



5 - IMPROVING THE WELL-BEING LEVEL BY PARTICIPATING IN A PERSONAL DEVELOPMENT TRAINING USING THERAPEUTIC TECHNIQUES

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Abstract

The concept of well-being has been studied over time in close relation with health (Cohen et al., 2003; Kiecolt-Glaser, McGuire, Robles & Glaser, 2002), positive and negative affect (Bradburn, 1969), life satisfaction (Sauer & Warland, 1982), quality of life (Headley, Kelley, & Wearing, 1993), mindfulness (Brown & Ryan, 2003), etc. Personal development firstly means the awareness that each and everyone of us are unique human beings in this Universe, that we have the resources within us to make positive changes that we want in our lives so as to live in harmony with ourselves and with everything that surrounds us. This research examines how we can improve the well-being level through therapeutic techniques as a result of attending a personal development training. Method: the participants are a group of 30 people, aged between 21 and 54 years old (Mean=38.16; S.D.=1.82), 21 female and 9 male participants. The instruments: The Ryff Well-Being Scale (Ryff & Keyes, 1995) is a self-report instrument with 42 items measuring the following dimensions each one containing a group of 7 items: autonomy, control, personal growth, positive relations, purpose in life and self-acceptance. The second instrument is the personal development training with therapeutic techniques used, for a period of three months. This training represents the independent variable. The dependent variables are the 6 dimensions of well-being. Following the research results, as well as the feedback received at the end of the personal development training, we can say that it has positive results, contributing to the improvement of each participant's well-being as well as outlining goals that each wishes to follow in life, both physically and psychologically.

Keywords: *psychological well-being, personal development, health, therapeutical techniques.*

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1. A THEORETICAL APPROACH REGARDING WELL-BEING CONCEPT

1.1. THE RELATION BETWEEN HEALTH AND WELL-BEING

Health status can often be associated with well-being; however, it is recommended that the two concepts be considered independently. Thus, La Placa et. al (2013) are of the opinion that, while health belongs to the biomedical domain, well-being is seen as being close to the psychological and emotional domain.

For McNaught (2011) cited by La Placa et. al (2013, p.116) “well-being is perceived to be a macro concept or an area of study concerned with the objective and subjective assessment of well-being as a desirable human state.”

Kahneman and Krueger (2006, p.7) point out that, initially, to measure the well-being state, correlations have been made between „measures of life satisfaction and various objective physiological and medical criteria.”

Following this direction, Cohen et al. (2003) cited by Kahneman and Krueger (2006, p.7) conducted a study in which were monitored the symptoms of subjects that have been exposed to the cold virus. As results for this study „those who had reported a higher level of life satisfaction at baseline were less likely to come down with a cold and quicker to recover if they became sick.”

Similarly, Kiecolt-Glaser, McGuire, Robles and Glaser (2002) cited by Kahneman and Krueger (2006), conducted a survey in which at the beginning they collected data on life satisfaction. The subjects of this study were injured in a controlled way, monitoring their time for healing after being wounded. The study's findings were that subjects who were more satisfied with their lives healed much faster.

1.2. HAPPINESS, MOTIVATION AND WELL-BEING

According to Straton (2010) and The Office for National Statistics (2012) cited by La Placa et. al (2013), now, the U.K government considers that measuring people's individual and psychological well-being should be made from the perspective of some indicators, such as satisfaction, anxiety and happiness.

Ryff and Keyes (1995) observed that the two most important concepts linked to well-being are happiness and life satisfaction.

Noting the exact same two directions in scientific research, after Kahneman and Krueger (2006) the most common questions that arise in research have a target to measure well-being and refer to global life satisfaction or happiness.

Diener and Suh (1997) cited by Diener et al. (1999) are of the opinion that quality of life is not determined only from the perspective of social indicators, explaining that two people in the same situation will not react similarly, because the values, the expectations, and experiences of the past which are different from one person to another. According to Schwarz and Clore (1983) cited by Ryff (1989) Social Psychology has been devoted to the study of factors that influence people's decisions in connection with well-being. The authors refer to states of mind from the time of the assessment, while Diener, Larson, Levine, and Emmons (1985) quoted by Ryff (1989) refer to the frequency and intensity of positive states of mind and their influence in decision making.

