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Experiential Learning Groups: History, an Exploratory Case Study, and Possible Mechanisms of Change

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Keywords

positive psychology, positive interventions, experiential, emotion, positive, interventions, well-being, satisfaction, positive emotion, satisfaction with life scale, life satisfaction

Disciplines

Cognitive Psychology | Health Psychology | Other Psychology | Social Psychology

Comments

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Introduction

Self-help, in the form of books and tapes, recovery programs, and personal growth seminars, has an uneasy and sometimes contentious relationship with professional psychology. Some professional psychologists see self-help as a valuable adjunct to or even replacement of traditional therapy. Others see self-help as unscientific, unproven, and even psychologically dangerous. Some self-help programs take a philosophical or religious, rather than a psychological approach. Others apply unproven or unprovable scientific principles, while still others apply empirically validated psychological principles in their programs. In this report I review the history of self-help programs, attempt to empirically validate positive changes in well-being of attendance at a particular experiential learning group, and suggest mechanisms of both growth-producing and harmful change in individuals as a result of attending this type of self-help program.

Foundations for Tomorrow, Inc. and Foundations Workshops Canada (“Foundations”) are sister not-for-profit organizations who present three-day seminars designed to lastingly increase positive emotion, decrease negative emotion, and increase subjective well-being of the participants. The seminars present a “package” approach to interventions, where several interventions are presented to the same group over a short period, typically three days. The purpose of the proposed research is to quantitatively measure changes in experienced emotion and subjective well-being as a result of attending Foundations’ personal growth seminars. Therefore, the proposed research will seek to apply scientific rigor to the evaluation of a seminar that was previously validated only by participant satisfaction, personal observation, and anecdotal evidence.

Objectives

Given this study represents a first look at this type of seminar the objective is to observe whether or not the group leads to growth in the manner typically applied. In this sense, the research is representative of an *effectiveness* study rather than an *efficacy* study. Effectiveness studies are the best method to assess the clinical significance of psychology as it is actually conducted in the field (Seligman, 1995). I also review the mechanisms of change that may be at work in experiential learning groups, with an emphasis on Foundations' seminars. The research base suggests that there may be both growth-producing and potentially harmful effects of attending these seminars. The extent to which experiential learning groups are helpful or harmful is an area of significant disagreement among both researchers and the general public. The study attempts to provide guidelines in order to reduce the risk of negative outcomes.

Experiential Learning Groups: Varieties of Experience

Popular programs designed to promote self-enhancement and change behavior are tremendously varied, and as a result are difficult to categorize. Since the laboratory movement of the 1930s, psychologists and seminar leaders have conducted a wide array of group interventions, known variously as laboratory groups, group sensitivity training, relationship enhancement training, empathy training, microcounseling, human relations training, experiential learning groups, T-groups, encounter groups, growth groups, human awareness groups, Synanon groups, Gestalt groups, Tavistock groups, marathon groups, large group awareness trainings, self-help seminars, and personal growth trainings. Although we can draw distinctions between each of these group types, in some cases the distinction is little more than semantic and subject to disagreement. Similarities in approach include (1) they are conducted in a group setting; (2) they typically involve non-clinical populations; (3) they involve participants in experiential learning

with other participants; (4) participants identify and express emotion as an explicit part of the process; and (5) the goal of the intervention is to improve functioning in relationships, self-concept, thinking patterns, and/or behavior. The remainder of this paper will call groups that conform to these similarities groupsexperiential learning groups. These groups vary along one or more of the following dimensions: (1) level of process structure; (2) level of intimacy among group members; (3) personality styles of the trainers, ranging from supportive, open, and easy-going to authoritative, aggressive, and intimidating; (4) level of expertise or skill required by the trainer; (6) length and intensity of the intervention; (5) amount and type of psychological theory and empirical research underlying the intervention; and (6) philosophical, religious, or orientation and emphasis.

From the Laboratory to Social Movement and Self-help

Experiential learning groups are part of the larger self-help movement. Therefore it is useful to explore the relationship between traditional psychology and self-help. Self-help and group psychotherapy stem from the same theoretical roots and share practices. Experiential learning groups and self-help groups are an effective form of non-therapist led group intervention (Shaffer & Galinsky, 1989; Riessman & Gartner, 1979). Groups offer support not just from the leader, but from other group members as well. Further, members are expected to both give *and* receive support. Self-help and group psychotherapy were developed in the laboratory movements of the thirties, forties, and fifties; they experienced a common turbulent adolescence in the humanistic psychology and human potential movements of the sixties and seventies; and they have been estranged siblings since.

Kurt Lewin, a social psychologist, and the National Training Laboratory (NTL) are widely credited with forming and popularizing the concept of the training group, or *T-group*

(also called the *laboratory method*). The idea of T-groups was born at a conference held in Connecticut in 1946 designed to help business and community leaders implement the Fair Employment Practices Act. Lewin and Ronald Lippitt conducted this seminar, which involved evening sessions with research associates about what could be learned from the observation of the conference sessions earlier in the day. Participants from the conference sessions were also invited, and these participants started to register dissent about the accuracy of the observations and interpretations offered to explain the observations. It soon became apparent that the study of the *process* of group observation and participation was more exciting than actually observing and participating in the day's sessions. These evening meetings were the genesis of the T-group, where groups were formed for the sole purpose of observing and studying their own behavior. Lewin developed *group-dynamics theory* in order to provide a theoretical basis for this work (Shaffer & Galinski, 1989).

