are multi-faceted constructs (Crose, Nicholas, Gobble & Frank, 1992; Greenberg, 1985; Nicholas, Gobble, Crose & Frank, 1992; Whitmer & Sweeney, 1992; WHO, 1964).

Table 2 - Predictors of well-being

Argyle	Seligman and	Ryff and	Carr (2004)	Dunn (1961)
(1987),	Csikszentmihalyi	Singer	Adds:	
Myers,	(2000)	(1998)		
(1992) and				
Diener et al.				
(1999)				
Positive self-	Contentment and	Positive self-	Happiness	Integrated
esteem	satisfaction (in the	regard		method of functioning
	past)			oriented toward
				maximizing
				potential
Optimism	Hope and	Personal		
1	optimism (for the	growth		
	future)	o o		
Sense of	Flow and	Mastery of	Flow	
perceived	happiness (in the	environment		
control	present			
Positive		Deep and	Emotional	
relationships		meaningful	intelligence	
		connections		
		to others		
Sense of		Leading a	Creativity	
meaning		life of	and wisdom	
		purpose		
Extroversion		Autonomy	Giftedness	

2.2.4.1. General models of well-being

Motorine (2006) holds the opinion that wellness consists of just three broad dimensions, namely health, relationships and work. Covey (1994) maintains four dimensions, namely physical, social, spiritual and mental, while Ardell (2006) listed five wellness dimensions in a simple circle. In the centre of the circle is self-responsibility, bordered by nutritional awareness, stress management, physical fitness, and environmental sensitivity. He later evolved his model to a more inclusive model that consists of three domains: physical, mental and meaning and purpose. Each of these domains requires that certain skills be mastered, namely exercise and fitness, nutrition, appearance, adaptation and lifestyle habits in the physical domain. Emotional intelligence, effective decisions, stress management, factual knowledge and mental health within the mental domain and within the meaning and purpose domain he identified meaning and purpose, humour, play and relationships.

The most general perception of wellness is that it consists of 6 dimensions. Hettler (1984), a public health physician and medical educator, proposed a hexagon model that specifies six dimensions of healthy functioning, including physical, emotional, social, intellectual, occupational, and spiritual. Since then other authors have built on or made use of his model (Sackney; Noonan; & Miller, 2000; Milner, 2002; Bloom,. 2003). Hinds (1983), also a university-based health educator, developed the Lifestyle Coping Inventory (LCI) to help individuals deal with stress management and health promotion. The LCI assesses a variety of lifestyle, nutritional, drug, exercise, environmental, problem-solving, and psychosocial habits that affect health and stress levels.

2.2.4.2. The wheel of wellness

Myers, Sweeney and Witmer (2000) proposed a wheel of wellness (Figure 2) to accommodate the developmental dimension in a wellness model. The model proposes five life tasks, depicted in a wheel, which are interrelated and interconnected. These five tasks are essence or spirituality, work and leisure, friendship, love, and self direction. The life task of self direction is further subdivided into the 12 tasks of (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humour, (g) nutrition, (h) exercise, (i) self care, (j) stress management, (k) gender identity, and (l) cultural identity. These life tasks interact dynamically with a variety of life forces, including but not limited to one's family, community, religion, education, government, media, and business/industry.

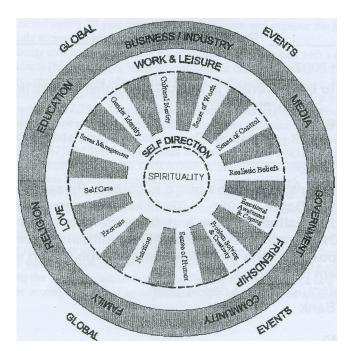


Figure 2 – The Wheel of Wellness Myers, Leucht, Sweeney, (2004, p.195)

Els and De la Rey (2006) have built on Myers, Sweeny and Witmer's wheel of wellness to include additional dimensions. They view wellness as a 19-

dimensional construct. Consisting of self-worth, institutional concern, personal attributes, local safety, social identity, work, self-care, friendship, emotion, stress-management, realistic beliefs, nutrition, intelligence, humour, leisure, gender identity, love, spirituality and exercise. These 19 dimensions are quite complex in their aim to be holistic and probably could be grouped under the main dimensions as proposed by Myers, Luecht and Sweeney (2004).

Myers, Luecht and Sweeney (2004) built on their initial conceptualisation of the wellness wheel and its complimentary Wellness Evaluation of Lifestyle (WEL). An exploratory factor analysis of the 17 scale scores of the WEL showed five prominent factors emerging. The first factor, Creative Self, includes those scales related to the way we positively interpret our world (Problem Solving and Creativity, Sense of Control, Sense of Humour, Work, and Emotional Awareness). The second factor reflects our manner of coping (Coping Self) by using Realistic Beliefs, Leisure, Stress Management, and Sense of Worth. The third factor relates to our Social Self or how we connect with others (Friendship and Love). The fourth factor relates to our essence or Essential Self (Spirituality, Self Care, Gender Identity, and Cultural Identity). The fifth, and last, factor relates to our Physical Self or body attributes (Exercise and Nutrition). These 17 scales grouped into five higher order factors, which named Creative Self, Coping Self, Social Self, Essential Self, and Physical Self (Figure 3). A third-order factor model, with Wellness at the apex, was supported and appears to provide an excellent representation of the dimensions of well-being. This higher order dimensionality of wellness is similar to that found by Ryff and Keyes (1995), who found a single higher order factor underlying their six scales of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This re-examination led to the development of the Indivisible Self Wellness model (Sweeney & Myers, 2005). Similar to the original Wheel model, the IS-Wel is contextual. The contexts are more clearly defined and described in terms of local, institutional, global and chronometrical components through which the individual affects and is affected by his or her environment. Changes through time are included in the newer model, because wellness involves the acute and chronic effects of lifestyle behaviours and choices throughout an individual's life span (Myers et al., 2000).

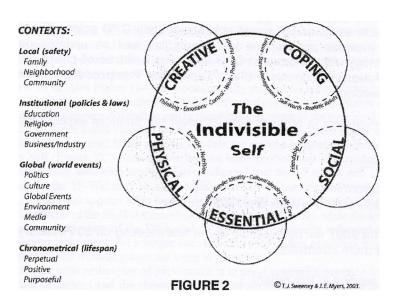


Figure 3 - The Indivisible Self: An Evidence-Based Model of Wellness Myers, Leucht, Sweeney, (2004, p.197)

2.2.4.3. Perception of wellness

Adams, Bezner and Steinhardt (1997) strongly work with the <u>perception</u> of wellness. For them perceived wellness is a multi-dimensional, salutogenic construct, which should be conceptualized, measured, and interpreted consistent with an integrated systems view. They chose six dimensions for their wellness model, based on the strength of theoretical support and the quality of empirical evidence supporting each. These six dimensions are:

- 1. Physical Wellness Physical wellness is defined as a positive perception and expectation of physical health.
- 2. Spiritual Wellness Spiritual wellness has been defined as a belief in a unifying force, or as a positive perception of meaning and purpose in life.

- 3. Psychological Wellness Psychological wellness is defined as a general perception that one will experience positive outcomes to the events and circumstances of life.
- 4. Social Wellness Social wellness is defined as the perception of having support available from family or friends in times of need and the perception of being a valued support provider.
- 5. Emotional Wellness Emotional wellness is defined as possession of a secure self-identity and a positive sense of self-regard.
- 6. Intellectual Wellness Intellectual wellness is defined as the perception of being internally energized by an optimal amount of intellectually stimulating activity.

A major advantage of Adams et al. (1997) perceived wellness theory is that it takes a salutogenic and systems approach. This implies that each part of the system is both an essential sub element of a larger system and an independent system with its own sub elements. What the researcher would have liked to see more of is a broader scope in their philosophical foundation.

2.2.4.4. Lightsey's process of well-being

Lightsey (1996) builds his model of well-being on empirical research done on the effect of psychological resources, such as optimism, self-efficacy and positive thoughts. He suggests a process theory of psychological resources and adaptation. The term process is used to convey the sense of a person as a dynamic system that exists only in relationship to environment. His model starts with the natural tendency of all people to appraise the environment and themselves. Appraise constitutes an active construction of reality and entails the use of a) the rational processing system and b) the experiential processing system. The rational system is analytic, logic, relatively slow, relatively easy to change and conscious. Within this system, thoughts and beliefs pertain either to self or to outcomes and may be either positive or negative and adaptive or non-

adaptive. The balance between negative thoughts and positive thoughts and between negative beliefs and positive beliefs is more important than the absolute number of negative thoughts in most circumstances. This balance is important primarily insofar as it reflects the balance in activation of positive emotion and negative emotion. The experiential system consists of schemas. Beliefs gradually form and shape schemas (implicit theories of the world). Schemas are very difficult to change, very general, rapid, relatively undifferentiated and powerfully linked to positive and negative emotions. Because of its efficiency, its unconscious nature and its intimate connections to feelings, the experiential system effects human behaviour far more than the cognitive systems. Negative schemas are central to immediate, preconscious "fight or flight" processing that evolved as a means of surviving physical danger. When activated, negative schemas typically account for more variance in behaviour than even activated positive schemas. Positive schemas about others lead to approach behaviours that typically beget rewarding social relationships which, in turn, lead to further development and more frequent activation of positive schemas.

The major contribution Lightsey (1996) makes is the balance his model brings between personality and environment. This contributes greatly to the understanding of well-being, but his is a complex model that asks attention for a lot of interrelated concepts.

2.2.4.5. Ryff's multi-dimensional model of well-being

According to Ryff (1989) there has been particular neglect at the most fundamental realm of defining well-being, namely the task of defining the essential features of psychological well-being. She argued that much of the prior literature is founded on conceptions of well-being that have little theoretical rationale and, as a consequence, neglect important aspects of positive functioning. The absence of theory-based formulations of well-being is puzzling given abundant accounts of positive functioning on subfields of psychology.

From developmental psychology, Erikson's (1959) psychosocial stages, Buhler's (1935) basic life tendencies, and Neugarten's (1973) personality changes articulate wellness as trajectories of continued growth across the life cycle. Clinical psychologists offer further descriptions of well-being through Maslow's (1968) conception of self-actualization, Allport's (1961) formulation of maturity, Rogers' (1961) depiction of the fully functioning person and Jung's (1933) account of individuation. The mental health literature, which typically elaborates the negative end of psychological functioning, nonetheless includes some exposition of positive health (Birren & Renner, 1980; Jahoda, 1958).

The convergence of these multiple frameworks of positive functioning served as the theoretical foundation to generate a multi-dimensional model of well-being. Included are six distinct components of positive psychological functioning. In combination, these dimensions encompass a breath of wellness that includes positive evaluation of oneself and one's past life (Self-Acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose in Life), the possession of quality relationships with others (Positive Relations with Others), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and a sense of self-determination (Autonomy) (Ryff & Keyes, 1995). (Figure 4)

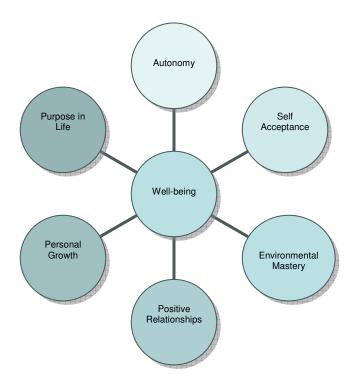


Figure 4 – Ryff's six dimensions of well-being

In this model Ryff manages to acknowledge the multi-dimensional aspect of well-being, implying that well-being is a well functioning system interacting with its environment. She also manages to keep the whole system manageable.

2.2.5. Evaluation of models

In evaluating the different models, a criterion for evaluation must first be set. One criterion is that it must be consistent with the assumptions of the <u>positive psychological paradigm</u>. The difficulty with models that have a firm basis in health care rather than psychological development is that the latter receive far less emphasis in health promotion and disease prevention programmes based on these theories (Erfurt, Foote, & Heirich, 1991).

Furthermore, adequate research exists to suggest that the components of healthy functioning differ for persons of different ages (Keyes, 1998; Ryff & Heidrich, 1997; Ryff & Keyes, 1995), thus models that lack a <u>developmental</u>

<u>emphasis</u> have limited utility for mental health interventions, which can be seen as a second criteria for evaluation.

A third criteria that can be suggested is that wellness must be <u>sustained</u> over a period of time and that cannot just be situational (Sheldon & Lyubomirsky, 2006). Linked to this criterion is the need for well-being to be <u>holistic</u> and interconnected (Witmer & Sweeney, 1992).

Dolan, Peasgood and White (2006) also identifies five basic approaches to defining well-being. They are: Objective lists that offer a list of attributes and characteristics which are taken to constitute well-being. Preference satisfaction that states that an individual's life is better for her if she gets what she wants. Flourishing account that state that the well-being of an individual is judged by considering how close they are to reaching the potential of humankind. Hedonic account that takes the view that pleasure is the only thing that is good for us, and pain is the only thing that is bad. And lastly the Evaluative account that argues that an individual's assessment of his/her life has become to be their subjective well-being. Of these approaches the Flourishing account compliments the first two identified criteria and agrees with Dunn's (1961) model of wellness. It therefore forms the fourth criteria.

If the above-mentioned models are evaluated by these criteria (see Table 3), the models from Motorine (2006), Covey (1994), Ardell (2006), Hettler (1984) and Hinds (1983), fall short because they do not conform to either the positive psychological criteria or the developmental criteria.

The models of Ryff and Keyes (1995), Myers, Sweeney and Witmer (2000), Myers et al. (2004), Adams et al. (1997) and Lightsey (1996) do comply with the above-mentioned criteria.

Of these models, those of Ryff and Keyes, Sweeny and Witmer and Myers, Luecht and Sweeney were referred to the most in the review of the literature (Dolan, Peasgood & White, 2006; Hattie, Myers, Sweeney, 2004; Luecht and Sweeney, 2004; Myers, Savolaine & Granello, 2002; Myers, Sweeney and Witmer, 2000; Sheldon & Lyubomirsky, 2006).

A choice for the use of Ryff and Keyes' model is motivated on the ground that it has a thorough theoretical basis (Ryff, 1989) as well as empirical evidence supporting the practical operationalisation of the model in a wellness intervention, namely well-being therapy (Ryff & Keyes, 1995).

What is particularly appealing of this model is that these features are not culture bound (Ryff & Singer, 1996), although how they are expressed may be quite varied. As an example, in Africa, Life Purpose may be expressed with a focus on maintaining the social order, in contrast to the more individualized pursuits in the western societies. Similarly, people everywhere have abiding needs for deep, meaningful connections to others, although external manifestations of these social ties may vary from expressions of obligation and responsibility to experiences of companionship, intimacy and love. Ryff and Keyes' (1995) definition of well-being as a multifaceted domain encompassing positive self-regard, mastery of the surrounding environment, quality relationships with others, continued growth and development, purposeful living, and the capacity for self-determination, is the most acceptable, and will be used in this study.

2.2.6. Making choices

Although the need for psychological well-being is prevalent in society, it is necessary to position oneself among the different views on the topic. Up to now a clear choice is made for the fortigenic framework of positive psychology.

Keeping in mind the central predictors of well-being, which are positive self-esteem, sense of perceived control, extroversion, optimism, positive social relationships and a sense of meaning and purpose to life, we find that Ryff and Keyes' (1995) six dimensions compare favourably. Furthermore for this dissertation well-being will be seen and defined as a multi-dimensional construct in which human beings are active in the process of living their lives to the fullest. Focusing on the development of strengths in the dimensions of life as Ryff and Keyes (1995) have identified them, the second choice then is made to work with Ryff's six-dimensional model of well-being. This model will be used as the basis for the intervention programme the researcher developed to enhance participant's psychological well-being.

This planned intervention programme needs to be understood against the background of intervention programmes that promote well-being.

Table 3 – Comparison of different models

Criteria/Model	Positive	Developmental	Sustainable	Flourishing
	Psychology	emphasis	and holistic	account
	assumptions			
Motorine	*	*	*	√
Covey	*	*	*	✓
Ardell	*	*	*	√
Hettler	*	*	✓	✓
Hinds	*	*	*	×
Ryff & Keyes	✓	✓	✓	✓
Sweeny et al.	✓	√	✓	✓
Adams et al.	✓	✓	✓	✓
Lightsey	✓	√	✓	✓

2.3. Intervention programmes

2.3.1. Introduction

According to Seligman and Csikszentmihalyi (2000), positive psychology should become more than just theory and research, but should reorient itself to its two neglected missions – making normal people stronger and more productive and actualising optimal human potential. Seligman as quoted by Wallis (2005), is also of the opinion that just as physical fitness is developed by means of an intervention programme, the supposition is that psychological well-being may also be developed by means of an intervention programme. McDermott and Snyder (1999) underline these sentiments as they state that theory and workbooks on hope are only valuable to the extent that they can be tailored into workable and measurable interventions that contribute to psychological health in general. This is not only true for hope but true for any positive psychological theory and practice. Frey, Jonas and Greitemeyer (2003) go as far as stating that the heart of positive psychology is the use of the theories and knowledge of positive psychology to design intervention programmes for achieving positive goals and aims.

2.3.2. Defining the concept "intervention"

In the light of the abovementioned opinions, it is necessary to formulate a working definition for an intervention programme. Harris (1999) defines *Interventions* as a specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviours, or practices of individuals and populations, to reduce their health risk. Oeij and Morvan (2004) define intervention as a process of change that is set into motion, which usually starts with a diagnosis and ends with the evaluation of implemented measures.

Both these definitions are formulated in a pathogenic framework. They focus inherently on correcting what is wrong. A combination of these two definitions forms a clear structure, consisting out of:

- 1. A clear diagnosis,
- 2. Outcome objectives,
- 3. A distinct process and a protocol outlining the steps for implementation,
- 4. And an evaluation of implemented measures.

This framework can be used in both the pathogenic framework for which they where created and a fortigenic framework that focuses on promoting optimal functioning. Reformulated for a fortigenic framework an intervention can be defined as a process of deliberated change on a continuum from identified strength to optimized living. Together with a legitimate measurement to evaluate progress.

2.3.3. Classification of types of interventions

2.3.3.1. Systems for the classification of interventions

2.3.3.1.1. The four quadrants of Oeij and Morvan

Oeij and Morvan (2004) give a handy framework in which interventions can be placed. They distinguish between two axes. The x-axis focuses on explaining distress and the effects thereof on the one hand and, on the other, interventions and measures to preventatively or curatively combat stress and stress risks. The y-axis focuses on approaches at the level of individuals or at the level of organisations. Although Oeij and Morvan apply these criteria to interventions on stress management, the framework can also be applied to any wellness intervention.

The two axes form four quadrants into which an intervention can be placed as seen in figure 5.

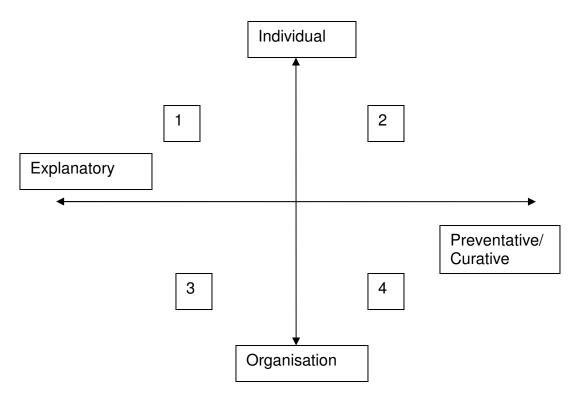


Figure 5 – Four quadrants of interventions

This framework allows us to place intervention programmes according to their practical implication and by doing so we can evaluate them more effectively.

2.3.3.1.2. Bradley, Wiles, Kinmonth, Mant and Gantley's (1999) levels for evaluating different types of interventions

For the purposes of evaluating wellness intervention programmes it is important to clarify the criteria according to which the interventions can be evaluated. This proves to be difficult, because each intervention focuses on different areas of life. One proposed system is that of Bradley, et al., (1999) who proposes three levels for evaluating a complex intervention:

- 1. The evidence and theory which inform the intervention,
- 2. The tasks and processes involved in applying the theoretical principles,

3. The people with whom, and context within which, the intervention is operationalised.

2.3.3.1.3. Summary

Combining abovementioned framework and levels we find that the theoretical departure point for interventions programmes can be either curative (that is, pathogenic) or preventative (fortigenic). It can also be either one-dimensional or multi-dimensional (holistic). The process needs to be held accountable with legitimate measurements of evaluation as to see whether the identified outcomes were met and the context within which and people with whom the intervention was held can be either on an individual or an organizational level.

What follows is an attempt to categorize the existing well-being interventions so that they can be evaluated and placed in a bigger framework according to the standard three levels discussed above.

2.3.3.2. Evaluation of wellness intervention programmes

2.3.3.2.1. Types of wellness intervention programmes

Wellness programmes take on different forms in society. In general they can be categorized in programmes that focus on either physical health or psychological well-being. As discussed in the first part of this chapter, physical health and psychological well-being are two different concepts. In everyday use, and because of the longstanding emphasis in human health on illness, and because science has thus far relegated health to the biological disciplines, the state of the art of conceptualisation of health is that it is primarily concerned with the body (Ryff & Singer, 1998) – that is physical health. In spite of this emphasis one finds both physical and psychological intervention focusing on rectifying what is wrong

(pathogenic orientation) and physical and psychological interventions focusing on enhancing optimal living (fortigenic orientation) as seen in figure 6.

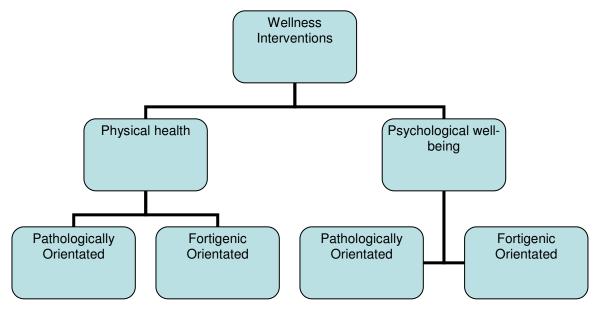


Figure 6 – Types of wellness interventions

2.3.3.2.1.1. Physical health

The wellness programmes focusing on physical health that are most prominent are the employee wellness programmes available in companies and corporations. Various studies done by Partnership for Prevention (2001) found that public and private employer health promotion programmes have demonstrated that worksite wellness programmes can improve employee health, nutrition, and behaviour. A review done by Madeleine Bayard (2005) for the American State Employee Wellness Initiatives showed that the major wellness and prevention initiatives implemented for state employees in recent years generally fell into the following categories:

Programmes offering health assessments and monitoring.

Health insurance incentives, ranging from discounts for nonsmokers to financial rewards for enrolees who reach personal health and fitness goals. Healthy work environment initiatives, such as banning smoking near state office buildings and recognizing healthy worksites with awards.

Fitness challenges and events, such as weight loss challenges, wellness expos, walking programmes, and programmes in which employees receive pedometers if they participate in a fitness challenge or health screening (Desloge, 2006).

Examples of pathogenically oriented physical health programmes are programmes that focus on Drugs in the Workplace, HIV/AIDS in the Workplace, Preventing Violence in the Workplace, Employee Assistance Programmes and Safety in the Workplace.

The emphasis in physical health interventions is on the preventive or curative. This is because the economic benefits of employee wellness play an important role. A possible reason for this is the fact that the effects of interventions that focus on the physical are easier to quantify and measure. As Miriam Sims (1997) argues, managing health-care costs is one of four reasons that wellness programmes make economic sense. In addition to reducing demand for medical services, wellness programmes provide economic benefit by reducing absenteeism, reducing on-the-job injuries and workers' compensation costs, and reducing disability-management costs.

But the economic viability of programmes is not the best measure for successful interventions. It would be better to use the framework created earlier for classifying wellness interventions. Using these criteria, abovementioned interventions address both the curative and the preventative theoretical approach, but the major focus falls on the curative. The emphasis also seems to fall on a one-dimensional approach, addressing for example either drug abuse or weight reduction. There were also no clear presentations on whether the process

followed was evaluated legitimately. Regarding the context and people addressed, it was applicable for both individuals and organizations.

But wellness is a process, a holistic concept! It is looking at the whole person, not just their blood pressure, body fat, exercise behaviour or what a person had for lunch. It involves physical, social, emotional, occupational, spiritual, and intellectual dimensions. To only focus on the physical side of wellness is a one-dimensional approach. Wellness can be defined as a state in which a human being functions at an optimal level of integration between all walks of life. The well individual is one who is happy, healthy and whole and who perceives his/her live as one with meaning and purpose while he/she engages in living their life to the fullest (Ryff and Singer 2003). This demands the expansion of the idea that well-being is just being physiologically healthy. It includes psychological and social well-being (Ryff and Singer, 2003). This motivates the inclusion of psychological well-being in the placement and evaluation of wellness interventions.

2.3.3.2.1.2. Psychological well-being

The World Health Organization (WHO) formulated a definition of health in 1964 that influences the medical model of health care. Health is defined as a state of complete physical, mental, and social well being, not merely the absence of disease or infirmity. This definition focuses on holistic health and wellness and includes prevention and management of health and well-being. Psychological well-being programmes can also be classed into one of two approaches. Namely whether they are pathologically orientated or fortigenic orientated (see figure 6).

The two broadly different paradigms in the approach to human health/wellness that can be distinguished are the traditional pathogenic paradigm, and the

fortigenic paradigm. The traditional pathogenic paradigm assumes it is important to focus on illness and vulnerabilities. Thus the pathogenic orientation is very explicit in the study of psychopathology and clinical psychology. Asking the question: How can we help people suffering from illnesses? an example of pathogenic orientated interventions are those done at the Pepperdine University's (http://www.pepperdine.edu/wellness/psychological/) whose Psychological wellness programmes include annual Depression and Alcoholism screenings. They also have Employee Assistance Programmes (EAP) that provides short-term treatment services for a variety of personal, emotional, and substance abuse problems.

A fortigenic paradigm assumes that it is important to focus on health, strengths, capacities and wellness. With Positive Psychology, the domain of psychology reflecting the fortigenic paradigm, the following questions are asked: What are the origins and manifestations of well-being and how can it be enhanced? (Wissing & Van Eeden, 2000). While the pathogenic approach has a reactive quality to it, the fortigenic approach has a pro-active approach. This is important for any intervention aimed at enhancing psychological well-being. This also fits well on the x-axis continuum proposed by Oeij and Morvan (2004) making it preventive. Linking closely to this is Psycho-education (Roos, Taljaard, Lombard, 2001) that focuses on the development of human potential. It includes training individuals and groups in skills, insights and competencies to make their life more meaningful and purposeful. The characteristics of Psycho-education also agree with the criteria for classifying wellness interventions earlier in this chapter. These characteristics are:

- 1. Orientation towards prevention
- 2. Development during the whole life cycle
- 3. Complex systems
- 4. Cyclic nature.

Development during the whole life cycle and complex systems agrees with the criteria set out to evaluate different models of well-being as seen in Table 3 on page 26.

Examples of preventative psychological wellness interventions are those of Midden and Barnicle (2004), Searle, Mahon, Iso-Ahola, Sdrolias, and van Dyck (1995) as well as Reivich and Shattè (2002).

Midden and Barnicle (2004) investigated the effects of indoor horticultural activities on the psychological well-being of older persons in two long-term care facilities over a seven-week period. Thirty-one participants at one facility served as the control group. Thirty-one participants at another facility served as the gardening group. Participants in both facilities continued with their normal daily routine and activities over the seven-week period. However, the gardening group participated in a one-hour indoor gardening activity session once a week over the seven-week period and the control group did not. The control group and gardening group did not differ significantly in psychological well-being prior to the start of the study. After the seven-week programme, the gardening group had a significant increase in psychological well-being, whereas the control group had a slight decrease in psychological well-being. The results of this study indicate that an intervention, even if it is horticultural activities, may have a beneficial effect on the current psychological well-being of older persons in a long-term care facility.

Searle, Mahon, Iso-Ahola, Sdrolias, and van Dyck (1995) studied the sense of independence and psychological well-being among the elderly. They developed a 12 session intervention programme and found that the participants of the programme experienced that the intervention had the desired effects of enhancing perceived leisure control and leisure competence. In addition, there was a significant positive effect on life satisfaction which was further substantiated by an observed reduction in leisure boredom. Thus, there was an improvement in psychological well-being. However, the effects appeared to be

domain specific as a generalized sense of control was not enhanced through this process. Despite the positive outcomes, the lack of change in generalized perceptions of control suggests changes are needed to the nature of the intervention. Since the intervention was aimed at improving perceptions of control within the sphere of leisure, and there were no direct efforts made to instruct the subjects on how to take greater control over other aspects of their life, in retrospect the result is not surprising.

Another example of intervention programmes that enhance peoples psychological well-being through the application of positive psychological principles are the intervention programmes done by Reivich and Shattè (2002). Their research convinced them that thinking styles determine people's resilience and resilience determines how well they do in life. They constructed programmes and tested them in schools, colleges and in the workplace. Dr Martin Seligman and some of his undergraduate students (Reivich among them) developed a depression prevention programme known as the Penn Resilience Programme (PRP). The programme was remarkably successful. Children who received the resilience training showed fewer symptoms of depression than the control group. After two years the children who received the training had half the rate of depression of those who did not participate. Parents were also involved in the research. Parents attended a six-week parenting programme and their kids participated in PRP. Six month later 33% of the children who where in the control condition reported moderate to severe levels of depressive symptoms, but only 10% of the children who participated in the resilience workshop with their parents reported symptoms in this range. This programme was also successfully conducted in corporate settings. Through the programme Reivich and Shattè successfully boosted employees' and managers' resilience, quantified in bottomline results.

Although these interventions adhere to the criteria of being preventative, they still are mostly one-dimensional. An example of a multi-dimensional wellness

intervention is that of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005). Fava. Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005). argued that there is increasing awareness that the goal of treatment in generalized anxiety disorder (GAD) should not simply be a response, but restoration of normal function must be included. The aim of their study was to apply a novel psychotherapeutic approach for increasing the level of remission in GAD. They used the following methods: Twenty patients with DSM-IV GAD devoid of co-morbid conditions were randomly assigned to 8 sessions of cognitive behavioural therapy (CBT) or the sequential administration of 4 sessions of CBT followed by another 4 sessions of well-being therapy (WBT). Well-being Therapy (WBT) is a novel psychotherapeutic strategy aimed at promoting psychological well-being. WBT is based on Ryff's multi-dimensional model of subjective well-being which comprises six subdivisions: mastery of the environment, personal growth, purpose and meaning of life, autonomy, selfacceptance and positive relationships. The aim of this therapy is to improve the patient's performance/activities in all of these areas. Assessment methods included the Anxiety and Depression Scales of Paykel's Clinical Interview for Depression, Ryff's Psychological Well-being Scales and Kellner's Symptom Questionnaire. A one-year follow-up was undertaken. The results show significant advantages of the CBT-WBT sequential combination over CBT only. This was observed in both observer and self-rated methods after treatment. Such gains were maintained at follow-up. Their conclusions are that these preliminary results suggest the feasibility and clinical advantages of adding WBT to the treatment of GAD. They lend support to a sequential use of treatment components for achieving a more sustained recovery.

The abovementioned intervention adheres to the criteria of multi-dimensional, but focuses on being curative rather than preventative.

In summary then it is obvious that there are very few interventions that adhere to all the criteria of successful wellness interventions. Those mentioned either focus on being curative or on being preventative; they are either one-dimensional or multi-dimensional. All of them can be held accountable to a legitimate measurement and they have identified their people and context as focusing either on individuals or organizations. But none of the interventions mentioned have the combination of being preventative and multi-dimensional. The intervention used in this study has addressed this need.

2.3.3.2.2. In search of multi-dimensional fortigenic interventions

As was illustrated above, there is a wealth of data related to risk factors for mental disorders and impaired functioning, particularly those affecting early childhood development and adolescence, the working population and the elderly. However, there have been surprisingly few studies on what characterizes individuals who are mentally healthy and well-functioning, nor of the factors that protect individuals from developing disorders despite adverse circumstances. This point has been made by Ryff and Singer (1998a, 2000).

A good place to start looking for multi-dimensional fortigenic interventions is to first understand the different dimensions or factors that optimize human functioning. Johada (1958) was the first to attempt to summarize the relevant literature. She identified six criteria, namely attitudes toward the self; growth, development and self-actualization; an integrated personality; autonomy; perception of reality and environmental mastery.

Later on, Coan (1974, 1977) identified five basic modes of fulfilment. They are: Efficiency; Creativity; Inner harmony; Relatedness and Self – transcendence.

More recently Keyes and Lopez (2002) created a four-fold typology of well-being. In their system, people who are high on subjective well-being and low on mental illness are flourishing. People who are low on well-being and high on mental illness symptoms are floundering. Those low on well-being and mental illness are

languishing and those high on well-being and mental illness are struggling (see figure 7).

Emotional, psychological or social

High Low High Struggling Floundering Mental illness Low Flourishing Languishing

Figure 7 - Complete Mental Health according to Keyes and Lopez as described in Compton, (2005; p180).

The Values in Action Classification System developed by Peterson and Seligman (Peterson, 2000; Peterson & Seligman, 2004) identified a range of strengths and virtues that can be associated with high levels of well-being. These strengths and virtues have been valued across different cultures throughout different periods of history (see table 4).

The six dimensions of Carol Ryff are well known in this study. Ryff (1985, 1995) reviewed the work of the classic theories of positive mental health and added more recent research from developmental, clinical and personality psychology. Her studies produced six criteria for psychological well-being (Ryff, 1989a, 1989b, 1995). This six-dimensional model includes:

- 1. Self-acceptance
- 2. Personal growth
- 3. Positive relations with other people
- 4. Autonomy
- 5. Purpose in life
- 6. Environmental mastery

Table 4 – Values in Action Classification of Strengths and Virtues

Wisdom and Knowledge	Justice	
Curiosity and interest in the world	Citizenship	
Love of learning	Fairness	
Open-mindedness	Humane leadership	
Creativity		
Perspective		
Humanity	Courage	
Kindness	Bravery	
Love	Persistence	
Social intelligence	Honesty and integrity	
	Zest and vitality	
Temperance	Transcendence	
Self-control	Appreciation of beauty and excellence	
Prudence	Humour and playfulness	
Modesty	Gratitude	
Forgiveness and mercy	Норе	
	Religiousness	

Understanding the need for multi-dimensional wellness interventions from a fortigenic viewpoint is one thing, but to find such interventions is something else. On an individual level, positive therapy (Compton, 2005) and the personal growth therapy or human potential (Mann, 1979) are interventions that assume people use a small part of their human potential and come to therapy actively seeking to develop it. Other interventions focus on increasing resilience (Wolin & Wolin, 2000) and enhancing specific emotions like happiness (Lichter, Haye, & Kammann, 1980).