Diener (1984) and Jahoda (1958) cited by Ryff (1989) are of the opinion that, in the field of Psychology, negative mood states have been studied more intensely than positive ones. Myers and Diener (1995) cited by Diener et al. (1999) point out that articles which have as subject the negative psychological states are far more numerous than those in which psychological positive states are studied, the ratio being 17 articles on negative subjects and a single article that brings to the fore the positive aspects of life.

In a study that approaches subjects as self-determination, motivation and development in society, Ryan and Deci (2000) believe that social conditions in which a man develops and functions are the ones that make the difference between a motivated and psychologically healthy human being and an alienated, and irresponsible person. Thus, according to the authors, well-being and motivation are influenced by three inborn needs: competence, relativity and autonomy.

After Csikszentmihalyi and Rathunde (1993) and Ryan (1995) cited by Ryan and Deci (2000, p. 70) "the construct of intrinsic motivation [...] is essential to cognitive and social development and it represents a principal source of enjoyment and vitality throughout life."

1.3. CONSCIOUSNESS, EMOTIONS AND SUBJECTIVE WELL-BEING (SWB)

Diener et al. (1999, p. 276) conducted a theoretical analysis of the scientific literature on the evolution of subjective well-being. The authors are of the opinion that progress in this area is represented by several aspects, such as „the value of the individual, the importance of subjective views in evaluating life, and the recognition that well-being necessarily includes positive elements that transcend economic prosperity”.

The opinion of Diener, Oishi and Lucas (2003) is that both evaluations of present moments and longer period of times integrate the subject for subjective well-being field.

Wilber (2000) cited by Brown and Ryan (2003) points out that the quality of consciousness is an important factor for increasing well-being. The concept of mindfulness is based precisely on techniques focusing on what is happening in the present, through conscious attention and awareness in order to improve well-being.

After Salovey et al. (1995) cited by Brown and Ryan (2003, p. 823), another construct that is analysed in relationship to mindfulness and well-being is emotional intelligence which includes “perceptual clarity about one’s emotional states.”

Stones and Kozma (1985) cited by Diener et al. (1999) have determined that subjective well-being includes: people’s emotional responses, domain satisfactions, and global judgments of life satisfaction.

According to Diener, Oishi and Lucas (2003) subjective well-being levels can be considerably influenced by personality dispositions, such as self-esteem, extraversion and neuroticism.

Well-being represents a subjective experience. Each person can define this differently just because one perceives it differently. People’s personality, temperament, and character, the way they think and perceive their own life, the expectations they have of themselves and of the members of the society in which they live, the amount of negative and positive personal experience and the ability to learn something from every stage covered, however those represent only a small part of the baggage accompanying us in this journey through life. Well-being may also be perceived from the perspective of this baggage, it is within our power what weight, shape and size we give to it.

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVES

The main objective is to evidence the improvements regarding the well-being level after participating in a personal development training using the therapeutic methods and techniques: play-role, techniques of knowledge of personal problematic aspects, of conceptualisation and problem-solving, techniques of gaining access to inner resources, in order to discover a new way of thinking and a new, adaptive behaviour, cognitive restructuring techniques, the use of catharsis, assertiveness techniques, and relaxation techniques. Hence, the following dimensions of the well-being variable are measured in order to evidence the

improvements: Autonomy, Control, Personal Growth, Positive relations, Purpose in Life and Self-Acceptance.

2.2. THE HYPOTHESES

1. There are statistically significant improvements regarding the level of Autonomy after participating in Personal Development training.
2. There are statistically significant improvements regarding the level of Control after participating in Personal Development training.
3. There are statistically significant improvements regarding the level of Personal Growth after participating in Personal Development training.
4. There are statistically significant improvements regarding the level of Positive Relations after participating in Personal Development training.
5. There are statistically significant improvements regarding the level of Purpose in Life after participating in Personal Development training.
6. There are statistically significant improvements regarding the level of Self-Acceptance after participating in Personal Development training.