The T-group is the direct precursor to the *encounter group*, as many influential individuals from NTL later became involved in encounter groups. Because of the sheer number and types of encounter groups in the sixties and early seventies, it is difficult to define specifically what an encounter group is. It certainly borrowed from the T-group, as well as from psychodrama (Moreno, 1946) and Gestalt therapy (Perls, 1973). The Esalen Institute in California conducted encounter groups that de-emphasized the T-group focus on study of the group and instead focused on individual personal development (Lakin, 1985). Carl Rogers (1970) developed what he called his *basic encounter group* and introduced a highly humanistic and person-centered approach. Bach (1966, 1967) and Stoller (1972) introduced the *marathon group* which was an intense time-limited format similar to Roger's groups.

As the human potential movement exploded in the sixties, so did the popularity and variety of encounter groups. Groups employed a variety of theoretical approaches including psychoanalytic, group-dynamic, existential-experimental, psychodramatic, gestalt, behavioral, Tavistock, encounter, marathon, and theme-centered groups (Shaffer & Galinski, 1989). In the words of Richard Weigel (2002), encounter groups and other experiential learning groups “spread like wildfire from being therapy, to being the ultimate personal growth experience, to being a full-fledged social movement... hoopla, epidemic, fad, and cash cow.” Because research mirrored the rise and fall of the social movement, most academic research studies of these groups were published between the mid-sixties and the mid-eighties.

The decline of the social movement corresponded with a decline in popular and research focus on experiential learning groups. This was somewhat more problematic for psychotherapy researchers than for the self-help movement, which simply shifted with the *zeitgeist*. Humanistic psychology lost much of its influence as other fields such as cognitive psychology came to the fore. The growth of today’s “leaderless” self-help groups exploded in the eighties and nineties and largely supplanted the popularity of experiential learning groups. This phenomenon was triggered by the success of Alcoholics Anonymous and other 12-step self-help programs. These groups are characterized by homogeneity in membership (such as disease management groups). Alcoholics Anonymous in particular was significantly *more* effective than mental health professionals in self-reported specific and global improvement and treatment satisfaction (Seligman, 1995).

Self-help books also exploded in popularity. While varying tremendously in quality of advice and theoretical basis, the best of these books are often used as a replacement to in-person psychotherapy. Research demonstrates that so-called *bibliotherapy* provides relief from mental

disorders such as depression, can speed treatment when offered as an adjunct to psychotherapy, and continues to show results three years later (Burns, 1980; Smith, Floyd, Jamison, & Scogin, 1997).

Experiential learning groups have lost most of their momentum and popularity, though several continue to thrive. Experiential learning groups can be distinguished from other self-help groups by their experiential approach to group dynamics, an emphasis on emotional disclosure, and heterogeneous membership. Modern groups stress education over forced intimacy, distancing themselves from their sixties social-movement precursors. Compared to earlier programs, they are more structured, more focused on large-group processes with a single leader, and less confrontational. The average group size is larger and small-group breakouts less common. The most popular format is the *large group awareness training* (LGAT). LGATs attempt to attract a more business-oriented clientele who have access to corporate training budgets. Hundreds of thousands of individuals participate every year in these types of seminars, run by Anthony Robbins, Landmark Education, Lifespring, and hundreds of other programs.

Although some LGATs, 12-step programs, and other non-therapist led programs continue to thrive, most individuals today seek self-help through mass-media and best-selling books. Americans continue to be fascinated by self-help topics, as demonstrated by dozens of best-selling authors and television and radio personalities like Dr. Laura Slessinger, Oprah Winfrey, and Dr. Phil. Mass-commercialization of psychology is the method most people experience the topic of personal growth.

Many self-help programs and theories lack an empirical basis. Often programs focus on a certain religious orientation, particularly new age and eastern religious philosophies. Psychology distances itself from such practices, and attempts to draw a distinction between self-

help and research-based psychology. The decline of research activity in humanistic psychology was accompanied by a dramatic decrease in new theory, research, and practice into what makes life worth living for mentally healthy individuals. Until the founding of the Positive Psychology movement in 1998, this left psychology researchers generally to criticize self-help programs without offering constructive alternatives. Even in their heyday, some researchers started to notice and study *casualties* of experiential learning programs. A casualty is an emotional breakdown, or severe emotional crisis experienced by an individual as an apparent result of having participated in an intensive group experience (Shaffer & Galinsky, 1989). Allegations of casualties still occur, and therefore I will discuss this topic in detail later in this paper.

The positive psychology movement is premised on the desire to bring empirical research to bear on positive interventions that are now validated primarily by anecdotal evidence and unresearched claims. Positive psychology is the scientific study of what makes life worth living and how human beings flourish (Seligman & Csikszentmihalyi, 2000). While recognizing the contributions of Maslow, Rogers, and other humanistic psychologists, positive psychology emphasizes the development of an empirical research base and scientifically testable theories. In a real sense, positive psychology seeks to reclaim a scientific basis for the self-help movement which has become the unintended legacy of humanistic psychology.

Growth-producing Outcomes of Experiential Learning Groups

Most research on outcomes of participation in experiential learning programs was conducted in the sixties and seventies, coinciding with the rise and fall of the popularity of such programs. A majority of studies show no significant lasting improvement in specific programs; however, a large minority of studies do show positive outcomes. This is not surprising. Experiential learning programs vary considerably in theoretical orientation, training goals and

design, empirical basis, personality style and expertise of the leaders, and length and intensity of the programs. These factors have been shown to vary the outcomes of these programs (Cooper, 1977; Lakin, 1985; Smokowski, Rose, and Bacallao, 2001). Identifying the mechanisms of change or “active ingredients” at work in producing positive outcomes may help discriminate between programs that are effective and those that are not. I discuss some possible mechanisms of positive change in detail later in this paper.