Again the question is raised, why, in the light if the theoretical data available, are these interventions not obviously multi-dimensional? It seems as if they still tend to be one-dimensional. It is also not clear what their method of evaluation was and it seems that the focus is on the individual. It is also assumed that there were legitimate measuring instruments used to evaluate the effectiveness of most of these interventions, although availability of such data was not found.

Earlier in this chapter a choice was made for Ryff's multi-dimensional model of well-being. The next question is whether there are interventions that do address the six dimensions that Ryff identified.

2.3.4. Dimensions of well-being enhancing programmes

For the purpose of this study a selection has been made of those programmes that specifically address the six dimensions of well-being that have previously been identified as the parameters for developing psychological well-being. This was done in order to see if there is a need for another intervention programme specifically addressing well-being as defined earlier in this chapter.

2.3.4.1. Autonomy

In reviewing the available intervention programmes that focus on the development of autonomy, it seems that the focus falls on developing autonomy in the elderly and chronically ill (Birk, Hickl, Wahl, Miller, Kämmerer, Holz, Becker, & Völcker, 2004; Haines, Bennell, Osborne, & Hill, 2004) and children (Allen, Seitz, & Apfel, 2003; Jones, Watters, & Beebe, 2007; O'Connell, 2004;). Specific adult populations, like nurses and socially marginalized adults, like prostitutes and the physically disabled, also received attention from interventions aimed at developing autonomy (On The Road, 2007; Reiter, & Goldman, 1999; Swan Elderly Mental Health Service, 2007).

Those interventions focusing on the elderly came from a preventative and onedimensional theoretical background. Their measurements were legitimate and their context and people were clearly adults in hospitals or care facilities. Those focusing on children were curative or preventative, mostly one-dimensional, there was legitimate measurement and the context was schools. The interventions paying attention to adults were obviously one-dimensional, there was no legitimate measurement and it was obviously curative.

2.3.4.2. Self-esteem

Children seem to be the main focus of interventions that aim to enhance self-esteem (Bos, Muris, Mulkens, & Schaalma, 2006; Huppert, 2004). Emphasis seems to be placed on children with obesity (Jeannie, Huang, Norman, Zabinski, Calfas, & Patrick, 2007) and children with delinquency (Prag, 2004; Stevens, De Bourdeaudhuij, & Van Oost, 2001). Other intervention programmes focus on developing self-esteem through physical activities (Frank, & Gustafson, 2001; McAuley, Elavsky, Motl, Konopack, Hu, & Marquez, 2005).

Legitimate measurements of the results indicate that self-esteem increased through these interventions. These interventions were all curative and the main focus was on children as has been mentioned.

2.3.4.3. Personal relationships

It seems that the available intervention programmes and research that focus on developing positive interpersonal relationships focus on elderly participants (Belza, 2007; Guiaux, van Tilburg, & Broese van Groenou, 2007; Shapiro & Taylor, 2002), marriages in distress (Holmes, 1990) and people living with HIV (Kalichman, 2005).

Although these interventions' measurements are legitimate, they still focus on being curative. Their target group is set clearly and they focus on individual as well as organizational contexts.

2.3.4.4. Personal growth and purposeful living

Very few interventions are available that directly address personal growth or living with purpose. Most intervention sees personal growth and purposeful living as a secondary element or a natural development of interventions that focus on other dimensions. Schlitz (2005) did document specific interventions that piloting a personal growth programme for homeless adults and how people from all walks of life engaged in variations of spiritual practice, can experience a more meaningful, compassionate, and purpose-filled life. There where no results available on the effectiveness of these interventions. Neill (2004) evaluated the effects of outdoor educational programmes on participants' personal growth. Overall, the amount of change in personal growth was "moderate", judging by comparisons to effect sizes reported in other outdoor educational and psychological change meta-analyses. In an intervention programme that is designed to assist HIV+ gay men in sustaining psychological health despite the ongoing stress associated with HIV infection, Taylor (2007) records that Coping Effectiveness Training (CET) participants demonstrated greater improvement in psychological distress and well-being (e.g., negative morale, coping self-efficacy, personal growth, positive states of mind) than did the control group participants during the 3-month intervention phase. These differences were maintained during the 9-month maintenance phase.

Except for the interventions done by Schlitz, the other interventions both have legitimate measurements. Neill's interventions have a preventative theoretical approach while Taylor has a more curative approach. These interventions also have a multi-dimensional approach, but clear framework for the dimensions used could not be found.

2.3.4.5. Environmental mastery

Very few intervention programmes exclusively address mastering your environment. Like personal growth and purposeful living, environmental mastery is seen as a natural outflow of programmes that addresses other dimensions. An example of this is the study done by Ruini, Belaise, Brombin, Caffo and Fava (2006) that address well-being in schools (again a focus on youth). Other interventions focus on stressors at work like Snow and Zimmerman (2006), who has developed an effective intervention, entitled Coping with Work and Family Stress: A Workplace Preventive Intervention. This intervention represents a science-based approach that focuses on increasing employees' abilities to use effective coping strategies and social support to reduce stress and to minimize the use of maladaptive coping strategies. These changes in individuals' ability to adapt to ongoing work and family stressors have been shown to reduce risk for depression, anxiety, and somatic complaints, as well as alcohol and other substance abuse. These improvements in employee health are likely associated with decreased absenteeism, decreased use of medical services, and increased productivity.

Both these interventions have a legitimate measurement of results and have a preventative theoretical departure point. It is refreshing to find them clearly multi-dimensional in their approach and their context and target population is clearly set. But it does not directly address mastering your environment.

On a theoretical level, Rychen, D.S. and Salganik, L.H. (eds.), (2003) standardized competencies for students to have the knowledge and skills essential for full participation in society. The key competency must: contribute to valued outcomes for societies and individuals; help individuals meet important demands in a wide variety of contexts; and be important not just for specialists but for all individuals. The key competencies identified fall in three broad categories. Firstly, individuals need to be able to use a wide range of tools for interacting effectively with the environment. Secondly, in an increasingly

interdependent world, individuals need to be able to engage with others, and since they will encounter people from a range of backgrounds, it is important that they are able to interact in heterogeneous groups. Thirdly, individuals need to be able to take responsibility for managing their own lives, situate their lives in the broader social context and act autonomously. This is a handy reference point for interventions that want to develop environmental mastery, but it is still just a theoretical framework.

2.3.4.6. Conclusion

From abovementioned studies two observations can be made. Firstly, it can be argued that there is a scope for an intervention programme that focuses on the development of psychological well-being of adults who are mentally healthy and well-functioning. Secondly, above-mentioned studies demonstrate that a deliberate intervention, whether it is from a pathologic or a fortigenic orientation, enhances psychological well-being and it suggests that such an enhancement has positive long-term effects.

In the light of these observations the researcher argues that an direct intervention, using Ryff's (1995) six dimensions of psychological well-being, may contribute to the enhancement of the broad population's psychological well-being, not only people suffering from disorders. Such an intervention should adhere to the criteria created from Bradley, et al. (1999) and Oeij and Morvan (2004) to evaluate intervention programmes, that is, the intervention's theoretical departure should be fortigenic and multi-dimensional. The process should be evaluated by a legitimate measurement and the context and target population should be clearly defined.

The developed programme focuses on being preventative; using Ryff's six dimensions of well-being makes it multi-dimensional and it is aimed at being applicable in an organization. To be effective in an organizational setting the

programme was developed for small groups and it focuses on adults in their daily lives. It utilises small group dynamics to enhance the learning experience and experimental pre-test/post-test will measure the effectiveness of the intervention.

This offers a unique combination as very few intervention programmes combine the six dimensions and utilise group dynamics in such a preventative way.

2.3.5. Group dynamics as vehicle for change

2.3.5.1. Introduction

Moving further with the proposed levels of intervention evaluation that Bradley et al. (1999) suggested the focus of this discussion shifts from the theoretical basis of interventions to the tasks and processes involved in applying the theoretical principles.

An important element of the process followed is the group interaction and group processes followed. This included aspects of group dynamic, the role of conversation, and the role of the group leader and the ethical implications of groups.

As far back as 1958, Beck states that the favourable results accomplished by group therapy stem from the fact that participants are placed in an artificially structured, temporary social system and subculture in which change towards adaptive and positive learning is as rapid as possible and the inverse or opposite of the social system and culture in which original maladaptive learning took place. Myrick (2002) also indicates that small group interventions can be used in personal-social development, and lists the benefits of using small group interventions as an increase in insight and the inherent therapeutic factors of cohesiveness and universality. On these grounds the proposed intervention programme is structured as a group intervention.

In order to allow the total positive impact of a group intervention the principles of group dynamics must be acknowledged. These principles entail the different stages of group forming, conversation as medium of change and the role that the group leader plays as well as the ethical implications of the group process.

2.3.5.2. The stages in a group

A study of the literature shows that three or five stages can be distinguished in the group process. An understanding of these stages can help the facilitator of groups move participants through the initial difficult stages of the group forming process.

Early authors on developmental stages in groups identified three basic stages. (Bales, 1953; Lundgren and Knight, 1978; Schultz, 1958) but the most commonly used are the stages of Tuckman (1965), who initially identified four stages of the group process, namely:

- Forming All groups must deal with the issues of coming together.
- Storming This stage involves the formation of subgroups that tend to produce conflict and polarization over the task.
- Norming Once the conflict has been resolved, the group begins to develop norms and rules to govern their activities.
- Performing This stage involves the group's actual work on the task at hand.

Later Tuckman together with Jensen (1977) added a fifth stage:

 Adjourning - The process of "un-forming" the group, that is, letting go of the group structure and moving on.

These five stages are generally accepted as the norm as seen in more recent works of authors (Cain, 2003; Walker & Mathers, 2004). An exception is Ounnas, Davis & Millard (2007) who only identified three stages, namely:

Initiating the formation, Identifying group members and Negotiating the formation. In the identifying stage Ounnas, Davis and Millard (2007) state two problems that need to be addressed: Modelling – where the parameters for the formation are set, and constraint satisfaction – maximizing the benefits for each member of the group. Their initiating phase is the same as Tuckman's forming stage and there are similarities between their modelling and constraint satisfaction and Tuckman's storming and norming stages.

2.3.5.3. Conversation as medium of change

The notion that group development occurs in progressive stages has become an almost sacrosanct assumption in the field. However, the preponderance of group development literature overlooks the importance of conversation as behaviour that generates the group experience. An alternative approach to stage processes is the premise that a group's experience is socially constructed in conversation which is itself describable behaviour. Contributions in this area have been made that emphasise conversation's role in the social construction of groups (Bouwen & Fry, 1996; Gladstein, 1984; Srivastva & Barrett, 1988).

This study was inspired by Ford and Ford's (1995) research on how conversation is used to produce intentional change in organizations. Intentional change occurs when a change agent deliberately sets out to establish different conditions to those presently existing. This is often accomplished through actions and interventions in collaboration with the host organization. Ford and Ford argue that communication not only plays an important role in the production of change (e.g. Bechhard and Pritchard, 1992; Kotter, 1990) but that change is a communication-based and communication-driven phenomenon (Ford & Ford, 1995, p. 541).

Akan (2005) proposes four different types of conversations that produce intentional change: conversations for initiation, understanding, performance, and closure. Akan (2005) contend that these types of conversations are composed of

distinct combinations of speech acts (Searle, 1969) that ensure that the conversation can perform its unique role in the change process. This study proposes that certain types of speech acts by group members both generate and support Tuckman's (1965) performing stage.

Life in groups, including organizations, is embedded in conversation that moves people to act. Searle (1969) challenged one of Western civilization's most sacred paradigms, the belief that talk is not action. In developing his philosophy of language Searle coined the term speech acts hypothesizing that, "speaking a language is engaging in a (highly complex) rule governed form of behaviour" (Searle, 1969, p. 12). He contends speech acts bring into existence a social reality that did not exist before their utterance and that the hearer must now act/react to this new reality.

Searle's study analyses speech acts during the performing stage to understand how spoken words socially construct a group's experience. Concrescence is a "process in which the universe of 'many' things acquires an individual unity in the constitution of the novel 'one'" (Whitehead, 1927/1928, p. 321) as when individuals become a team (Katzenbach and Smith, 1993). In this study, conversation is conceived of as describable behaviour and is defined as, "the verbal interactions between two or more people that can range from a single speech act (e.g. do it) to arguments and narratives. "A conversation may occur in the few seconds it takes to make an utterance, or it may unfold over months" (Ford & Ford, 1995, pp. 545-6). Concrescent conversations are conceptualized as a unique type of verbal behaviour that takes place during the performing stage (Tuckman, 1965) and that it socially constructs the experience(s) that enable(s) the individual(s) to contribute to group productivity.

Relevant to our definition of intervention as a deliberate process of change, it is important to notice the relevance that conversation is used to produce intentional change in organizations. Intentional change occurs when a change agent deliberately sets out to establish different conditions than those presently existing

(Ford & Ford's, 1995). In groups the change agent is the facilitator or the group leader. This is especially true at the start of the group formation period. It is therefore necessary to look at the role group leaders play in a group.

2.3.5.4. The role of the group leader

According to Beck (1958) results achieved in group interventions are attributable to the specific patterns of the group role system rather than to the precise characteristics of the leader. Corey and Corey (1997) disagree and state that the group leader's skill, style, personal characteristics and competence in group work are crucial dimensions that contribute to the quality of the outcome of a group.

Both Corey and Corey (1997) and Corey (2004) identify personal characteristics and professional skills for group leaders to be effective. Some of the Professional skills they identify are: Active listening, Reflecting, Clarifying, Summarizing, Facilitating, Interpreting and Questioning. They suggest the following personal characteristics that would help a group leader in the group process: Courage, Willingness to model, Presence, Belief in the group process, Openness, Willingness to seek new experiences, Self-Awareness and a Sense of humour. The American Group Psychotherapy Association (2007) adds to this by suggesting that the leader plays an important role in activating emotion within the group and must convey care directly to the group and also models caring for the group members. They also suggest that the judicious use of self-disclosure by the leader can have substantial therapeutic impact.

Corey and Corey (1997) and Corey (2004) also agree that the following four competencies are necessary for effective multicultural group counselling as necessitated in this group intervention:

1. The leader must be aware of his/her own beliefs and attitude regarding his/her own culture as well as the culture(s) of group participants.

- 2. The leader must have knowledge about his/her own cultural heritage and how it effects him/her in his/her work with the different cultures he/she works with.
- 3. The leader must have the necessary skills and intervention strategies that will enhance their ability to work with culturally diverse clients.
- 4. The leader must recognize his/her own limitations and where necessary refer clients to more qualified individuals.

Corey and Corey (1997) also highlight the group leader's ethical responsibility to develop an awareness of his/her own values and needs and the potential impact they have on the intervention likely to be made. This awareness must lead to the ethical choice not to impose these values on the clients. Both Battegay (2001) and Harwood (2003) warn specifically of the danger of transferences to group members regarded as self-objects occurring in the group leader. This ethical awareness must be carried over to the group, for just as the group leader has an ethical responsibility, each group member has an individual responsibility to each individual member in the group. It is therefore necessary to familiarize ourselves with the ethical guidelines of group processes.

2.3.5.5. Ethical guidelines and implications

Corey and Corey (1997) highlight the fact that group interventions have an unique therapeutic power that can be used to empower clients on their life-changing journeys, but that it also has the potential to do harm to participants. They go further to state that groups designed around ethically and legally sound principles have a far greater chance of being effective than groups designed without such thought and facilitated inadequately.

Corey (2004) discusses the following ethical rights of Group Participants of which most adhere to the suggested guidelines of the American Group Psychotherapy

Association and the National Registry of Certified Group Psychotherapists in America (http://www.agpa.org/group/ethicalguide.html).

Informed consent – Members have a right to receive basic information before joining a group. If basic information about the group is discussed at the initial session, the participants are likely to be far more cooperative and active. A leader who does this demonstrates honesty and respect for members and fosters the trust necessary if group members are to be open and active. Through informed consent the leader communicates that he/she respects the dignity and autonomy of the individual participants (The American Group Psychotherapy Association and the National Registry of Certified Group Psychotherapists in America, http://www.agpa.org/group/ethicalguide.html). When participation is mandatory, informed consent is particularly important.

The freedom to leave the group – If a group is counterproductive for an individual, that person has a right to leave the group (The American Group Psychotherapy Association and the National Registry of Certified Group Psychotherapists in America, http://www.agpa.org/group/ethicalguide.html). From the start leaders should be clear about their policy pertaining to attendance and commitment to remaining in a group for a predetermined number of sessions.

Freedom from coercion and undue pressure – Members can reasonably expect to be respected by the group and not be subjected to coercion and undue group pressure. However, some degree of group pressure is inevitable, and it is even therapeutic in many instances.

The right to confidentiality – Confidentiality is a central ethical issue in group counselling (The American Group Psychotherapy Association and the National Registry of Certified Group Psychotherapists in America, http://www.agpa.org/group/ethicalguide.html), and it is an essential condition for effective group work. As a leader, you are required to keep the confidences of

group members, but you have the added responsibility of impressing on members the necessity of maintaining the confidential nature of whatever is revealed in the group.

There are exceptions to confidentiality - for instance when a group leader is legally required to break confidentiality. It is a good policy for group workers to give a written statement to each member setting forth the limitations of confidentiality and spelling out specific situations that would demand the breaching of confidences.

Knowledge of the psychological risks in groups – Groups can act as powerful catalysts for personal change, and they can also pose definite risks for group members. It is the ethical responsibility of the group leader to ensure that the prospective group members are aware of the potential risks and take every precaution against them.

The following are a few risks members can be warned about:

- 1. Members must be aware of the possibility that participation in a group may disrupt their lives. They may experience changes in their lives that, although constructive in the long run, can create turmoil along the way.
- 2. Occasionally an individual member may be singled out as the scapegoat of the group, blaming him or her for problems of the group. The group leader must take firm steps to deal with such occurrences.
- 3. Confrontation, a valuable and powerful tool in any group, can be misused, especially when it is used to destructively attack another.

An advantage of group interventions that Beck (1958) identifies is the re-learning of new positive behaviour in a safe setting. Elbl (2007) states that the major advantage of group participation is that group participants have the opportunity to intervene, as behavioural patterns occur, to help members understand, learn and change. Because the learning is experiential (like it was originally) it can have a

more powerful impact than other kinds of learning. Members benefit by improved relationship skills, improved self-esteem and often, a fuller experience of life.

Therefore for the suggested intervention programme to be effective the principles of learning new behaviour must also be explored.

2.3.5.6. Conclusion

Bradley et al. (1999) suggested that interventions should be evaluated not only for their theoretical departure point, but also for the process and context that ensures that the theoretical principles come to their right. Working in small groups creates an excellent context for the preventative and multi-dimensional intervention of this research study focusing it on an organizational context rather than an individual context. Small groups also ensure that conversations that deliberately facilitate change in the six dimensions of well-being Ryff identified can take place. This is supported by the group leader that manages the group forming process as well as the ethical boundaries within which the group can function safely.

But Bradley identified a third element of evaluating interventions – the people for whom the intervention is planned. As seen earlier very few interventions focus on adults who are mentally healthy and well-functioning. In accordance with the Psycho-education foundation of this intervention it is important to take cognisance of the principles of adult learning.

2.3.6. Adult learning

2.3.6.1. Introduction

One of the characteristics of psycho-education is that it aims to involve humans in the course of their entire life cycle (Roos, Taljaard, & Lombard, 2001). As seen

earlier in this chapter (see Table 3) the developmental nature of interventions is important for the deliberate change in behaviour it sets out to achieve in a preventative way. This is especially relevant when the context and target group for the intervention are adults in a small group setting. To ensure the successfulness of the intervention the characteristics of adult learning have to be acknowledged. Acknowledgement entails giving attention to the principles of the learning process and the general characteristics of adult learners.

2.3.6.2. Principles of adult learning

Malcolm Knowles was the first to theorize how adults learn. A pioneer in the field of adult learning, he described adult learning as a process of self-directed inquiry. He advocated creating a climate of mutual trust and clarification of mutual expectations with the learner. In other words, a cooperative learning climate is fostered. Six characteristics of adult learners were identified by Knowles (1970).

- 1. Adults are autonomous and self-directed. They need to be free to direct themselves. Their teachers must actively involve adult participants in the learning process and serve as facilitators for them. They have to be sure to act as facilitators, guiding participants to their own knowledge rather than supplying them only with facts.
- 2. Adults have accumulated a foundation of *life experiences* and *knowledge* that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base. Teachers must relate theories and concepts to the participants and recognize the value of experience in learning.
- 3. Adults are *goal-oriented*. Upon enrolling in a course, they usually know what goal they want to attain. They, therefore, appreciate an educational programme that is organized and has clearly defined elements.
- 4. Adults are *relevancy-oriented*. They must see a reason for learning something. Learning has to be applicable to their work or other responsibilities to be of value to them.

5. Adults are *practical*, focusing on the aspects of a lesson most useful to them in their work. They may not be interested in knowledge for its own sake.

Ewell (1997) goes further and draws eight insights, primarily from the cognitive science and human learning research traditions that seem both inherently compelling and immediately suggestive to those who are contemplating change. The insights are:

- 1. That the learner is not a "receptacle" of knowledge but rather creates his or her learning actively and uniquely. Learning at this level is seen essentially as a creative act it is proof in the learner's ability to go beyond the "reproduction" of what has been previously learned to engage in an "active search for understanding" (Oxford Centre, 1992). Perhaps the most gripping single image of higher learning of this kind portrays the learner as an "epistemologist"—actively constructing unique ways of knowing and finding things out, even as he or she adds to a particular "stock of knowledge" (Bruner, 1997).
- 2. That learning is about "making meaning" for an individual learner by establishing and re-working patterns, relationships. **connections.** The psychological foundation of learning, at the most basic level, involves actively creating linkages among concepts, skill elements, people, and experiences. The brain at birth contains "an overabundance of the same or similar cells and connections between them" and then "needs to learn how to make itself work" (Kotulak, 1996). This is done through synaptic connection, which occurs a lot early in life, but which is never entirely over. More importantly, traces of the resulting "neural networks" survive almost indefinitely, and are often re-used to deal with new situations (21st Century Learning Initiative, 1997). psychological level, it is manifested in the quite different "mental models" that individuals create and call on to "make meaning" out of specific situations.

- 3. That every student can learn and does learn all the time. For the human brain, moreover, connection-making is not something discretionary but something that happens constantly by default. As one researcher puts it, "humans go around looking for opportunities to create new response functions" (Richardson, 1995). An obvious, but often-overlooked, implication of this capacity is to recognize all situations and events as learning opportunities — whether or not we explicitly construct them as such — and to harness them wherever they occur. An important related point is that much (and perhaps most) of learning is **implicit**, deriving from direct interaction with a complex local environment and a range of cues given by peers and mentors that go well beyond what is explicitly being "taught". Observing classic apprenticeship situations, Seely Brown and Duguid (1993) strikingly label this kind of learning "stolen knowledge" picked up surreptitiously and carefully hoarded for later use beyond the sight of the Master.
- 4. That direct individual experiences decisively shape individual understandings. Relating and reacting to very particular and highly unpredictable patterns of environmental stimulation is the brain's fundamental stock-in-trade. This property can be observed directly, as different regions of cortex physically change in proportion to stimulating environments (Kotulak 1996) and is frequently claimed as the key survival mechanism for the human species as a whole (Sylwester, 1996).
- 5. That learning occurs when the learner is "ready" to learn. The most familiar construction of this insight, of course, is in terms of prior skill development and previous levels of understanding. In physiological terms, because so much investment is made in building neural networks in the first place, the brain attempts to continually re-use existing connections for new purposes (Kotulak, 1996). A more subtle but equally important construction of "ready" is in terms of felt need. Research on meta-cognition in the human learning tradition, for example, emphasizes the role of "thinking dispositions" in deciding whether to take advantage of

- or even notice a particular stimulus as opportunity for learning in the first place.
- 6. That learning occurs best in the context of a compelling "presenting **problem**". This insight combines elements of points made earlier about the importance of direct experience and about motivational readiness. But it adds a new wrinkle in its implication that there is a careful balance of challenge and opportunity in any learning situation. On the plus side, high challenge yields high emotion and attention — a brain-state labelled "betalevel" activity and characterized by vigorous neural operations (Bradshaw, 1995). Learning for recall, or for forging the **new** connections among the concepts that will actually be used in future high-challenge situations instead requires considerable periods of "alpha-level" activity or "reflection." Indeed, absent the opportunity for reflection, the successful solution of a "presenting problem" is likely to end a given learning encounter immediately, at a point well short of the re-organization of thinking that "deep" learning requires. Another caution, of course, is that the "presenting problem" must be seen as actually amenable to solution. Too much stimulation turns challenge into threat, and the brain simply "turns itself off" (21st Century Learning Initiative).
- 7. That the results of learning atrophy if they are not exercised, while frequent feedback multiplies the already-strong learning effects of practice. This double-barrelled insight is also directly related to survival because particular kinds of "presenting problems" vary in both their relative importance and in their frequency of occurrence. As either of these diminishes, the brain's flexibility allows the neural networks that were constructed to address such problems to be quickly reworked to deal with more pressing matters (Kotulak, 1996).
- 8. That learning occurs best in a cultural and interpersonal context that supplies a great deal of enjoyable interaction and considerable levels of individual personal support. Following the last point made, this final insight emphasizes the crucial roles played by other people in shaping

individual paths of learning and development. But this necessary social context is also actively and extensively utilized for learning through activities like play, ritual, and the various types of apprenticeship that occur repeatedly in traditional cultures (Geertz, 1997). Most learning of this kind is group-oriented and oral, with frequent opportunities for practice and feedback embedded directly into peer/mentor interactions, or occurs as a form of "storytelling" in which broader levels of meaning are made out of recent events and experiences (Bruner, 1997).

Considered individually, each of these insights about how learning occurs isn't much of a surprise. When considered together, though, they paint a picture of "learning" with two distinct implications. The first implication is that we should use what we now know about learning, to legitimate what amounts to a **natural** understanding on the part of faculty; that learning is a complex, multi-faceted, active and interactive process that really **is** difficult to pull off in extant pedagogical and organizational settings. A second implication is that we can begin to harness the resulting energy to begin to envision alternative settings that are explicitly designed around what we know.

In summary then the principles of adult learning combined with small group dynamics form a positive background into which the planned intervention can tap to ensure its success.

2.3.7. Conclusion

In chapter two the construct well-being was conceptualised and different interventions aimed at promoting well-being were discussed. The group process and adult learning were described shortly to explain the principles, and ethical guidelines followed in this study.

In this chapter we have shown that wellness intervention programmes can be seen as a deliberately arranged process of change that is set into motion. For this change process to be legitimate, it must acknowledge the multi-dimensional and fortigenic theoretical background of well-being. It is also important that part of the process is the context of conversations in small groups and that this combined with the principles of adult learning offers a dynamic platform for wellness interventions to be successful. In such a way the intervention is unique because it addresses need for adult well-being with a combination of the six dimensions of well-being Ryff addresses in a group setting, making this intervention preventative, multi-dimensional and organizational in approach. The legitimacy of the intervention is shown in the next two chapters.

Chapter 3

Empirical study

3.1. Introduction

In this chapter the research method will be described. Attention will be given to the design of the research, how data was gathered, what measuring instrument was used and how the data were analysed. A profile of the participants will be constructed and the ethical principles that were considered during the study will be described. The intervention programme named Live Positive will also be explained in more detail.

3.2. Research method

3.2.1. **Design**

An experimental pre-test/post-test design was used. The experiment also involved a group intervention. The intervention was implemented in the "field" where a real life environment is treated as the laboratory (De Vaus, 2001). A pre-test was conducted before the intervention and post-tests were conducted on two occasions after the intervention, a first post-test directly after the completion of the intervention and a second post-test six months after the pre-test. While laboratory experiments suffer from problems of artificiality, field experiments encounter problems from inadequate control of events between tests. There is always the danger that uncontrolled events rather than the experimental intervention are producing any observed changes. However, other influences should not be a major problem if both the experimental and the control groups are equally exposed to these other influences (De Vaus, 2001).

3.2.2. Participants

Potential participants were recruited from large employers such as Eskom and the SAPS, local businesses and from church congregations in the Bloemfontein district. Participants were invited to volunteer for the research project after a presentation on the self-enrichment programme was made and the aim of the study was explained. Initially an availability sample of 60 adults between the ages of 18 and 70 was involved in the programme. Unfortunately it was not possible in practice to keep this large group because many participants in both the experimental and control groups discontinued their participation before the end of the intervention. The data of participants who missed more than 2 sessions of the intervention programme were also excluded from the data set. In the end only data from 53 participants were used. The experimental group consisted of 28 members and the control group of 25.

After the participants were identified, they were initially divided randomly into an experimental and a control group of 30 persons each. Two of the experimental group dropped out or did not complete all the sessions and 5 of the control group could not be reached again. No person who was involved in psychiatric or psychotherapeutic treatment was included in either the experimental or the control group. It was expected of the experimental group to attend all the sessions of the intervention.

The experimental group was randomly divided into five smaller groups of six members each for practical purposes.

Table 5 – Biographical characteristics of the participants

Total group N Control group Experimental group

Male Female Male Female

53 10 15 9 19

Age

5	1	1	0	3
7	2	2	1	2
16	4	5	4	3
20	3	6	3	8
4	0	1	1	2
1	0	0	0	1
	7 16 20	7 2 16 4 20 3	7 2 2 16 4 5 20 3 6	7 2 2 1 16 4 5 4 20 3 6 3

53

Marriage

status

Unknown	6	2	4	0	0
Married	36	8	9	8	11
Single	6	0	2	1	3
Divorced	4	0	0	0	4
Partner died	1	0	0	0	1

53

Race		Control	group	Experimental (group
Black	3 0		0%	3	11%
White	50	25	100%	25	89%

53

3.2.3. Data gathering

Data was gathered by asking both the experimental groups and the control groups to fill in the Multi-dimensional Well-being Scale (Ryff & Keyes, 1995). The

questionnaires were only made available in English. The researcher was available during test administration to answer questions pertaining to the questionnaire.

All participants attended a first information session and afterwards the experimental group completed the pre-test. Participants who were assigned to the control group were given the questionnaire to fill in at their own time at home or work. This posed a potential problem that will be discussed later. The experimental group was asked to fill in a well-being questionnaire before the intervention programme was introduced. Their only prior knowledge was that it was a self-enriching programme. After the completion of the twelve-week intervention programme, the first post-tests were conducted on the psychological well-being of all members of the control and experimental groups. Six months after the pre-test a successive post-test was administered to both groups in order to evaluate the long term effect of the programme.

Table 6 – Timeline of research process

	Pre-test	Intervention	First post-test	Second post-	
		programme of	– 12 weeks	test – six	
		12 weeks	after pre-test	months after	
				pre-test	
Experimental	Completed	Participated in	Completed	Completed	
group					
Control group	Completed	Non	Completed	Completed	
		Participation			

3.2.4. Ethical aspects

After the completion of the experimental phase the control group was also given the opportunity to follow the programme, so as to give them a fair chance of exposure to the programme.

The experimental group was divided into five sub-groups. These groups were contracted to commit to the normal group dynamics rules, confidentiality and voluntary participation as suggested by Corey and Corey (1997). During the first session a group contract was drawn up with everyone participating present. In this contract the group rules and boundaries where stipulated (see Appendix 4 for detailed contract).

Participants of the experimental group were informed about the content and nature of the intervention programme prior to the start of the first actual session of the programme. This gave them the opportunity to end their involvement with the programme if they wished to do so.

3.2.5. Measuring instrument

The Multi-dimensional Well-being Scale (Ryff & Keyes, 1995) consisting of 14 items was used to measure psychological well-being. This scale measures the following six dimensions of well-being: **autonomy**, **environmental mastery**, **personal growth**, **positive relations with others**, **purpose in life**, **and self-acceptance**. The scales, self-acceptance (14 items), environmental mastery (14 items), and positive relationships (14 items), purpose in life (14 items), personal growth (14 items), and autonomy (14 items) will be used to measure the well-being of every person.

Participants respond using a six-point format: strongly disagree (1), moderately disagree (2), slightly disagree (3), slightly agree (4), moderately agree (5), strongly agree (6). Responses to negatively scored items (-) are reversed in the

final scoring procedures so that high scores indicate high self-ratings on the dimension assessed. The raw scores were used in the analysis of the data. A total mark can also be calculated to determine the general level of well-being (a maximum of 108 can be achieved). The higher the mark the greater the person's psychological well-being.

According to Van Dierendonck (2003) the reliability of the 14 item per subscale, which is used, is good, with an alpha-coefficient for the total scale of 0.73. Potgieter (2004) also reported an α -coefficients of 0.9 in a study with South African adults. Both these authors only reported α -coefficients for the total score.

Cronbach α -coefficients were calculated for all 6 subscales to determine the internal consistency of the measure for the participants in this study. Software from the SPSS package was used for this purpose (SPSS Incorporated, 2001). The α -coefficients were calculated for the pre-, post- and follow-up measurements and are reported in Table 7.

Table 7: Alfa-coefficients regarding the well-being subscales

Well-being subscales	α-coefficient						
	Pre-	Pre- Post-					
	measurement	measurement	measurement				
Purpose in life	0,887	0,807	0,901				
Self-acceptance	0,924	0,881	0,921				
Positive relations	0,878	0,854	0,857				
Personal growth	0,861	0,835	0,861				
Environmental mastery	0,893	0,847	0,906				
Autonomy	0,821	0,768	0,814				

As seen in Table 7 it is clear that all α -coefficients have very good internal consistency of the measures for all three the measurements. Therefore it can be used with confidence in the analysis that follows.

3.2.6. Research hypothesis

According to the goal of this study, which is the development and evaluation of a psychological wellness programme for adults, the following research hypothesis has been formulated:

Null Hypothesis 1:

Adults who participate in the Live Positive programme (experimental group) will not show significantly higher levels of *purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy* than adults who did not participate in this intervention (control group).

Alternative Hypothesis 1:

Adults who participate in the Live Positive programme (experimental group) will show significantly higher levels of *purpose in life, self acceptance, positive relations, personal growth, environmental mastery and autonomy* than adults who did not participate in this intervention (control group).

The effectiveness of this programme was not only tested according to its short-term (post-measurement) but also according to its long-term (follow-up measurement) impact. Therefore a second research hypothesis has to be formulated

Null Hypothesis 2:

Adults who participate in the Live Positive programme (experimental group) will not show higher levels of psychological well-being (purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy) over a period of 6 months than adults who did not participate in this intervention (control group).