3. METHOD

3.1. PARTICIPANTS

The participants are a group of 30 people, aged between 21 and 54 years old (Mean=38.16; S.D.=1.82), 21 female and 9 male participants. The histogram of age representation for the 30 participants sample at the Personal Development training can be seen in figure 1.

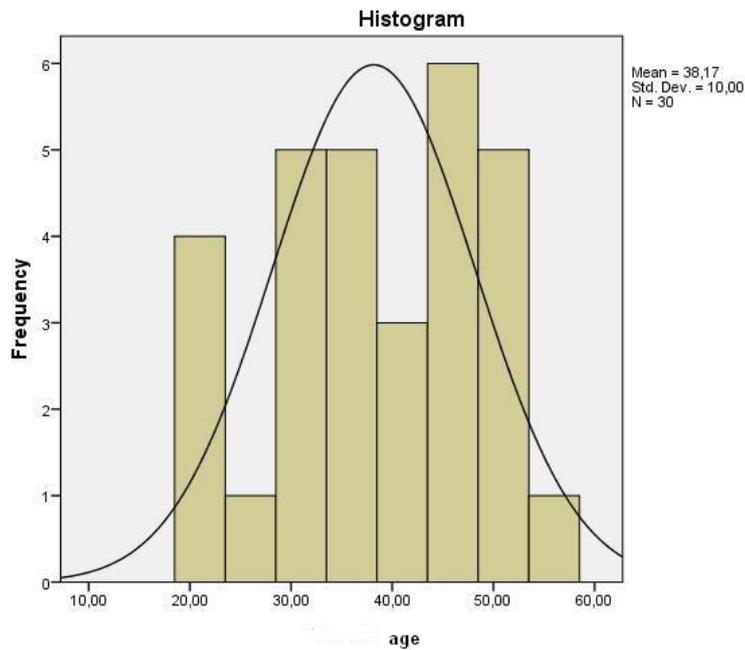


Figure 1: The histogram representation for the participants by age

3.2. THE INSTRUMENTS

1. The Personal Development training procedure consisting of 12 weekly meetings over the course of three months, which establishes a specific group interactive process, in an affective reassuring climate, using methods and techniques as well as utilising role-play, techniques of knowledge of personal problematic aspects, of conceptualisation and problem-solving, techniques of gaining access to inner resources, in order to discover a new way of thinking and a new, adaptive behaviour, cognitive restructuring techniques, the use of catharsis, assertiveness techniques, and relaxation techniques.
2. The Ryff Well-Being Scale (Ryff & Keyes, 1995) is a self-report instrument with 42 items measuring the following dimensions each one containing a group of 7 items:
 - Autonomy: items 1,7,13,19,25, 31, 37
 - Control: items 2,8,14,20,26,32,38

- Personal Growth: items 3,9,15,21,27,33,39
- Positive relations: items 4,10,16, 22, 28, 34, 40
- Purpose in Life: items 5,11,17, 23, 29, 35, 41
- Self-acceptance: items 6,12,18, 24, 30, 36, 42

Each item is measured on a Likert scale from 1 (minimum) to 5 (maximum) as divisions. The reliability varies from .87 to .93 for each of the six scales. The test-retest reliability varies from .81 to .85 for each of the six scales. <http://www.liberalarts.wabash.edu/ryff-scales/> .

3.3. PROCEDURE

The participants completed an individual consent form and they were informed about the research study, the confidentiality and protection of the personal data. The well-being scale was completed before the personal development sessions. The training consisted of 12 weekly sessions over a period of three months. After the personal development session the participants completed the well-being scale again. The sessions consisted of therapeutic methods focused on positive relations development, self-esteem development, and autonomy development. The same trainer ran all of the sessions with all of the participants.

3.4. EXPERIMENTAL DESIGN

The independent variable: the training with the personal Development procedure.

The dependent variables: Autonomy, Control, Personal Growth, Positive relations, Purpose in Life and Self-Acceptance.