Due to mixed empirical findings about whether experiential learning programs were helpful or harmful, researchers turned to meta-analysis. Meta-analysis can overcome the limitations of a single study with insufficient power to find significant results and expands upon a literature review by providing a quantitative (and hopefully unbiased) summary of the existing literature. Unfortunately, even meta-analysis involves interpretation and several meta-analyses reached different conclusions despite basing their analysis on many of the same studies. Supportive and unsupportive meta-analyses both acknowledged significant weaknesses in most studies, including lack of control groups, small samples sizes, the inclusion of programs with widely different objectives, and lack of long-term follow-up measures. Some researchers concluded that despite flaws, the studies showed that some programs *could* be effective even if many were not; while other researchers concluded that there were too many flaws in the studies to demonstrate that any program *was* effective. Note that these conclusions are not mutually exclusive, but may simply reflect two different perspectives on the inability to reproduce laboratory-like controls in programs as they are actually conducted in the field (Seligman, 1995). I will now discuss these meta-analyses in detail.

An early meta-analysis of experiential learning programs included 100 studies utilizing repeated-measures design and control groups of sensitivity trainings lasting 20 hours or more

(Smith, 1975). The meta-analysis employed “vote counting” and did not compute an average effect size. 78 of the 100 studies showed significant positive outcomes as a result of attending the programs. 21 of 31 studies continued to show significant outcomes at least one month after the program. Later meta-analyses critiqued this study for including programs with organizational development goals as well as personal growth goals. The elimination of such programs resulted in 11 of 21 programs that showed significant results at least one month after the program. Commonly used outcomes measures included self-concept, self-ideal match, locus of control, prejudice and open-mindedness, orientation toward participative behaviors, and perception of others. Smith observed that benefits occurred only on measures that most directly related to the content of the program. He also found that intensive or “marathon” programs produced a higher incidence of significant effects (81 percent) than programs that met periodically over a number of weeks or months (58 percent). This is perhaps due to limited follow-up measures, which were altogether missing in two-thirds of the studies, and which may mask the possibility that intensive experiences tend to fade more over time. The study identified variables that may contribute to the wide variation in outcomes: leader behavior, personality mix of the group, motivations and degree of voluntarism of trainees, and clarity of goals. Most studies included in the meta-analysis had significant flaws, including observer bias, instrument appropriateness, test sensitization, and poorly constructed control groups. More rigorously designed studies were just as likely to show significance as the poorly designed studies.

The following year, Peter Kilmann and Wayne Sotile (1976) conducted a meta-analysis of marathon encounter groups, experiential learning programs that run for a continuous or relatively continuous time period of not more than three consecutive days. There was substantial overlap between the studies included in this meta-analysis and those included in Smith’s

analysis. Like Smith's meta-analysis, it did not compute an average effect size. In contrast to Smith, the study did not simply count the number of positive and negative studies, but evaluated the individual studies for validity. It found methodological problems with the vast majority of studies and therefore discounted the significance of reported outcomes. The authors also claimed that many positive-outcome studies used measures that were highly susceptible to expectancy errors. The authors admit that evaluation of marathon encounter groups suffer from many of the same difficulties that plague the evaluation of individual therapy in the field.

A few years later, another meta-analysis evaluated the effectiveness of growth groups (Berman & Zimpfer, 1980). From over 100 controlled studies, the meta-analysis included studies that (1) had a repeated measures design; (2) involved ten or more hours of group intervention; and (3) included follow-up data collected at least one month after completion of the program. The study included 26 controlled studies of growth group outcomes in the domain of interpersonal relationships (self-actualization, interpersonal orientation, attitudes, interpersonal dimensions of personality, and behavior). The analysis showed positive changes in a minority of studies, and most positive changes disappeared over time. Average effect size was not determined. 11 of the 26 studies showed positive changes lasting at least six weeks, and two demonstrated positive changes over at least a year. This led the researchers to conclude that some lasting effects are potentially available to growth group participants. They speculated that leader style and level of confrontation were possible mechanisms of change at work in the effective programs.

A further meta-analysis of experiential learning groups focused on sensitivity trainings (Faith, Wong, & Carpenter, 1995). This was the only reviewed meta-analysis to report an average effect size. The meta-analysis excluded studies that failed to have a no-treatment control

group or report an effect size, that were conducted in organizational or industrial settings, or that were designed for explicit behavior modification (i.e. smoking, weight control, or social skills). Analysis of 63 studies—most from the 1970s—showed a medium effect size ($d = .83$ unweighted, $d = .62$ weighted, $p < .000001$). Behavioral measures (such as communication, empathy, and interpersonal skills) showed a larger effect size than self-report measures (self-control, neuroticism, self-actualization, and self-concept; $d = 1.03$ vs. $.44$, respectively). Efficacy of treatment was moderated by the size of treatment groups, the number of sessions, and the precision of the study's measurements, with greater effect sizes for larger groups holding more sessions and for studies with more discrete outcome measures.

The introduction of positive psychology brought re-emphasized the study of positive change for non-clinical populations (Seligman & Csikszentmihalyi, 2000). Positive psychology researchers noted the lack of an empirical basis for many of the methods employed in self-help groups. In order to distinguish itself from humanistic psychology, the human potential social movement, and self-help groups, positive psychology researchers tend to discount all but a few of the earlier studies on positive interventions, including experiential learning groups. Instead, positive psychology requires rigorous empirical research and testable hypotheses to show validity. There are very few studies during the positive psychology era that focus on experiential learning groups.

Among of the few sets of studies from the humanistic era to be widely cited by positive psychologists are those of Michael Fordyce. Fordyce took an empirical approach that focused not only on outcomes but on mechanisms of change, and used the positive psychology constructs of happiness and subjective well-being. Fordyce (1977) was among the first to demonstrate that happiness and subjective well-being can be enhanced and depressive symptoms reduced by a

structured set of positive interventions presented in a group setting. College students who completed two different programs on happiness experienced significantly improved happiness compared to: (1) a control group who were instructed to rely on their own understanding of happiness and attempt to increase it and (2) a control group who received no instructions.