Alternative Hypothesis 2:

Adults who participate in the Live Positive programme (experimental group) will show higher levels of psychological well-being (purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy) over a period of 6 months than adults who did not participate in this intervention (control group).

3.2.7. Statistical procedures

As is shown in the preceding discussion, six dependant variables were measured while the research group was relatively small. Therefore reasonable doubt exists about the assumption of normality of these figures and it is not possible to investigate the formulated statistical hypotheses through parametric statistical techniques. Consequently non parametric tests were used.

All six dependent variables (subscales) were measured on the interval scale. The Mann-Whitney-U-Test for comparison of differences of independent groups was used to analyse the data.

Before the results can be presented and discussed, it is firstly expedient to shortly indicate the method followed. To prevent significant influence on the results due to differences between the two groups of participants (before the start

of the experimental intervention), it has been decided to work with the average differential value. As a result it has been decided to a) subtract respondents' pretest scores from their post-test scores (short-term effectively) and b) subtract their pre-test scores from their follow-up test scores (long-term effectively) and compare the average difference scores relevant to the six scales for the two groups (experimental and control). In both cases a positive difference in the scores points to the fact that improvement regarding the specific subscale occurred, while negative differential scores point to the opposite (a decrease in well-being).

Both the 1% and the 5% level of significance were used in this study and the SAS programme (SAS Institute, 2003) was used for the analysis that follows.

3.3. Intervention programme

A programme was developed in which the six dimensions of psychological well-being as defined by Ryff, were addressed. Experimental groups participated in the programme for 12 weeks, where sessions of two hours per week were offered. The basic structure of each session consisted of the following:

- 1. Opening question to gauge emotional well-being.
- 2. Review of the weeks' experiences.
- 3. Introduction of new skill, theoretical information explained and practical applications discussed.
- 4. Conclusion with reflection on what was learned in the session.
- Evaluation of session.

Logistically the intervention programme was structured in such a way that the experimental group participated in 12 group sessions of 2 hours each. Group sessions were conducted either in boardrooms or church halls. Each participant received a file at the beginning of the programme. The files included the questionnaire, contract, introductory notes and the theory of the first session. At

the beginning of each session notes on the specific session's topic were distributed to all the participants to be placed in the file. (See Appendix 2 for and example of the notes handed out). Only flipcharts were used during the discussions to support the learning process.

The sessions were structured in the following way:

Session 1

The first session was started by an introduction time where the participants introduced themselves to each other. Group rules and a group contract were then facilitated by the group leader. The group leader then explained the theoretical background of the intervention programme – highlighting that it is from a positive psychological perspective and the sole aim of the programme is to equip the participants with skills so that they can develop their own psychological well-being. After a break the group leader then explained the first skill to be mastered by sharing the theory and explaining the practical exercise the participants needed to implement in the week. Throughout the intervention ample time was given for questions and discussions.

Session 2 -10

In the second session the group leader started the session by asking the participants what positive experience(s) they had had in the past week. This opened the group discussion. The next question was how the participants experienced the new skill they had to practise in the week. Lots of time was given to participants to share their experience and new perspectives were given. After a break the new skill was introduced theoretically as well as practically. This structure was repeated right through to session 10.

Session 11

In session 11 a review of all the skills was given and the participants could present their portfolio of learning on the six dimensions.

Session 12

During the 12th session the questionnaire was filled in for the second time and the session was ended by acknowledgements about what was learned.

Follow-up session

The last session, three months later, was held as a reunion where the questionnaire was filled in for the last time. After this was completed an evaluation of the participants, experience of applying their new skills during the last three months was held.

The intervention programme consisted of the six dimensions Ryff (1989) identified as facets of well-being, namely self-acceptance, positive relationships with others, autonomy, environmental mastery, having a purpose in life and personal growth. She further classifies high competency and low competencies in each dimension as seen in the Table 8 below:

Each of these dimensions high score was taken and broken down in its basic element. Each basic element was translated into a teachable skill that would enhance that element. An overview of each dimension and session devoted to it, is described in Appendix 3. A detailed description of the programme follows.

Table 8 – The six dimensions high and low score indicators

Dimension	High scorer	Low scorer
Self-acceptance	A high competency of self-acceptance involves a person who possesses a positive attitude towards the self, acknowledges and accepts multiple aspects of self including good and bad qualities and feels positive about past life.	Feels dissatisfied with self; is disappointed with what has occurred in the past life; is troubled about certain personal qualities; wishes to be different than what he or she is.
Positive relations with others	High competency in this dimension involves a person who has warm, satisfying, trusting relationships with others, is concerned about the welfare of others, capable of strong empathy, affection, and intimacy and understands the give and take of human relationships.	Has few close trusting relationships with others; finds it difficult to be warm, open and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.
Autonomy	High competency in autonomy involves a person who is self-determining and independent, able to resist social pressures so as to think and act in certain ways, regulates behaviour from within and evaluates self by personal standards.	Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.
Environmental mastery	High competency in this dimension involves a person who has a sense of mastery and competence in managing the environment. Controls complex array of external activities, makes effective use of surrounding opportunities and is able to chose or create contexts suitable to personal needs and values.	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; or unaware of surrounding opportunities; lacks sense of control over external world.
Purpose in life	High competency involves a person who has goals in life and a sense of directedness, feels there is meaning to present and past life, holds beliefs that give life purpose and has aims and objectives for living.	Lacks sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose in past life; has no outlook or beliefs that give life meaning.
Personal growth	High competency involves a person that has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realizing his or her potential, sees improvement in self and behaviour over time and is changing in ways that reflect more self-knowledge and effectiveness.	Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviours.

Ryff, C.D. (1989; p. 1072)

<u>Detailed description of the Live Positive Intervention Programme</u>

Session 1

Focus of session: Multiple dimensions of well-being

The goal of this session was to introduce the participants to Live Positive and to

start the group formation process.

The goal was achieved by asking the participants to fill in the questionnaire

before the session started.

The facilitator then introduced himself, giving background and credentials.

Participants were then asked to introduce themselves by answering the following

three questions:

1. Where do you come from?

2. What is your favourite place?

3. What is your favourite dish?

The questions were used as an ice-breaker and to allow the participants to start

identifying with each other.

Because the learning process is in essence a psycho-education process, a group

contract was established by explaining to the participants that the group process

was considered to be a learning process rather than a therapeutically process.

Their rights were explained to them, for example that they had the right to leave

the group at any time. They were asked to read through the contract and group

rules (See Appendix 4 for a copy of the contract). After participants had read

through the contract they were invited to add any other group rules that they felt

were needed for them to feel safe enough to participate. These were added. The

contract was then signed and returned to the facilitator. The facilitator made

copies of the contracts and each group member received a copy during the next

session.

And introduction was then given to the Live Positive programme. Focus was

placed on the fact that Live Positive was developed from a positive psychological

viewpoint. The choice for Ryff's (1989) six dimensions was explained. The

image of six gears working together was used to explain the six dimensions and

their interactive nature. But to master the six dimensions each gear will be

examined and translated into a usable tool that will enhance the dimension.

The logistics of dates, times and expectations where communicated at the end of

the session and then participants were asked to read through the notes provided

before they returned for the next session (notes included the introduction and an

explanation of Ryff's (1989) model for the first session).

Session 2

Focus of session: Self-acceptance

The goal of this session was to help participants become competent in the first

dimension of self-acceptance by giving them tools get to know and accept

themselves.

The goal was reached through starting the session with the question: what was

positive for them during the week? Participants were informed that the same

question would be asked at the beginning of each session. The rationale of this

was to try and highlight positive events/situations and to promote positive

thinking.

The facilitator then went ahead to explain that the first dimension of self-

acceptance consisted of three sub-elements, namely self-esteem, accepting

your strengths and weaknesses and making peace with your past. In the first

session the focus fell on self-esteem. The facilitator then explained what self-

esteem was, different types of self-esteem (Dandeneau & Baldwin, 2004) and

how it can be enhanced by identifying unhelpful thought processes and changing

them to helpful thought processes (Anderson, & Green, 2001; Baldwin, & Main,

2001; Dijksterhuis, 2004; Kawakami, Dovidio, Moll, Hermsen & Russin, 2000).

The ABC model technique of RECT was used to help participants to understand

how to identify and change negative thought processes (Ellis, 1994).

The participants were sent home with a specific exercise to practise the ABC and

were asked to read the next session's notes focusing on personality traits and

making peace with your past. The session was closed by asking what they had

learned during the session.

Session 3

Focus of session: Self-acceptance

The goal of this session was to help participants become competent in the first

dimension of self-acceptance by giving them tools to get to know and accept

themselves.

In this session the focus was placed on accepting your strengths and

weaknesses and making peace with your past.

The session was started by asking the participants what was positive for them

about the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on how the participants felt

about identifying negative thought patterns and how they felt about the new

positive thought patterns they had created. Time was spent answering questions

and acknowledging experiences.

In the second half of the session the facilitator explained how to accept your

strong and weak points by seeing yourself as a diamond of value with different

facets of being. The goal is to shine from within like a perfectly cut diamond. To

achieve this, participants had to evaluate themselves according to the 5 major

personality dimensions or the "five factor" theory of personality traits. (Boeree,

2003).

This was followed by explaining to them that to make peace with your past you

have to look at the story of your life (McAdams, 1993; Dombeck & Wells-Moran,

2006). Participants were asked to draw a timeline of their life recording the

positive and negative experiences that influenced their lives. The facilitator then

explained what forgiveness is and encouraged participants to use forgiveness to

liberate themselves from the negative experiences in the past and to be thankful

for the positive experiences. Important is that the facilitator encouraged

participants to seek professional help if they had had traumatic experiences in

their past.

The participants were sent home with a specific exercise to plot their own

strengths and weaknesses and to draw their own storyline and were asked to

read the next session's notes focusing on autonomy. The session was closed by

asking what they had learned during the session.

Session 4

Focus of session: Autonomy

The goal of this session was to help participants to become competent in the

dimension of autonomy by giving them tools to become self-efficient.

The session was started by asking the participants what was positive for them

from the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on what new insights

participants had received about themselves and on how they felt about letting go of the past. Time was spent answering questions and acknowledging experiences regarding self-acceptance and forgiving the self.

The facilitator then explained the concepts of locus of control, personal values, understand the bigger picture of your life and being an agent of your own life (an agent being someone that takes initiative to make things happen in their lives). These concepts were made applicable with the following exercises:

- Locus of control this concept was explained by telling the story of Victor Frankl in the Nazi concentration camps and how he explained the term. The comparison was them made to our own situations by emphasising that most of us do not experience the hardship and trauma of the holocaust. And if it is true that people in those conditions could have an internal locus of control we can also have it (Rotter, 1966; Marks, 2001).
- Personal values participants were encouraged to choose their personal values according to five different areas of their life: personal, work, community, spiritual and cultural (Seneca College of Applied Arts & Technology, http://ilearn.senecac.on.ca/careers/goals/values.html; Clemmer, 2006).
- The bigger picture the facilitator asked the participants how 9/11 and the fall of the twin towers influenced their day to day lives. The discussion was led to create insights into how the global world influences our daily lives, but that we also influence the global world by taking initiative to change our world into a place that we like (Deseco., 2005).
- Being an agent This was explained by focusing on the authority each person has to take initiative to create something. The concept of personal authority was explained by the principle of voting for a political party. By your vote, you give the party a piece of your authority to rule the country in the way you would like it to be (Buss, 2002).

The participants were sent home with a specific exercise to take control of their

lives by setting a clear goal for the year. They then had to break the year goal

down into sub-goals that need to be reached in six months. Those six month sub-

goals needed to be broken down even further into goals to be reached in three

months time and then what they had to start doing in the next week to start

achieving the goal. They were again asked to read the next session's notes

focusing on communication skills. The session was closed by asking what they

had learned during the session.

Session 5

Focus of session: Environmental mastery

The goal of this session was to help participants to become competent in

Environmental Mastery by giving them tools to promote effective communication.

The session was started by asking the participants what was positive for them

from the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on participant's experiences

regarding having a personal locus of control and on how it felt to take control of

your live by planning to reach a goal. Time was spent answering questions and

acknowledging experiences.

The facilitator explained the basic principles of active listening and sending

messages effectively (McKay, Davis, & Fanning, 1995). The participants were

then given the opportunity to practise communication skills with each other in role

plays.

The participants were sent home with a specific exercise to practise listening and

speaking with people in their lives. They were asked to read the next session's

notes focusing on time management and financial management. The session was closed by asking what they had learned during the session.

Session 6

Focus of session: Environmental mastery

The goal of this session was to help participants to develop competence in Environmental Mastery by equipping them with tools to manage their time better and manage their finances better.

The session was started by asking the participants what was positive for them from the past week. The discussion then flowed over to reviewing the homework the participants had to do. Questions were asked on how their communication skills had grown. Time was spent answering questions and acknowledging experiences.

The facilitator started the second half of the session by asking the participants what their understanding and definition of time was. This was a philosophical question and time was spent discussing the different opinions and distinguishing between the measurement of time (hours and minutes and time itself). The facilitator then introduced the concept that we do not manage time but activities. He then recalled the skills of session 4, namely locus of control and your ability to take initiative to set goals. These competencies were linked with managing our activities in a weekly schedule. The weekly schedule started by first identifying all our responsibilities and our goals in these responsibilities. These were prioritized according to the personal values identified in session 4. Each goal was then broken down into actions to take and these actions were plotted out in certain times during the week (Covey, 1992).

The facilitator also discussed basic principles of managing your finances (Free

Financial Advice. http://www.free-financial-advice.net/). Emphasis was placed on

thinking wisely about managing the reduction of your needs with your available

resources by creating a budget and staying out of bad debt.

The participants were sent home with a specific exercise to create their own

weekly plan according to the method given and to draw up a budget as well as a

debt reduction strategy. They were also asked to read the next session's notes

focusing on personal relations. The session was closed by asking what they had

learned during the session.

Session 7

Focus of session: Personal relations

The goal of this session was to help participants to enhance their skills in the

dimension of positive relationships by giving them tools to maintain positive

relations with other people.

The session was started by asking the participants what was positive for them

from the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on how participants

experienced their financial situation as well as their management of activities.

Time was spent answering questions and acknowledging experiences.

In the second half of the session the facilitator explained that there are different

kinds of relationships and that each relationship has different boundaries - using

the term 'different strokes for different folks' to explain the concept. Participants

were then asked to write their name in the centre of a piece of paper and then

draw concentric circles around their name. They then had to write down all the

people currently in their lives on these circles, writing down those who are

dearest to them closest to their name. They then were asked to classify who had

had positive influences and who had had negative influences in their lives. They

had to finish this exercise at home.

The facilitator then explained the different stages relationships can go through

(Wikipedia, http://en.wikipedia.org/wiki/Personal relationship;

Relationship Institute,

http://www.relationship-institute.com/freearticles_detail.cfm?article_ID=153).

Participants were asked if they could identify these stages in their own

relationships. A discussion was held around their insights.

The participants were sent home with a specific exercise to plot relationships and

they were asked to read the next session's notes focusing on skills to enhance

personal relations. The session was closed by asking what they had learned

during the session.

Session 8

Focus of session: Personal relations

The goal of this session was to help participants to enhance their skills in the

dimension of positive relationships by giving them tools to maintain positive

relations with other people.

The session was started by asking the participants what was positive for them

from the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on insights they had received in

their relationships and how they approached people differently. Time was spent

answering questions and acknowledging experiences.

In the second half of this session the facilitator discussed four elements that

would enhance relationships. The elements discussed included affection.

intimacy, empathy and altruism. Handouts containing information on factors

promoting positive relationships were provided to the group members (See

appendix 2 p. 134).

Each of these elements was discussed and participants were asked how they

could apply it in their lives.

The participants were sent home with a specific instruction to do one altruistic

deed to a stranger. They were asked to read the next session's notes. The

session was closed by asking what they had learned during the session.

Session 9

Focus of session: Personal growth

The goal of this session was to help participants to enhance their skills in the

dimension of personal growth by giving them tools to maintain continual personal

growth.

The session was started by asking the participants what was positive for them

from the past week. The discussion then flowed over to reviewing the homework

the participants had to do. Questions were asked on how participants

experienced the altruistic deed they did during the week. Time was spent

answering guestions and acknowledging experiences.

The facilitator explained the different ways personal growth (Sheldon, Kasser,

Smith, & Share, 2002) can happen, namely in a natural way, through trauma or

by setting specific goals to grow.

The participants were sent home with a specific exercise to set their own personal growth goals in four areas of their lives, namely spiritual, relational, intellectual and physical. They were asked to read the next session's notes focusing on purpose in life.. The session was closed by asking what they had learned during the session.

Session 10

Focus of session: Purpose in life

The goal of this session was to help participants develop a sense of meaning in their lives.

The session was started by asking the participants what was positive for them from the past week. The discussion then flowed over to reviewing the homework the participants had to do. Questions were asked on their personal growth goals. Time was spent answering questions and acknowledging experiences.

The second half of the session was started by the facilitator telling the story of Buckminster Fuller's life and the lessons he gave on reaching one's destiny or purpose in life (Relfe, 2004). The four principles of precession, adding value, learning from your mistakes and listening were discussed. Participants were then asked to list their needs, talents, things they hated and opportunities they saw in the world. They were then asked to look for the common themes in these lists and from that formulate their purpose in life. Care was taken to explain that this was a lifelong process and that the exercise is just a start or tool to help participants on the way. This was done to ensure that they would not become discouraged if they could not find their purpose in one weeks time.

The participants were sent home with a specific exercise to find their destiny and they were asked to write down all their learning's from the 12 weeks in a portfolio and bring it to the next session.

Session 11

The goal of this session was for participants to consolidate their learning of the intervention.

The session was started by asking the participants what was positive for them from the past week. The discussion then flowed over to reviewing the homework the participants had to do. Time was spent answering questions.

The second half of this session, the facilitator gave a brief overview of all six dimensions as well as all the competencies and tools that were given to enhance these dimensions.

The session was closed by asking what they had learned during the session.

Session 12

The goal of this session was to take the first post-test and to celebrate the learning that had taken place.

This was achieved by filling in the questionnaire for the second time. After that was done participants were given the opportunity to acknowledge their own learning during the intervention.

The session ended with a reminder of the date of the follow-up session.

3.4. Conclusion

In this chapter the research method was described. Attention was given to the design of the research, how data was gathered, what measuring instrument was used, the two research hypotheses were stated and statistical methods used described. A profile of the participants was constructed and the ethical principles that were considered during the study were described. The intervention programme Live Positive was described.

CHAPTER 4

RESULTS

4.1. Introduction

The results obtained during the study will be presented and discussed in this chapter. The descriptive statistics as well as the differences between the pre-test scores of the experimental and control group will be presented. This will be followed by an analysis of the significance of differences between the pre- and post-test scores of the two groups. A semantic differentiation scale of the qualitative feedback of participants' experience of individual sessions will also be presented.

4.2. Descriptive statistics

The descriptive statistics (averages, standard deviations, skewness and kurtosis) for the six subscales are presented in Table 9. The information for the two groups is displayed separately.

As can be concluded from Table 9, it is clear that there are differences between the pre-test scores of the experimental and control groups on all subscales. From the result shown, it also appears that the experimental group's post- and followup results differ more from their pre-test results than what the case is with the control group.

Table 9: Descriptive statistics

Variable	Group	Measurement	\overline{X}	S	Skewness	Kurtosis
Purpose in Life		Pre-test	63,46	12,38	-1,24	1,78
	Experimental	Post-test	72,75	7,83	-0,59	-0,44
		Follow-up test	71,75	10,41	-1,08	0,81
		Pre-test	66,44	13,26	-1,03	0,11
	Control	Post-test	69,64	9,73	-1,42	1,75
		Follow-up test	69,64	12,07	-1,03	0,12
Self-acceptance		Pre-test	57,71	15,44	-0,79	0,09
	Experimental	Post-test	69,79	10,90	-0,59	-0,84
		Follow-up test	67,71	14,55	-1,37	2,49
		Pre-test	65,36	14,50	-1,18	1,01
	Control	Post-test	67,88	11,82	-1,16	2,54
		Follow-up test	67,52	12,55	-1,34	2,53
Positive relations		Pre-test	61,46	11,87	0,10	-0,31
	Experimental	Post-test	68,82	9,04	0,05	-1,03
		Follow-up test	67,04	10,69	-0,27	-0,80
		Pre-test	66,52	11,86	-0,37	-0,84
	Control	Post-test	67,48	11,89	-0,45	-0,75
		Follow-up test	67,12	12,11	-0,37	-0,86
Personal growth		Pre-test	69,18	11,06	-1,23	0,74
	Experimental	Post-test	73,75	8,22	-1,02	0,49
		Follow-up test	73,21	9,88	-1,12	0,48
		Pre-test	68,36	10,20	-0,66	-0,66
	Control		70,76	9,92	-0,83	0,06
		Follow-up test	70,88	9,81	-0,83	0,16
Environmental		Pre-test	57,29	11,71	-0,09	0,43
mastery						
	Experimental	Post-test	66,86	9,18	-0,04	-0,76
		Follow-up test	67,71	11,75	-0,31	-0,65
		Pre-test	64,12	14,03	-0,82	0,09
	Control	Post-test	66,36	11,46	-0,44	-0,12
		Follow-up test	67,20	12,89	-0,81	0,43
Autonomy		Pre-test	57,82	12,40	-0,15	0,03
	Experimental	Post-test	64,43	10,12	-0,15	-1,08
		Follow-up test	64,68	12,06	-0,49	0,06
		Pre-test	64,84	7,51	-0,58	1,61
	Control	Post-test	64,36	8,36	-0,58	-0,14
		Follow-up test	67,28	7,32	-0,46	0,81

4.2.1. Investigating the Null and Alternative Hypothesis 1

By utilizing the Mann Whitney U-test the experimental and control groups' average pre-test results on the six subscales were compared. With regard to the personal growth positive relations and purpose in life subscales no significant difference (on both the 5% and the 1% level) were found in the pre-test scores of the two groups. The pre-test scores of the other 3 scales differ significantly on the 1% level of significance as can be seen in Table 10. As the average difference between experimental and control groups will be used in further analysis of the data, the differences in pre-test scores should not have a significant impact on the results of this study.

Table 10 - Averages, standard deviation, Z- and P-values, concerning the pretest scores of the six subscales for the experimental and control groups

Variable	Group	\overline{X}	S	Z	р
Purpose in	experimental	63.46	13.38	1.195	0.116
life	control	66.44	13.26		
Self-	experimental	57.71	15.44	2.096	0.018*
acceptance	control	65.36	14.50		
Positive	experimental	61.46	11.87	1.622	0.052
relations	control	66.52	11.86		
Personal	experimental	69.18	11.06	-0.46	0.32
growth	control	68.36	10.20		
Environment	experimental	57.29	11.71	2.068	0.019*
mastery	control	64.12	14.03		
Autonomy	experimental	57.82	12.40	2.54	0.005**
	control	64.84	7.51		

^{*} $p \le 0.05$

^{**} p≤0.01

The average differences scores of the experimental and the control groups regarding the pre- and post-scores (short-term) were compared. For this purpose the Mann Whitney-test was utilized. The results are shown in Table 11.

Table 11: Averages, standard deviation, *Z*- and *P*-values, concerning the six subscales for the experimental and control groups

Dependent Variables	Diff	erentiati	on sco			
	Experimental		Co	ntrol	Z	p
	\overline{X}	S	\overline{X}	S		
Purpose in life	9,29	9,94	3,20	8,59	-2,918**	0,0018
Self-acceptance	12,07	11,25	2,52	8,21	-3,531**	0,0002
Positive relations	7,36	8,66	0,96	7,36	-2,901**	0,0019
Personal growth	4,57	8,15	2,40	9,48	-1,054	0,1459
Environmental mastery	9,57	10,06	2,24	10,74	-2,658**	0,0039
Autonomy	6,61	8,78	-	6,83	-3,202**	0,0007
			0,48			

^{**} $p \le 0.01$

From Table 11 it is clear that for five of the six scales, namely purpose in life, self-acceptance, positive relations, environmental mastery and autonomy the *Z*-values reflecting the differences in the mean scores of the experimental and control groups differed significantly on the 1% level. As a result it can be accepted that for these five scales significant differences in the average difference scores exist (post-test score minus pre-test score) between the experimental and the control groups. From Table 12 it is clear that the average difference scores for the experimental group are significantly higher than that of the control group. It can therefore be deduced that a significantly bigger increase appeared in pre- to post-test measures for the experimental group than for the control group with regard to purpose in life, self-acceptance, environmental mastery and autonomy.

^{*} $p \le 0.05$

The implementation of the programme resulted in a significant increase in the level of psychological well-being (regarding the five scales) in the short term for those in the experimental group. It can therefore be said that Null Hypothesis 1 stating that the experimental group who participated in the Live Positive programme will not show significantly higher levels of purpose in life, self-acceptance, positive relations, environmental mastery and autonomy than the control group, can therefore be rejected. With regard to the personal growth dimension of well-being the Null Hypothesis is accepted. The Alternative Hypothesis 1 stating that Adults who participate in the Live Positive programme (experimental group) will show significantly higher levels of purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy than adults who did not participate in this intervention (control group) can be accepted for all the dimensions except personal growth.

With regards to the five subscales (*purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy*) the findings of this study support those of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005), who found significant improvements in all six subscales but disagree with regard to the personal growth subscale. With regards to the five subscales (*purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy*) the findings of this study do not support those of Ruini, Belaise, Brombin, Caffo, and Fava. (2006) who found no significant differences in the six subscales after their intervention but the findings regarding the subscale personal growth support their findings. This can be as Ruini, Belaise, Brombin, Caffo, and Fava. (2006) mentioned the result of the short (4 session) intervention they used.

4.2.2. Investigating the Null and Alternative Hypothesis 2

Secondly, the experimental and the control group's average difference score regarding the pre- and follow-up scores (long-term) were compared. The Mann Whitney-test was utilized again for this purpose and the results are shown in Table 12.

From Table 12 it is again clear that with regard to five of the six scales, namely purpose in life, self-acceptance, positive relations, environmental mastery and autonomy the Z-values reflecting the differences in the mean scores of the experimental and control groups differed significantly on the 5% level (purpose in life) or the 1% level (the other four scales). As a result it can be accepted that for these five subscales a significant difference in the average difference score (follow-up score minus pre-test score) between the experimental and the control group were reported. The average difference score for the experimental group were significantly higher than that of the control group. The follow-up post-test (three months after the first post-test) scores of the experimental group indicate that the increased levels of purpose in life, self-acceptance, positive relations, environmental mastery and autonomy were maintained for at least three months after the completion of the intervention programme. It can therefore be deduced that a significantly bigger increase in pre-, to follow-up test measures for the experimental group exists, compared to the control group.

The continuity of the programme has a significant increase in psychological well-being (regarding the five scales) in the long-term for those in the experimental group. It can therefore be said that the Null Hypothesis 2 stating that the experimental group who participated in the Live Positive programme will not show significantly higher levels of purpose in life, self-acceptance, positive relations, environmental mastery and autonomy than the control group, can be rejected. With regard to the personal growth dimension of well-being the Null Hypothesis is accepted.

Table 12: Averages, standard deviation, *Z*- and *P*-values, concerning the six subscales for the experimental and control groups

Dependent Variables	Diff	erentiati	on sco			
	Experimental		Co	ntrol	Z	p
	\overline{X}	S	\overline{X}	s		
Purpose in life	8,29	11,09	3,20	8,62	-2,285*	0,0112
Self-acceptance	10,00	11,91	2,16	7,39	-3,015**	0,0013
Positive relations	5,57	10,13	0,60	5,97	-2,454**	0,0071
Personal growth	4,03	5,80	2,52	8,80	-1,107	0,1341
Environmental mastery	10,43	9,50	3,08	9,52	-2,926**	0,0017
Autonomy	6,86	7,37	2,44	5,67	-2,660**	0,0039

^{**} $p \le 0.01$

The Alternative Hypothesis 2 stating that adults who participate in the Live Positive programme (experimental group) will show significantly higher levels of *purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy* than adults who did not participate in this intervention (control group) can be accepted for all the dimensions except personal growth.

With regards to the five subscales (*purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy*) the findings of this study support those of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005), who found significant sustained improvements in all six subscales over a longer period but disagree in regard to the personal growth subscale.

It therefore seems that the experimental intervention also has longer term impact (not just on the short-term) on at least five of the six dimensions of psychological well-being (specifically the five scales) of the participants. No significant

^{*} $p \le 0.05$

differences were found with regard to the dimension personal growth. This is something to be explored.

4.3. Semantic differentiation scale and qualitative feedback

The average scores of the experimental group with regard to their experience of the individual sessions of the Live Positive intervention were also calculated. This was done by means of a semantic differentiation scale with a range of 1 to 6 and qualitative feedback (see Appendix 1 for an example of the semantic differentiation scale). A summary of the qualitative feedback of participants on individual sessions will be provided in Table 13.

Table 13 – Summary of semantic differentiation scale and qualitative feedback

Session	1	2	3	4	5	6	7	8	9	10
1. The sessions were practical	5.3	5.3	5.2	5	5	5.3	4.5	5.2	5.2	5.5
2. The sessions were too theoretical	2.7	2.7	2.4	2.8	3.5	2.3	2.2	2	3	2.8
3. Insight in topic	5.2	5.8	4.5	4.8	5	5.1	5	4.8	5	6
4. We could not understand the facilitator	1.7	1	1.2	1.7	3	1.5	1.7	1.8	1.7	1.4
5. We experienced personal growth	5.5	6	5	5.8	5	5	5.2	4.8	5.2	6
6. The examples used help us to understand	5	4.8	5.4	5.3	6	4.9	5	5.2	5	6
7. Group discussions help us to understand	4.7	6	5.2	5	5.5	5.2	4.8	5.2	5	6
8. Skills taught is application in our life	5.3	5.2	5.4	5.2	6	4.9	5.3	5.2	5.2	6

(Questions 2 and 4 were asked in the negative, so a low score indicates a positive experience.)

The qualitative feedback shows that the participants agreed that sessions were practical. Session 10 on purpose in life was the most practical and session 7, positive relation, was the least practical. Participants were inclined to disagree that the sessions were too theoretical. Session 8 on positive relations was the least theoretical and session 5 on communication and event management was

the most theoretical. Participants agreed totally that they had insight into the topics discussed. Session 10 on purpose in life gave them the most insights and session 3 on understanding your own traits and past life gave them the least insights. Participants agreed totally that they understood the facilitator. The facilitator made session 2 on self-esteem the most understandable and session 5 on communication and event management was the least understandable. Participants agreed that they experienced personal growth. In session 10 on purpose in life they experienced the most personal growth and in session 8 on positive relations the least personal growth was experienced. Participants agreed that the examples used helped them understand the content. Session 10's examples on purpose in life helped the most and session 6's examples on financial management helped the least. Participants agreed the group discussions helped in understanding and growth. Session 2's discussions on selfesteem helped the most and session 1's discussions on self-esteem helped the least. Participants agreed that they would be able to apply the skills learned in their life. Session 10 on purpose in life was perceived as the most applicable and session 6 on financial management was perceived as the least applicable.

4.4. Conclusion

In this chapter the findings of this study were presented. In the next chapter the implications of the findings will be explored and recommendations for future research and practice will be made.

Chapter 5

Conclusion, recommendations and limitations of this study

5.1. Introduction

In this chapter a brief overview of important contributions of the literature review as well as the research findings is presented. This is followed by a summary of the limitations of this study and the chapter is concluded with recommendations for future research and practice.

5.2. Perspectives from the literature

The aim of this study was to answer the question whether a positive psychological intervention would increase the psychological well-being of adults. In order to answer this question it is necessary to have a clear understanding of the conceptualization of psychological well-being and to explore the framework for evaluating successful interventions.

5.2.1. Conceptualising psychological well-being

Psychological well-being is positioned under a fortigenic theoretical approach to psychology as opposed to a pathological approach. The traditional pathogenic paradigm assumes it is important to focus on illness and vulnerabilities. Thus the pathogenic orientation is very explicit in the study of psychopathology and clinical psychology. In contrast to the pathogenic paradigm a salutogenic/fortigenic paradigm assumes that it is important to focus on health, strengths, capacities and wellness and asks the question: How can we help people suffering from illnesses? Positive psychology, as sub-discipline of the salutogenic/fortigenic

paradigm, asks questions like: What are the origins and manifestations of well-being and how can it be enhanced? (Wissing and Van Eeden, 2000).

In this study psychological well-being is defined as a multi-dimensional construct (Crose, Nicholas, Gobble & Frank, 1992; Greenberg, 1985; Nicholas, Gobble, Crose & Frank, 1992; Whitmer & Sweeney, 1992; WHO, 1964), with different variables that predict psychological well-being (Argyle, 1987; Meyers, 1992; Diener et al, 1999; Ryff & Singer, 1998). Therefore it can be construed that psychological well-being is equal to the good life or satisfaction with life in an eudaimonic sense reflecting well-being as a condition where human beings are active in the process of living their lives to the fullest.

Knowing what psychological well-being is helps one to understand the dimension that forms part of well-being. Different models of well-being were discussed including general models like those of Hettler (1984), Covey (1994), Motorine (2006) and Ardell (2006). More comprehensive models were also evaluated such as the wheel of wellness of Myers, Sweeney and Witmer (2000), the perception of well-being of Adams, Bezner and Steinhardt (1997), Lightsey's (1996) process of well-being and Ryff's (1989) multi-dimensional model of well-being.

These models were evaluated according to fourfold criteria, namely Models of Psychological well-being must have a positive psychological (fortigenic) departure point, it must be sustainable and holistic, it must have a developmental emphasis, and it must have a flourishing account. Of the models evaluated the models of Ryff and Keyes (1995), Myers, Sweeney and Witmer (2000), Myers, Luecht and Sweeney (2004), Adams, Bezner and Steinhardt (1997) and Lightsey (1996) complied with the abovementioned criteria.

A choice for the use of Ryff and Keyes' model is motivated on the ground that it has a thorough theoretical basis (Ryff, 1989) as well as empirical evidence to sustain it (Ryff & Keyes, 1995).

What is particularly appealing of this model is that these features are not culture bound (Ryff & Singer, 1996), although how they are expressed may be quite varied. As an example, in Africa, Life Purpose may be expressed with a focus on maintaining the social order, in contrast to the more individualised pursuits in the western societies. Similarly, people everywhere have abiding needs for deep, meaningful connections to others, although external manifestations of these social ties may vary from expressions of obligation and responsibility to experiences of companionship, intimacy and love. Ryff and Keyes' (1995) definition of well-being as a multifaceted construct encompassing positive self-regard, mastery of the surrounding environment, quality relationships with others, continued growth and development, purposeful living, and the capacity for self-determination, seemed the most comprehensive and will be used as guiding theoretical model of this study.

