

ORIGINAL ARTICLE

The effectiveness of subjective well-being training in a non-patient sample: A follow-up study

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Abstract

Different reviews indicate the effectiveness of positive psychology interventions to promote well-being among a variety of populations, and in a growing number of real-world contexts. In the Fordyce model happiness is considered a condition characterized by both an active, sociable and meaningful lifestyle for the person and a style of thought oriented to the present and to optimism. An application is the Subjective Well-Being Training (SWBT), a path of change through cognitive-behavioral strategies. The effectiveness of the SWBT intervention was verified with a quasi-experimental methodology. N=63 adults from a non-clinical population were assessed at the same time before and after the SWBT, and then again after one year of follow-up. Participants who attended the SWBT reported a significant global improvement in happiness, satisfaction with life and emotional well-being. The control group report a significant worsening. This improvement is achieved with 8 two-hour meetings (16 total hours) and it is confirmed afterwards a one year follow-up.

INTRODUCTION

The concept of Quality of Life (QoL) begins to emerge in industrialized societies since the mid-1960s and it is opposed to an economic and quantitative vision of our social development. In the face of a vision of social well-being as an ever-increasing possession of material goods, a new perception of well-being and a further need for individual happiness are seen as a qualitative improvement of life (Goldwurm *et al.* 2004). As pointed out even more recently by Bauman (2011), often the crucial elements for happiness – love and friendship, the satisfaction of taking care of our loved ones, self-esteem, freedom from offenses and humiliation, etc. – they do not have a market price and can not be bought in stores. Objective indicators considered up to the 1960s in QoL studies (eg income, housing, health) are insufficient and must be accompanied by subjective indicators that reflect the perception of one's well-being and the satisfaction of one's own aspira-

tions (Goldwurm 1995). Aspects that have become central to the development of positive psychology. Different reviews indicate the effectiveness of positive psychology interventions to promote well-being among a variety of populations, and in a growing number of real-world contexts (Bolier *et al.* 2013; Hone *et al.* 2015). Michael W. Fordyce is recognized as a pioneer in the scientific study of happiness (Friedman 2013). His studies (Fordyce 1972, 2000) focused on the aspects that happy people share and that can be learned by most individuals thanks to the program based on the so-called "The Fourteen Fundamentals":

1. Be more active and keep busy.
2. Spend more time socializing.
3. Be productive at meaningful work.
4. Get better-organized and plan things out.
5. Stop worrying.
6. Lower your expectations and aspirations.

7. Develop positive optimistic thinking.
8. Get present-oriented.
9. WOAHP - work on a healthy personality.
10. Develop an outgoing, social personality.
11. Be yourself.
12. Eliminate the negative feelings and problems.
13. Close relationships are #1 source of happiness.
14. VALHAP – the "secret fundamental".

In the Fordyce model (1977) happiness is considered a condition characterized by both an active, sociable and meaningful lifestyle for the person and a style of thought oriented to the present and to optimism. Fordyce (1977, 1983, 1988) demonstrated the effectiveness of the programme of the 14 fundamental of happiness in a series of empirical studies that verified how participants can develop the characteristics of happy people and thus increase their happiness. The intervention includes a wide range of strategies – ranging from cognitive restructuring to assertive techniques – based on a) the observation of oneself, b) the comparison with others' behaviour, c) the development of awareness and environmental contingencies self-control skills.

In Italy, starting from Fordyce's research, a group training was developed to improve personal well-being, called Subjective Well-Being Training (SWBT), a path of change through cognitive-behavioral strategies (Goldwurm et al. 2003). In previous research, SWBT has proven effective in promoting subjective well-being (Colombo et al. 2012; Goldwurm et al. 2007). Aim of the present study is to verify whether intervention changes remain effective in the long term.

MATERIAL AND METHODS

Participants

The effectiveness of the SWBT intervention was verified with a quasi-experimental methodology. Participants (N = 63) voluntarily chose the course to follow. The experimental group (N = 35; 3 males; 32 females) consists of 4 SWBT courses which followed the same program. Participants in the control group (N = 28; 8 males; 20 females) practiced yoga or sports at an amateur level. The experimental group is made up of a greater number of women than the control group ($\chi^2 = 4.317 p < 0.05$). The two groups showed similar features as concerns age (mean age of 39.8 std.dev. 6.9), marital status (25 married), schooling (23 graduated) and work (32 employee).

Procedures

The inclusion criterion is the will of the subject to follow the chosen activity (SWBT or Yoga / Sport) while frankly pathological subjects have been excluded.

Participants (N = 63) were assessed at the same time before (t1) and after (t2) the SWBT, and then again after a year follow up (t3). SWBT (8 two-hour meetings, one every three weeks) explores each "fundamental" in depth though: giving information, group discussion,

exploration of personal experiences and homework (Goldwurm et al. 2004).

Measures

Subjective well-being scales and general self-report inventory assessing pathological symptoms were administered to all participants.

The Satisfaction with Life Scale (SWLS) is a 5-Items self-report instrument on a 7-point Likert scale. It assesses personal satisfaction, the cognitive aspect of happiness (Diener et al. 1985).

The 80 items Psychap Inventory (PHI) which consists of forced choice statements, each sampling a characteristic useful to distinguish happy from unhappy people. It has four subscales investigating: Achieved Happiness (Ach), Happy Personality (Per), Happy Attitudes and Values (Att), Happiness Life-style (Life). The subscales are combined to create the Total Score for the test (Fordyce 1988).