Despite positive results, the study had limitations. Participants were not randomly assigned, and the study used only short-term measures. Qualitative analysis showed that some, but not all techniques provided self-reported benefits. The concepts cited by participants as being most effective included engaging in optimistic thinking, living an active life, being more social, developing a more extraverted personality, and reducing negative thought patterns.

Six years after his initial study, Fordyce extended his earlier study (1983). As before, he measured happiness before and after administering a program to increase personal happiness. This time he used more stringent control conditions, a greater variety of measurement instruments, and longer follow-up. Indeed, the control conditions were so stringent that they were no longer inert. Not surprisingly, the results showed improvement in the hypothesized direction but not significance. Fordyce acknowledged this error and redesigned the study using an inert control. He also segmented the test group and gave different portions of the program to different subgroups. This resulted in very low subgroup sample size (at low as $n = 8$). The resulting test groups showed a significant increase in subjective happiness according a variety of self-report measures, with increasing significance compared to the control group over the course of six weeks. Fordyce also conducted a qualitative follow-up with participants 9 to 18 months after program completion, and found that participants subjectively judged their happiness as significantly higher as a result of completing the program. Despite their limitations, Fordyce's studies were important early works because they focused specifically on the positive psychology

construct of happiness instead of the more popular psychological constructs of the time, such as self-concept, locus of control, and depression measures. They also used qualitative research in an attempt to determine self-reported attribution of the mechanisms of change. I consider Fordyce to be an early pioneer in what became the positive psychology movement.

Positive psychology has further demonstrated that positive interventions can lastingly increase happiness and well-being for normal populations. Seligman, Steen, Park, and Peterson (2005) measured the effect of four positive interventions on positive emotion and depression on a non-clinical adult population. The researchers measured the effect of four positive interventions and one inert control intervention on happiness and depression. Happiness was measured by a new questionnaire created and validated for the study and intended to be sensitive to changes in the constructs of positive emotion, engagement, and meaning. Depression was measured using the CES-D scale. Participants were self-selected and randomly assigned. Results demonstrated significant increased happiness and decreased depressive symptoms for two interventions over six months and increased happiness for one intervention for one month. Only transient effects were observed for two interventions and the control intervention. The researchers raised but did not answer the question of whether packages of interventions would be more effective than individual interventions.

Seligman (1995) summarized and commented on a *Consumer Reports* article that sought to answer the question, “Does psychotherapy work?” The *Consumer Reports* article concluded that patients benefitted substantially from psychotherapy, long-term treatment worked better than short-term treatment, and that no modality of treatment did substantially better than any other. The research reported results of treatment provided by psychiatrists, psychologists, social workers, marriage counselors, and physicians. All showed beneficial short and long term effects

of treatment. I hypothesize that results might generalize to experiential learning groups.

To summarize, most studies of experiential learning programs have shown mixed results. This is to be expected due to the tremendous diversity of program style, format, theoretical basis, leader influences, etc. Further complicating the issue is the fact that most studies are poorly constructed and lack long-term follow-up measures. There is, however, sufficient evidence in the research base to suppose that an experiential learning program *can* produce positive outcomes for participants if the program is well designed and executed. The Foundations seminar is significantly different from the vast majority of programs studied. It differs in theoretical orientation, level of structure, amount of leader involvement, use of small-group breakout sessions, and choice of a specific and unique mix of interventions (see Appendix G). The present study will help determine the efficacy of Foundations specifically. The present study will also measure variance in happiness and well-being, an area of active interest in positive psychology.

The earliest known antecedent of the Foundations seminar was designed by psychologists Dr. Phillip McGraw (of *The Dr. Phil Show* fame) and his father Dr. Joseph McGraw in 1983 (Dembling & Gutierrez, 2004). Therefore, the theoretical basis for the seminar predates the field of positive psychology and much of the research which can now be used to validate specific strategies used by the seminar. The techniques and procedures of the seminar are designed for mentally healthy adults. Indeed, experiential learning programs of earlier times were referred to as “a therapeutic method for ‘normals’” and “intended for participants with good personality integration and coping skills who can readily learn from experience” (Lakin, 1985; Gottschalk, Pattison, & Schafer, 1971). The seminar seeks to improve subjective happiness and well-being through theories and hypotheses were subsequently validated through empirical research.

Research has shown that it is possible through the application of structured interventions to lastingly raise self-efficacy (Maddux, 2002), dispute negative thinking patterns (Burns, 1980), cultivate emotional intelligence (Salovey, Caruso, & Mayer, 2004), set and achieve goals (Locke, 1996; Sheldon, 2002), internally integrate motivation through authenticity, competence, and connectedness (Brown & Ryan, 2004), and build hope (Lopez, Snyder, Magyar-Moe, Edwards, Pedrotti, Janowski, Turner, & Pressgrove, 2004; Vaillant, 2008). Through Foundations' "package" approach to structured interventions, the seminar conducts dozens of interventions over a three-day period that draw upon the above-referenced empirically validated strategies as well as non-validated happiness and well-being increasing strategies. Participants are invited to find value in some, many, or all of the presented strategies.

The Present Study

The present study is quantitative, quasi-experimental, longitudinal research to measure levels of self-reported positive and negative emotion and subjective well-being of adults before and several times after participation in Foundations' introductory seminar. The seminar is a three-day intensive (marathon) set of dozens of interventions employing an eclectic theoretical approach. Work is done in a single large group; in small group breakouts; in one-on-one dyads; and individually. The interventions are highly structured, and work with participants' positive and negative emotions and cognitive distortions. See Appendix G for a detailed description of each intervention. The seminar has a psychological orientation, rather than a philosophical or religious orientation, and is rooted in cognitive and humanistic psychology. Few of the interventions have been empirically tested individually. Therefore, the effectiveness of the training was previously based on self-reported satisfaction surveys and anecdotal evidence. Trainers keep a certain emotional distance from the participants, but otherwise are not generally

confrontational. They attempt to be authoritarian, but with an underlying compassion that lets participants know that the trainer has their best interests at heart. Participants are emotionally healthy adults who voluntarily attend and pay a fee. They are heterogeneous, in that participants do not suffer from similar problems, but decide for themselves what they wish to work on.