5.2.2. Framework for evaluating interventions

A fortigenic intervention can be defined as a process of deliberated change on a continuum from identified strength to optimized living, together with a legitimate measurement to evaluate progress. This definition was taken from the combination of Harris (1999) and Oeij and Morvan (2004) who defined interventions from a curative (pathogenic) framework, but gave a clear structure that any interventions must adhere to. The structure is:

- 1. A clear diagnosis,
- 2. Outcome objectives,
- 3. A distinct process and a protocol outlining the steps for implementation,
- 4. And an evaluation of implemented measures.

A system for classification of interventions was also created for this study. This was done by combining the work of Oeij and Morvan (2004) and Bradley et al. (1999) to create the framework for classification of interventions that consists of:

- 1. A theoretical departure point for interventions programmes that can be either curative (that is, pathogenic) or preventative (fortigenic) and it can also be either one-dimensional or multi-dimensional (holistic).
- 2. A process that is held accountable with legitimate measurements of evaluation as to see whether the identified outcomes were met.
- 3. A context within which and people with whom the intervention was implemented and it can be either on a individual or an organizational level.

Different types of wellness intervention programmes were evaluated. In reviewing the literature it was seen that intervention programmes broadly fall into either one of two categories, namely whether they are focusing on physical health or on psychological well-being. Both categories could be either pathologically orientated or fortigenically orientated. Interventions were found that fell into either one of these categories.

But as argued above, psychological well-being was a multi-dimensional, fortigenic construct. Therefore wellness interventions should fall within the boundaries set by defining the construct. This agrees with the characteristics of Psycho-education (Roos, Taljaard & Lombard, 2001) which states that interventions must be:

- 1. Orientation towards prevention
- 2. Development during the whole life cycle
- 3. Complex systems
- 4. Cyclic nature

Interventions were evaluated according to the classification system created. A lot of interventions adhere to some of the criteria set out, but very few adhere to all or most of the criteria. Those found were the interventions done by Midden and Barnicle (2004) and Searle, Mahon, Iso-Ahola, Sdrolias, and van Dyck (1995) as well as and Reivich and Shattè (2002). These interventions adhere to the criteria of being preventative, but they still are mostly one dimensional. An example of a

multi-dimensional wellness intervention is that of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005). The abovementioned intervention adheres to the criteria of multi-dimensionality but focuses on being curative rather than preventative.

It was found that there are very few interventions that adhere to all the criteria of successful wellness interventions. Those mentioned either focus on being curative or on being preventative; they are either one-dimensional or multi-dimensional. All of them can be held accountable to a legitimate measurement and they have identified their people and context as focusing either on individuals or organizations. But none of the interventions mentioned have the combination of being preventative and multi-dimensional.

Searching for a multi-dimensional fortigenic intervention showed that there is a wealth of data related to risk factors for mental disorders and impaired functioning, particularly those affecting early childhood development and adolescence, the working population and the elderly. However, there have been surprisingly few studies on what characterizes individuals who are mentally healthy and well-functioning, as well as of the factors that protect individuals from developing disorders despite adverse circumstances. This point has been made by Ryff and Singer (1998a, 2000). A need for an intervention combination of all six the dimensions identified by Ryff (1995) focusing on normal functioning adults is clearly shown in the review of the literature. The intervention used in this study has addressed this need by focusing on being preventative and multi-dimensional. But for the intervention to be successful a clear process, context and people targeted must be put in place.

To adhere to this process the people targeted were adults in an organizational setting and part of the process chosen was to work in small groups. The role of the leader to facilitate change through conversation and small group dynamics

was identified. Principles of adult learning were also identified to ensure the success of the intervention.

5.3. Research findings

The research design chosen was the experimental pre-test/post-test design. Participants were sourced from large employers, local businesses and from church congregations. Participants were randomly divided into an experimental and a control group. Both groups did the Multi-dimensional Well-being Scale of Ryff and Keyes (1995). The experimental group then participated in a 12-week intervention. The first post-test was done directly after completion of the intervention by both the experimental and the control group. The second post-test was done by both groups six month after the pre-test.

Data gathered showed that it is clear that the average differential score (from the pre- to the post-test as well as from the pre- to the follow-up test) is significantly higher for the experimental group than for the control group in five of the six subscales, namely purpose in life, self-acceptance, positive relations, environmental mastery and autonomy. The deduction can therefore be made that the five subscales of the experimental group were maintained and did not decrease significantly over the period of three months following the first post-test. It can therefore be assumed that the intervention has had a short- and medium-term impact on the psychological well-being (specifically the five scales: *purpose in life, self-acceptance, positive relations, environmental mastery and autonomy*) of the participants.

With regards to the five subscales (*purpose in life, self acceptance, positive relations, personal growth, environmental mastery and autonomy*) the findings of this study support those of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005), who found significant improvements in all six subscales but disagree with regard to the personal growth subscale. With regards to the five

subscales (purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy) the findings of this study do not support those of Ruini, Belaise, Brombin, Caffo, and Fava. (2006) who found no significant differences in the six subscales after their intervention but the findings regarding the subscale personal growth support their findings. This can be as Ruini, Belaise, Brombin, Caffo, and Fava (2006) mentioned the result of the short (4 session) intervention they used. With regards to the five subscales (purpose in life, self acceptance, positive relations, personal growth, environmental mastery and autonomy) the findings of this study support those of Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli, and Saulo (2005), who found significant sustained improvements in all six subscales over a longer period but disagree with regard to the personal growth subscale.

It is interesting that no significant difference was found in the pre- and post-test scores of the dimension, personal growth. This disagrees with the findings of Neill (2004) who found only moderate increase in personal growth and that of Taylor (2007) who found greater improvement in the experimental group than did the control group participants during the 3-month intervention phase. These differences were maintained during the 9-month maintenance phase.

It can therefore be concluded that except for the subscale personal growth the Null Hypothesis 1 and Null Hypothesis 2 can be rejected and that the Alternative Hypothesis 1 and the Alternative Hypothesis 2 can be accepted. The Alternative Hypotheses are:

Alternative Hypothesis 1:

Adults who participate in the Live Positive programme (experimental group) will show higher levels of psychological well-being (purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy) than adults who did not participate in this intervention (control group).

Alternative Hypothesis 2:

Adults who participate in the Live Positive programme (experimental group) will show higher levels of psychological well-being (purpose in life, self-acceptance, positive relations, personal growth, environmental mastery and autonomy) over a period of 6 months than adults who did not participate in this intervention (control group).

5.4. Limitations of the study

The results of this study should be interpreted in light of the following limitations:

- 1. The major limitation of this study is the fact that the sample size was small. Although the group started out big enough, due to circumstances beyond the control of the researcher, a number of participants did not complete the whole intervention programme and post-tests. This has had a negative influence the numbers of both the experimental and the control group.
- 2. The data gathered from the control group were not always in the presence of the researcher as was the case for the experimental group. This posed a problem for the control group as there were no opportunities for the control group to clarify questions regarding the questionnaire such as language difficulties, vocabulary and process to be followed.

3. The researcher found that a number of the concepts used in the intervention, for example autonomy and altruism, were not general vocabulary for the participants and took a long time to explain.

5.5. Recommendations for practise and further research

Recommendation for possible use in practice:

- 1. The findings of this research study may contribute to the development of workplace wellness for employees in organizations and businesses.
- 2. The longer timeframe of the intervention shows long-term positive effect that needs to be considered for policies and decision making regarding well-being of employees in organizations.
- 3. The classification systems created for evaluating wellness models and interventions can be used in future studies comparing interventions and wellness models.

Recommendation for further research:

- 1. The positive impact of this study, albeit on a small group of participants, emphasises the potential empowering impact of fortigenic intervention programmes, especially in organizations. Further intervention programmes exploring the efficacy of intervention programmes with different content and processes need to be studied to build the knowledge about intervention programmes aimed at promoting well-being
- 2. The interesting finding that the dimensions, personal growth do not show significant difference between the experimental and the control group is an area for further exploration in future studies.
- 3. If the current study should be replicated, larger groups need to be taken into account.

5.6. Contribution of the study

The findings obtained in this study are a step in the right direction. The dearth of intervention studies, especially the evaluation of intervention studies, underlines the need for this type of study. This study therefore makes a contribution not only by adding knowledge to the area of wellness promotion in society, but also by enhancing the well-being of a group of adults who participated in this study.

List of References

- 21st Century Learning Initiative (1997). A Trans-national Programme to Synthesize the Best of Research and Development into the Nature of Human Learning, and to Examine its Implications for Education, Work, and the Development of Communities Worldwide: A Work in Progress. Washington, DC: The 21st Century Learning Initiative.
- Adams, T., Bezner, J. & Steinhardt, M. (1997). The Conceptualization and Measurement of Perceived Wellness: Integrating Balance Across and Within Dimensions. *American Journal of Health Promotion*. 11(3), 208-218.
- Akan, O. H. (2005). The role of concrescent conversation in the performing stage of work groups. *Team Performance Management*, 11 (1/2), 51-62.
- Allen, J. P., Seitz, V. & Apfel, N. H. (2003). *The Sexually Mature Teen as Whole Person: New Directions in Prevention and Intervention for Teen Pregnancy and Parenthood.* Retrieved October 2007 from http://people.virginia.edu/~psykliff/pubs/publications/allen%20seitz%20apfel%20teen%20pregnancy%20chapter.doc
- Allport, G. W. (1961). *Pattern and growth in personality.* New York: Holt Rhinehart & Winston.
- American Group Psychotherapy Association. (2007). *Practice Guidelines for Group Psychotherapy. A cross-theoretical guide to developing and leading psychotherapy groups.* Retrieved November 2007 from http://www.agpa.org/quidelines/therapistinterventions.html

- Anderson, J. A., Reder, L. M., & Simon, H. A. (1996). Situated Learning and Education. *Educational Researcher*, 25 (4), 5-11.
- Anderson, M. C., & Green, C. (2001). Suppressing unwanted memories by executive control. *Nature*, *410*, 366-369.
- Ardell, D. B. (2006). Wellness Models. Retrieved May 2007 from http://www.seekwellness.com/wellness/articles/wellness_models.htm
- Argyle, M. (1987). The psychology of happiness. London: Methuen.
- Argyle, M. (1999). Causes and correlates of happiness. In D. Kahneman, E. Diener, and N. Schwartz (Eds.) *Well-being: The foundation of hedonic psychology, pp. 353-363.* New York: Russel Sage Foundation.
- Baldwin, M. W., & Main, K. J. (2001). The cued activation of relational schemas in social anxiety. *Personality & Social Psychology Bulletin, 27*, 1637-1647.
- Bales, R. F. (1953). 'The Equilibrium Problem in Small Groups'. In T. Parsons,R. F. Bales & E. A. Shils (editors): Working Papers in the Theory of Action. Glencoe, IL: Free Press.
- Bandler, R. & J. Grinder. (1979). *Frogs into Princes.*, Moab, UT, Real People Press.
- Barnett, R. C. & Gareis, K. C. (2006). Parental after-school stress and psychological well-being. *Journal of Marriage and Family*, *68* (1), 101-108.

- Battegay, R. (2001). Reinforcement and Containment in (Therapeutic) Groups. *Group Analysis*, *34* (3), *363-370*.
- Bayard, M. (2005). *Issue Brief of State Employee Wellness Initiatives done by the NGA Centre for Best Practices, Washington, D.C.* Retrieved March 2007 from http://www.nga.org/Files/pdf/05WELLBRIEF.pdf
- Bechhard, R. & Pritchard, W. (1992). Changing the Essence: The Art of Creating and Leading Fundamental Change in Organizations, Jossey-Bass, San Francisco, CA.
- Beck, D. F. (1958 June). The Dynamics of group psychotherapy as seen by a Sociologist. *Sociometry*, *2* (21), 98-128
- Beck, M. (2001). Finding your own north star. London: Judy Piatkus Publishers.
- Belza B. and the PRC-HAN Physical Activity Conference Planning Workgroup (2007). Moving Ahead: Strategies and Tools to Plan, Conduct, and Maintain Effective Community-Based Physical Activity Programmes for Older Adults. Centers for Disease Control and Prevention: Atlanta, Georgia.
- Birk, T., Hickl, S., Wahl, H., Miller, D., Kämmerer, A., Holz, F., Becker, S. & Völcker, H. E. (2004). Development and Pilot Evaluation of a Psychosocial Intervention Programme for Patients With Age-Related Macular Degeneration. *The Gerontologist.* 44, 836-843.
- Birren, J. E., & Renner, V. J. (1980). Concepts and issues of mental health and aging. In J. E. Birren & R. B. Sloane (Eds.), *Handbook of mental health and aging* (pp. 3 33) Englewood Cliffs, NJ: Prentice Hall.

- Bloom, J. (2003). Retrieved May 2007 from http://howtomakeafamily.com/coless/bloome/foundation.htm
- Boeree, C. G. (2003). *Trait Theories of Personality*. Retrieved November 2007 from http://www.ship.edu/~cgboeree/genpsytraits.html
- Bos, A. E. R., Muris, P., Mulkens, S., & Schaalma, H. P. (2006). Changing self-esteem in children and adolescents: A roadmap for future interventions. *Netherlands Journal of Psychology*, 62, 26-33.
- Bouwen, R. & Fry, R. (1996), "Facilitating group development: interventions for a relational and contextual construction", in West, M. A. (Ed), Handbook of Work Group Psychology, pp 531-552. John Wiley & Sons, New York, NY.
- Bradley, F., Wiles, R., Kinmonth, A-L., Mant, D. & Gantley, M. (1999, March 13). Development and evaluation of complex interventions in health services research: case study of the Southampton heart integrated care project (SHIP). *British Medical Journal*, 318,711-715.
- Bruner, J. & Postman, L. (1949). On the Perception of Incongruity: A Paradigm. *Journal of Personality*, XVIII, 206-223.
- Bruner, J. (1997). *The Culture of Education*. Cambridge, MA: Harvard University Press.
- Buss, S. (2002). "Personal Autonomy". The Stanford Encyclopaedia of Philosophy. Retrieved November 2006 from http://plato.stanford.edu/entries/personal-autonomy/

- Bradshaw, D. (1995). Learning Theory: Harnessing the Strength of a Neglected Resource. D. C. A. Bradshaw (ed), *Bringing Learning to Life: The Learning Revolution, The Economy and The Individual.* London, UK: The Falmer Press, 79-92.
- Brooks, R. (2006). *Self-Esteem and Resilience in Children*. Retrieved October 2007 from http://www.schwablearning.org/pdfs/expert brooks.pdf
- Buhler, C. (1935). The curve of life as studied in biographies. *Journal of Applied Psychology*, 19, 405-409.
- Cain, J. (2003). *Exploring: group formation through work and play at camp*.

 Camping Magazine, May-June. Retrieved June 2007 from http://findarticles.com/p/articles/mim1249/is376/ai112411460/pg3
- Carr, A. (2004). Positive Psychology. The Science of Happiness and Human Strengths. New York: Brunner Routledge.
- Clemmer, J. (2006). Clarifying Our Core Values.

 Retrieved November 2007 from http://www.clemmer.net/articles/article 276.aspx
- Coan, R. W. (1974). *The optimal personality.* New York: Columbia University Press.
- Coan, R. W. (1977). *Hero, artist, sage or saint.* New York: Columbia University Press.
- Corey, M. S., & Corey, G. (1997). *Group process and practice*. London: Brooks Cole.

- Corey, G. (2004). *Theory and Practice of Group Counselling*. Belmont Brooks/Cole Thomson Learning.
- Compton, W. C. (2005). *An introduction to positive psychology.* USA, Belmont, CA. Thomson Wadsworth.
- Council on Graduate Medical Education, (2005). *Managed Health Care: Implications for the Physician Workforce and Medical Education.*Retrieved June 2007 from http://www.cogme.gov/rpt6.htm
- Covey, S. R. (1992). *The Seven habits of Highly Effective People*. London: Simon & Schuster.
- Covey, S. R., Merrill, A. R. & Merrill R. R. (1994). *First things first*. Sydney: Simon & Schuster.
- Crose, R., Nicholas, D., Gobble, D., & Frank, B. (1992). Gender and wellness:

 A multidimensional systems model for counselling. *Journal of Counselling and Development*, *71*, 149-156.
- Cross K. P. (1982) *Adults as Learners*. San Francisco, California: Josey-Bass Publisher.
- Dandeneau, S. D. & Baldwin, M. W. (2004). The inhibition of socially rejection information among people with high versus low self-esteem: The role of attentional bias and the effect of bias reduction training. *Journal of Social and Clinical Psychology*, 23 (4), 584-602.
- Deseco. (2005). *The definition and selection of key competencies*. Retrieved November 2006 from http://www.oecd.org/dataoecd/47/61/35070367.pdf

- Desloge, R. (2006, August 4). Biggest losers: Area employees lighten up with company-sponsored weight loss challenges. *St. Louis Business Journal*. Retrieved March 2007 from http://stlouis.bizjournals.com/stlouis/stories/2006/08/07/focus1.html
- De Vaus, D. A. (2001). Research Design in Social Research. London: SAGE Publications.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125 (2), 276-302.
- Dijksterhuis, A. (2004). I like myself but I don't know why: Enhancing implicit self-esteem by subliminal evaluative conditioning. *Journal of Personality & Social Psychology*, 86(2), 345-355.
- Dolan, P., Peasgood, T. & White, W. (2006). Review of research on the influences on personal well-being and application to policy making.
 Retrieved May 2007 from http://www.defra.gov.uk/science/Project Data/DocumentLibrary/SD1200
 5/SD12005 4017 FRP.pdf
- Dombeck, M. & Wells-Moran, J. (2006). *Changing Perspectives on the Past*.

 Retrieved November 2006 from

 http://mentalhelp.net/psyhelp/chap15/chap15m.htm
- Dunn, H. L. (1961). High-level wellness. Arlington, VA: Beatty.
- Dweck, C. S. (1989). Motivation. In A. Lesgold and R. Glaser, (Eds.).

 Foundations for a Psychology of Education. Hillsdale, NJ: Erlbaum. 87–
 136.

- Edmunds, C., Lowe, K., Murray, M., & Seymour, A. (1999). *The ultimate educator*. National Victim Assistance Academy (Advanced). Washington, DC: US Department of Justice, Office for Victims of Crime.
- Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional medicine in the United States: Prevalence, cost and patterns of use. *New England Journal of Medicine, 328, 246-252.*
- Elbl, B. (2007). What is group psychotherapy? Retrieved June 2007 from http://www.sanfranciscotherapist.info/newsite4 008.htm
- Ellis, A. (1994). The Essence of Rational Emotive Behaviour Therapy. Ph.D.
 Revised, May 1994. Retrieved November 2007 from http://webspace.ship.edu/cgboer/ellis.html
- Els, D. A., & De La Rey R. P. (2006). Developing a Holistic Wellness Model. SA Journal of Human Resource Management, 4(2) 46-56.
- Erfurt, J. C., Foote, A., & Heirich, M. A. (1991). The cost-effectiveness of work-site wellness programmes for hypertension control, weight loss, and smoking cessation. *Journal of Occupational Medicine*, *33*, 962–970.
- Erikson, E. (1959). Identity and the life cycle. Psychological Issues, 1, 18-164.
- Ewell, P. T. (1997). *Draft Prepared for discussion at the 1997 AAHE Summer Academy at Snowbird*. Retrieved March 2007 from http://www.intime.uni.edu/model/learning/learn_summary.html

- Facione, P. A. (1990). Executive Summary of Critical Thinking: A Statement of Expert Consensus for Purposes of Educational Assessment and Instruction. Millbrae, CA: California Academic Press.
- Fava, G. A., Ruini, C., Rafanelli, C., Finos, L., Salmaso, L., Mangelli, L., & Saulo, S. (2005). Well-being therapy of generalized anxiety disorder. *Psychotherapy and Psychosomatics*.74, 26-30.
- Ford, J. D. & Ford, L. W. (1995). "The role of conversations in producing intentional change in organizations", *Academy of Management Review*. 20, 541-70.
- Frank, M. A. & Gustafson, S. (2001). The Reciprocal Influence of Self-Esteem and Exercise. Retrieved October 2007 from http://www.behavioralconsultants.com/exercise & self-esteem.htm
- Free Financial Advice. Retrieved November 2007 from http://www.free-financial-advice.net/
- Frey, D., Jonas, E. & Greitemeyer, T. (2003). Intervention as a Major Tool of a Psychology of Human Strengths: Examples from Organizational Change and Innovation. In Lisa G. Aspinwall and Ursula M. Staudinger (Eds.). *A Psychology of Human Strengths. Fundamental Questions and Future Directions for a Positive Psychology*. Washington, D.C.: American Psychological Association. 149 164.
- Gagné, R.M., Briggs, L.J. & Wager, W.W. (1988). *Principles of Instructional Design*. 3rd Edition. New York, Holt, Rinehart & Winston, Inc.
- Gardner, H. (1983). Frames of Mind: The Theory of Multiple Intelligences.

 New York: Basic Books.

- Gardner, H. (1991). *The Unschooled Mind: How Children Think and How Schools Should Teach.* New York: Basic Books.
- Geertz, C. (1997, April 10). Learning With Bruner. *The New York Review*, 1997, 22-24.
- Gladstein, D. (1984), "Groups in context: a model of task group effectiveness", *Administrative Science Quarterly*, 29, 499-517.
- Greenberg, J. S. (1985). Health and wellness: A conceptual differentiation. *Journal of School Health*, *55*(10), 403-406.
- Guiaux, M., van Tilburg, T., & Broese van Groenou, M. (2007, September). Changes in contact and support exchange in personal networks after widowhood. *Personal Relationships*. 14(3), 457 473.
- Haines, T. P., Bennell, K. L., Osborne, R. H. & Hill, K. D. (2004).
 Effectiveness of targeted falls prevention programme in sub acute hospital setting: randomized controlled trial. Retrieved October 2007 from http://www.bmj.com/cgi/content/abridged/328/7441/676
- Halpern, D. F. & Associates (1994). Changing College Classrooms: New Teaching and Learning Strategies for an Increasingly Complex World.San Francisco: Jossey Bass.
- Harris, A. M. (1999). Retrieved May 2007 from http://www.doh.wa.gov/cfh/hiv_aids/Prev Edu/effective interventions.ht m#Defining%20Intervention%20and%20Strategy

- Harvey, L. & Knight, P. T. (1996). *Transforming Higher Education*. London, UK: The Open University Press.
- Harwood, I. (2003, September). Distinguishing Between the Facilitating and the Self-Serving Charismatic Group Leader. *Group, 27 (2-3), 121-129.*
- Hattie, J. A., Myers, J. E. & Sweeney, T. J. (2004, Summer), A Factor Structure of Wellness: Theory, Assessment, Analysis, and Practice. *Journal of Counseling & Development, 2004, 82,354-364.*
- Health Systems Trust. (2005). *Better Health for all South Africans. Health Statistics, Alcohol dependence*. Retrieved June 2005, from http://www.hst.org.za/healthstats/200/data/geo
- Hettler, W. (1984). Wellness: Encouraging a lifetime pursuit of excellence. Health Values: Achieving High Level Wellness, 8, 13–17.
- Hinds, W. C. (1983). Personal paradigm shift: A lifestyle intervention approach to health care management. East Lansing: Michigan State University.
- Holmes, J. G. (1990). Developments in the Field of Close Relationships *Personality and Social Psychology Bulletin*, 16 (1), 23-41.
- Huston, L. Y. (2006). *Self-esteem Impacts Obese Children*. Retrieved October 2007 from http://clearinghouse.missouriwestern.edu/manuscripts/408.asp
- Howell, D. C. (2002). *Statistical methods for psychology*. Johannesburg: Duxbury.

- Huppert, F. A., (2004). The Potential for Population Interventions to Promote Well-being and Prevent Disorder. *Chapter published as: A Population Approach to Positive Psychology:* in: *Positive Psychology in Practice.* (Eds) P. Alex Linley and Stephen Joseph, pp. 668-684. New Jersey: John Wiley & Sons Inc.
- Jahoda, M. (1958). *Current concepts of positive mental health.* New York: Basic Books.
- Jeannie S. Huang, J. S., Norman, G. J., Zabinski, M. F., Calfas, K. & Patrick, K. (2007, March). Body Image and Self-Esteem among Adolescents Undergoing an Intervention Targeting Dietary and Physical Activity Behaviors. *Journal of Adolescent Health*, 40 (3), 245-251.
- Jezierski, J. (2003). Discussion and demonstration in series of orientation sessions. Presented at St. Elizabeth Hospital Medical Center, Lafayette, Indiana USA.
- Jung, C. (1933). *Modern man in search of a soul* (W. S. Dell & C. F. Baynes, Trans.). New York: Hartcourt, Brace & World.
- Jones, P. E., Watters, E., Beebe, R. S. (2007) Relationships Are Influential:

 Promoting Mutual Respect in a Public School Setting, *Journal of Teacher Research*, *Vol. 1*. Retrieved November 2007 from http://coehs.csuohio.edu/jtr/Vol1Issue1/Vol1Issue1-JonesWattersBeebe.html
- Kalichman, S. C. (2005, February). The Other Side of the Healthy Relationships Intervention: Mental Health Outcomes and Correlates of Sexual Risk Behaviour Change. *AIDS Education and Prevention. An Interdisciplinary Journal*, 17, 66-75.

- Katzenbach, J. R., Smith, D. K. (1993). *The Wisdom of Teams: Creating the High-Performance Organization*, Harvard Business School Press, Boston, MA.
- Kawakami, K., Dovidio, J. F., Moll, J., Hermsen, S., & Russin, A. (2000). Just say no (to stereotyping): Effects of training in trait negation on stereotype activation. *Journal of Personality & Social Psychology*, *78*, 871-888.
- Kettner, T. (2004). *Positive psychology and coaching. Using character strengths at work.* Retrieved May 2005, from http://www.executivecoachcollege.com/positive psychology and coaching.htm
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly, 61,* 121–140.
- Keyes, C. L. M., & Lopez, S. J. (2002). Towards a science of mental health: Positive directions in diagnosis and interventions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45 – 59). London: Oxford University Press.
- King, L. A. and Napa, C. K. (1998). What makes life good? *Journal of Personality and Social Psychology*, 75(1), 156-165.
- Knowles, M. S. (1970). The Modern Practise of Adult Education: Andragogy versus pedagogy. New York Association Press.
- Kotter, J. (1990). A Force for Change: How Leadership Differs from Management, Free Press, New York, NY.
- Kotulak, R. (1996). *Inside the Brain*. Andrews and Mc Meel.

- Lacoursiere, R. B. (1980). *The Life Cycle of Groups.* New York, Human Science Press.
- Lichter, S., Haye, K., & Kammann, R. (1980). Increasing happiness through cognitive training. *New Zealand Psychologist*, *9*, *57 64*.
- Lieb, S. (1991). *Adult learning principles*. Retrieved March 31, 2007, from http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm
- Lightsey, O. R. (1996). What leads to wellness? The role of psychological Resources in Well-being. *The Counseling Psychologist*, 24(4), 589-735.
- Lopez, S. J., & Snyder, C. R. (Eds.). (2003). *Positive psychological assessment: A handbook of models and measures.* Washington DC: American Psychological Association.
- Lundgren, D. C. & Knight, D. J., (1978). Sequential Stages of Development in Sensitivity Training Groups. *The Journal of Applied Behavioral Science*, 14, (2), 204-222.
- Mann, J. H. (1979). Human Potential. In R. J. Corsini (Ed.). *Current psychotherapies* (2nd ed.) (pp. 500 535). Itasca, IL: F. E. Peacock.
- Marks, T. (2001). *Viktor Frankl*. Retrieved November 2007 from http://www.webwinds.com/frankl/frankl.htm
- Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.). New York: Van Nostrand.

- Maxwell, J. C., (2004). *Today matters.* New York: Time Warner Book Group.
- McAdams, D. P. (1993). *The stories we live by.* New York: Guilford Press.
- McAuley, E., Elavsky, S., Motl, R.W., Konopack, J. F., Hu, L. & Marquez, D.X. (2005). Physical Activity, Self-Efficacy, and Self-Esteem: Longitudinal Relationships in Older Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60, 268-275.
- McBurney, D. H. (2001). Research Methods. Belmont, California: Wadsworth.
- McDermott, D. & Snyder, C. R. (1999). *Making hope happen: A workbook for turning possibilities into reality.* USA: New Harbinger Publications.
- McKay, M., Davis, M., & Fanning, P. (1995). *Messages. The Communication skills Book.* Oakland: New Harbinger Publications.
- Milner, C. (2002). The Dimensions of Wellness for Older Adults. Embracing whole-person wellness can help you achieve greater success with the older adult market. *Journal of the American Medical Association*, 287: 742-748, 2002.
- Midden, K. S. and Barnicle, T. (2004). Evaluating the effects of a horticulture programme on the psychological well-being of older persons in a long-term care facility. *Acta Hort. (ISHS) 639, 167-170. Retrieved September 2006 from* http://www.actahort.org/books/639/639_20.htm
- Motorine, V. (2006). Retrieved May 2007 from http://www.friendly-ware.com/wellness/WellnessDimensions.html
- Myers, D. (1992). The pursuit of happiness. New York: Avon.

- Myers, E. J., Sweeney, T. J. & Witmer, J. M. (2000). The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning. *Journal of Counseling & Development*, 78, 251-266.
- Myers, J. E., Leucht, R. M. & Sweeney, T. J. (2004, January). The factor Structure of Wellness: Reexamining Theoretical and Empirical Models underlying the Wellness Evaluation of Lifestyle (WEL) and the Five-factor Wel. *Measurement and Evaluation in Counseling and Development*, 36, 194 208.
- Myrick, R.D. (2002). *Development guidance and counselling: A practical approach* (4th ed.). Minneapolis, MN: Educational Media Corporation.
- Neill, J. (2004). Enhancing Personal Effectiveness: Impacts of Outdoor Education Programmes. Retrieved October 2007 from http://wilderdom.com/phd/index.html
- Neugarteb, B. L. (1973). Personality change in late life: A developmental perspective. In C. Eisdorfer & M. P. Lawton (Eds.), The psychology of adult development and aging (pp. 311-335). Washington, DC: American Psychological Association.
- New Economist. (2007). Retrieved May 2007 from http://neweconomist.blogs.com/new economist/happiness well-being satisfaction/index.html
- Nicholas, D. R., Gobble, D. C., Crose, R. G., & Frank, B. (1992). A systems view of health, wellness and gender: Implications for mental health counseling. Journal of Mental Health Counseling, 14 (1), 8-19.

- Nolen-Hoeksema, S. & Rusting, C. L. (1999). Gender differences in well-being. In D. Kahneman, E. Diener, and N. Schwartz (Eds.) *Well-being:*The foundation of hedonic psychology .New York: Russel Sage Foundation.
- O'Brien, G. (2004). Principles of adult learning. Melbourne, Australia:

 Southern Health Organization. Retrieved March 2007 from

 http://www.southernhealth.org.au/cpme/articles/adult_learning.htm
- O'Connell, J. (2004). What Does Getting Results Say About Effective Prevention Strategies for Elementary School Youths? Getting Results Issue 4.
- Oeij, P. R. A. & Morvan, E. (Editors). (2004). *European Ways to Combat Psychosocial Risks Related to Work Organisation: Towards Organisational Interventions?* Syllabus of PEROSH-papers 6th Annual Conference of the European Academy of Occupational Health Psychology 'Healthy, Efficient and Productive Organisations'. Oporto, Portugal, 24-26 November 2004.
- On The Road: A Programme of Social Interventions in the Field Of Prostitution and Treatment. Retrieved October 2007 from http://eddra.emcdda.europa.eu/pls/eddra/showQuest?Prog ID=2033
- Oxford Centre for Staff Development (1992). *Improving Student Learning*. Oxford, UK: Oxford Centre for Staff Development, Oxford Brookes University.
- Partnership for Prevention, "Healthy Workforce 2010," Washington, D. C.: 2001. Retrieved March 2007 from
- http://www.prevent.org/publications/Healthy Workforce 2010.pdf

- Peterson, C. (2000). The future of optimism. *American Psychologist*, *55* (1), 44 -55.
- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press/Washington, DC: American Psychological Association.
- Perkins, D. (1995). Outsmarting IQ: The Emerging Science of Learnable Intelligence. New York: Free Press.
- Potgieter, F. (2004). The experience of wellness in early adulthood: A multicultural perspective. Magister Artium (Clinical Psychology) in the Faculty of Humanities Department of Psychology at the University of the Free State.
- Prag, G. M. (2004). Self-esteem in Delinquent-prone adolescents in Gauteng. Unpublished Thesis submitted in partial fulfilment of the requirements for the degree Doctor Educationis in Educational Psychology in the Faculty of Education at the University of Johannesburg. Retrieved October 2007 from http://o-etd.uj.ac.za.raulib.rau.ac.za/theses/available/etd-10312005-123721/restricted/thesispart1.pdf
- Reiter, S. & Goldman, T. (1999, March). A Programme for the Enhancement of Autonomy in Young Adults with Physical Disabilities: The Development of a Realistic Self Concept, Individual Perception of Quality of Life and the Development of Independent Living Skills. *International Journal of Rehabilitation Research*, 22 (1), 71-74.
- Reivich, K. & Shattè, A. (2002). *The Resilience Factor.* USA, Broadway Books.

- Relationship Institute. *The Stages of Committed Relationships. Retrieved*November 2007 from http://www.relationship-institute.com/freearticles-detail.cfm?article-ID=153
- Relfe, S. (2004). How to Know Your Life Purpose plus How You Can Make a BIG Difference. Retrieved November 2007 from http://www.relfe.com/life_purpose.html
- Richardson, K. (1995). Human Learning Potential. In D. C. A. Bradshaw (ed), *Bringing Learning to Life: The Learning Revolution, The Economy and The Individual*. London, UK: The Falmer Press, 65-78.
- Richardson, V. (2005). The diverse learning needs of students. In D. M. Billings & J. A. Halstead (Eds.), Teaching in nursing (2nd ed.). St. Louis, MO: Elsevier.
- Robichaud, L., Hébert, R., Roy, P. & Roy, C. (2000, February). A preventive programme for community-dwelling elderly at risk of functional decline: a pilot study. *Gerontology and Geriatrics*, 30,(1), 73-84.
- Rodgers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.
- Roos, V., Taljaard, R., Lombard, A. (2001). *Developmental Interventions: Programme Development.* South Africa: Authors (+27 82 925 7946).
- Rotter, J. B. (1966). Generalized expectancies of internal versus external control of reinforcements. *Psychological Monographs*, *80 (609)*.
- Ruini, C., Belaise, C., Brombin, C., Caffo, E. & Fava, G.A. (2006). Well-Being Therapy in School Settings: A Pilot Study *Psychotherapy Psychosomantics*, *75,331–336*.