The Happiness Measure (HM) evaluates emotional well-being (Fordyce 1985) consists of two items: a) an 11-point happiness/unhappiness scale; b) a question investigating the amount of the time spent in happy, unhappy and neutral moods. These two items are combined to create the Combination Score (HM-Co).

The Symptom Checklist-90-R (SCL-90-R) consists of 90 items to assess nine primary symptom dimensions (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism) and it offers a general index (Derogatis 1994).

Statistical analysis

The use of non-parametric statistics appears more suitable in the case of limited number of samples. Nonparametric tests must respect fewer constraints than parametric ones (such as checking the shape of population distribution) but they can be just as powerful (Siegel & Castellan 1988). Statistical analysis (Wilcoxon Signed Ranks Test, Friedman Test, Kolmogorov-Smirnov) was conducted using SPSS 13.0 software for Windows.

RESULTS

Table 1 shows the means and standard deviations for well-being and pathological measures for the experimental and the control group pre, post and follow up treatment, and Friedman Test. It also shows Wilcoxon Signed Ranks Test for pre and follow up treatment comparison. Participants who attended the SWBT reported a significant global improvement in happiness, satisfaction with life and emotional well-being (the only subscale did not maintain the improvement at the follow-up is Att). The control group report a significant worsening.

Table 2 shows Kolmogorov-Smirnov for between-group analysis at pre, post and follow-up treatment. The performance of the experimental group was lower than

Tab. 1. Within-group analysis: mean (standard deviation) for overall happiness (PHI-Tot), satisfaction with life (SWLS), emotional well-being (HM-Co) overall psychiatric symptoms (SCL-90-R GSI) for the experimental the control groups pre, post and follow up treatment, as well as Friedman Test (p) and Wilcoxon Signed Ranks Test (p) for t1-t3 comparison.

Scale	Group	Pre	Post	Follow-up	Friedman χ^2 (p-value)	Wilcoxon Z (p-value)
Happiness (PHI-Tot)	Experimental	41.17 (6.80)	61.09 (6.47)	51.48 (7.04)	37.868 (<0.0001)	-4.528 (<0.0001)
	Control	49.25 (10.43)	47.46 (8.46)	45.71 (6.12)	3.185 (0.203)	-2.339 .019
Satisfaction with life (SWLS)	Experimental	20.31 (6.43)	28.47 (4.65)	28.81 (4.28)	29.081 (<0.0001)	-4.275 (<0.0001)
	Control	25.25 (5.41)	25.11 (5.04)	22.39 (4.29)	14.705 (0.001)	-2.419 .016
Emotional well-being (HMco)	Experimental	38.05 (15.38)	66.72 (15.96)	62.42 (11.85)	41.328 (<0.0001)	-4.438 (<0.0001)
	Control	46.52 (16.24)	45.36 (13.40)	40.89 (8.93)	5.604 (0.061)	-2.044 (0.041)
Psychiatric symptoms (SCL-90-R GSI)	Experimental	0.86 (0.33)	0.85 (0.41)	0.66 (0.34)	1.529 (0.465)	-1.775 (0.076)
	Control	0.60 (0.48)	0.64 (0.52)	1.17 (0.41)	8.129 (0.017)	-2.744 (0.006)

that of the control group at the pre test, but better at the follow-up.

DISCUSSION

Happiness could be considered a fleeting emotion, out of the individual's control. Otherwise, it could be considered as a lasting condition based on personality, attitudes, values, and life-style. This second point of view, which is certainly more useful to scientific research, can be used to promote health and psychological well-being, a desirable goal according to the World Health Organization (WHO): "Mental well-being is a fundamental component of WHO's definition of health. Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities" (WHO 2013).

Tab. 2. Between-group analysis: Kolmogorov-Smirnov (p) for comparison at pre, post and follow-up treatment.

	Pre	Post	Follow-up
Happiness (PHI-Tot)	1.606 (0.012)	2.257 (<0.0001)	1.31 (0.064)
Satisfaction with life (SWLS)	1.831 (0.002)	1.397 (0.040)	2.50 (<0.0001)
Emotional well-being (HMco)	1.211 (0.106)	2.197 (0.0001)	2.78 (<0.0001)
Psychiatric symptoms (SCL-90-R GSI)	1.232 (0.096)	1.060 (0.211)	2.26 (<0.0001)

The outcomes of this study confirm that the SWBT proves effective in improving subjective well-being both in its emotional and cognitive aspects in a non-patient sample. This improvement is achieved with 8 two-hour meetings (16 total hours) and it is confirmed afterwards a one year follow up. Our study has substantial limitations that should be considered. We must remember that the decision to attend SWBT could be related to a higher motivation to change, and this could have influenced the results of these participants who asked to attend the training. A further limitation of our study is the relatively small sample size.

The Fordyce model has been used also in clinical settings, for example to help multiple sclerosis patients manage symptoms of depression, stress and fatigue (Khayeri *et al.* 2016), to increase the quality of life in hospitalized patients diagnosed with diabetes and cancer (Karimaali & Saba 2013) or on postpartum depression (Rabiei *et al.* 2014). Future research should implement the SWBT in clinical and therapeutic contexts.

CONCLUSION

The need for an integrated perspective, which overcomes the positive / negative contrast, is increasingly evident: positive psychology can also contribute to clinical psychology and psychotherapy (Maddux *et al.* 2004; Rashid 2015).

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