I hypothesized that—compared to a control group who expressed interest but did not attend the seminars—the study group would show a medium to large increase in positive emotion, decrease in negative emotion, and increase in life satisfaction immediately after taking the seminar. Over a period of months following attendance at the seminar, I hypothesized that the scores of the study group would trend toward back toward baseline, but continue to show higher levels of positive emotion, lower levels of negative emotion, and increased life satisfactions than the control group. I expected greater variability in emotion than with life satisfaction.

Method

Participants

Participants were a self-selected voluntary convenience sample of adults who demonstrated interest in attending Foundations' seminars by responding to Foundations' word-of-mouth and direct marketing efforts and agreeing to participate in the study by responding to an e-mailed invitation. Participants were included in the analysis if they completed an initial pre-seminar assessment and at least one follow-up post-seminar assessment. 30 study group individuals and 6 control group individuals completed an initial assessment. Of these, 23 study group participants (77 percent) and 2 control group participants (33 percent) completed at least one follow-up. The study group consisted of 10 men and 20 women who actually attended the next available seminar. Study group participant participants were age-diverse: ten participants

were between the ages of 18 and 25; eight were between the ages of 26 and 35; five were between the ages of 36 and 50; six were between the ages of 51 and 65; and one participant was over the age of 65. The control group was drawn from individuals who expressed interest in attending the seminars but did not actually attend until a later date or not at all. It was not feasible to randomly assign participants to a control group or use a wait-list control, as this would disrupt Foundations' normal business procedures. Only two of the control group participants identified by Foundations participated in the study by completing an initial self-assessment and at least one follow-up self assessment; therefore it is statistically unviable to compare the control groups and the study groups. Potential participants who were under the age of 18, unable or unwilling to fill out assessments using a computer, or who were not emotionally healthy were not included in the study.

Participants who attend the seminar must pay a fee (currently \$795), which affected the economic demographic of the group. However, participants could apply for a scholarship from a sister charity (Foundations Charities) and attend for as little as \$400 based upon financial need.

Procedure

Both study and control groups completed self-assessments (questionnaires) of experienced emotion and subjective well-being over the internet about one week before the study group attended a seminar. The survey administrator used Survey Monkey to administer the assessments (www.surveymonkey.com). Participants in the control group either did not attend a seminar during the study period or attended a seminar at a later date. Therefore, control and study groups commenced the study at various times during the study period, but in each case the groups completed the self-assessments one week prior to the date that the study group attended the seminar. Study start dates, seminar dates, seminar locations, and participant enrollment

(study group) are as follows:

<u>Study start date</u>	<u>Seminar dates</u>	<u>Seminar city</u>	<u>Study group size</u>
Feb. 20, 2009	Feb. 27-Mar. 1, 2009	Edmonton, AB	2
Feb. 28, 2009	Mar. 6-8, 2009	Portland, OR	12
Mar. 6, 2009	Mar. 13-15, 2009	Vancouver, BC	4
Apr. 10, 2009	Apr. 17-19, 2009	Edmonton, AB	3
Apr. 17, 2009	Apr. 24-26, 2009	Portland, OR	7
Apr. 24, 2009	May 1-3, 2009	Vancouver, BC	2

Participants completed the same emotion and life satisfaction self-assessments at seven week intervals following the initial questionnaire. Seven weeks is the typical period of time between seminars in any given city.

Measures

The study assessed life satisfaction using the Satisfaction with Life scale (Diener et al., 1985) and positive and negative emotion using Barbara Fredrickson’s positivity scale (Fredrickson, 2009). The Satisfaction with Life scale is a well-known, extensively-used measure of global, overall life satisfaction. This scale appears in Appendix E. It is a five item measure of subjective general happiness and well-being (i.e. “In most ways my life is close to my ideal”). The items ask participants the extent to which they are satisfied with global conditions in their lives (1 = strongly disagree, 7 = strongly agree). The SWLS shows strong internal reliability and moderate temporal stability (Pavot & Diener, 1993).

Fredrickson’s positivity scale is published in her book *Positivity* (2009) and measures

positive and negative emotion over relative short time periods. This scale appears in Appendix F. It is 20-item measure of self-assessed, experienced positive and negative emotion. It contains 10 positive emotion questions (i.e. “What is the most amused, fun-loving, silly you felt?”) interlaced with 10 negative emotion questions (i.e. “What is the most angry, irritated, or annoyed you felt?”). The items ask participants the extent to which they have felt the emotions over the past week or so (0 = *not at all*, 4 = *extremely*). Both scales have been tested for internal validity.

Results

The control group was too small to allow for comparative analysis across time. The study group reported slightly lower pre-seminar life satisfaction than the control group. The mean score on the SWLS was 21.2 ($SD = 5.35$) for the 30 study group participants who completed the initial assessment, compared 24.2 ($SD = 5.22$) for the six control group participants who completed the initial assessment. Most groups who complete the SWLS fall in the range of 23-28. This range is above the neutral point of the scale, which is 20 (Pavot & Diener, 1993). Therefore the control group scored in the average range, and the study group scored within one standard deviation below average and above the neutral point of the scale.