- Ryan, R. M. & Deci, E. L. (2001). On happiness and human potential: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Rychen, D. S. & Salganik, L. H. (eds.), (2003). *Key competencies for a successful life and a well-functioning society.* Retrieved October 2007 from http://www.oecd.org/dataoecd/47/61/35070367.pdf
- Ryff, C. D. (1985). Adult personality development and the motivation for personal growth. In D. Kleimer & M. Maehr (Eds.). Advances in motivation and achievement: Motivation and adulthood. Vol. 4 (pp. 55 – 92). Greenwich, CT: JAI Press.
- Ryff, C. D. (1989a). Beyond Ponce de Leon and life satisfaction: New directions in quest of successful ageing. *International Journal of Behavioural Development*, 12 (1), 35 55.
- Ryff, C. D. (1989b). Happiness is Everything. Or is it? Explorations on the meaning of Psychological well-being. *Journal of Personality and Social psychology*, *57*(6), *1069-1084*.
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current direction in Psychological Science*, *4*(4), 99 104.
- Ryff, C. D., & Heidrich, S. M. (1997). Experience and well-being: Explorations on domains of life and how they matter. *The International Society for the Study of Behavioural Development, 20,* 193–206.

- Ryff, C. D. & Keyes, C. L. M. (1995). The Structure of Psychological Wellbeing Revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727.
- Ryff, C. D., & Singer, B. (1996). Psychological well-being. Meaning, measurement, and implications for psychotherapy research. Psychotherapy and Psychosomatics, 65, 14-23.
- Ryff, C. D. & Singer, B. (1998). The Contours of Positive Human Health. *Psychological Inquiry*, *9* (1), 1-28.
- Ryff, C. D., & Singer, B. (2000). Interpersonal flourishing: A positive health agenda for the new millennium. *Personality and Social Psychology Review*, 4, 30-40.
- Ryff, C. D., & Singer, B. (2003). Ironies of the Human Condition: Well-being and Health on the way to Mortality. *In Aspinwall, L.G. and Staudinger, U.M. (Ed). A Psychology of Human Strengths. Fundamental Questions and Future Directions for a Positive Psychology. pp. 271-287. American Psychological Association. Washington, DC.*
- Sackney L., Noonan B. & Miller C. M. (2000). *International Journal of Leadership in Education*, 3 (1), 41-56 (16).
- SAS Institute (2003). SAS user's guide: Statistics version 8.2 edition. Cary: Author.
- Savolaine, J. & Granello, P. F. (2002). The function of meaning and purpose for individual wellness. *Journal of Humanistic Counselling, Education and Development, Volume 41.*

- Schlitz, M. (2005). *Transformation In Action*. Shift Issue #07. Retrieved October 2007 from http://www.shiftinaction.com/node/1657
- Schultz, W. C. (1958). *FIRO: A Three-Dimensional Theory of Interpersonal Behaviour*, Rinehart, New York, NY.
- Searle, J. R. (1969). *Speech Acts: An Essay in the Philosophy of Language*, Cambridge University Press, London.
- Searle, M. S., Mahon, M. J., Iso-Ahola, S. E., Sdrolias, H. A. & van Dyck, J. (1995). Enhancing a sense of independence and psychological well-being among the elderly: A field experiment. *Journal of Leisure Research, Second Quarter 1995.* Retrieved from http://www.findarticles.com/p/articles/mi-qa3702/is-199504/ai-n8723874/pg-1
- Seely Brown, J., Collins, A., & Duguid, P. (1989). Situated Cognition and the Culture of Learning. *Educational Researcher*, 18 (1), 32-42.
- Seely Brown, J. & Duguid, P. (1993, March). Stolen Knowledge. *Educational Technology*, 10-15.
- Seligman, M. E. P. (2002). Authentic Happiness. New York: Free Press.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55, 5-14.
- Seneca College of Applied Arts & Technology. Retrieved November 2007 from http://ilearn.senecac.on.ca/careers/goals/values.html

- Senge P. M. (1999). *The Fifth Discipline*. London: Random House Business Books.
- Shapiro, A. & Taylor, M. (2002). Effects of a community-based Early Intervention on the Subjective well-being, Institutionalization, and Mortality of Low-Income Elder. *The Gerontologist*, 42,334-341.
- Sheckley, B. G. and Keeton, M. T. (1997). A Review of the Research on Learning: Implications for the Instruction of Adult Learners. College Park, MD: Institute for Research on Adults in Higher Education, University of Maryland.
- Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002, February). Personal Goals and Psychological Growth: Testing an Intervention to Enhance Goal attainment and Personality Integration. *Journal of Personality*. 70 (1), 5-31.
- Sheldon, K. M. & Lyubomirsky, S., (2006). Achieving Sustainable Gains in Happiness: Change your actions, not your Circumstances. *Journal of Happiness Studies*, *7*, *55-86*.
- Sherman, J. B., Alexander, M. A., Gomez, D. & Marole, P. (1992).

 Intervention Programme for Obese School Children *Journal of Community Health Nursing*, 9 (3), 183-190.
- Sims, M. (1997, March 28). Wellness programmes are worth every dollar you spend. *St. Louis Business Journal*. Retrieved September 2006 from http://stlouis.bizjournals.com/stlouis/stories/1997/03/31/focus5.html

- Snow, D. L. & Zimmerman, S. O. (2006). Coping With Work and Family Stress™ A Workplace Preventive Intervention. *The Consultation Centre and Division of Prevention and Community Research Department of Psychiatry, Yale University School of Medicine*. Retrieved October 2007 from
 - http://theconsultationcenter.org/WFS%20Programme%20Overview.pdf
- Snyder, C. R., & Lopez, S. J. (2002). *Handbook of Positive Psychology*. New York: Oxford University Press.
- Sointu, E. (2005). The rise of an ideal: tracing changing discourses of well-being. *The Sociological Review*, 53 (2), 255-274.
- SPSS Incorporated. (2001). SPSS user's guide: Version 12.0. New York: Author.
- Srivastva, S. & Barrett, F. J. (1988). "The transforming nature of metaphors in group development: a study in group theory", *Human Relations*, 41 (1), 31-64.
- Stevens, V., De Bourdeaudhuij, I. & Van Oost, P. (2001, June). Anti-bullying interventions at school: aspects of programme adaptation and critical issues for further programme development. *Health Promotion International*, 16 (2), 155-167.
- Strumpfer, D. J. W. (1983). Executive Distress, Executive Eustress and what makes the difference. *Fact and Opinion Papers*, 18 June, Johannesburg: University of the Witwatersrand.
- Suldo S., & Shaunessy E., (2005). Retrieved September 2006 from http://usfcollab.fmhi.usf.edu/researchdetails.cfm?researchID=97

- Swan Elderly Mental Health Service. Retrieved October 2007 from http://www.jobsinhealth.emhs.wa.gov.au/content/swan/mental.aspx
- Sweeney, T. J., & Myers, J. E. (2005). Optimizing human development: A new paradigm for helping. In A. Ivey, M. B. Ivey, J. E. Myers, & T. J. Sweeney (Eds.). *Developmental counselling and therapy: Promoting wellness over the lifespan* (pp. 39–68). New York: Houghton-Mifflin/Lahaska.
- Sylwester, R. (1996). Recent Cognitive Science Developments Pose Major Educational Challenges. (Unpublished Paper) Eugene, OR: School of Education, University of Oregon.
- Taylor, J. (2007). The CHANGES Project: A Clinical Trial of Coping Effectiveness Training for HIV+ Gay Men. Retrieved October 2007 from http://www.caps.ucsf.edu/projects/CHANGES/
- The American Group Psychotherapy Association and the National Registry of Certified Group Psychotherapists in America. Retrieved June 2007 from http://www.agpa.org/group/ethicalguide.html
- Tuckman, B. W. (1965). *Developmental sequence in small groups*. Psychological Bulletin, 63, 384-399.
- Tuckman, B. W. & Jensen, M. C. (1977). *Stages of small group development revisited*. Group and Organizational Studies, 2, 419-427.
- Van Dierendonck, D. (2003). The construct validity of Ryff's scales of psychological well-being and its extension with spiritual well-being. *Personality and Individual Differences, 36,* 629-643.

- Vygotsky, L. S. (1988). The Genesis of Higher Mental Functions. In K. Richardson and S. Sheldon (Eds). *Cognitive Development to Adolescence*, Hove, Lawrence, Erlbaum.
- Walker, J. & Mathers, N. (2004). Working together: a qualitative study of effective group formation among GP's during a cost-driven prescribing initiative. *Family Practice*, *21* (5).
- Wallis C. (2005). The New Science of Happiness. *Time*, *165* (6), 39 44.
- White, R. W. (1959). Motivation reconsidered: The concept of competence. *Psychological Review*, 66:297–333.
- Whitehead, A. N. (1927/1928). *Process and Reality: An Essay in Cosmology*, Free Press, New York, NY.
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness prevention over the life span. *Journal of Counselling and Development*, *71*, 140-148.
- Wissing, M. P. & Van Eeden, C. (2000). Health psychology and psychological health: Explicating the (not so) obvious (2). 1st South Africa National Wellness Conference, UPE, Port Elizabeth, May, 2nd 5th.
- Wolin, S., & Wolin, S. (2000, October). *The struggle to be strong: Resilience as process.* Paper presented at the Positive Psychology Summit 2000. Washington, D.C.

World Health Organization. (1999). *About WHO: Definition of Health*.

Retrieved January 2006 from

http://www.who.int/aboutwho/en/definition.html

World Health Organization. (1964). *Basic documents,15th Edition*. Geneva, Switzerland.

World Values Survey. (2007). Retrieved May 2007 from http://micpohling.wordpress.com/2007/05/12/world-freedom-to-choose-and-life-satisfaction-happiness-score/

Wrong Diagnosis. (2005). Statistics by country for anxiety disorders.

Retrieved June 2005 from

http://www.wrongdiagnosis.com/a/anxiety/stats-country.htm

Zemke, R., & Zemke, S. (1995, June). *Adult learning – What do we know for sure?* Retrieved March 2007 from http://www.msstate.edu/dept/ais/8523/Zemke1995.pdf

Appendix 1 – Semantic Differential Scale

Session:					

The following statements are statements that represent your experience of the last session. Give an indication of whether you agree or disagree with the statements. Remember there are no right or wrong answers, so please be honest.

Draw a circle around the number that best represents your experience	Disagree totally with the statement	Disagree with the statement	Am inclined to disagree with the statement	Am inclined to agree with the statement	Agree with the statement	Totally agree with the statement
This session was very practical	1	2	3	4	5	6
This session was too theoretical	1	2	3	4	5	6
The theory helped me understand the topic	1	2	3	4	5	6
I do not understand what the facilitator meant	1	2	3	4	5	6
I experienced personal growth through this session	1	2	3	4	5	6
The examples used helped me understand the content better.	1	2	3	4	5	6
The conversations in the group sessions helped me understand and grow	1	2	3	4	5	6
I will be able to apply the skills that I have learned in this session, in my life	1	2	3	4	5	6

If you have any other remark or comment that you think is important, please feel free to share your thoughts	hts and experiences.	S.
--	----------------------	----



Appendix 2

Life Positive!

A 12-week intervention to develop psychological well-being in adults.



Live Positive !!

<u>Introduction</u>

Life's a journey – not just a destination. And whether one enjoys the journey or simply rushes towards the destination, depends entirely on the traveller.

This programme focuses on the traveller. The question is asked: what does the traveller that enjoys the journey and reaches the destination look like? And, how does this traveller ensure that he/she experiences fulfilment in both the journey and the destination?

The answer to these questions will be studied through the lense of Positive Psychology. The term "positive psychology" may not be familiar to many. This is because it is a relatively new focus in the field of psychology. Positive psychology focuses on building human strength and studying well-being.

"Psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within ourselves." - Martin Seligman

In short the aim of Positive Psychology is to understand and then build those strength factors that allow individuals, communities, and societies to flourish (Seligman 1998).

This programme shares this aim: To bring out and strengthen the positive in us. Simply said the goal of Living Life Positively is to enhance your psychological well-being.

Brainstorm: How would you define well-being?

Currently there are different models of psychological well-being. The one we choose to work with is Ryff's multi-dimensional model for well-being.

Ryff and Singer (1998) say that human well-being is ultimately "an issue of **engagement in living.** This involves an expression of a broad range of human potentialities: intellectual, social, emotional, and physical".

This <u>committed living</u> is universally expressed in six distinct components of positive psychological functioning. In combination, these dimensions encompass a breadth of wellness that includes positive evaluation of oneself and one's past life (Self-Acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose in Life), the possession of quality relationships with others (Positive Relations with Others), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and a sense of self-determination (Autonomy) (Ryff & Keyes, 1995).

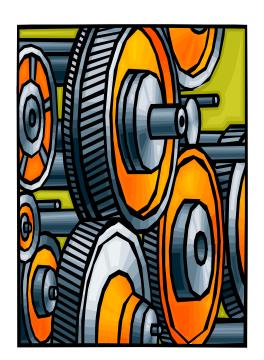


Engagement in living = committed life!
Aristotle said: The unexamined life is not worth living.
Meaning that one should commit oneself to live your life to the fullest.

This is hard work.

These six dimensions can be seen as six gears that work together to set the development of psychological well-being in motion.

- Acceptance of self The positive evaluation of the self and the past.
- 2. Autonomy a perception of selfdetermination.
- The ability to manage your environment and your life effectively.
- 4. Positive relations with other people.
- Personal growth An experience of continuing growth and development as a person.
- 6. Purpose in life the conviction that life is meaningful.



In the next three months we will take each of these dimensions – learn what it is and then master a skill that will give us the ability to become competent in each dimension.

Three things will be expected of you:

- 1. It is expected of you to attend each session, because the sessions build on each other.
- 2. Remember what you get out is what you put in. So open yourself up for a learning experience that will place you on a whole new level of personal growth and fulfilment.



3. At the end of this programme you will be expected to hand in a portfolio of what you have learned. So keep notes along the way (See last page for detailed information).

Flow of sessions

Session number	Dimension	Date
1	Introduction	
2	Self-esteem	
3	Traits & Past	
4	Autonomy	
5	Communication and	
	Event management	
6	Financial management	
7	Positive relations	
8	Positive relations	
9	Personal growth	
10	Purpose in life	
11	Integration	
12	Closure	

Follow-up date:



Self-acceptance

Specific Objective 1

To get to know and accept yourself.

Basic Assumption 1

A high competency of self-acceptance involves a person who possesses a positive attitude towards the self, acknowledges and accepts multiple aspects of self including good and bad qualities and feels positive about past life.

Low competency involves a person who feels dissatisfied with self, is disappointed with what has occurred in past life, is troubled about certain personal qualities and wishes to be different than he or she is.

Content of dimension 1

This first gear namely self-acceptance has three elements:

- 1. Positive attitude towards oneself
- 2. Acknowledgement and acceptance of strong and weak qualities in ourselves
- 3. Feeling good about our past

1.1. Positive attitude towards oneself

A positive attitude towards ourselves begin with a positive self-esteem.

First we have to be clear what self-esteem is.

Generally speaking, a person's level of self-esteem is seen as the person's attitude toward him- or herself.

It includes feelings (e.g. of self-liking and pride versus self-dissatisfaction and shame) as well as thoughts about the self (e.g. views of oneself as worthy and capable, or evaluations of one's talents versus shortcomings).

People with relatively "high" self-esteem are generally secure in their own self-worth, and hold an attitude of self-respect and self-confidence.

People with relatively "low" self-esteem are less secure, they are unsure about their worth and sometimes are quite negative in the view they have of themselves.



The most straightforward way to establish a person's level of self-esteem is just to ask them, "Do you have high self-esteem?" The answer to that question is a pretty good indication of a person's self-esteem.

Question: Do you have a high self-esteem?

A few distinctions can be made when we explore the concept of selfesteem.

Firstly, a person's feeling of self-worth can be highly *conditional*.

Conditional self-esteem is based on some valued (often culturally-valued) trait like being attractive, or athletic, or successful at business (e.g. "I am worthy because I am so successful").

When self-esteem is highly conditional in this way it is often *unstable* -- that is, you might feel great about yourself when you succeed or you think about your best qualities, but really bad about yourself when you fail in some way.

Very conditional self-esteem is often thought of as a kind of *defensive* self-esteem, which covers over or compensates for some underlying insecurity (in fact, some highly conceited, arrogant, or narcissistic individuals may actually be trying to make up for an inner feeling of unworthiness).

This type of self-esteem is usually contrasted with *true* or **authentic** self-esteem, which is rooted in self-acceptance that is not based entirely on specific talents.

• Question: How would you describe your "type" of self-esteem?

Most of us struggle with our self-esteem sometime during our lives. Some of us find our authentic self and are able to live with acceptance and a healthy self-esteem.

For the rest of us who still struggle, pay attention. What follows is a key to authentic self-esteem.

Our way of thinking influences our self-esteem.

Low self-esteem is maintained by several unhelpful habits of thought: Focusing attention on negative self-aspects, constantly comparing oneself



against perfectionist or unreachable standards, and over-generalizing from single negative events to draw broad negative conclusions about oneself, can lead to feelings of low self-esteem.

These kinds of thoughts are closely tied to expectations about social relationships, for instance the anticipation that others will be rejecting or critical. Ironically, these kinds of negative expectancies can lead people to try to avoid rejection by withdrawing from the very people who care about them and do in fact accept and appreciate them.

In contrast, higher levels of self-esteem are maintained by different habits of thought.

People with high self-esteem focus their attention on positive self-aspects and positive feedback from others. When they think of one of their weaknesses or failures they balance it out by thinking of things that they like about themselves.

True high self-esteem is rooted in the sense that one's deepest and most authentic self is securely accepted by self and others, particularly by the significant or important others in the person's life.

This feeling may be based on current relationships, or may be based on earlier experiences of being loved and respected by another.

In general, then, one's feelings of esteem can come from conscious, deliberate thoughts as well as "gut feelings" that come from automatic, unconscious thought processes.

9	Question: What does your "gut feeling" tell you about your self-esteem	า?
		-
		_

Good news! It is possible to change unhelpful habits of thought.

The habits of thought that underlie low and high self-esteem often occur quickly and automatically, without much conscious deliberation.

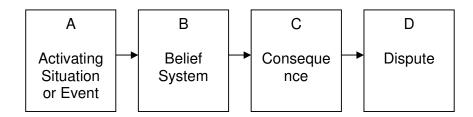
A person may just find their attention drawn to certain kinds of information, or they may draw biased interpretations of ambiguous events, or they may selectively remember only certain types of information. Sometimes people's habits of thought tend to focus on negative information and interpretations, producing low or insecure self-esteem.



We can try to modify these habits of thought - many of which have been learned through a lifetime of experience - through becoming aware of them, examining them carefully at a conscious level, and learning new ways of thinking about self and social relations.

A practical way to do this is with Albert Ellis' ABCD-model.

A-B-C-D Model



Normally we believe that A (Activating Event) causes C (Consequence - How you feel about the event on which your self-talk is based).

In reality, C is caused by B (our belief system - what you tell yourself about the event. Your self-talk, your beliefs and expectations of others) that interpret A.

Now, some of our belief systems are effective or helpful and some are ineffective or unhelpful. Therefore we need to evaluate them. And this is where D comes in. We need to examine our beliefs and expectations. Are they realistic or irrational?

To understand the effectiveness and ineffectiveness of our belief systems we need to understand a bit of how our brain works. Each belief system creates a neurological footpath in our brain.

For example, when we learned how to drive a car everybody was scared of our driving skills - even ourselves. We were awful at pulling away and often stalled the car at traffic lights. But today we drive without a second thought about what we are doing.

When we started driving there were no neurological footpaths, but once they were created through practice and repetition, we drove away into the sunset.

In the same way our belief systems or habits of thoughts are footpaths that automatically result in effective or ineffective consequences. In our discussion on self-esteem, low self-esteem is the result of an ineffective footpath (belief systems or habits of thoughts).

The good news is that we can constantly create new footpaths.



But first we need to identify the ineffective belief systems. To help us with this we can start by looking at the twelve examples of irrational beliefs that Ellis often mentions...

12 Irrational ideas that cause and sustain unhelpful thoughts

1. The idea that it is an essential necessity for adults to be loved by significant others for almost everything they do.

Instead of concentrating on their own self-respect, on winning approval for practical purposes, and focusing on loving rather than on being loved.

2. The idea that certain acts are awful or wicked, and that people who perform such acts should be severely damned.

Instead of the idea that certain acts are self-defeating or antisocial, and that people who perform such acts are behaving stupidly, ignorantly, or neurotically, and would be better if helped to change. People's poor behaviours do not make them rotten individuals.

3. The idea that it is horrible when things are not the way we like them to be.

Instead of the idea that it is just too bad, that it would be better to try to change or control bad conditions so that they become more satisfactory, and, if that is not possible, it would be better to temporarily accept and gracefully live with it.

4. The idea that human misery is invariably externally caused and is forced on us by outside people and events.

Instead of the idea that neurosis is largely caused by the view we take of unfortunate conditions.

5. The idea that if something is, or may be, dangerous or fearsome, we should be terribly upset and endlessly obsessed with it.

Instead of the idea that it would be better to frankly face it and render it nondangerous and, when that is not possible, accept the inevitable and plan to cope with it. To be pro-active.

6. The idea that it is easier to avoid than to face life's difficulties and self-responsibilities.

Instead of the idea that the so-called easy way is usually much harder in the long run.

7. The idea that we absolutely need something other or stronger or greater than ourselves on which to rely,



Instead of the idea that it is better to take the risks of thinking and acting less dependently.

8. The idea that we should be thoroughly competent, intelligent, and achieving in all possible respects.

Instead of the idea that we would do our best but that it is not always necessary and accept ourselves as an imperfect creature, who has general human limitations and specific fallibilities.

9. The idea that because something once strongly affected our life, it should indefinitely affect it.

Instead of the idea that we can learn from our past experiences but not be overly-attached to or prejudiced by them.

10. The idea that we must have sure and perfect control over things.

Instead of the idea that the world is full of probability and chance and that we can still enjoy life despite this.

11. The idea that human happiness can be achieved by inertia and inaction.

Instead of the idea that we tend to be happiest when we are vitally absorbed in creative pursuits, or when we are devoting ourselves to people or projects outside ourselves.

12. The idea that we have virtually no control over our emotions and that we cannot help feeling disturbed about things.

Instead of the idea that we have real control over our destructive emotions if we choose to work at changing the self-pleasing hypotheses which we often employ to create them.

Some other common ineffective habits of thought are:

- 1. **Automatic thinking** when you are preoccupied with something you are trying to avoid, you lose objectivity. Your preoccupation becomes involuntary and automatic and starts to consume your life.
- 2. **Overgeneralization** You see danger in things that only remotely resemble the object or event you are avoiding.
- 3. **Catastrophysing** You blow things out of proportion, always thinking of the worst possible outcome.
- 4. **Selective perception** You have an aptitude for picking out the negatives. If you are feeling really anxious, you may even search for negative facts just to prove to yourself that it's right to be anxious.
- 5. **Rigidity** You see things only in black and white. You can't tolerate uncertainty or ambiguity. Things are either good or bad, and because of



- your overgeneralization, selective perception and lack of proportions, most things end up looking bad.
- Perfectionism You convince yourself that you must be perfect and feel anxiety and stress over the fear that you will not live up to your expectations.
- 7. **Anxious overconcerns** You ruminate over your fears. You dwell on negative events that could occur in your life.
- 8. **Helplessness** You feel that the negative things that could happen to you are beyond your control.
- 9. **Circular reasoning** You use your anxiety as evidence that something is wrong with you.
- 10. **Unrealistic expectations** You demand perfection. You insist on a life free of challenges, tests and traumas.

Do you recognize some of your own ineffective thoughts? Now see if the following principles are also present in your belief systems.

The eleven principles of self-acceptance

- 1. As a human being you cannot legitimately be given a single rating, but parts of you can be rated, as can what happens to you.
- 2. As a human being your essence is that you are fallible and unique.
- 3. You are equal to other humans in terms of shared humanity, but unequal in many different specific respects.
- 4. When you accept yourself unconditionally, you think logically and avoid making overgeneralization errors.
- 5. Unconditional self-acceptance is closely linked with a flexible, preferential philosophy.
- 6. When you accept yourself unconditionally, your emotions are healthy and your behaviour is constructive.
- 7. If you still want to rate yourself, judge yourself against conditions that do not change in your lifetime. Thus, think of yourself as worth while because you are human, alive and unique.
- 8. Unconditional self-acceptance promotes constructive action, not resignation.
- 9. You can learn to accept yourself (but never perfectly, nor all the time).
- 10. Internalized unconditional self-acceptance is difficult and involves hard work.
- 11. Internalized unconditional self-acceptance requires force and energy.



Exercise 1.1.

Application of the ABCD-model.

- 1. Do you recognize some of the unhelpful thoughts in your own self-talk?
- 2. Write down your unhelpful belief system about your self-esteem.

A step by step guide to assessing a self-depreciation episode using the ABC <u>framework.</u>

Step 1	Identify a specific situation where you depreciated yourself in some way.
Step 2	Use the ABC framework to analyse the episode. Write on a piece of paper the following:
	A =
	B = (1)
	(2)
	C =
Step 3	Identify your major unhealthy negative emotion. Choose one from the following emotions: anxiety, depression, guilt, hurt, shame unhealthy anger or unhealthy envy. Write this emotion next to C =.
	A =
	B = (1)
	(2)
	C = Major unhealthy emotion.
Step 4	Ask yourself the following question: What was I most "(the unhealthy emotion you listed under C)" about? Write this next to A =.
	A = The aspect of the situation I was most " " about.
	B = (1)
	(2)
	C = Major unhealthy emotion.



Step 5	Identify the demand you were making about A (expressed in the form of a must, absolute should, have to or got to) and write this under $B=(1)$.
	A = The aspect of the situation I was most " " about.
	B = (1) Demand.
	(2)
	C = Major unhealthy emotion.
Step 6	Identify the self-depreciating statement you made and write this under $B=(2)$.
	A = The Aspect of the situation I was most " " about.
	B = (1) Demand.
	(2) Self-depreciating statement.
	C = Major unhealthy emotion.



Rewrite a helpful belief system

Questioning Self-depreciating beliefs and Self-acceptance beliefs

Step 1	Take your self-depreciation belief and identify the alternative to this				
	belief which is a self-acceptance belief. Write them side by side on				
	a sheet of paper under the following appropriate headings:				
	Self-depreciation Belief Self-acceptance Belief				
Step 2	Ask yourself the following question: Which belief is true and which				
Step 2	is false?				
Cton 0					
Step 3	Write down your answer to this question and provide written				
	reasons for your answer.				
Step 4	Ask yourself the following question: Which belief is sensible/logic				
	and which doesn't make sense or is illogical?				
Step 5	Write down your answer to this question and provide written				
	reasons for your answer.				
Step 6	Ask yourself the following question: Which belief is helpful/yields				
	healthy results and which is unhelpful/yields unhealthy results?				
Step 7	Write down your answer to this question and provide written				
	reasons for your answer.				
Step 8	Ask yourself the following question: Which of these two beliefs do				
	you want to strengthen an act on?				
Step 9	Write down your answer to this question and provide written				
	reasons for your answer.				
L					



Session 2

None of us like to be labelled. We feel other people do not know us as we truly are. We know we are more than what they see in us. Unfortunately we label ourselves the most. We easily tell ourself we are not as talented or we are shy, etc.

The truth is we are made up of such a lot of different dimensions that it is madness to try and put a single label on us. We are made up of so many interesting elements. The complete picture of who we are is never one-dimensional. We cannot always be the same; there are just too many dimensions that need to be celebrated.

The nearest comparison we can make is that of a diamond. Diamonds are classified by their clarity, cut and carat. The higher the clarity the more valuable it becomes. The higher the carat the more expensive it becomes and the clearer the cut is, the shinier it is. The cut process must be done in such a way that the light reflects from the inside out. If all three these elements are present the diamond's worth climbs exponentially.

We all know that each of us is a unique, unrepeatable genetic wonder. There is just one of you. Not all of us get the implication of this truth, though. If you were a diamond there would not be any other diamond with your unique clarity, carat or cut. You as a diamond would be extremely valuable – even pricelessly valuable.

1.2. Acknowledgement and acceptance of strong and weak qualities in ourselves

To do our self-worth justice we need to give acknowledgement to our strengths (our unique carat and clarity), but we also need to be honest about our weaknesses (we need to be polished to bring our cut to its right).

This appraisal of our worth must be done in a specific way. The most important principle of self-appraisal is that self-esteem concerns the self – not the other.

It is therefore futile to judge oneself against other people's standard. We do not measure distance with a thermometer, we measure temperature with a thermometer. In the same way we must use the right measurement for ourselves.

We measure our uniqueness by looking at our personality traits. Each person's traits build up a rare and valuable individual.

What are Personality Traits? Definitions:

Traits are distinguishing qualities or characteristics of a person. Traits are a readiness to think or act in a similar fashion in response to a variety of different stimuli or situations.



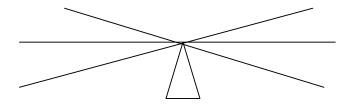
In general, the trait theory assumes that people differ on variables or dimensions that are CONTINUOUS. Our personality traits lie on a continuum.



People are seen to differ in the AMOUNTS or QUANTITIES of a characteristic rather than differ in the QUALITY of their characteristics. Therefore there can be no trait better than another.

We can compare it to a seesaw. Some people's see-saw is heavier on one side, some on the other side and some balance the see-saw in the middle.

But as we all know a seesaw can never be completely balanced, even if you try. You always need to shift your weight from one foot to the other. In the same way our personality traits are dynamic. We are never 100% the same, just more or less from our traits.



To help us accept our strong and weak traits we can use the latest tendency to identify 5 major traits as well as a few sub-traits of each.

THE BIG FIVE DEFINED

Each of the Big Five dimensions is like a bucket that holds a set of traits that tend to occur together. The definitions of the five super factors represent an attempt to describe the common element among the traits, or sub-factors, within each "bucket". The sub-factors are given as facets of the main dimension with anchors for the two extremes of the continuum.

These buckets are:

1. THE NEED FOR STABILITY FACTOR (N)

The Need for Stability refers to the degree in which a person responds to stress.

More resilient persons tend to handle stressful situations in a calm, steady, and secure way.



More reactive personas tend to respond in an alert, concerned, attentive, or excitable way, thus creating the opportunity to experience more stress than others.

We have identified four main correlated traits which comprise the need for the stability "bucket". They are listed and defined below.

Four Facets of Need for	RESILIENT	RESPONSIVE	REACTIVE
Stability:	(R-)	(R=)	(R+)
Sensitiveness	At ease most of the time	Some concern from time to time	Worrying
Intensity	Usually calm	Occasionally heated	Quick to feel anger
Interpretation	Optimistic explanations	Realistic explanations	Pessimistic explanations
Rebound Time	Rapid rebound time	Moderate rebound time	Longer rebound time

2. THE EXTRAVERSION FACTOR (E)

Extraversion refers to the degree to which a person can tolerate sensory stimulation from people and situations.

Those who score high on extraversion are characterized by their preference of being around other people and involved in many activities.

Low extraversion is characterized by one's preference to work alone and is typically described as serious, sceptical, quiet, and a private person.

Six Facets of Extraversion :	INTROVERT	AMBIVERT	EXTRAVERT
	(E-)	(E=)	(E+)
Enthusiasm	Holds down positive feelings	Demonstrates some positive feelings	Shows a lot of positive feelings
Sociability	Prefers working alone	Occasionally seeks out others	Prefers working with others
Energy Mode	Prefers being still in one place	Maintains a moderate activity level	Prefers to be physically active
Taking Charge	Prefers being independent of others	Accepts some responsibility for others	Enjoys responsibility of leading others
Trust of Others	Sceptical of others	Is somewhat trusting	Readily trusts others
Tact	Speaks without regard for consequences	Exerts moderate care in selecting words	Carefully selects the right words



3. THE ORIGINALITY FACTOR (O)

Originality refers to the degree to which we are open to new experiences/new ways of doing things.

Highly original people tend to have a variety of interests and like cutting edge technology as well as strategic ideas.

Those who are low in originality tend to possess expert knowledge about a job, topic, or subject while possessing a down-to-earth, here-and-now view of the present.

Four Facets of Originality:	PRESERVER (O-)	MODERATE (O=)	EXPLORER (O+)
Imagination	Implements plans	Creates and implements equally	Creates new plans and ideas
Complexity	Prefers simplicity	Balance of simplicity and complexity	Seeks complexity
Change	Wants to maintain existing methods	Is somewhat accepting of changes	Readily accepts changes and innovations
Scope	Attentive to details	Attends to details if needed	Prefers a broad view and resists details

4. THE ACCOMMODATION FACTOR (A)

Accommodation refers to the degree to which we relate to others.

High accommodation describes a person who tends to relate to others by being tolerant, agreeable and accepting of others.

Low accommodation describes one who tends to relate to others by being expressive, tough, guarded, persistent, competitive or aggressive. Low accommodating people may not accept information without checking and may come across as hostile, rude, self-centred, and not a team player.



Five Facets of Agreeableness:	CHALLENGER (A-)	NEGOTIATOR (A=)	ADAPTER (A+)
Service	More interested in self-needs	Interested in needs of others and self	More interested in others' needs
Agreement	Welcomes engagement	Seeks resolution	Seeks harmony
Deference	Wants acknowledgement	Likes some acknowledgement	Uncomfortable with acknowledgement
Reserve	Usually expresses opinions	Expresses opinions somewhat	Keeps opinions to self
Inhibition	Enjoys being out front	Wants some visibility	Prefers the background

5. THE CONSOLIDATION FACTOR (C)

Consolidation refers to the degree to which we push toward goals at work.

High consolidation refers to a person who tends to work towards goals in an industrious, disciplined, and dependable fashion.

Low consolidation refers to one who tends to approach goals in a relaxed, spontaneous, and open-ended fashion. Low consolidation people are usually capable of multi-tasking and being involved in many projects and goals at the same time.