4. RESULTS AND DISCUSSIONS

The collected data was computed using SPSS 15 software for statistics. In order to test the hypotheses the Kolmogorov-Smirnov Test for testing the normality of the data distributions was applied.

Table 1 One-Sample Kolmogorov-Smirnov Test for the variables: Autonomy2, Autonomy1, Control1

		Autonomy2	Autonomy1	Control1
	N	30	30	30
Normal Parameters ^{a,b}	Mean	29,8333	24,1667	22,8333
	Std. Deviation	5,29856	8,80863	6,71634
Most Extreme Differences	Absolute	,114	,092	,215
	Positive	,080	,066	,112
	Negative	-,114	-,092	-,215
	Kolmogorov-Smirnov Z	,625	,506	1,176
	Asymp. Sig. (2-tailed)	,829	,960	,126

Table 1 shows the dependent variables: Autonomy 2, Autonomy 1, Control 1 and how the data is normally distributed ($p>0.05$).

Table 2. One-Sample Kolmogorov-Smirnov Test for the variables: Control2, PersonalGrowth1, PersonalGrowth2

		Control2	PersonalGrowth1	PersonalGrowth2
N		30	30	30
Normal Parameters ^{a,b}	Mean	26,3667	25,0000	32,1333
	Std. Deviation	4,91643	8,06867	4,49316
Most Extreme Differences	Absolute	,130	,165	,194
	Positive	,089	,076	,106
	Negative	-,130	-,165	-,194
Kolmogorov-Smirnov Z		,713	,901	1,065
Asymp. Sig. (2-tailed)		,690	,391	,207

Table 2 shows the dependent variables: Control 2, Personal Growth 1, Personal Growth 2 and how the data is normally distributed ($p>0.05$).

Table 3 One-Sample Kolmogorov-Smirnov Test for the variables: Positiverelations1, positiverelation2, purposeinlife1

		Positiverelations1	positiverelations2	purposeinlife1
N		30	30	30
Normal Parameters ^{a,b}	Mean	24,9000	32,1333	24,3667
	Std. Deviation	3,64219	3,90166	7,75257
Most Extreme Differences	Absolute	,085	,122	,148
	Positive	,082	,122	,096
	Negative	-,085	-,102	-,148
Kolmogorov-Smirnov Z		,467	,670	,810
Asymp. Sig. (2-tailed)		,981	,760	,529

Table 3 shows the dependent variables: Positive relations 1, Positive relations 2, purpose in life 1 and how the data is normally distributed ($p>0.05$).

Table 4 One-Sample Kolmogorov-Smirnov Test for the variables: purposeinlife2, Selfacceptance1, Selfacceptance2

		purposeinlife2	Selfacceptance1	Selfacceptance2
N		30	30	30
Normal Parameters ^{a,b}	Mean	30,2000	23,3000	32,2667
	Std. Deviation	5,46083	9,45826	5,28455
Most Extreme Differences	Absolute	,162	,154	,213
	Positive	,077	,104	,119
	Negative	-,162	-,154	-,213
Kolmogorov-Smirnov Z		,890	,844	1,168
Asymp. Sig. (2-tailed)		,407	,475	,131

a. Test distribution is Normal.

b. Calculated from data.

Table 4 shows the dependent variables: Purpose in life 2, Self acceptance 1, Self acceptance 2 and how the data is normally distributed ($p>0.05$).

Table 5 shows the Means, Standard Deviations and Standard Error Means for the dependent variables: Autonomy 1, Autonomy 2, Control 1, Control 2, Personal Growth 1, Personal Growth 2, Positive relations 1, positive relations 2, purpose in life 1, purpose in life 2, Self acceptance 1, Self acceptance 2.