Fredrickson (2009) suggests creating a ratio of positive-to-negative emotion scores. She claims that a ratio of three-to-one represents a “tipping point” above which an individual thrives. In order to investigate the significance of individuals who raised and maintained their ratio above the three-to-one threshold, I performed a chi-squared analysis of the number of “thriving” individuals in the pre-seminar, 7-week follow-up, and 14-week follow-up groups. Results support that a significant number of participants raised their ratio of positive-to-negative emotion across the threshold where individual thriving occurs. A two-by-two chi-squared test using pre-

seminar and 7-week scores showed $\chi^2(1) = 8.5$ ($\phi = .63$; $p < .01$). A two-by-two chi-squared test using pre-seminar and 14-week scores showed $\chi^2(1) = 12.5$ ($\phi = 1.02$; $p < .001$). The Fredrickson ratio results are summarized in Tables I and II.

Table I. Fredrickson Ratio Repeated Measures 7-week data ($n = 21$)

Fredrickson Ratio	Pre-seminar	7-weeks
Less than 3	3	11
3 or greater	19	10

Table II. Fredrickson Ratio Repeated Measures 7-week data ($n = 12$)

Fredrickson Ratio	Pre-seminar	7-weeks	14-weeks
Less than 3	2	8	9
3 or greater	10	3	3

Participants who attended the seminar showed subsequent increases in life satisfaction. This increase was statistically significant, $t(21) = 4.60$, $p < .001$, $d = 1.00$. Participants were able to maintain this increase through the 14-week follow-up, $t(11) = 4.07$, $p = .002$, $d = 1.23$.

Participants who attended the seminar showed subsequent increases in positive emotion and decreases in negative emotion. This increase was statistically significant: For positive emotion, $t(21) = 3.54$, $p = .002$, $d = .77$; for negative emotion, $t(21) = -2.45$, $p = .023$, $d = .53$. Participants were able to maintain these changes through the 14-week study period: For positive emotion, $t(11) = 3.83$, $p = .003$, $d = 1.15$; for negative emotion, $t(11) = -3.43$, $p = .005$, $d = 1.03$. For all measures, effect size was medium to large for the 7-week results, and large for the 14-week results. The results are summarized in Tables III and IV.

Table III. Changes in Dependent Measures at 7-weeks ($n = 22$)

Assessment	Pre-seminar	7-week		<i>SD</i>	<i>d</i>	<i>P</i>
	Mean	Mean	Variance			
SWLS	20.39	24.95	4.57	4.66	.98	<.001
Positive Emotion	22.64	27.41	4.77	6.32	.75	.002
Negative Emotion	16.95	11.91	5.04	9.64	.52	.023

Note: All reported *p*'s are two-tailed values

Table IV. Changes in Dependent Measures at 14-weeks ($n = 12$)

Assessment	Pre-seminar	7-week		<i>SD</i>	<i>d</i>	<i>p</i>
	Mean	Mean	Variance			
SWLS	21.96	27.92	5.96	5.07	1.18	.002
Positive Emotion	26.58	32.67	6.08	5.50	1.11	.003
Negative Emotion	15.42	7.67	7.75	7.75	1.00	.005

Note: All reported *p*'s are two-tailed values

In order to investigate whether participant scores improved over time following the seminar I also completed repeated measures and constant analyses. These analyses support that—compared to the pre-seminar scores—participants significantly improved their scores on all three measures at the 7-week follow-up, and maintained those improvements through the 14-week follow-up (all *p*'s < .003). Multivariate analysis demonstrates significance in the Wilks' Lambda statistic for the SWLS (*p* = .003), positive emotion (*p* = .012) and negative emotion (*p* = .014). Participants showed significant differences on all three measures at the three time points. Table V displays the results of the repeated measures analysis.

Table V. Repeated-Measures Analysis of 7 and 14-week data ($n = 11$)

Assessment	$F(2,20)$	p
SWLS	14.08	<.001
Positive Emotion	8.06	.003
Negative Emotion	8.60	.002

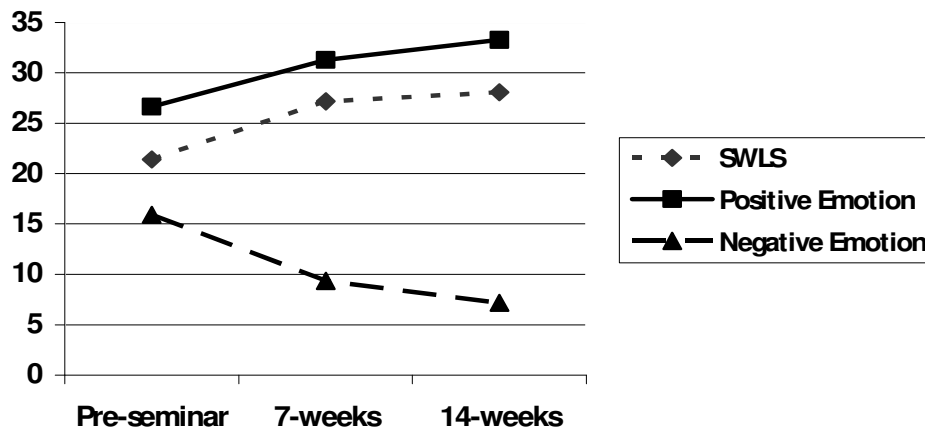
Given that I predicted seminar participants to increase on subjective well-being following the seminar I also computed a contrast analysis testing my prediction of linear increases on the dependent measures. Table VI displays the results of the contrast analysis. These contrast analysis test whether means of those individuals who completed the seminar conformed to a linear trend following completing the seminar. Results support that participants reported linear increases in life satisfaction and positive emotions following the seminar and linear decreases in negative emotions (all p 's < .01).

Table VI. Linear Contrast Analysis of 7 and 14-week data ($n = 11$)

Assessment	$F(1,10)$	p
SWLS	22.94	.001
Positive Emotion	16.56	.002
Negative Emotion	15.68	.003

Figure 1 displays the means for the 11 participants who completed all 3 assessments (pre-seminar, 7-week follow-up, and 14-week follow-up).