Five Facets of Consolidation:	FLEXIBLE	BALANCED (C=)	FOCUSED
	(C-)		(C+)
Perfectionism	Low need to continually refine or polish	Occasional need to refine or polish	Continual need to refine or polish
Organization	Comfortable with little formal organization	Maintains some organization	Keeps everything organized
Drive	Satisfied with current level of achievement	Needs some additional achievement	Craves even more achievement
Concentration	Shifts easily between on-going tasks	Can shift between tasks before completion	Prefers completing tasks before shifting
Methodicalness	Operates in a more spontaneous mode	Does some planning	Develops plans for everything

152



Exercise 1.2.

See the 5 buckets and their sub-factors as see-saws. Place yourself on each of these see-saws continuums, by drawing them below.

	What does this placement of yourself do to your self-esteem?
2.	How are you going to celebrate your uniqueness?
_	



1.3. Feeling good about our past

We all have a history behind us that we can tell as a story. These stories support our beliefs and ethics and give our life meaning. Most importantly for our theme, is to understand that our self-esteem is formed throughout our lives and is strongly influenced by events in our stories.

To be able to make peace with our past we need to go back to those events that formed our self-esteem and re-evaluate them. (For some people this can be a traumatic experience and it is highly recommended that they seek professional help in the form of a psychologist.)

In general, stories are a conservative influence, keeping things the same, honouring our forefathers and old heroes. However, a powerful force for changing a society is to change the stories (movies, books, TV) told to each other. We change ourselves by changing our beliefs.

A critical step in coping with the past is to become aware of our life story that has governed our life thus far, including an awareness of the unwitting assumptions and unconsciously determined habits involved. We may need new beliefs. By understanding our own highly complex and quickly changing system of beliefs, we can understand and accept our past and our future.

If we are going to understand ourselves, we must know our own "life story" based on our memories, our situation, and our vision of our future. The way we see our own life is a compelling force directing our future.

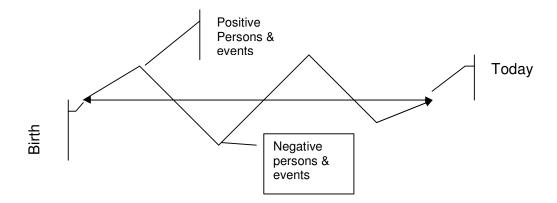
Yet, these forces may or may not be realistic or optimal for us. We need to be aware of these forces and be prepared to change the detrimental drives and restrictions if need be. It is possible to "rewrite history," making your new story more positive, more hopeful, and less blaming, but still accurate. Our view of history has a powerful impact on our future. We are powerful makers of our own stories. Events and other people aren't our guides, we are!

Exercise 1.3.

These steps suggest how to find meaning in your life through storytelling:

1. Draw your "life line" on a piece of paper — starting with your birth to the current date. Place the persons and the events that formed and significantly influenced your life on your life line.





- 2. Reflect on your life line. How did these people or events determine your self-acceptance, self-image, interests, values and skills?
- 3. What do you need to do to feel positive about your past?

- 4. On the same piece of paper draw a shape that symbolically represents your positive feelings about your life from birth to the present. This drawing does not need to be artistic. Use shapes, lines, or even shadings and colours. A single drawing will be easier to remember and will tend to capture the emotional tones better than words.
- 5. Tell your story to others and think about your strengths and the positive parts, enjoy and think about their stories, and make plans to accomplish as many of your dreams as possible. Make your life an exceptional story. Remember that you need only share what you are comfortable in disclosing.

Evaluation Indicator 1

- 1. Possesses a positive attitude towards the self;
- 2. Acknowledges and accepts multiple aspects of self including good and bad qualities;
- 3. Feels positive about past life.

155





Specific Objective 2

To become self-determinated.

Basic Assumption 2

High competency in autonomy involves a person who is self-determining and independent, able to resist social pressures so as to think and act in certain ways, regulates behaviour from within and evaluates self by personal standards.

Low competency involves a person who is concerned about the expectations and evaluations of others, relies on judgements of others to make important decisions and conforms to social pressures so as to think and act in certain ways.

Content of dimension 2

Acting autonomously does not mean functioning in social isolation. On the contrary, it requires an awareness of one's environment, of social dynamics and of the roles one plays and wants to play.

Autonomy requires individuals to be empowered to manage their lives in meaningful and responsible ways by exercising control over their living and working conditions.

Individuals must act autonomously in order to participate effectively in the development of society and to function well in different spheres of life including the workplace, family life and social life. Individuals need to create a personal identity in order to give their lives meaning, to define how they fit in. They must be able to make their own choices, rather than just follow the crowd. In doing so, they need to reflect on their values and on their actions.

Acting autonomously is particularly important in the modern world where each person's position is not as well-defined as it was the case traditionally. One illustration of this is with respect to work, where there are fewer stable, lifelong occupations working for a single employer.

In general, autonomy requires an orientation towards the future and an awareness of one's environment, of social dynamics and of the roles one plays and wants to play. It assumes the possession of a sound self-concept and the ability to translate needs and wants into acts of will: decision, choice and action.



To master this dimension we need to give attention to four aspects:

- 1. Our locus of control to regulate our behaviour from within;
- 2. Our values to set our personal standards;
- 3. See the bigger picture of our life;
- 4. Become our own agent through setting life goals and strategies.

2.1. Our locus of control.

Locus of control is a personality construct referring to an individual's perception of the place from where events are determined. It can be determined internally by his/her own behaviour or by fate, luck, or external circumstances.

People tend to ascribe their chances of future successes or failures either to internal or external causes.

Persons with an internal locus of control see themselves as responsible for the outcomes of their own actions. These individuals often believe that they control their <u>destiny</u>, and are often observed to excel in educational or vocational realms.

Someone with an external locus of control, on the other hand, sees environmental causes and situational factors as being more important than internal ones. These individuals would be more likely to see <u>luck</u> rather than effort as determining whether they succeed or fail in the future, and are more likely to view themselves as the victim in any given situation.

2. Question: Where is your locus of control?	
Internal 4	External
3. How can you set your locus of control more internally?	

(Test your locus of control: http://similarminds.com/locus.html)



2.2. Values

What are values?

Values are fundamental beliefs that guide or qualify your personal conduct, interaction with others, and involvement in your career. Like morals, they help you to distinguish right from wrong and inform you on how you can conduct your life in a meaningful way.

Values can be classified into five categories:

- Personal Values
- Spiritual Values
- Cultural Values
- Social Values
- Work Values

Personal Values

Personal values are principles that define you as an individual. Personal values, such as honesty, reliability, and trust, determine how you will face the world and relate with people.

Spiritual Values

Spiritual values are principles formed by your religion or belief in God or Higher Being. These values influence your ethics and your perception on the value of life in general.

Cultural Values

Cultural values, like the practice of your faith and customs, are principles that sustain connections with your cultural roots. They help you feel connected to a larger community of people with similar backgrounds.

Social Values

Social values are principles that indicate how you relate meaningfully to others in social situations, including those involving family, friends, and co-workers.

Work Values

Work values are principles that guide your behaviour in professional contexts. They define how you work and how you relate to your co-workers, bosses, and clients. They also reveal your potential for advancement.



The following table provides examples of each type of values.

Values Sampler

Personal Values	Spiritual Values	Cultural Values	Social Values	Work Values
Caring	Faith	Celebration of Diversity	Altruism	Autonomy
Courage	Ethics	Ethnic roots	Diversity	Competitiveness
Creativity	Respect for life	Linguistic ties	Eco- consciousness	Conscientiousness
Friendliness	Spirituality	National ties	Equality	Dedication
Honesty		Regional ties	Fairness	Equanimity/Ethics
Honour		Tradition	Family closeness	Loyalty
Independence			Lovingness	Professionalism
Integrity			Morality	Punctuality
			Reliability	Remunerative worth
				Team player

Investing time and effort to uncover and articulate our personal principles has many important benefits:

- We'll have a strong foundation to build our leadership upon. The study
 of credible and effective leaders led to the conclusion that: "Values are
 directly relevant to credibility. To do what we say we will, we must know
 what we want to do and how we wish to behave. That's what our
 values help us to define".
- Clear personal principles give us a much stronger sense of our personal "bottom line". Knowing where we stand clarifies what we won't sit still for.
- It's easier to make choices between conflicting opportunities that arise where to invest our time, what behaviour is most appropriate, and where we need to concentrate our personal improvement efforts.
- We'll be much closer to finding our personal energy source and developing that critical leadership passion.
- Our self-identity, self-confidence, and sense of security will be strengthened.
- Our principles will provide the stable and solid core we need to transform the rapid changes coming at us, from terrifying threats into exciting opportunities.
- We can more clearly see to what extent our personal values are aligned with our team's and organization's values.



Exercise 2.2.

Do the train-track exercise (Your facilitator will lead you in this). Write down your 5 determining values in all five categories.

2.3. See the bigger picture

The ability to act within the big picture

This key competency <u>requires</u> individuals to <u>understand</u> and <u>consider</u> the <u>wider context of their actions and decisions</u>. That is, it requires one to take account of how they relate, for example, to society's norms, to social and economic institutions and to what has happened in the past.

One needs to recognise how one's own actions and decisions fit into this wider picture, what are the consequences of one's choices and what effect it has on society.

This competency requires individuals, for instance, to:

- Understand patterns;
- Have an idea of the system in which they exist (that is,. understand its structures, culture, practices, and formal and informal rules and expectations and the roles they play within it, including understanding laws and regulations, but also unwritten social norms, moral codes, manners and protocol. It complements an understanding of rights with knowledge of the constraints on actions:
- Identify the direct and indirect consequences of their actions; and
- Choose between different courses of action by reflecting on their potential consequences, in relation to individual and shared norms and goals.

Exercise 2.3.

Do a story-wall (Your facilitator will lead you in this).



2.4. Becoming your own agent

An agent is one who acts.

In order to act, one must initiate one's action and one cannot initiate one's action without exercising one's power to do so. Since nothing and no one has the power to act except the agent herself, she alone is entitled to exercise this power, if she is entitled to act.

This means that in so far as someone is an agent — that is, in so far as she is the one who acts — she is correct to regard her own commitments to acting, her own judgments and decisions about how she should act, as authoritative.

In short, every agent has an authority over herself that is grounded, not in her political or social role, nor in any law or custom, but in the simple fact that she alone can initiate her actions (Buss, 2002).

Some research (McCombs, 1991) suggests that what underlies the internal <u>locus of control</u> is the concept of "self as agent". This means that our thoughts control our actions and that when we realize this executive function of thinking we can positively affect our beliefs, motivation, and academic performance.

"The self as agent can consciously or unconsciously direct, select, and regulate the use of all knowledge structures and intellectual processes in support of personal goals, intentions, and choices". McCombs asserts that "the degree to which one chooses to be self-determining is a function of one's realization of the source of agency and personal control". In other words, we can say to ourselves, "I choose to direct my thoughts and energies toward accomplishment. I choose not to be daunted by my anxieties or feelings of inadequacy".

The ability to form and conduct life plans and personal projects

This competency applies the concept of project management to individuals. It requires individuals to interpret life as an organised narrative and to give it meaning and purpose in a changing environment, where life is often fragmented.

This competency assumes an orientation toward the future, implying both optimism and potential, but also a firm grounding within the realm of the feasible.

Individuals must be able, for instance, to:

- Define a project and set a goal;
- Identify and evaluate both the resources to which they have access and the resources they needs (e.g. time and money);
- Prioritise and refine goals;
- Balance the resources needed to meet multiple goals;
- Learn from past actions, projecting future outcomes; and
- Monitor progress, making necessary adjustments as a project unfolds.



Exercise 2.4.

	1.	Define personal or work vision. What is it that you o	dream of achieving?
		Important: What do you need to do to achieve your Goals down - Remember to write them in a SMART be specific, measurable, attainable, and relevant as First set long-term goals – what would you want to of this year?	Fway. Goals must nd time framed.
	4.	Now set medium-term goals. To achieve the 1 year be in place in 6 months time?	goals, what must
G	oals	to achieve	Date achieved
	5.	Lastly set short-term goals too – what action steps the next 3 weeks to achieve your goals?	do you need to do in
40	tion	s to take	Done by



6.	List resources necessary to attain goals. Balance current resources with resources to source.

Evaluation Indicator 2

- 1. Is self-determining and independent;
- 2. Is able to resist social pressures to think and act in certain ways;
- 3. Regulates behaviour from within;
- 4. Evaluates self by personal standards.





Environmental Mastery

Specific Objective 3

To have the capacity to manage one's life and the surrounding world effectively.

Basic Assumption 3

High competency involves a person who has a sense of mastery and competence in managing the environment. Controls complex array of external activities, makes effective use of surrounding opportunities and is able to choose or create contexts suitable to personal needs and values.

Low competency involves a person who has difficulty managing everyday affairs, feels unable to change or improve surrounding context, is unaware of surrounding opportunities and lacks a sense of control over the external world.

Content of dimension 3

Today's societies place challenging demands on individuals, who are confronted with complexity in many parts of their lives. The social and professional demands of the global economy and the information society require mastery of socio-cultural tools for interacting with knowledge.

Using tools interactively requires more than having access to the tool and the technical skills required to handle it (e.g. read a text, use software). Individuals also need to create and adapt knowledge and skills. In this sense, a tool is not just a passive mediator, but an instrument in an active dialogue between the individual and his or her environment.

This means that the individual must be competent in the use of the tool.

A competency is more than just knowledge and skills. It involves the ability to meet complex demands, by drawing on and mobilising resources (including skills and attitudes) in a particular context. For example, the ability to communicate effectively is a competency that may draw on an individual's knowledge of language, practical IT skills and attitudes towards those with whom he or she is communicating.

Individuals encounter the world through cognitive, socio-cultural and physical tools. These encounters, in turn, shape how they make sense of and become competent in the world, deal with transformation and change, and respond to long-term challenges. Using tools interactively opens up new possibilities in



the way individuals perceive and relate to the complex challenges of today's world.

A choice must be made between all the tools necessary for survival in modern society. The tools we will be mastering to put this competency of well-being in place are:

- 1. Effective communication
- 2. Activity management
- 3. Financial management

3.1. Effective communication

To communicate effectively, we need to be familiar with the factors involved in the communication process. If we are aware of them, these factors will help us plan, analyze situations, solve problems, and in general do better in our work no matter what our job might be. This leads to a discussion of the communication process.

To understand this process we will look at some of the important communication models and then discuss their insights.

One model of the communication process reviewed is also one of the oldest.

Aristotle's model

Aristotle, writing 300 years before the birth of Christ, provided an explanation of oral communication that is still worthy of attention. He speaks of a communication process composed of a speaker, a message and a listener. Note, he points out that the person at the end of the communication process holds the key to whether or not communication takes place.

Lasswell's model

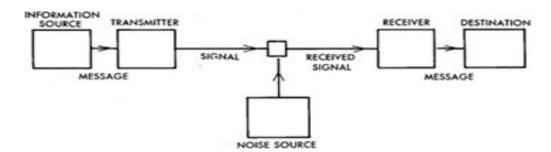
Harold Lasswell, a political scientist, developed a much quoted formulation of the main elements of communication: "Who says what in which channel to whom with what effect".

The point in Lasswell's comment is that **there must be an "effect" if communication takes place**. If we have communicated, we've "motivated" or produced an effect.



The Shannon and Weaver model

You'll note that the Shannon and Weaver diagram has essentially the same parts as the one formulated by Aristotle. It's true the parts have different names, and a fourth component -- in this case the transmitter -- is included.



However, this model has an interesting additional element. Shannon and Weaver were concerned with noise in the communications process. Noise, Weaver said, "may be distortions of sound (in telephony, for example) or static (in radio), or distortions in shape or shading of picture (television), or errors in transmission (telegraph or facsimile), etc."

The "noise" concept introduced by Shannon and Weaver can be used to illustrate "semantic noise" that interferes with communication. Semantic noise is the problem connected with differences in meaning that people assign to words, to voice inflections in speech, to gestures and expressions and to other similar "noise" in writing.

Semantic noise is a more serious problem or barrier to developing effective communications than most realize. It is hard to detect that semantic noise has interfered with communication. Too often the person sending a message chooses to use words and phrases that have a certain meaning to him or her. However, they may have an altogether different meaning to individuals receiving the message.

In the interest of good communication, we need to work to hold semantic noise to the lowest level possible.

3.1.1. Basic skills

From these three models we learn that the person at the end of the communication process holds the key to whether or not communication takes place. That communication must have an effect and that semantic noise is always present.

Therefore we will focus our attention on the skill of becoming an effective receiver (listener) and then becoming a good transmitter (message source). By doing this we will try and eliminate as much noise as possible.



Listening

Listening is an essential skill for making and keeping relationships. Success comes a little easier because you hear and understand people.

People who don't listen are bores. They turn off potential friends and lovers by giving the message: "What you have to say doesn't matter much to me".

It is dangerous not to listen! You miss important information and you don't see problems coming.

Listening is a compliment and a commitment. It's a commitment to understanding how other people feel, how they see their world. It's a compliment because it says to the other person: "I care about what's happening to you, your life and experience are important".

Real versus Pseudo-listening

Real listening is based on the *intention* to do one of four things:

- 1. Understand someone
- 2. Enjoy someone
- 3. Learn something
- 4. Give help or solace

The key to real listening is wanting to listen and intending to do so.

Unfortunately, a lot of pseudo-listening masquerades as the real thing. The intention is not to listen, but to meet some other need. Some of the typical needs met by pseudo-listening are:

- Making people think you're interested so that they will like you.
- Being alert to see if you are in danger of getting rejected
- Listening for one specific piece of information and ignoring everything else
- Buying time to prepare your next comment
- Half-listening so someone will listen to you
- Listening to find someone's vulnerabilities or to take advantage
- Looking for the weak points in an argument so you can always be right, listening to get ammunition for attack
- Checking to see how people are reacting, making sure you produce the desired effect
- Half-listening because a good, kind or nice person would
- Half-listening because you don't know how to get away without hurting or offending someone



Blocks to listening

Everyone uses listening blocks. To become a good listener we must identify our own listening blocks and stop doing them.

Some blocks are:

- Comparing you're always trying to assess who is smarter, you or the other person.
- Mind reading The mind reader doesn't pay much attention to what people say. In fact, he often distrusts it. He's trying to figure out what the other person is *really* thinking and feeling.
- Rehearsing Your whole attention is on the preparation and crafting of your next comment.
- Filtering When you filter, you listen to some things and not to other. You pay only enough attention to see if someone is angry, unhappy etc. Another way of filtering is simply to avoid hearing certain things.
- Judging Hastily judging a statement means you've ceased to listen and have begun a knee-jerk reaction. A basic rule of listening is that judgments should only be made after you have heard and evaluated the content of the message.
- Dreaming something the person says suddenly triggers a chain of private associations. You are more prone to dreaming when you feel bored or anxious. Everybody dreams, but if you dream a lot with certain people, it is a statement that you don't value what they have to say very much.
- Identifying You take everything a person tells you and refer it back to your own experience.
- Advising You are the great problem solver, ready with help and suggestions. You don't hear more than a few sentences before you begin searching for the right advice.
- Sparring This block has you arguing and debating people. A lot of your focus is on finding things to disagree with. The way to avoid sparring is to repeat back and acknowledge what you've heard. Look for one thing you might agree with. One subtype of sparring is the put-down. You use acerbic or sarcastic remarks to dismiss the other person's point of view. A second type of sparring is discounting. Discounting is for people who can't stand compliments. The basic technique of discounting is to run yourself down when you get a compliment. The other person never feels satisfied that you really heard his appreciation.
- Being Right Being right means that you will go to any lengths to avoid being wrong.
- Derailing This is accomplished by suddenly changing the subject.
 Another way of derailing is by joking it off.
- Placating You want to be nice, pleasant, and supportive. You want people to like you, so you agree with everything. You are placating rather than tuning in and examining what's being said.



Four steps to effective listening

1. Active listening

Listening is an active process that requires your participation. To fully understand the meaning of a communication, you usually have to ask questions and give feedback. Then, in the give and take that follows, you get a fuller appreciation of what's being said.

Some ways to listen actively are:

- Paraphrasing This means to state in your own words what you think someone just said.
- Clarifying It just means asking questions until you get more of the picture. Since your intention is to fully understand what's being said, you often have to ask for more information, more background.
- Feedback This is the point at which you can talk about your reactions. In a non-judgmental way, you share what you thought, felt or sensed. It means sharing what happened inside you. Now is a good time to check your perceptions.

There are three important rules for giving feedback:

- 1. Give it immediately. Give it as soon as you fully understand the communication.
- 2. Give it honestly. It means give your real reaction not something you thing the person wants to hear.
- 3. Give it supportively. You can be gentle, saying what you need to say without causing damage or defensiveness.

2. Listening with empathy

Always keep in mind that everybody has lost something, is afraid of something and loves something. Therefore there is only one requirement for listening with empathy. Simply know that everyone is trying to survive and what you are about to listen to, is another human being trying to live.

3. Listening with openness

It is difficult to listen when you're judging and finding fault. It would be a great step forward if beliefs and opinions could be seen as temporary hypotheses and not as finalized laws set in stone that need to be evaluated. Relax and be open. Listening is a learning experience, enjoy it.

Listening with openness is a skill you can learn. The most important rule for listening with openness is to hear the whole statement, the entire communication, before judging. Premature evaluations don't make sense because you don't have all the information.



4. Listening with awareness

There are two components to listening with awareness: One is to compare what's being said to your own knowledge of people and the way things are. The second way is to hear and observe congruence.

Total listening

Here's how to be a total listener:

- 1. Maintain good eye contact.
- 2. Lean slightly forward.
- 3. Reinforce the speaker by nodding or paraphrasing.
- 4. Clarify by asking questions.
- 5. Actively move away from distractions.
- 6. Be committed, even if you're angry or upset, to understanding what was said.

Expressing

There are four kinds of expression:

- 1. Observations It means reporting what your senses tell you.
- 2. Thoughts Your thoughts are conclusions, inferences drawn from what you have heard, read and observed.
- 3. Feelings Probably the most difficult part of communication is expressing your feelings. How you feel is a large part of what makes you unique and special. Shared feelings are the building blocks of intimacy. Note: Feeling statements are not observations, value judgments or opinions.
- 4. Needs No one knows what you want, except you. You are the expert, the highest authority on yourself. Needs are not judgmental. They don't blame or assign fault. They are simple statements about what would help or please. (Can you be home by seven? I'd love to go to the movies).

Whole messages

Whole messages include all four kinds of expressions: what you see, think, feel and need. Intimate relationships thrive on whole messages. Your mate can't know the real you unless you share all of your experiences. That means not leaving things out, not covering up your anger, not squelching your wants.

When you leave something out, it is called a partial message.

Not every relationship or situation requires whole messages.

You can test whether you are giving whole or partial messages by asking the following questions:

1. Have I expressed what I actually know to be a fact? Is it based on what I've observed, read or heard?



- 2. Have I expressed and clearly labelled my inferences and conclusions?
- 3. Have I expressed my feelings without blame or judgment?
- 4. Have I shared my needs without blame or judgment?

Contaminated messages

Contamination takes place when your messages are mixed or mislabelled. Contaminated messages are at best confusing and at worst deeply alienating.

Contaminated messages differ from partial messages in that the problem is not merely one of omission. You haven't left the anger, the conclusion or the need out of it. It's there all right, but in a disguised and covert form.

The secret of avoiding contaminated messages is to separate out each part of the communication and express them clearly.

Preparing your message

In the preparation of messages there are three elements we need to be aware of:

- 1. Self-awareness The only way you can be sure to give whole messages, is to examine your own inner experience. This awareness may include a bit of a rehearsal, particularly while getting used to whole messages.
- 2. Other-awareness A certain amount of audience analysis should precede any important message. Other-awareness is also keeping track of the listener's response while you're talking.
- 3. Place awareness Here are some general rules for finding the right environment for an important talk:
- Find some privacy.
- Find a place where you won't be interrupted.
- Find a place that's congenial and physically comfortable.
- Find a place that's guiet, with few distractions.

Rules for effective expression

Messages should be direct

The first requirement for effective self-expression is knowing when something needs to be said. This means that you don't assume people know what you think or want.

Communicating directly means you don't make any assumptions. In fact, you should assume that people are poor mind readers and haven't the faintest idea what goes on inside you.



Some people are aware of times when they need to communicate, but are afraid to do so. Instead they try hinting, or telling third parties, etc.

Messages should be immediate

What you couldn't express at the moment will be communicated later in subtle or in passive-aggressive ways.

Sometimes unexpressed feelings are cropped up to the point where a small transgression triggers a major dumping of the accumulated rage and hurt.

There are two main advantages to immediate communication:

- 1. Immediate feedback increases the likelihood that people will learn what you need and adjust their behaviour accordingly.
- Immediate communication increases intimacy because you share your responses now.
 - Messages should be clear

A clear message is a complete and accurate reflection of your thoughts, feelings, needs and observations.

Here are some tips for staying clear:

- 1. Don't ask guestions when you need to make a statement.
- Keep your message congruent The content, your tone of voice and your body language all fit together. Incongruence confuses communication. Congruence promotes clarity and understanding.
- 3. Avoid double messages double messages are like kicking a dog and petting it at the same time. They occur when you say two contradictory things at once.
- 4. Be clear about your wants and feelings.
- 5. Distinguish between observation and thoughts.
- 6. Focus on one thing at a time.
 - Messages should be straight

A straight message is one in which the stated purpose is identical with the real purpose of the communication

You can check if your messages are straight by asking these two questions:

- 1. Why am I saying this to this person?
- 2. Do I want him or her to hear it, or something else?

Being straight also means that you tell the truth. You state your needs and feelings.



Messages should be supportive

Being supportive means you want the other person to be able to hear you without being blown away by your opinion.

Communicating supportively means that you avoid playing "win/lose" and "right/wrong" games.

Real communication produces understanding and closeness, while win/lose games produce warfare and distance. Ask yourself: "Do I want to win or do I want to communicate?"

Win/lose interactions can be avoided by sticking rigidly to the whole-message structure and making clear observations on your progress.

Exercise 3.1

Role-play: Divide into pairs. Find a comfortable place to sit in the room.
Discuss what you have learned during the last few weeks. Practice
whole messages with each other as well as total listening. Then give
each other feedback on your experience of one another.

As a total listener:

- 1. Maintain good eye contact.
- 2. Lean slightly forward.
- 3. Reinforce the speaker by nodding or paraphrasing.
- 4. Clarify by asking questions.
- 5. Actively move away from distractions.
- 6. Be committed, even if you're angry or upset, to understanding what was said.

When you give whole messages, ask yourself the following questions:

- 1. Have I expressed what I actually know to be a fact? Is it based on what I've observed, read or heard?
- 2. Have I expressed and clearly labelled my inferences and conclusions?
- 3. Have I expressed my feelings without blame or judgment?
- 4. Have I shared my needs without blame or judgment?



Session 6

3.2. Activity management

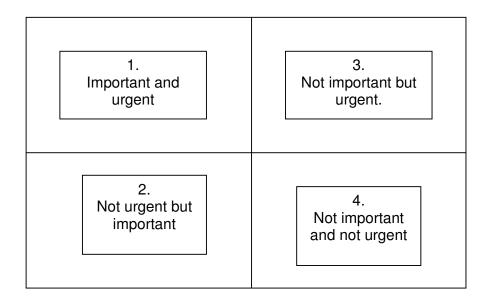
Traditionally this is referred to as "Time management", but no one can manage time. How do you manage the earth revolving around its own axle? Each of us has 24 hours available to us each day What we do, or do not do in this given time period, determines if one is effective or not. Therefore we rather talk about activity management than time management.

How do we manage activities?

Because we are our own agent, we need to understand that our activities are dictated by our priorities. This means that what we feel or think is important will be done first.

For example, someone invites you to come and visit. Usually we say, "Sorry, I do not have the time". The truth is we have the time, we just choose to use it for something else that we feel is more important. It would have been more correct to say, "Sorry, but it is more important to me to finish my work than to visit you".

To help us sort between what is really important we can use Stephan Covey's 4 quadrants.

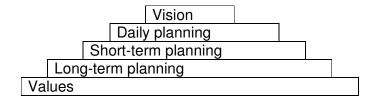


Through **planning** according to our priorities (our priorities are determined by our values) what we think is important to us, we will give attention to. We will spend time on it. It is therefore important to distinguish between important and urgent activities.



The first step is to determine what is important to you. To do this effectively you need to have a clear understanding of your personal values. Your values dictate what is important and what is not.

Your values are the foundation of your long-term and short-term planning. Schematically it looks like this:



A clear and vivid view of your vision is very important in managing your activities. Your activities must correlate with both your vision and your values. With these in mind you plan what you want to achieve, how and when you want to achieve it. Work out a 5 to 10 year plan, then plan your year, then each month and then each day.

It is better to plan weekly rather than daily. Set aside one day in the week to plan the whole week.

When you plan your week, keep the following in mind:

- The different roles you have to fulfil.
- What you want to achieve in these roles.
- Your fixed appointments.

Identify what roles you have to fulfil. For example, you are a father, a husband and a manager of a unit.

Decide what you want to achieve in every role. Keep your vision and values in mind. Break your goals down into doable activities and block out time during the week for each activity

Role	Goal & Activity	M	T	W	T	V	S	S
Self	Exercise	6-7	6-7	6-7	6-7	6-7		
Husband	Night out					8-12		
Dad	Watch sport						8-12	
Manager	Meeting	8-9		11-12				
	Finish report					9-11		

Exercise 3.2.

- 1. Identify the different role in your life and determine what you want to achieve in each.
- 2. Draw up a weekly matrix as explained.



3.3. Financial management

To manage our personal finances, we need to understand our position in the world of economics. Economics may appear to be the study of complicated tables and charts, statistics and numbers, but, more specifically, it is the study of what constitutes rational human behaviour in the endeavour to fulfil needs and wants.

As an individual, for example, you face the problem of having only limited resources with which to fulfil your wants and needs, so, with your money, you must make certain choices. You'll probably spend part of your money on rent, electricity, and food. Then you might use the rest to go to the movies and/or buy a new pair of jeans. (This simple evaluation of what you will buy with your money is called **Opportunity cost**.) Economists, interested in the choices you make, inquire into why, for instance, you might choose to spend your money on a new DVD player instead of replacing your old TV. They would want to know whether you would still buy a carton of cigarettes if prices increased by R2 per pack. The underlying essence of economics is trying to understand how both individuals and nations behave in response to certain material constraints.

In order to begin our discussion, we need first to understand (1) the concept of scarcity and (2) the two branches of study within economics: microeconomics and macroeconomics.

1. Scarcity

Scarcity, a concept we already implicitly discussed, refers to the tension between our limited resources and our unlimited wants and needs. For an individual, resources include time, money, and skill. For a country, limited resources include natural resources, capital, labour force, and technology.

Because all our resources are limited in comparison to all our wants and needs, individuals and nations have to make decisions regarding what goods and services they can buy and which ones they must forgo. For example, if you choose to buy one DVD as opposed to two video tapes, you must give up owning a second movie of inferior technology in exchange for the better quality of the one DVD. Of course, each individual's and nation's values are different, but people and nations, each having different levels of (scarce) resources, form some of their values only because they must deal with the problem of scarcity.

So because of scarcity, people and economies must make decisions over how to allocate their resources. Economics, in turn, aims to study why we make these decisions and how we allocate our resources most efficiently.



Macro- and microeconomics

Macro- and microeconomics are the two vantage points from which the economy is observed. Macroeconomics looks at the total output of a nation and the way the nation allocates its limited resources of land, labour, and capital in an attempt to maximize production levels and promote trade and growth for future generations.

Microeconomics looks into similar issues but on the level of the individual people and firms within the economy.

3. Demand and supply

Probably the most fundamental of concepts in economics, supply and demand make up the backbone of market economies.

Demand refers to how much (quantity) of a product or service is desired by buyers. The quantity demanded is the amount of a certain product people are willing to buy at a certain price, and the relationship between price and quantity demanded is known as the demand relationship.

Supply represents how much the market can offer. The quantity supplied refers to the amount of a certain good producers are willing to supply when receiving a certain price. The correlation between price and how much of a good or service is supplied into the market is known as the supply relationship. Price, therefore, is a reflection of supply and demand.

The relationship between demand and supply underlies the forces behind the allocation of resources. In market-economy theories, demand and supply theory will allocate resources in the most efficient way possible.

We have already seen that the focus of economics is to understand the problem of scarcity: the problem of fulfilling the unlimited wants of humankind with limited and/or scarce resources. Because of scarcity, economies need to allocate their resources efficiently. Underlying the laws of demand and supply is the concept of **utility**, which represents the advantage or fulfilment a person receives from consuming a good or service. Utility, then, explains how individuals and economies aim to gain optimal satisfaction in dealing with scarcity.

Basic building blocks of personal financial management

In the light of the brief discussion on economics in general, we now understand that our personal financial management falls under microeconomics. This means that we must answer the question of scarcity and supply and demand in our own small world.

To assist us with this we are going to look at some very basic building blocks to manage scarcity as well as understanding our motivation in supply and



demand and our own answer to the utility question – What value does this purchase bring?

1. Live within your financial means

The most important principle of good financial management is to not spend more than you earn.

Actually, you should live below your means! The most important way to generate wealth is to live within or below your means. For example, if you make R30, 000 a year, then live like you make R25, 000 a year and save, pay down debt, or invest the remaining R5, 000.

Don't try to compete with your friends or neighbours, don't spend money fruitlessly, and most importantly, don't spend more than you make.

Many people read this and think, "I'd love to spend less money but I can't; I have to pay my car payment, the credit card bills, groceries, I need a vacation, I need new clothes for work, etc, etc."

Most of these expenses could be avoided or deferred (like a vacation, a car purchase or buying clothes). The other expenses (like your credit card expenses or mortgage) could likely have been avoided if you had lived within your means when you created the expense. For example, your car payment would be less if you'd opted for the used versus new car or your credit card expenses would be lower if you hadn't bought that new computer or those 5 pairs of shoes. Even your mortgage or rent could be less if you chose a different location to live.

With that said, there is a fine line between spending appropriately and spending above your means. Just remember that it is always better to forego purchases until you can pay for them in cash rather than to borrow from the future to meet your needs now.

The most common exception to this rule is buying a house. Although it will raise your cash expenses dramatically, it is often wise because:

- 1. It's an investment which will add to your future net worth,
- 2. The interest is tax deductible which effectively lowers your income tax liability,
- 3. Your mortgage payments will add to your net worth as you pay down the principal on the loan, and
- 4. You were probably paying rent anyway so it will in effect turn your rent payment into an investment.



1.1. Keeping a budget and track your expenses

Although having a budget and keeping track of your expenses is one of the most fundamental building blocks of sound financial management, very few people discipline themselves to keep these habits healthy.

Most people do not even know how to do it.

Here are some guidelines:

Understand and estimate your current spending patterns. Track your monthly spending and try to account for every rand spent. For the next month or two, think very closely about how your money is spent.