Table 5 Paired Samples Statistics: Mean, Standard Deviation and Standard Error Mean

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Autonomy1	24,1667	30	8,80863	1,60823
	Autonomy2	29,8333	30	5,29856	,96738
Pair 2	Control1	22,8333	30	6,71634	1,22623
	Control2	26,3667	30	4,91643	,89761
Pair 3	PersonalGrowth1	25,0000	30	8,06867	1,47313
	PersonalGrowth2	32,1333	30	4,49316	,82034
Pair 4	Positiverelations1	24,9000	30	3,64219	,66497
	positiverelations2	32,1333	30	3,90166	,71234
Pair 5	purposeinlife1	24,3667	30	7,75257	1,41542
	purposeinlife2	30,2000	30	5,46083	,99701
Pair 6	Selfacceptance1	23,3000	30	9,45826	1,72683
	Selfacceptance2	32,2667	30	5,28455	,96482

Table 6 shows the limits of the Confidence Interval and the value for T test for paired samples (pre-test and post-test).

Table 6 Paired Samples Test

		Paired Differences		
		95% Confidence Interval of the Difference		t
		Lower	Upper	
Pair 1	Autonomy1 - Autonomy2	-7,74994	-3,58339	-5,563
Pair 2	Control1 - Control2	-4,86254	-2,20413	-5,437
Pair 3	PersonalGrowth1 - PersonalGrowth2	-10,08778	-4,17888	-4,938
Pair 4	Positiverelations1 - positiverelations2	-8,98389	-5,48277	-8,451
Pair 5	purposeinlife1 - purposeinlife2	-8,66029	-3,00637	-4,220
Pair 6	Selfacceptance1 - Selfacceptance2	-12,47841	-5,45492	-5,222

Table 7 shows the statistical significance after applying T-test for paired samples. In this way the statistical hypotheses issued has been confirmed ($p < 0.05$).

Table 7 Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	Autonomy1 - Autonomy2	29	,000
Pair 2	Control1 - Control2	29	,000
Pair 3	PersonalGrowth1 - PersonalGrowth2	29	,000
Pair 4	Positiverelations1 - positiverelations2	29	,000
Pair 5	purposeinlife1 - purposeinlife2	29	,000
Pair 6	Selfacceptance1 - Selfacceptance2	29	,000

Based on the results from table 5 it can be evidenced that participation in the personal Development training sessions improved the levels of the following dimensions of the well-being scale: Autonomy, Control, Personal Growth, Positive relations, Purpose in Life and Self-Acceptance.

5. CONCLUSIONS

The perceived well-being is an indicator that increases work performance, improves family life, relationships with friends and the like. Taking into consideration the facets measured with the Ryff Well-Being Scale (Ryff & Keyes,

1995) we assumed that the Personal Development training improves perceived Autonomy, Control, Personal Growth, Positive relations, Purpose in Life and Self-Acceptance as facets of the well-being scale. Applying T-test for paired samples the hypotheses has been confirmed at the signification level ($p < 0.05$).

Change represents a complex process that starts from inside each one of us. On one hand, attending a personal development training which takes place within a group can produce fear for somebody who is at the beginning of their journey and think that they will be judged by other participants or, on the contrary the group may represent an important foothold for the optimum process of self-awareness and personal development. It is important to remember that each person lives and operates daily in society, in the context of a group, or as we refer to the Group of colleagues at work, the group of friends, family or small Universe formed by loved ones, the group of colleagues from school or college and so on. During poignant moments in life, everyone will look for help from the people closest to them, they will seek advice from somebody who understands them and can offer a helping hand, a tip or just a friendly hug, so that difficult or challenging situations can also be seen from another perspective, and thus making it easier to solve.

Personal development training has many benefits including:

- The ability of the participants to interact with people who are ready to listen to them and offer a piece of advice;
- Observation and analysis of the behaviour and way of thinking of all the other participants;
- Comparing the personal life situations with the ones of the other participants and finding solutions to them;
- Self-acceptance and improvement of the relationship with yourself and with your family and friends;
- Increasing confidence in oneself and in the process of personal self-development;
- Control of emotions and negative thoughts;
- Cultivation of positive thinking, oriented towards the present and future;
- Recognition of personal qualities and their use in order to improve quality of life;
- Increasing autonomy level;
- Finding the purpose in life and following it.

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