Figure 1. Means of Dependent Measures at Pre-, 7-weeks, and 14-weeks Assessments for Participants who completed all 3 Assessments ($n = 11$)



Discussion

Overall this study found that participants increased in subjective well-being (life satisfaction, positive emotions, and negative emotions) following attendance at Foundations seminars. This suggests that Foundations seminars provide effective group interventions that meaningfully increase subjective well-being. Furthermore, this increase was stable throughout follow-up assessments, and contrast analysis support a pattern of linear growth following participation in the seminar. This suggests that Foundations seminars' group interventions provide not simply short-term increases in subjective satisfaction and emotion, but increases that can be maintained over a period of months. It also suggests that participants are able to increase their subjective well-being on their own through the 14-week follow-up period of the study.

I hypothesized that—compared to a control group who express interest but do not attend

the seminars—the study group would show a medium to large increase in positive emotion, decrease in negative emotion, and increase in subjective well-being scores immediately after taking the seminar, and that those scores would be maintained over a period of months.

Unfortunately, I cannot confirm the hypothesis due to the lack of a viable control group.

I hypothesized that Fredrickson's emotion scales would show greater variability than the SWLS. In general this turned out not to be true. It appears that events occurring within the scope of 7 weeks, and possibly over the course of a single weekend, have the ability to change individuals' global self-assessment of life satisfaction.

The initial study group scored relatively lower on the SWLS compared to both the initial control group and the mean score for most groups who take the assessment. This indicates that the study group assessed themselves to have a slightly lower level of satisfaction with their lives than the general population. However, the variance was within one standard deviation, and the study group scored above the neutral point of the assessment (20). I speculate that participants who attend Foundations seminars are normal individuals who are slightly dissatisfied with their lives compared with their peers which motivate them to seek out a program like Foundations.

Participants became significantly more satisfied with life and experienced significantly more positive emotion and less negative emotion over the study period. The effect size was medium trending toward large, indicating that participants created substantial self-reported change in their lives. I am cautiously encouraged by these findings, because attendance at the seminar is one of few factors that can explain the size of the effect. As an exploratory study, it demonstrates that further study is warranted.

The lack of a usable control group represents a serious limitation to this study. Because I was a facilitator in the program and the person who would analyze the data, I felt that it was

important to avoid the appearance of a conflict of interest and therefore left it to Foundations to collect the data. Therefore, I failed to realize that it may be exceedingly difficult to recruit control group participants under the conditions I specified. Potential control group participants were identified by Foundations' enrollment coordinators, the staff members who are tasked with convincing reluctant prospects to attend the seminar. Once the prospect decided not to attend the following seminar, the enrollment coordinator and the prospect generally lost interest in each other. A prospect who decides not to attend the following seminar is more likely to lack trust in the program and in the people who run the program. I believe we saw the results of this not only by the low number of control group participants, but also by the relatively large control group dropout rate.

Without a control group, it is difficult to attribute how much of the observed change was due to attendance at Foundations seminars and how much was due to other factors, such as participants' expectations of change, preparedness to change, and other outside factor. The study period began during a severe economic crisis and recession in the U.S. and Canada, as well as a new administration taking control in Washington. Further, participants were more likely than the general population to be personal-growth oriented and in a preparation stage of change (Prochaska, Norcross, & DiClemente, 1994). Study participants might be more likely than their peers to be ready to change. Indeed, participants were actively exploring their options for change, and invested a significant amount of time, effort, and emotional energy toward positive change by attending the seminar. Self-assessment under these circumstances may result in subjective bias. A 23 percent non-completion rate may have also affected results, as a person who was disappointed with his experience may be less likely to continue compared to a person who felt he received a great deal of benefit from attending the seminar.

Multi-modal testing (i.e. observer reports) may have increased validity. However, to the extent that observers include family and friends, there is a strong possibility that positive change would not be interpreted as such by an invested observer. Often positive change means changing a family or work system by establishing healthy boundaries and roles and no longer engaging in enabling or codependent behaviors. Invested others may be unprepared for the individual to change. Professional observers suffer from their own biases of what they witness in a personal growth program. This factor produced radically different results in prior studies on “casualty” rates as I will discuss later in this paper.

Even if the control group was large enough to allow for statistical analysis, the original design of the control groups was weak. Control groups were self-selected rather formed by random assignment or wait-list control. Foundations’ business would have been adversely affected an alternate method. In any follow-up study, I recommend that a wait-list control be used. Hopefully Foundations’ will be able to run a wait list at some point in the future.

Like similar past studies, the findings suggest a possible connection between attendance at Foundations seminars and positive change in individuals’ lives, but fail to conclusively demonstrate causality. Unlike past studies, this study concerns itself with participants’ satisfaction with life and positive and negative emotion, constructs that were not measured in prior research regarding experiential learning groups. New research in the field of positive psychology will more often provide findings related to these constructs rather than the constructs in vogue when the earlier studies were conducted. As positive psychology better learns what affects life satisfaction and experienced emotion, my goal is to incorporate effective, research-based positive interventions into Foundations’ programs. Foundations will benefit from the latest research in positive psychology, and positive psychology will benefit by demonstrating

that its theories work in an applied setting. This exploratory study is a first step into validating that positive interventions have the intended effect as applied in Foundations' seminars.

I would like to see a follow-up study that employs more effective control groups, a larger sample size, multiple modes, and a longer follow-up period. I would also like to select assessments that measure constructs that have the potential to act as mechanisms of positive change in Foundations seminars. Parsing out the mechanisms that cause results is a necessary first step in validating the effectiveness of psychological theory as applied in Foundations' seminars. A detailed discussion of possible mechanisms follows.