Every time you buy something, pay a bill, or dispose of any of your money, make a strong mental note of what it is being spent on. Better yet, at the end of each day write down a list of each expenditure and what it was used for on a piece of paper or a spreadsheet. Try to think critically about each rand spent and whether or not it was really necessary.

Create your current budget. Now it's time to create your current family or personal budget. To do this, you need to quantify all of the spending patterns you observed in step one.

The budget should resemble your current personal or family spending patterns, so be sure not to overlook small or routine expenses. Be realistic and honest with yourself and try not underestimating your actual expenses.

Think long and hard about how much money you have really been spending on these categories and fill in realistic amounts. Make sure you account for EVERYTHING you spend. Even if you don't see a specific category on the budget template, add those expenses to "other" or create a new category that fits your needs.

Distinguish between Fixed expenditures and Variable expenditures. Fixed expenditures are those expenses that you know you will be paying each month — usually the amount stays the same as well. An example is a mortgage payment. Variable expenses are those that change from month to month.

Change and improve your budget to meet your goals. Now that you've quantified what your current family or personal budget looks like, you'll want to scrutinize it very closely and look for areas to improve.

First, define the goal of your budget: Is it to save money? To understand where you are spending your money? To be able to pay down credit card debt? To be able to pace your spending so that you don't get into trouble? To find out where all your money is going? Regardless of your goal, there are always ways to improve your personal or household budget. Here are some tips on how to improve your budget:



- Try to reduce your expenses
- Control your spending and cut spending in areas that are higher than you expected
- If possible, increase your income

Stick to your budget and don't give up! The most important step in financial planning and budgeting is to both be realistic and to stick to your budget. If the goal of your budget is to save R100 each month and you aren't able to save any money the first month, don't give up! Repeat the steps outlined on this page and find out why you weren't able to meet your budget. Was it unrealistic? Did something unaccounted for come up? Did you misspend? More importantly, adjust your budget as you go and don't give up on the process. The more you scrutinize and understand your budget, the better luck you will have sticking to it and meeting your goals. Good luck!!

Here is a list of possible expenses. Sometimes we forget some of our expenses and then do not have the money when we need to pay for it.

- Charity
- Assets
- Life coverage
- Pension / annuities
- Savings plan
- Car expenses
 - 1. Petrol
 - 2. Service
 - 3. Tires, new and balancing them
 - 4. Yearly registration
 - 5. Shocks
 - 6. Wash
 - 7. Insurance. If you do not have insurance, put away something to cover possible accidents
- Personal stuff
 - 1. Toothpaste, shampoo etc.
 - 2. Haircut
- > Courses you want to attend
- Credit card or other account payments

- Phone expenses
 - 1. Cell phone
 - 2. Landline
 - 3. Internet
- Bank costs
- Rent or Mortgage payments
- > Water and electricity
- > Food
- Clothes
- Relaxation
 - 1. Movies
 - 2. Shows
 - 3. Restaurants
- Gifts
- > Entertaining friends
- Books
- Medical expenses or Medical aid.
- House cleaning stuff
- Holidays (travel, activities etc.)

This is not an exhaustive list. Look at your own situation and plan accordingly.

If you have a budget, the next thing to do is to control your expenses. Keep a record of all your expenses. Write it down or do it on your computer.



Exercise 3.3.

- 1. Create a personal or family budget according to your values
- 2. Try to use the following template:

Date	Expected		ed Real income		Expected		Real expenses	
	income				expenses			
	Item	R/c	Item	R/c	Item	R/c	Item	R/c

2. Creating financial goals

Now that you manage your cash flow, it is important to plan for the future use of your money. The following are important building blocks:

2.1. Have realistic expectations

Nothing you do is going to change your financial situation overnight, but each time you make a sound financial decision, it will make a small difference. And every financial decision you make will impact your life over an extended period of time.

It is important to keep an open mind about your personal finances and to stick to your financial goals. Similar to a successful weight loss programme, you must change the way you view your financial decisions, just as you would change your eating decisions. You must find a plan that works for you and stick to it. This financial advice will work for you but it will take a long time and you have to remain committed to finding financial freedom for yourself. One of the goals of financial planning is to plan for retirement, or better yet, early retirement. Try to keep realistic goals and expectations and you will have a much easier and less frustrating time managing your finances.

2.2. Understand the time value of money

This is the most basic law in finance! The time value of money states that money today is worth more than money at some time in the future. Okay, it's not that simple to understand at first glance so let me delve into this advice a little with some financial examples:

If I invest R1, 000 in a 5% savings account today, it will be worth R1, 050 in one year. Therefore, if I can have R1, 000 today or choose to have R1, 000 one year from now, it is always better to have the money now. By saving and investing today, you make the time value of money work for you.

Let's look at the reverse of this, to see how the time value of money can work against you. Suppose instead of receiving R1, 000, you spent R1, 000 by purchasing merchandise on your credit card. If you keep in mind that a rand today is worth more than a rand tomorrow, in this case, you will have lost money because you will need to pay off your credit card account with money



from the future (which is worth less than money today). In addition to having to pay with future money, you will also have to pay interest expense. So, in this case, if you paid off the credit card in one year (assuming 15% interest), you'd have to pay R1,150.

You should think about the time value of money before making any decisions. Another, maybe even more important concept related to the time value of money is the compounding effect of money.

The time value of money is measured by inflation.

2.3. Understand the compounding effect of money

The compounding effect of money is extremely important when making any financial decision. The compounding effect of money is often overlooked or underestimated by people when making decisions. When applied to all of your financial decisions, this effect is the KEY to long-term success! To illustrate the compounding effect of money, let me use some financial examples:

Suppose you invested R1, 000 today in a 5% savings account. In one year, that account would be worth R1, 050 [R1, 000 + (R1, 000 x 5%)], yielding a R50 gain. However, in year two, that same initial investment would be worth R1, 102.50 [R1, 000 + (R1, 000 x 5%) + (R1, 050 x 5%)], yielding a R52.50 gain. And in year three, the same R1, 000 would be worth R1, 157.63, yielding a R55.13 gain. By year ten, the initial R1, 000 investments would be worth R1, 629 and by year 25 it would be worth R3, 386.

From looking at this example, you can see that investing R1,000 today is much more valuable than investing R1,000 even a couple of years from now. To accumulate wealth, you MUST use the time value of money and the compounding effect of money to your advantage

This second example shows how the compounding effect can work against you:

Suppose you borrowed R20, 000 to purchase a car and your auto loan was at a 10% interest rate (for 5 years). Your monthly payments would be R424.94. Because the R20, 000 loans continues to compound over the life of the loan, you actually pay R25, 496.45 over the five-year period, meaning that you've in essence paid R5, 496.45 because you spent the money before you had it. In fact, in your initial payments, the interest alone will account for almost 40% of your monthly payments. In this case, the bank or lender that gave you the loan uses the time value of money to their advantage.

Now look at this scenario, where instead of making the R424.94 car payment, you invest that payment at the same rate as what your car loan was (granted it's a little high for a savings rate, but not unreasonable for other investments). Now, instead of paying the bank, you are actually earning interest and compounding the benefit yourself. After one year you will have saved R5, 340



and have earned R240 in interest. After two years, you will have saved R11, 239 and have earned R1, 039 in interest. By the third year, your investments will be worth almost R18, 000 and you will have earned R2, 457 in interest. By month 40, you will have enough money to purchase a R20, 000 car in cash!

So let's weigh the differences between the two scenarios above. In the first case you paid the bank R5, 496 to borrow the money and in the second case you earned R2, 457 and could buy the car in cash after just 40 months (just over 3 years)! The opportunity cost of the first alternative versus the second alternative results in a net difference of R7, 953 (a R2, 457 gain versus a R5, 496 loss). That means that by making a simple deferral decision (buying the car in 3 years versus today), you can get ahead by almost R8, 000!

2.4. Plan to pay of your dept as fast as possible

Debt is potentially one of the deadliest killers in life. Notice I say potentially. Some dept is good – for example a mortgage on your house.

But most dept is unhealthy. The essential problem with debt is the following: By purchasing goods before you have earned them, you are in effect borrowing from the future to pay for the present. In essence, it's the exact opposite of saving or investing and instead of earning money you are paying interest.

Use the following strategy to pay of your dept:

Getting out of the debt trap, starts with the recognition that you have a problem in the first place. Once you admit it to yourself you can start fixing it.

Set a specific time aside and pull out all your bills. Sort them in the order of the smallest monthly payment to the biggest. Get some paper and draw four columns; your list should (or rather shouldn't) look something like the table below.

Company	Payment	Balance	Period left to go
Shoes Galore Co	R120	R720	6 months
Brand Clothing Inc	R200	R1200	6 months
Uncle Bill	R300	R3300	12 months
Smart Car Co	R1335	R60 000	60 months
Fat Bank	R3600	R350 000	240 months
Totals	R5555	R415 220	

Many people are astounded when they do this exercise for the first time, not only by the amount of money they have to pay out each month but also by the total amount of debt they have.



This shock and horror is a good thing! It often takes a jolt to the system to get people to move into action. Now take the next step.

Start by cutting out unnecessary expenses. Consider reducing some of the following: cell phone calls, designer foods, gourmet coffees, movies, etc.

If you can come up with just R200 per month to start paying off that debt here is what will happen. If you pay R200 extra each month to Shoes Galore, you will have cleared the bill in three months. In month four you will now have an extra R120 to add to your R200 (your sacrifice money) to kill the next bill.

Four months later Brand Clothing will be settled. So now after eight months you will have R520 per month to pay off Uncle Bill, and he will be squared up in just six months (maybe he will forgive you the last R180).

So in 14 months you will have cleared R5220 in debt and R620 per month in repayments. This will make a significant difference to your cash flow and peace of mind.

This money can then be added to your car payment. This means that you will be able to shave 23 months off your car loan. So in a mere four years you can be R2120 per month richer (without having to earn more money).

With all this money in your pocket you can kick off your savings and start that long overdue investment plan. I say start because you still have one final debt to pay, your home bond.

So take R1000 and pay it into your bond. The result? You will have cleared your bond in 130 months instead of 240 months and saved yourself a massive R266 000 in interest charges.

Now you have a strategy for paying off your dept. Pay attention to the following as well.

2.3.1. Stay out of credit card debt

Credit card debt negatively affects a lot of people's long-term wealth and it is very important that you get out of debt.

Interest rates on credit cards are typically much higher than savings rates and even higher than many alternative investments.

To make things worse, once you get into credit card debt you fall further and further behind because in addition to funding current expenditures, you also need to pay for the previous expenditures that are already on your credit card.

By carrying big overdrafts on credit cards many people feel that it is hopeless to try to pay them off, so their overdraft continues to rise.



Don't be discouraged. Take positive action. Never forget that even paying down a small portion helps. The more you pay down, the easier it is to pay the rest because there is less interest due each month.

ALWAYS pay more each month on your credit card than what you spend on your credit card. If possible, discontinue using your credit card and start paying for your purchases in cash, and only when you have the money.

Don't lose site of the big picture. It's often discouraging because it seems like it will take forever to get out of credit card debt. Don't get discouraged. Think about how nice it will be to start sending those credit card payments to your savings or brokerage account each month when you're out of credit card debt.

2.4. Maintain a spotless credit record

Your credit record is one of the most important resources you will ever have when saving money. Basically, the better your credit, the lower your risk profile and therefore the lower your interest rates will be. More importantly, good credit is of the utmost importance when buying a house or taking any kind of loan. And even more importantly, if you ever get into a bind or run into a cash liquidity problem, having good credit will vastly help you raise the funds you need at reasonable prices. If you haven't looked at your credit report in a while, you should do so soon.

2.5. Rationalize your spending

Another important rule of financial advice! Think twice before spending your money. I often find myself getting excited about making a purchase and want to jump into it immediately. Before doing so, I make myself step back and weigh that decision. Do I really need that item? Is the long-term value of that item worth the opportunity cost of spending that money elsewhere? If you can't find a solid reason to spend your money, then don't spend it! Take my financial advice and save your money!

2.6. Save your money

The smartest words ever said by anyone: "A penny saved is a penny earned." Start small. Don't give up. Don't dip into your savings unless it's an emergency. Every little bit helps. Did you know that if you saved R1 per day and invested it at 10%, you'd have almost R200, 000 in 40 years? Every little bit counts and it is very important that you take this financial advice, get out of debt and save money - and start saving it now!

You can save money in many different ways. For example, using coupons at a grocery store or buying things on sale that you'd buy regardless of whether or not it was on sale saves you money. You can also save money by foregoing spending until a future date or by foregoing spending on non-essential items. For some people, self-control is a real issue and if the money isn't "accounted for" immediately, they tend to spend it on impulse and luxury items that are



non-essential. If you find yourself in this category, or have trouble saving, you should create an investment account that is automatically funded each month. To do this, you may need to create a monthly budget to determine a monthly savings goal. If you do create a budget, make sure that it is realistic, matches your lifestyle and that it leaves plenty of room for miscellaneous expenses that seem to pop up regularly. If you create an unrealistic budget you'll likely save less than what your budget calls for, become frustrated and resort to your old ways.

2.7. Start as soon as possible

I can't stress this point of advice enough. You must start today!! Assuming you have 30 to 40 years until retirement, every year you forego saving or investing money today will subtract 1 to 5 years from your retirement. Just think, by saving and investing all you can today, you may be able to retire up to 5 to 20 years earlier than you expected. For a better understanding of why it is so important to start saving and investing today, it's important to understand why a dollar saved today is worth so much more than a dollar saved tomorrow. See the time value of money rule for a description. And start saving money today!

2.8. Diversify your investments and wealth

A great piece of financial advice! It means, don't put all your eggs in one basket. If you work for an insurance company and have all of your retirement funds and stock options invested in that same company, you're not diversified. A good diversification strategy involves spreading your investments and wealth across many different asset classes. By doing so, you reduce the risk of losing a large percentage of your wealth by events that only affect one asset class.

The right diversification strategy for you depends on how much wealth you have, your age range, your risk profile and many other factors. Although I can't recommend specific strategies for diversification, I can offer some simplified guidelines:

Diversify across the following categories: real estate, stocks, savings or money market accounts, bonds, other investments.

Diversify within each category above.

If you invest in stocks, try not to let any one stock account for more than 5% to 10% of your portfolio.

Use mutual funds to diversify stock risk. Buy different mutual funds from different fund companies. Keep 3 to 6 months of income in liquid assets including cash, savings or money market accounts. As you approach retirement, increase this amount dramatically.



Although bonds are often a stable to a well-diversified portfolio, I wouldn't recommend investing in them unless your portfolio is large (over R200k) or unless you are close to retirement (within 5 to 15 years). To invest in bonds despite these circumstances, you can buy mutual funds that specialize in bonds, also known as bond funds.

If all of your wealth is in the value of your home (real estate) and you can afford a higher mortgage payment, you may want to diversify by taking a home equity loan (when interest rates are low) and investing it in another asset class. Only do this if you are comfortable taking on added financial responsibility, but doing so can sometimes increase your diversification and add to your long-term returns.

These rules are everything you need to know to get ahead financially. Make sure you have a firm understanding of each and every rule. And more importantly, make sure that you apply the rules to your life going forward.

3. Understand yourself

An important financial skill is to understand yourself, your spending habits and underlying believes about money.

Graeme Codrington and Sue Grant-Marshall (in their book: Mind over money – strongly recommended reading) make a case that not only does each generation think differently about money, but every phase in life has different attitudes and goals towards money.

Let's take a look at some differences between generations.

Who are you?

You're a	Veteran, Traditionalist, Mature, Silent Generation	Baby Boomer, Boomer	Generation X	Millennial, Generation Y, Gen Why? Nexters, Echo Boomer
If you were born	before 1945	between 1946 and 1964	between 1964 and 1980	since 1980
You're shaped by	World War II, the Depression, traditional family	television, the Cold War, student activism, youth culture, FLQ crisis, feminism, space travel, stay-at-home moms	the energy crisis, technology's first wave, fall of the Berlin Wall, music videos, AIDS, working mothers (latchkey	explosion of technology and media, 9/11, Columbine shootings, multiculturalism, variety of family structures



			kids), rising divorce rates	
You value	respect, loyalty, experience	standing out, recognition	flexibility, honesty, feedback work-life balance	strong leadership, concern for community, structure, fair play, diversity
On the job you are	a disciplined, hard worker who appreciates order and a job well done	a driven, service-oriented team player who doesn't want to be micromanaged. You live to work	unimpressed by authority and focused on self-	self-confident, competent, optimistic, out- spoken and collaborative
Your career motto is	Seek job security	Education plus hard work equals success	Invest in portable career skills	Multi-track or die!
Attitude to money is	Save it to leave to my children, save it for a rainy day	Something I'll always owe the bank	A means to an end – not an end in itself	Use it to change the world
Your strengths are	Stable Detailed Oriented Loyal Hard-working Experts Good managers	Visionaries Energy Enthusiasm Driven Team players Resolute Principled	Adaptable Techno-savvy Creative Pragmatic Not intimidated by authority Independent	Civic minded Do it together Confident Optimistic Community minded Visionary
Your weaknesses are	Averse to change Loathe dept Isolated from younger generations Indecisive Authoritarian Governed by rules Lacks vision	Arrogance Dominance Self-centred ME-generation Judgemental Ruthless	Impatient Cynical Lack of loyalty Lack of respect for elders Demanding Pessimistic	Arrogant Inexperienced Label conscious Not good on detail



The different phases in life also make a different in your attitude towards money.

Phase	Birth to 20	20 - 35 years of	35 – 55	55 to
	years	age	years of age	infinity
Motto	Start right and you'll end right	The Roller Coaster years	The Consolidation years	The sunshine years
Theme	Upbringing first, education second	Focus, focus, focus	Consolidate	Enjoy, relax and give something back
Menu	Unconditional love Security Consistency Acceptance	Where to spend you hard earned cash: 1. Invest in your career or business 2. Enhance your skills 3. Pay of dept 4. Invest in a diversified investment portfolio	Pennies do not come from heaven. They have to be earned here on earth	Think and live wisely
Key principles	Emotional backbone Mind before brain development Real life orientation Self-reliant, self-disciplined and self-driven	Master your lifestyle Be single-minded Choose assets first and lifestyle second Protect/balance your personal life and health Aim high	Grow up – your wild days are over Get new blood into your business Organise leadership succession Get out of dept – it's now or never! Sell some shares and property; consolidate your assets	Don't risk it – secure it Never be old and poor Trust? Yes! But the right people Forget about cracking it one last time with your retirement funds Enjoy yourself – you've earned it



Remember the abovementioned are just guidelines. You still need to educate yourself financially. Seek professional advice. But most importantly, take responsibility for your own financial future.

Evaluation Indicator 3

- 1. Has a sense of mastery and competence in managing the environment;
- 2. Controls complex array of external activities;
- 3. Makes effective use of surrounding opportunities;
- 4. Is able to chose or create contexts suitable to personal needs and values.





Positive Relationships

Specific Objective 4

Establishing positive relationships with other people.

Basic Assumption 4

High competency in this 4th gear involves a person who has warm, satisfying, trusting relationships with others, is concerned about the welfare of others, capable of strong empathy, affection, and intimacy and understands the give and take of human relationships.

Low competency involves a person who has few close, trusting relationships with others, finds it difficult to be warm, open and concerned about others, is isolated and frustrated in interpersonal relationships and not willing to make compromises to sustain important ties with others.

Content of dimension 4

To master this dimension we will give attention to the following aspects:

- 1. Important aspects of relationships
- 2. Specific skills that will enhance relationships
- 3. Altruism/Caring for others

4.1. Aspects of relationships

Let's first give a definition of relationships. **Interpersonal relationships** are simply <u>social</u> associations between two or more people.

These associations vary in differing levels of <u>intimacy</u> and sharing. The underling implication of these social associations is the discovery or establishment of <u>common ground</u>, and may be centred around something(s) shared in common.

The level of intimacy is determined by the type of relationship.

Types of interpersonal relationships

- Kinship relationships
 - This includes <u>family</u> relationships, being related to someone else by blood e.g. fatherhood, motherhood; or through <u>marriage</u>



(<u>affinity</u>), e.g. father-in-law, mother-in-law, uncle by marriage, aunt by marriage.

- Formalized intimate relationships.
 - Or <u>long-term relationships</u> through <u>law</u> and public <u>ceremony</u>,
 e.g. <u>marriage</u> and <u>civil union</u>.
- Non-formalized intimate relationships
 - Or <u>long-term relationships</u> such as <u>loving</u> relationships or romantic relationships with or without <u>living together</u>; the other person is often called *lover*, <u>boyfriend</u> or <u>girlfriend</u> (not to be confused with *just* a male or female friend), or <u>significant other</u>. If the partners live together, the relationship may be similar to marriage, and the other person may be called <u>husband</u> or <u>wife</u>. Over a certain length of time they are so regarded by <u>common law</u>.

Soul mates.

Individuals who are intimately drawn to one another through a favourable meeting of the minds and who find mutual acceptance and understanding with one another. Soul mates may feel themselves bonded together for a lifetime; and, hence, they may be <u>sexual partners</u> but not necessarily.

Casual relationships.

 Relationships extending beyond one night stands that exclusively consist of <u>sexual behaviour</u>, the participants of which may be known as *friends with benefits* when limited to considering <u>sexual intercourse</u> or <u>sexual partners</u> in a wider sense.

• Platonic relationships.

 This is an affectionate relationship into which the sexual element does not enter, especially in cases where one might easily assume otherwise.

Friendship.

 This is relationships which consists of mutual love, trust, respect, and unconditional acceptance, and usually implies the discovery or establishment of <u>common ground</u> between the individuals involved.

Brotherhood and sisterhood.

Individuals united in a common cause or having a common interest, which may involve formal membership in a <u>club</u>, <u>organization</u>, <u>association</u> or <u>society</u>. This type of interpersonal relationship also includes the comradeship of fellow <u>soldiers</u> in <u>peace</u> or <u>war</u>.

Professional relationships.

 Partners or co-workers in a <u>profession</u>, business, or a common workplace.

Acquaintanceship.

 Simply being introduced to someone or knowing who they are by interaction.



The important thing to notice is that we have different types of relationships and that different rules apply for different relationships. We do not have to treat everybody the same. We do treat our spouse differently to our colleagues.

It helps if we see our relationships on paper so let's do the following exercise.

Exercise 4.1.1.

Identify all the relationships that you have in your live.

- 1. Take a piece of paper and write your name in the middle.
- 2. Now write all the different types of relationships you have around your name.
- 3. Place those that are most important to you next to your name and those that are the least important the furthest.
- 4. Using the key for relationship patterns as outlined below, create your relationship chart.

Relationships which are linked	=========
Family by birth, marriage or agreement	+++++++++++++
Problems that need working on	*
Would like to the relationship to get closer	
Would like to end the relationship	

Effect of relationships

As human beings we are social beings. We cannot function optimally without other people. As children we are dependent on adults to take care of us. As adults we strive towards independence, but ultimately we need to be interdependent.

It is a natural process that people influence us. Each relationship we stand in has an effect on us. But what most of us do not realize is that we have a choice who we allow to influence us and to what degree they will influence us.

So let's classify each relationship. Go back to the previous exercise and write next to each relationship:

E - Energizer

M – Mentor or advisor

S – Supporter

DO – Door opener

P – Parasite or energy thief

C – Criticizer

B – Breaker – someone who breaks you down

Remember: One relationship may even have different effects on us, i.e. your supporter may also be an energy thief.



How does this exercise help you in your relationships?							

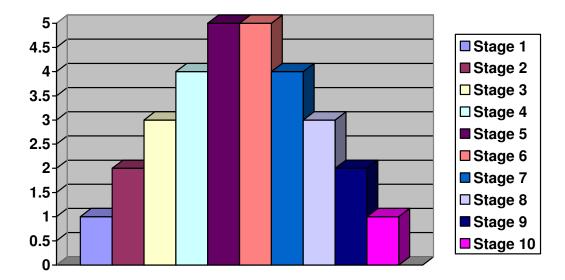
Stages of Relationship Formation

It is possible, but of course not imperative, that relationships travel through ten stages from initiating to terminating. Some relationships never develop beyond a specific stage, other grow from one stage to another. Sometimes we may seem to jump back and forth through the stages when we are in the relationship. Relationships also travel at different speeds through the stages. It is also true that one stage tends to flow into another. The general stages become clearer when we gain some distance and perspective. For the sake of analysis, we can often find events which represent the change from one stage to another.

- 1. Initiating stage -- meeting the other person. The first stage can be very short. You may be introduced at a social gathering or as part of a work group. However, the stage can be long. For example, a friendship that starts in adult life with someone you grew up with as a child.
- 2. Experimenting stage -- small talk, testing topics. After initiating, people move into experimenting. They want to know whether they have any basis for a long-term relationship with the other person and on what basis the relationship might exist. This stage can be very long. Talking with the person superficially at work, school, church, or chat room could last for years.
- Intensifying stage -- developing commonalities. Friendships begin to intensify as people begin to build on common interests and needs: Neighbours having kids the same age, employees working well together.
- 4. Integrating stage -- lives begin to share structure. After friends begin to feel closer, they begin to count on doing things together. Church members might volunteer for the same activities. Co-workers might ask for the same shift.
- 5. Bonding stage -- symbolic commitment. The integrating stage does not necessarily move into bonding. Two people could work closely with each other at the same job until retirement without feeling that there was a relationship commitment. Probably all of us have life-long friends with whom we don't share a commitment. On the other hand, special



- relationships move eventually to bonding. Bonding can take many symbolic forms: Rituals, mutual history, intimacy, or even a legal contract, like a business partnership.
- 6. Differentiating stage -- re-establishing individuality. After the bonding stage, it is healthy to do some differentiating. Most relationships thrive on a balance of intimacy and distance. People gain strength from a relationship to deal effectively with the outside world, and because they are individuals they have much from the outside to bring back into the relationship. Many couples who stay married for fifty years and more have achieved this balance. It's not that they don't have problems, but the commitment they share keeps them strong as a couple.
- 7. Circumscribing stage -- distance and tension. If friends stop putting the needed energy back into the relationship or if they begin to lose some of those things which initially attracted them to each other, tensions begin to develop.
- 8. Stagnating stage -- superficial routine. Often the tension in a relationship grows so strong that partners find themselves going through the motions. The rituals have lost their meaning and create more resentment.
- 9. Avoiding stage -- alternating fight and flight. The tensions in the stagnating stage continue to grow and lead to some combination of fight and flight. Individuals might start working long hours or take another shift so they won't be around their partners. Arguments explode and escalate. Sometimes partners move back and forth between making up for brief periods of time, only to explode again.
- 10. Terminating stage -- breaking off or letting go. If the tensions cannot be resolved, relationships terminate sooner or later. Sometimes friends get together (often over dinner) and make the decision to end it. Other times, avoiding just happens one last time and the former friends don't see each other again. Often the nature of the relation changes, as when couples with children divorce, but still share the raising of the children in separate households.



Stage 6 can go on for as long as the people in the relationship are alive. One can also distinguish 4 different developmental phases in stage 6. These phases are necessary for stage 6 to keep a lifetime. At any point of these phases the relationship can deteriorate into stage 7 and on.

To explain the phases we will take a marriage as an example. The 4 developmental phases are:

- 1. Romantic phase In this phase hormones rule. The other person is the most wonderful person created by God. He/she is the one we have always dreamed of.
- 2. Disillusion phase In this phase the hormones make place for disappointment. He/she is not what we thought they were. He lets his socks lie around and she never puts the toothpaste cap back on.
- 3. Power struggle phase This phase is marked by fights where we try to change to other person to become the one we dreamed of. At the same time we are fighting to keep our identity intact.
- 4. Friendships phase This phase is marked by acceptance. We feel accepted as we are and we accept the others for who they are. We start enjoying their uniqueness and that loving feeling of phase one returns.
- **4. Question:** How do these stages of relationships help you understand your relationships?



4.2. Specific skills that will enhance relationships

For each relationship type, essential skills are needed, and without these skills more advanced relationships are not possible. Three basic skills we will give attention to are:

- 1. Affection
- 2. Empathy
- 3. Intimacy

These skills can be applied in different ways depending on the type of relationship. We will focus on a permanent relationship, such as a marriage to see how these skills can be applied.

4.2.1. Affection

Affection (from latin *ad*, and *facere*, meaning "to do something to") is an emotion that derives from the recognition of one's own values in the character of another.

Quite simply, affection is the expression of love. It symbolizes security, protection, comfort and approval, vitally important ingredients in any relationship. With affection, the following messages are being sent:

- 1. You are important to me, and
- 2. I'm concerned about the problems you face and will be there for you when you need me.

Affection is, for many, the essential cement of a relationship. Without it, many feel totally alienated. With it, they become emotionally bonded.

A simple hug can say those things. When we hug our friends and relatives we are demonstrating our care for them. And there are other ways to show our affection: A greeting card or an "I love you" note; a bouquet of flowers; holding hands; walks after dinner; back rubs; phone calls; and conversations with thoughtful and loving expressions. All can communicate affection.

These expressions of affection (various means by which love is communicated to another person) contribute to the overall atmosphere of love in a given relationship. In fact, research suggests that the informed and deliberate use of expressions of affection has a profound impact on marital satisfaction (and this impact can be experienced in other relationships).

Positive-Negative ratio

John Gottman has researched this phenomenon of relationship dissolution for over twenty years. He has predicted (1994), with 94 percent accuracy, whether or not a couple will stay together.



According to Gottman, the main indicator of whether or not a couple will stay together is what he calls a 5:1 ratio between positive moments and negative moments. Positive moments are those subjective feelings of love experienced by one spouse that are directly due to the actions of the other spouse. Negative moments are those occasions when one of the partners feels unloved due to the actions (or inactions) of their spouse. (Affection = positive moments).

Gottman suggests that the people who are dissatisfied with their relationships and wish to dissolve them do so because they find that the negative moments in the relationship have more impact than the positive moments. Even if there are more positive than negative moments, if the ratio is not great enough, the relationship will be strained.

This is primarily the result of the greater impact that unexpected negative moments have on a spouse as opposed to expected positive moments. After all, who marries anticipating feeling unloved?

People expect the positive moments and relish the expressions of affection that they receive from their partners, and reel from the negative moments that appear to come, seemingly, out of nowhere. Therefore, according to Gottman, each person needs to experience a larger percentage of positive moments to negative moments in order to feel a sense of satisfaction in the relationship and a desire to maintain it.

Expressions of Affection

Given this positive moment–negative moment phenomenon, how can people maximize the positive moments and thereby keep not only their relationship intact, but also their relational partner satisfied?

Two studies have addressed this to some degree by considering how one relational partner expresses love to the other (i.e., how to give positive moments through various expressions of affection). Kenneth Villard and Leland Whipple (1976) suggested ways that people express affection to each other.

Gary Chapman (1997) followed the same vein, in his book entitled The Five Love Languages. Chapman developed categories of expressions of affection strikingly similar to Villard and Whipple's, including verbal expressions, quality time, gifts, service, and touch. Villard and Whipple had a sixth category, acts of aggression.

These two lists may not provide an exhaustive understanding of how people express affection, but they do give a general framework for understanding tendencies in this area of relationships.



Verbal expressions

A verbal expression of affection is anything that could be said to or about the other person that could cause them to feel encouraged, loved, or validated. This includes, but is not limited to, the obvious statement "I love you". Many people long for this direct verbal expression of their spouse's feelings (Chapman 1997).

The person who looks for verbal expressions of affection is happy with a compliment on appearance, a positive comment about a tasty meal, praise of victories achieved, or verbal support of a spouse's goals or dreams. Public praise or admiration of the spouse, even if it is not said directly to the spouse (either it is overheard or relayed by a third party), enhances the feelings of love felt by the recipient.

Quality time

Whereas some people feel loved when their spouse says positive things about them, others appreciate the second type of expression, quality time. For example, a husband who feels most loved through quality-time, feels important when his wife takes time away from her other duties to spend time with him. Or a wife might feel loved through a silent walk on the beach. The quality time does not need to be spent with the couple in seclusion, although it could be spent that way.

The most important element in quality time is togetherness This might mean something as mundane as washing dishes together. While one washes and one dries, they could share stories about their day, dreams about life, or quietly go about the work in front of them with no words exchanged at all. Some research even suggests that such quality time is essential for development and maintenance of relationships (Baxter and Bullis 1986).

Gifts

Although some people see quality time as the primary expression of affection, others enjoy receiving gifts. Research indicates that there are many reasons why a person likes to receive gifts (Areni, Kieckner, and Palan 1998).

A wife who feels loved by receiving gifts might be pleased because her husband spent money when it was totally out of character for him to do so. The giving of flowers to signify that the spouse remembered a special day (Mother's Day, birthday, or anniversary) could speak volumes to some partners.

A gift could provide a positive moment because it indicates that the spouse thought of the other person when he or she was not present and that thought motivated the gift. Something as simple as picking up a candy bar can express affection.



Acts of service

Many people would say that gifts are perfectly fine, but "the clothes aren't going to fold themselves!" Acts of service, the fourth type of expression of affection, involves one partner performing specific actions for their spouse.

The exertion of time and energy for the other's benefit is key. A husband who feels loved by what his wife does for him would experience the greatest feeling of love when his wife fixes dinner or surprises him by mowing the lawn. Likewise, a husband might express affection by changing soiled diapers or doing the laundry.

These actions are not always the most wonderful or desirable things to do. Most people do not jump at the chance to clean the toilet or wash the car. However, the thought that a spouse would do something like this, even though he or she does not particularly like to, would make the other spouse feel loved.

One researcher has indicated that supportive behaviours include tangible support (i.e., acts of service) through "offering assistance or resources" (Cutrona 1996). By offering time and energy through serving one another, marriage partners are likely to experience positive moments.

Touch

In addition to acts of service, many have the primary need for the fifth type of expression of affection, touch.

Physical touch is positive touching. Positive touching does not necessarily have sexual overtones, though it does include this. Rather it is physical touch done for the purpose of showing positive feelings for someone. For instance, cuddling, hugging, an arm around the shoulder or even holding hands fulfils a person's desire to be touched without a sexual level of involvement. These instances of touch let the other person know that he or she is loved. Touch is a symbolic behaviour that sends several different messages.

Researchers have outlined four particular categories of touch as a symbolic behaviour: support, appreciation, inclusion, and sexual touch (Jones and Yarbrough 1985).

Supportive touch happens when one spouse shows care and concern for the other such as through a hug. Appreciation touching usually occurs with verbalized statement of gratitude. The touch might be a pat on the back or a kiss on the cheek accompanying "Thank you!" Inclusion touching is reserved for intimate friends, spouses, or other family members. It involves such behaviours as holding hands and sitting on laps to suggest special inclusion of deliberately chosen individuals. Sexual touch is designed to indicate sexual attraction and intent toward and including sexual intercourse. Although these



are different types of touch, they all could signify a positive moment for some spouses.

Aggression

The final category, which could arguably fall under physical touch, has been separated out because some of its distinct qualities. Aggression, as Villard and Whipple (1967) use it, seems paradoxical.

The goal of aggressive touch is not to injure or cause harm to a person (the very antithesis of love). Instead, aggression is affection that might best be described as "horse-play" or "rough-housing". This is the playful pinching, wrestling, or soft punching on the arm that are indicative of many friendships.

It differs from physical touch in that it can often be misconstrued by outsiders or even by the recipient of this affection. A specific example of this is playfully wrestling the remote control from a reluctant spouse's hand (with more interest in the wrestling than in the remote control). Messing up a spouse's hair or tugging at their clothing can likewise send signals of affection.

Certainly, acts of aggression come in various forms and cease to express love if the other spouse feels, in any way, violated as a result.

Exercise 4.2.1.

- 1. Choose an important relationship you have with someone (your wife, husband or child).
- 2. Which one of the abovementioned types of affection do you think, would they prefer?

3. \	wriich type	would you	u preier?		



Session 8

4.2.2. Empathy

Empathy is the recognition and understanding of the states of mind, <u>beliefs</u>, <u>desires</u>, and particularly, <u>emotions</u> of others.

It is often characterized as the ability to "put oneself into another's shoes", the ability of identifying oneself mentally and emotionally with someone and so being able to fully comprehend the other person. It is experiencing the outlook or emotions of another being within oneself; a sort of emotional resonance.

Empathy must be distinguished from <u>sympathy</u> and <u>emotional contagion</u>.

Sympathy is your own feeling of compassion for another, the wish to see them better or happier, often described as "feeling sorry" for someone.

Emotional contagion is when a person (especially a child or a person in a mob) identifies with strong emotions others are showing and becomes subject to the same emotions themselves.

In contras with sympathy and emotional contagion, *empathy* is a deeper understanding of the other person's emotions. And, importantly, conveying that understanding to the other person.

The human capacity to recognize the emotions of others is related to our imitative capacities, and seems to be grounded in the innate capacity to associate bodily movements and facial expressions.

Humans make immediate connection between tone of voice,. body language and inner feeling. Hence, by looking at the facial expressions or bodily movements of others, or hearing their tone of voice, we are able to get an immediate sense of how they feel on the inside. We experience this as anything from understanding, to directly experiencing or feeling their emotion (say, sadness or anger), rather than just noting the behavioural symptoms of that emotion.

To fully develop empathy we require more than simply recognizing another's emotional state. A clear understanding and implication of the emotional states must be obtained and then communicated.

The first element of developing empathy is to identify the objects or states of affairs that the emotions are typically directed towards. (whether the objects are either real or imaginary).

Next, the empathiser must determine how the emotional feeling will significantly affect the way in which she/he perceives the other person.



Remember that emotions are contagious. Therefore the empathiser needs to be aware of her/his own emotional processes.

The empathiser now needs to find the way into the loop where perception of the other person generates feeling that is the same as the other person's. That feeling affects the perception of the other person. This process occurs before taking into account the character of the other person as well as their wider non-psychological context (such as being short or being a lawyer).

Hence she/he must not only recognize the person or object toward which the other is directed, but also then recognize the bodily feeling, and then add these components together to find empathy for the person.

Remember we will never be able to fully understand another person's feelings or thoughts, but by engaging empathetically with someone we grow closer in our relationships.

In general two methods of empathy are possible: either

- a) simulate the pretended beliefs, desires, character traits and context of the other and see what emotional feelings this leads to; or
- b) simulate the emotional feeling directly perceived and then look around for a suitable reason for this to fit.

Either way, full empathetic engagement is supposed to help to understand and anticipate the behaviour of the other.

Warning: Seeing the pain of others might be painful.

Exercise 4.2.2.

Describe in writing how you feel about your children (or children in general).

Form a pair with another group member and take turns to listen empathetically to the other's feelings about children.

Give them empathetic feedback using the following format:

What you said is (object)	
and your emotion about is was	

If your emotion was accurately given back to you, give your partner acknowledgement for it. If not, try again.

Repeat this exercise until you feel it comes naturally.



4.2.3. Intimacy

Intimacy is complex in that its meaning varies from <u>relationship</u> to relationship, and within a given relationship over time. In some relationships, intimacy is entwined with <u>sex</u> and feelings of closeness may be connected or confused with sexual feelings. In other relationships, intimacy has more to do with shared moments than sexual interactions. In any case, **intimacy is linked with feelings of closeness among partners in a relationship**.

Intimacy can also be identified as <u>knowing someone</u> on more than one level, to know many different aspects of a person or how they would respond in different situations, because of the many experiences you've had with them.

This is not a clear definition but even without a specific definition, it seems clear that intimacy and healthy relationships go hand in hand. Indeed, intimacy is a basic ingredient in any meaningful relationship: the basis of friendship and one of the foundations of love. It may take several forms.

The main ones are emotional intimacy and physical intimacy.

Emotional intimacy is a dimension of <u>interpersonal intimacy</u> which varies in degree, much like <u>Physical intimacy</u>. In an emotional context, intimacy can be observed in terms of communication pertaining to emotional states as subjective experiences.

The degree of comfort and effectiveness of the communicative process can be seen as an indicator of the emotional intimacy between two individuals. Relative emotional intimacy depends primarily on <u>trust</u>, as well as the nature of the relationship.

Emotional intimacy frequently involves individuals discussing their <u>feelings</u> and <u>emotions</u> with each other in order to gain understanding and offer mutual support. It is necessary for human beings to have this form of intimacy on a regular basis for them to develop and maintain good <u>mental health</u>.

Physical intimacy is informal proximity and/or touching, usually between two persons, where their positioning and/or touching is an expression or result of intimate feelings (such as close friendship, love, and/or sexual attraction) which they have for each other.

Examples of physical intimacy include being inside someone's <u>personal space</u>, <u>holding hands</u>, hugging, kissing, caressing, and sexual activity.

Exercise 4.2.3.

Make	а	date	with	some	one	import	tant ir	your	life	and	discuss	your	feelings
and e	mc	otions	with	them.	(Kee	p the	rules	of effe	ctive	con	nmunica	tion in	mind).

1



Date of appointment:	
Feelings and emotions to be discussed:	
	_

4.3. Altruism/Caring for others

Altruism is the practice of placing others before oneself. It is a traditional <u>virtue</u> in many cultures, and central to many religious traditions. In English, the idea was often described as the <u>Golden rule of ethics</u> - "Do unto others as you would have others do unto you".

Altruism can be distinguished from a feeling of <u>loyalty</u> and <u>duty</u>. Altruism focuses on a moral obligation towards all <u>humanity</u>, while duty focuses on a moral obligation towards a specific individual (e.g. a <u>king</u>), a specific organization (e.g. a <u>government</u>), or an abstract concept (e.g. <u>God</u>, <u>country</u> etc). Some individuals may feel both altruism and duty, while others may not.

If one performs an act beneficial to others with a view to gaining some personal benefit, then it is not an altruistically motivated act.

When an individual experiences empathy towards someone in need, the individual will then be altruistically motivated to help that person; that is, the individual will be primarily concerned about that person's welfare, not his or her own.

In common words, altruism usually means helping another person without expecting material reward from that or other persons, although it may well entail the "internal" benefit of a "good feeling," sense of satisfaction, self-esteem, fulfilment of duty (whether imposed by a religion or ideology or simply one's conscience), or the like. In this way one need not speculate on the motives of the altruist in question.

Altruists choose to align their well-being with others - so they are happy when others thrive, sad when others are suffering.

Essential in establishing strong <u>relationships</u>, most societies acknowledge the importance of altruism within the family. By motivating cooperation rather than conflict, it promotes harmony within communities of any size. Of course, peace within communities does not necessarily herald peace between communities, and the two may even be inversely related – witness, for example, the way in which social strife tends to decrease within countries at war.

Altruists broaden their perspectives in an effort to overcome the artificial categories that break up the complex web of life. Altruism is the abdication of



claims of power over others. To state that "None of us are worth more and none are worth less than anyone else" is almost a truism.

It is sometimes thought and taught that altruism means favouring the needs and goals of others over one's own, but that would be irrational and damaging behaviour, and is seldom, if ever the case when considered in the bigger picture.

This bigger-picture point of view leads the altruist to act in ways that should lead to the better world that she would like to live in.

It is sometimes argued that altruists end up being the "sucker" to those wily enough to cheat. This is missing the bigger picture, where altruists enjoy a much larger and valuable network of others who share altruistic values, and it misses the fact that this larger and more successful network of altruists tends to shun and punish cheaters.

Beginning with an understanding that rational human beings benefit from living in a friendly universe, logically it follows that particular human beings may gain substantial emotional satisfaction from acts which they perceive to make the world a better place.

Exercise 4.3.

Decide to do one altruistic deed this week.
To whom would you be altruistic?
What are you going to do?
When are you going to do it?

Evaluation Indicator 4

- 1. Have warm, satisfying, trusting relationships with others;
- 2. Is concerned about the welfare of others;
- 3. Capable of strong empathy, affection, and intimacy;
- 4. Understands the give and take of human relationships.



Personal Growth

Specific Objective 5

To experience continuing growth and development as a person.

Basic Assumption 5

High competency involves a person that has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realizing his or her potential, sees improvement in self and behaviour over time and is changing in ways that reflect more self-knowledge and effectiveness.

Low competency involves a person that has a sense of personal stagnation, lacks sense of improvement or expansion over time, feels bored and uninterested with life and feels unable to develop new attitudes or behaviours.

Content of dimension 5

The ultimate aim of personal growth is self-awareness and actualisation

This means in part:

- 1. to bring oneself to a state of wholeness and completion in whatever way one experiences this;
- 2. to gain sovereignty over one's life, to be authentic;
- to be emotionally competent and to further one's creativity and one's search for truth, meaning, love and relationship with oneself and with others;
- 4. to relate to others in ways that demonstrate awareness of and respect for difference;
- 5. to heal past and current wounds and traumas;
- 6. to achieve integrity and autonomy while acknowledging mutual interdependence with others and with the environment.

Three ways of growing

There are basically three types of personal growth models: the stage models, the catastrophe models and the goal setting models.

In stage models of personality development, growth typically involves increasing self-awareness, self-acceptance and social integration and results



when a person successfully negotiates normative or age-graded role transitions, such as the change from adolescence to adulthood. In such models, growth occurs at particular times in life, as people are influenced by shifts in the life-tasks or social roles that they face.

A second perspective is provided by "catastrophe" models, which emphasize that personal growth occurs in response to emotional or psychic traumas or as a result of dramatic changes in a person's location or life circumstances.

In functional terms, such challenges may impel a person to attain significant new organization within his or her personality system. In emotional terms, such difficult experiences may help people gain new insight, rediscover important values, or escape from deep-seated or long-enduring ruts.

The above perspectives both focus on environmental stresses or difficulties as the primary impetus to positive change. Thus, in these models, development occurs largely in reaction to challenging circumstances.

As a different approach, short-term personal growth might occur in the absence of strong trauma, role transitions, or environmental challenges – specifically through the proactive process of striving to achieve personal goals.

Personal goals represent individuals' sometimes tentative and usually difficult attempts to achieve new levels of positive adoptions within their lives. The self-initiated process of pursuing and attaining personally meaningful goals might enable people to fairly rapid change in their levels of psycho-social development. This is because goal striving, by definition, involves moving away from a current state towards some desired reference value.

Taking responsibility for your own growth

Perhaps the most important realization that an individual can make in their quest for personal growth is that there is no single formula that defines the path to personal success.

We all have different goals and priorities, which means that different activities and attitudes will make us feel good about ourselves. We also have different natural strengths and weaknesses that are a part of our inherent personality type. How then, as individuals, can we feel successful in our lives?

Understand what's important to you

Self-knowledge is one common goal that will help everyone achieve personal success.

So many people are hung up on somebody else's idea of what it means to be successful, and they are unaware of what is truly important to them.



In some way this is completely normal. We all have important role-models and influencers in our lives that may have basic values that are quite different from our own.

If this is the case, it is important to recognize that the discrepancy between what we have been taught to be truly important and what we personally believe to be truly important is due to a difference in perspective.

If we spend our time and effort trying to meet somebody else's idea of success, and ignore or belittle any conflicting messages from our own psyche, we will find ourselves exhausted and unhappy. Realizing what is truly important to us is a major step towards achieving personal success.

Recognize your weaknesses without hiding behind them

While improving our self-knowledge and realizing our true goals can be very liberating, we should not discard the rules of the society in which we live.

We must recognize that other people's value systems are no less important than our own. And we must recognize and accept that we live in a society in which certain personality types and behaviours are more suited for particular tasks and that each personality type has a different idea of what it means to be successful. This is the second key that will open the door towards personal growth.

For example, there are situations in which it is more appropriate and effective to show compassion and caring (Feeling), rather than impersonal logic (Thinking). Likewise, there are situations that call for using impersonal logic to make a decision, in which the more subjective viewpoint of the Feeling function is inappropriate and ineffective. Persons with a preference for Feeling will have a natural advantage over Thinkers in situations that require compassion and awareness of other's emotions. Conversely, persons with a preference for Thinking will have a natural advantage over Feelers in situations that require the ability to make a decision based on impersonal data.

However, if we are concerned with growing as individuals, we must take care not to use personality type as an excuse for our inappropriate behaviour. While it's powerful and useful to notice that another person's inappropriate behaviour may be due to their personality type, we cannot use the same reasoning on ourselves. We should recognize that our personality type has weaknesses, but we must use that knowledge to conquer those weaknesses rather than to excuse poor behaviour. We cannot be responsible for other people's behaviour, but we can control our own.

Personal goals can be set according to growth in four directions: upward, outward, inward and downward. We may each choose to balance these four directions in different ways:



- upward to achieve one's full potential;
- outward to make contact and encounter others;
- inward to increase our awareness of who we are, and what we want, need, sense, feel, think, and do; and
- downward to touch earth, to be grounded, and to connect

Exercise

Set personal growth goals in the four directions mentioned.

Evaluation Indicator 5

- 1. Has a feeling of continued development;
- 2. Sees self as growing and expanding;
- 3. Is open to new experiences;
- 4. Has sense of realizing his or her potential;
- 5. Sees improvement in self and behaviour over time;
- 6. Is changing in ways that reflect more self-knowledge and effectiveness.



Specific Objective 6

To have the conviction that life is meaningful.

Basic Assumption 6

High competency involves a person who has goals in life and a sense of directedness, feels there is meaning to present and past life, holds beliefs that give life purpose and has aims and objectives for living.

Low competency involves a person who lacks a sense of meaning in life, has few goals or aims, lacks sense of direction, does not see purpose in the present or past life and has no outlook or beliefs that give life meaning.

Content of dimension 6

"I don't know what your destiny will be, but one thing I do know: the only ones among you who will be really happy are those who have sought and found how to serve".

Schweitzer, Albert

At some point in their lives, everybody has asked themselves the questions-What is my destiny? What should I do with my life? What purpose do I have in life? Some ask it early on in life, some much later, and some have continually asked themselves the same questions for many years. We all feel like we have an ultimate purpose in life; something great to bring to the world and something by which to be remembered. But for most of us, finding purpose in our lives is probably the hardest and most elusive inner challenge we have to face.

Living a life of purpose reflects who you are deep inside, your beliefs, values and passion for living. It is about following your heart and doing what you love to do with passion and purpose. This may initially feel overwhelming and go too "deep" but that's exactly where you need to go – deep into your heart, beyond the busy, superficial day-to-day chores and demands of life.

To help us discover our purpose in life we are going to look at the story of Buckminster Fuller.

Buckminster Fuller was one of the 20th century's most important innovators and philosophers. He holds more than twenty patents. The most famous is the geodesic dome, but he also invented an automobile, a floating breakwater,



forms of architecture and a submergible. He authored several books on engineering, architecture and philosophy.

But before he reached these achievements, something profound happened in his life. In the fall of 1927, Buckminster Fuller was penniless, poor and lived in a flat in Chicago. His daughter was deadly sick with pneumonia. She cried out to her daddy: "Don't leave me!" He wanted to go to a football game and he promised her a small pennant for her birthday. It could be purchased at the game for a few pennies, all that he had.

After the game he went to a neighbourhood bar. He drank whiskey, met a friend and drank some more. Drunk, he went to the friend's house where he slept on the sofa. In the morning, he started drinking again and spent days wandering the streets of Chicago.

Three days later, he went home and apologized to his wife as he snuck in the front door. His wife told him not to bother, but to go upstairs to see his daughter, Alexandra. She had taken a turn for the worst. As he picked up her frail body, she asked him where he had been. She asked him about the pennant which he had forgotten about. The disappointment was enough to end her fragile hold on life. She died in his arms.

He went for a walk and decided to end his life. There in the depths of depression, he heard a small voice: "You do not have the right to end your life. It is not yours to end. Your life has a purpose. You have not yet done what you came here to do."

This was the event that was a defining point in the life of Buckminster Fuller, one of the greatest inventors and thinkers of the twentieth century. He began to search for the purpose of life, the sense of God that he felt and the cause of the universe. He sought to discover what could be done by a penniless, unknown man working on behalf of humanity. He decided to embark on "an experiment, to find what a single individual can contribute to changing the world and benefiting all humanity."

After Buckminster Fuller hit rock-bottom, he spent two years listening and discovering. He realized that words have tremendous power and that, though those very words, ideas are spoken into being. He wanted to discover the principles that apply to the universe. In short, he wanted to know God's purpose, God's principles and God's methods. It was through this that he discovered the principle of precession, the value of listening, and the purpose of adding value and the necessity in learning.

We are going to take these four principles of Fuller and apply them to help us understand and find our purpose in life. The principles are:



- 1. Precession
- 2. Adding value
- 3. Learning
- 4. Listening

The first principle is called: PRECESSION

Fuller taught about goals and side-effects, called "precession". Precession is not <u>PRO-</u>cession, which means movement in a line. An example is a funeral procession. Precession is: The effect of bodies in motion on other bodies in motion. It is the little ripple that goes out as an effect of our actions. One example is the ripple that goes out from the stone thrown into a pond. Another example is the pollination of plants as a side-effect of the collection of pollen by a bee. In the case of the bee, the side-effect of the action is the true benefit to the world. If we set a goal, we may accomplish it and then stop practicing it. But are we aware of the side-effects of our actions? It is the side-effect that usually brings the blessing to the world.

Precession happens at right angles to the direction of motion. It's a side-effect. In the case of the honey bee, the side-effect is the pollination of plants, and the maintenance of life on earth.

What relevance does this principle have to the finding of our purpose in life?

The relevance lies in the realization that our purpose is bigger than our actions. In the quest for our purpose we must understand that it is the side-effect of what we do that is the real value that we add. In some way we have no influence on the side-effect of our actions, but we must be aware of them.

Being aware of the side-affect of our actions helps us choose our actions. The side-effect of our actions must lead to what we are destined for. The question is what are we destined for?

This brings us to our next principle.

The second principle: Add value

As we explore further the writings of Fuller, such as his writings on Synergetics, we find amazing similarities to the truths taught over and over again by those that taught the ancient truths behind the faith traditions. This includes Lao Tze, Buddha, and Jesus.

Mankind, according to Fuller, is the only being in creation that has to earn a living. Others are just doing what they are created to do. Jesus said it very well when he talked about the birds that do not sow, or reap or gather into barns and yet the Heavenly Father feeds them. He went on to observe the lilies and how they just grow. Even Solomon was not clothed like one of them.



The principle behind this observation of Fuller is - to do what we are destined to, what we are talented to, what we love to and the money, the income and the blessing will follow just as surely as spring follows winter and a sunrise follows the night.

Fuller also suggested that we are to be conscious of the side-effect that adds value to improving the quality of life on earth.

Our purpose is to contribute something valuable on the earth. Each one of us is able to do so, because each one of us has something special, some unique talent that will make a positive difference in the life of others. The challenge is to find an effective and creative way to combine our talents and our abilities, so that we can make a unique and valuable contribution.

Up to now the two principles of precession and adding value, have helped us to understand that our true purpose in life has side-effects that add value.

But we still do not know what our true purpose is.

At this point we need to look at an important word in the definition of precession: In MOTION. There will not be a lot of precession or added value while we are sitting watching TV. No, we need to get into action. Do SOMETHING. Preferably do something that ADDS VALUE. It is only a moving ship that can change direction. As long as the ship is in the harbour, it can go nowhere and is of no value to its masters.

This brings us to the third principle: Learning as we go along.

The third principle is: Learning

It is possible that a major reason why more people don't get into motion is the fear of making mistakes.

This is unfortunate because one of the MAIN ways we learn is by making mistakes.

What happens when a baby makes its first efforts to walk? He stands up then falls down. Does the baby then think, "I'm so embarrassed, I'll never do that again"? No. He stands up - falls down - stands up - falls down - and keeps on going until he makes it. We can all walk, so we have probably all been through this.

Unfortunately somewhere along the line the ego and fear of others' opinions seem to get in the way. People start wanting to never make mistakes. The only way to do that is to do nothing. So they do nothing.

Once we do nothing, there is no precession. The magic dies. Our purpose in life is no longer being fulfilled.



We are MEANT to make mistakes! The only thing wrong with making mistakes is when we don't admit them, or don't learn from them.

How many mistakes did Thomas Edison make before his light bulb worked? I have heard 10,000. Someone once asked him, "How do you feel having made 10,000 mistakes?" He replied, "I didn't make any mistakes. I found 10,000 ways that it wouldn't work".

Another story to be told is the one about Tom Watson, the founder of IBM. A worker cost his division \$10 million in 3 months. The worker got a memo from Tom Watson, "Please come to my office to see me Monday at 3pm". That weekend was the worst weekend of the worker's life. He told his wife he was going to be fired. At the meeting on Monday he walked into Tom's office. Tom was at the board saying, "I want you to run this new division." The worker couldn't work out what was going on. He said, "Aren't you going to fire me?" Tom replied, "Fire you! Fire you! Why would I fire you when I just spent \$10 million educating you! "Tom understood the value of making mistakes and learning from them.

Remember when we first went to the moon? And what a great achievement that was. When the rocket went to the moon, how often was it on course?

ONLY 2.5 % of the time!!! What was it doing the rest of the time? Correcting!

To find our true purpose in life we need to get into motion. We need to launch for the moon. Finding our true purpose is a long process. It does not come overnight. But it will not come on its own. We need to actively seek it. To ask questions of our life until it is answered. The answer lies in the lessons we learn from our mistakes. It lies in the value we add. It lies in the side-effect of our action. And to hear that answer, we need to listen.

That brings us to the fourth principle: Listening.

The fourth principle is: Listening

Just like Fuller we have to listen to the small voice inside us. The one telling us that we have a purpose. The one that will answer our deepest question: What is my life's purpose?

To listen more clearly we need to distinguish between our purpose, our needs, abilities and desires.

Your purpose tells you what you *should* do. Your needs (money, shelter, clothing) dictate what you *must* do. Your abilities (skills, talents, education) dictate what you *can* do. And your desires (enjoyable work, passion) dictate what you *want* to do.

Taken individually each of these areas will only point you in a general direction, but when you put them all together, you'll find it easier to set



specific, practical goals. This way you'll be setting goals that help you fulfil your purpose, meet your needs, do what you love to do, and do what you're really good at.

If you are among the many weary travellers, embarking on a quest to find true purpose and success in life, the following steps will help you to uncover your own personal path. As you read each step, listen to your heart and that little voice within. Remember, the answers that you seek are within yourself. You need only to trust in your internal wisdom and be open to all the answers that come through you.

So let's start the journey ...

Discover what you love to do (your passion).

Think about what you would do if money didn't matter and if others' expectations of you didn't matter. What are your hobbies and interests? What do you do with your free time? What are the things that keep you interested for long periods? Which things or subjects do you never tire of hearing or learning about?

Combine what you love to do, with what you know how to do (your skills, training, gifts, etc.).

What skills come to you naturally or have you developed during your lifetime? Are you good at math, art, or talking to people? What training or education have you had or could you acquire that could help to facilitate your purpose in life?

Let the combination of the two result in a service, benefit, or product that will help people.

Your purpose may be to help children create a better future by being a school teacher or to help families get out of debt by becoming a financial advisor.

So what need around you really touches your heart? What situation have you observed and felt like you wish you could do something to help? Let's look at it from a different angle. What irritates you? What annoys you so much that you just want to fix it? The answer to these questions will help you identify the need that you will have to address with your talents and passion.

Remember that money doesn't guarantee happiness, but poverty doesn't either! Your true purpose in life may not bring the millions a year that you may wish for, but true wealth is not measured by how much a person has, but by how little he needs. By taking the time to find your true purpose through inner reflection and then taking the chance to live it, you may not become a millionaire, but I can promise you this – you will realize the meaning of true wealth and happiness. And isn't that what we all really want out of life?



Exercise

Make a list of the following:

- 1. Your needs what you must do.
- 2. Your abilities what you can do.
- 3. Your desires/passions what you really want to do, what you like doing.
- 4. Your annoyances what irritates you in life.
- 5. The needs of other people that really touch you.

Now compare these lists with each other and look for a common theme. Take the common theme and listen if it resonates within your heart. Is that quiet little voice inside you telling you something?

Write down what you hear.
Now you have to make a choice. You chose your own purpose. Rewrite the common theme that you identified as a statement of purpose.
My purpose in life is



LIFE IS A PROMISE; FULFIL IT! MOTHER THERESA

Our deepest fear is not that we are inadequate; our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us.

We ask ourselves, "Who am I to be brilliant, gorgeous, talented or fabulous?" Actually, who are you not to be? You are a child of God.

Your playing small does not serve the world.

There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine as children do. We are born to make manifest the glory of God within us. It is not in some of us, it's in everyone. And as we let our own light shine, we unconsciously give other people the permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.

Evaluation Indicator 6

1. Has goals in life and a sense of directedness;

- 2. Feels there is meaning to present and past life;
- 3. Holds beliefs that give life purpose;
- 4. Have aims and objectives for living.



Portfolio – Live Positive

A portfolio is an exhibition of what you have learned. In this document you must show your competence and understanding of the content and material covered in this programme.

There are three important points to remember. First, always remember this is the conclusion of your learning experience. In essence you do it for yourself. Secondly, this document is completely confidential, only you and the programme leader will read it. Quotations from your portfolio will only be done with your permission. Thirdly, know that the reader does not know what you know – you must exhibit it as clearly as possible.

The following exercises are the minimum expectation that needs to be in your portfolio. As you have surely learned more, you are free to write as much as you want.

Dimension	Exercise	Requirement
Self-acceptance	Exercise 1.1.	You must show your competence in
		identifying unhelpful belief systems and
		the ability to change it to a positive,
		helpful belief system
Autonomy	Exercise 2.2.	You have to identify and show your core values
	Exercise 2.4.	Clearly show your plan for initiating
		something new. Show your long-term
		and short-term goals, your action steps
		and timeline of achievement
Environmental	Exercise 3.2.	Show how you prioritized your action
mastery		steps and how you set aside time to do
	Exercise 3.3.	them.
		Show you competence in creating a
		budget
Positive	Exercise 4.1.1	Create a map of your relationships and
relationships		how you classify them
	Exercise 4.3.	Give a report of your altruistic deed
Personal growth		Show your personal growth goals
Sense of destiny		Share your purpose in life or how far you
		have come in identifying it



Appendix 3

Overview of six dimensions addressed in the "Live Positive!" programme

Session	Dimension	Purpose of	Basic Assumptions	Focus of	Skills taught to
	addressed	session		discussion:	enhance dimension:
2	Self-	To fill in questionnaire, contract group rules and give introduction to dimensions To get to know and	A high competency of self -	Fill in questionnaire Agree on group contract Positive attitude towards oneself	Learning to change
	acceptance	accept yourself	acceptance involves a person who possesses a positive attitude towards the self, acknowledges and accepts multiple aspects of self including good and bad qualities and feels positive about past life Low competency involves a person who feels dissatisfied with self, is disappointed with what has occurred in past life, is troubled about certain personal qualities and wishes to be different than he or she is	towards oneself	belief systems about the self through Ellis' ABC model of RECT
3	Self- acceptance	To get to know and accept yourself	Same as session 2	Acknowledgem ent and acceptance of strong and weak qualities in ourselves Feeling good about our past	Understanding yourself according to the big 5 personality dimensions Making peace with your past by writing your own basic life story

4	Autonomy	To become self-determined	High competency in autonomy involves a person who is self-determining and independent, able to resist social pressures so as to think and act in certain ways, regulates behaviour from within and evaluates self by personal standards Low competency involves a person who is concerned about the expectations and evaluations of others, relies on judgements of others to make important decisions and conforms to social pressures so as to think and act in certain ways	Our Locus of control – to regulate our behaviour from within Our values – to set our personal standards See the bigger picture of our life Become our own agent through setting life goals and strategies	•	Having an internal Locus of control Formulating a personal value-system Understanding the bigger picture of your life through a story wall Being your own agent by setting specific goals
5	Environmental Mastery	To have the capacity to manage one's life and the surrounding world effectively	High competency involves a person who has a sense of mastery and competence in managing the environment. Controls complex array of external activities, makes effective use of surrounding opportunities and is able to choose or create contexts suitable to personal needs and values Low competency involves a person who has difficulty managing everyday affairs, feels unable to change or improve surrounding context, is unaware of surrounding opportunities and lacks a sense of control over the external world	The area of our environment chosen to master in session 5 is: Effective communication	•	Better communication through understanding and applying basic listening and speaking principles

6	Environmental	To have the	Same as session 5	The areas of our	•	Managing one's
	Mastery	capacity to		environment chosen		activities, not
		manage		to master in session		one's time by
		one's life and		6 are: Effective time		identifying your
		the		management		roles, priorities
		surrounding				and goals
		world		Effective Financial	•	Managing one's
		effectively		management	-	finances through
		onconvery		managomoni		basic budgeting
						and planned dept
						reduction as well
						as an
						understanding of
						the basic
						principles of
						financial
7	Positive	Positive	Lligh competency in this	les e este est		management
'		relations with	High competency in this	Important	•	Understanding
	relationships		dimension involves a person	aspects of		boundaries in
		other people	who has warm, satisfying,	relationships		relationships and
			trusting relationships with			setting your own
			others, is concerned about the			boundaries in
			welfare of others, capable of			your current
			strong empathy, affection, and			relationships
			intimacy and understands the		•	Understanding
			give and take of human			that relationships
			relationships			go through
			Low competency involves a			stages
			person who has few close, trusting relationships with			
			·			
			others, finds it difficult to be warm, open and concerned			
			about others, is isolated and			
			frustrated in interpersonal			
			relationships and not willing to			
			make compromises to sustain			
8	Positive	Positive	important ties with others Same as session 8	Specific skills	•	Learning 3
	relationships	relations with	Jane as session 0	Specific skills that will	•	· ·
	τοιαιιστιστιίμο	other people				specific skills to
		other people		enhance		enhance your relationships –
				relationships		•
				Altruism/Caring for others		affection,
				for others		empathy and

					intimacy
					Being altruistic
9	Personal growth	To experience continuing growth and development as a person	High competency involves a person that has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realizing his or her potential, sees improvement in self and behaviour over time and is changing in ways that reflect more self-knowledge and effectiveness	The ultimate aim of personal growth is self-awareness and actualisation	Understanding how personal growth happens Set personal growth goals
			Low competency involves a person that has a sense of personal stagnation, lacks sense of improvement or expansion over time, feels bored and uninterested with life and feels unable to develop new attitudes or behaviours		
10	Purpose in life	To have the conviction that life is meaningful	High competency involves a person who has goals in life and a sense of directedness, feels there is meaning to present and past life, holds beliefs that give life purpose and has aims and objectives for living Low competency involves a person who lacks a sense of meaning in life, has few goals or aims, lacks sense of direction, does not see purpose in the present or past life and has no outlook or beliefs that give life meaning	Understanding the principles of precession, adding value, learning and listening in finding your purpose in life Clarifying your passions, skills, talents and needs	Understanding how needs, passions talents and skills combine to create an unique purpose for each individual
11	All six	Consolidation	Senote that give me meaning		
12		First post-test		Multi-dimensional	
				Well-being scales	



Appendix 4

Personal information of group members

Surname:		Nan	ne:	
Date of birth:	_ (Day)		(Month)	(Year)
Sex: Male / Female				
Address:				
Phone numbers:				
Home:		Cell _		
			_	

Contract

- 1. The group member agrees to a minimum commitment of twelve (12) group sessions.
- 2. Regular attendance is expected unless there is an emergency or serious illness. The group member will arrive on time, and remain throughout the meeting. If the group member is unable to attend, he or she is to call with a minimum of twenty-four (24) hours notice, and give the reason for their absence. The group member is asked to tell the group of planned absences at least one meeting ahead. This might include out-of-town vacation, which are excused absences if not too frequent. Temporary leaves of absence from group may be arranged with consent of the rest of group, and of the facilitator(s), if circumstances warrant. Irregular attendance or frequent lateness may be grounds for dismissal from group.
- 3. It is very important that things talked about in the group are not repeated outside. A member may want to discuss their experience with people close to them, but even in that case it is important not to use other members' names or specific information. Please respect the confidentiality of the information of others as you would want them to respect yours.
- 4. The group member is expected to work actively on the problems and issues that brought them to group. Feelings should be put into words, not action: Physical violence against self, others, or property is not acceptable.
- 5. The group member agrees to go through a "graduation process" when he or she feels like discontinuing the programme. Graduation will be announced by the member with two (2) weeks notice, and he or she will remind the group about their graduation each of the two weeks. This will



- give everyone a chance to say goodbye, and to work through this very important aspect of any meaningful relationship.
- 6. Group work is understood to involve reference not only to past history, but to the "here and now" of the group process.
- 7. The group member will trust the facilitator's discretion concerning the mentioning of information in the group known by the latter from outside the group. In practice, however, the facilitator will not do the member's work for him or her. It is the member who is responsible for mentioning issues in the group. Confidentiality issues between facilitator and the group otherwise remain the same as in individual facilitation.

Group rules

1.	Each member may only speak for him- or h	erself.
2.	Each member must be open to learn new the view of the world.	nings and change his or her
3.	Participation is the way to growth.	
4.		
5.		
6.		
	LY UNDERSTAND AND ACCEPT THIS CON EMBERSHIP IN THE GROUP.	NTRACT AND RULES FOR
Group	Member	Facilitator