Supplemental: Possible Mechanisms of Positive Change in Group Processes

Unfortunately, the research literature's insight into the mechanisms for positive change at work in Foundations seminars is limited. Foundations is similar to other specific experiential learning groups in some respects but not others. Previous studies have produced conflicting results making it difficult to draw firm conclusions about effectiveness. Although there are a large number of studies of group outcomes, few studies attempt to identify the specific mediators of positive change (Lakin, 1985).

Group dynamics theory and group therapy techniques give structure and insight into the possible mediators of positive change. Although the goal is to produce change in individuals, group work introduces new and powerful influences on individual members. I will review group mechanisms that come into play to produce change in its individual members. These mechanisms include emotional expressiveness within the group, a sense of belonging and acceptance, group prosocial norms, group cohesiveness, social comparison, and confession/forgiveness. Then I will review individual mechanisms can be changed through

membership in experiential learning groups. These mechanisms include motivation through self-determination and goal setting, hope, self-efficacy, optimism, and self-concept.

Other factors may influence outcomes. For instance, the effectiveness of an experiential learning program may have as much to do with leadership style as with the substance of the program (Alexander, 1980). Leaders who are seen as energetic, supportive, and flexible, who emphasize the process of conflict resolution, and who supportively urge participants to risk and to change produce the most consistent positive change and minimize negative change among participants. Alexander also contrasted his research with others who associated leader confrontation with negative outcomes (Lieberman, Yalom, & Miles, 1973; Bebout, 1976). He speculates that degree of perceived personal support and warmth may act as mediator between leader confrontation and valence of change. My own observations appear to confirm this speculation. Participants who perceive that a leader truly cares about them and is working on their behalf tolerate confrontation well and use it to effect positive change. Those who perceive the leader as aggressive and ego-driven are resistant to change and view confrontation as abusive.

It is possible that style and technique may be even more important than theory. For example, experiential learning groups appeared to be effective regardless of format, even to the extent that the experiential aspect of the group could be removed with equally efficacious results (Weigel, 2002). Positive transference may be more important than insight in inducing change (Strupp, 1973). Various modalities of individual psychotherapy seem to be about equally effective (Seligman, 1995).

Nevertheless, few researchers would argue that theory is unimportant in the application of psychology in the field, including in experiential growth groups. A better understanding of

mechanisms of change can improve the effectiveness of these groups and guide program designers to effective positive interventions.

Mechanisms at Work within Groups

Group processes offer certain advantages over one-on-one (dyadic) therapeutic relationships. Unlike individual interventions, the processes that produce learning in groups are primarily interactive and interpersonal. As Chris Peterson (2006) succinctly states, “Other people matter.” Certain dynamics occur in groups to provide therapeutic value that cannot be reproduced in dyadic settings. I now review the mechanisms of change distinct to groups.

Emotion. Foundations, as well as almost all experiential learning groups, frequently evoke emotion among participants. Carl Rogers (1970) emphasized emotional expression in his encounter groups, and experiential learning groups in general attempt to deliberately stimulate emotion within participants when interacting with others. Other group members witness the display of emotion by a fellow member, which often has a powerful emotional effect on the rest of the group, and results in a kind of vicarious learning (Corsini & Rosenberg, 1955). The person sharing has an “audience” which has a stimulating effect upon the sharer’s emotions.

Unfortunately the cognitive revolution in psychology was accompanied by a move away from the study of emotion as a motivating force for change. Well-established principles of psychology such as the value of catharsis and self-expression fell out of favor. This appears to be a reaction to the trendiness in the sixties and seventies of affective experiences and the resulting notion that cognitive “head work” was inauthentic and covered over “more vital” emotionality (Lakin, 1985). Emotion is not easy to quantify, and so it is difficult to assess empirically. However, we can acknowledge the role of emotion as something more than

epiphenomenological even within a cognitive framework. The idea of emotional discharge as purgative and cleansing has a powerful appeal. Therapists intuitively know this, and as a result most attempt to raise the level of emotion in their interventions (Frank, 1974). The positive psychology movement has brought a measure of focus back to the role of emotion as a mechanism for change, though the focus is more on the role of positive emotions than on the purgative value of expressing emotion. Positive emotions broaden and build and are causal to lasting happiness and well-being (Fredrickson, 2009).

Emotion and cognition are not necessarily at odds. Emotions can inform our cognitive reasoning. Emotional intelligence “involve(es) both the capacity to reason about emotions and to use emotions to assist reasoning (Salovey, Caruso, & Mayer, 2004).” The researchers group emotional intelligence skills into four branches: (1) perceiving emotions, (2) using emotions to facilitate thought, (3) understanding emotions, and (4) managing emotions. Accurate perception of our emotions is critical to our sense of congruence. Emotions inform preferences (Haidt, 2006), which promotes intrinsically-motivated behavior. If individuals are able to determine the causes and consequences of their emotions, they feel empowered and are more likely to create positive change.

Haidt sees cognition as a rider on the elephant of our emotional selves. The rider can influence the elephant, but if the elephant isn't inclined to follow the rider's instructions, then the rider must go where the elephant goes. The experiential group intervention has unique power to influence the elephant.

Belonging and acceptance. It is a basic human need to belong, to be part of an accepting group. Association with other human beings heals (Lakin, 1985). The development of culture is dependent upon the ability of individuals to sacrifice their personal goals in order to advance the

goals and ensure the survival of the group (Wilson & Wilson, 2007; Haidt, 2006). Isolation and ostracism are particularly cruel forms of punishment.

Foundations and other experiential learning groups organize groups of strangers for the purpose of psychological growth. Such groups are more intimate, self-disclosing, and mutually sharing experiences than most of our everyday experiences. Indeed, a common charge against experiential learning groups is that it engenders a sense of false intimacy. Experiential learning groups seek to reduce an individual's sense of loneliness and isolation and provide the individual with an opportunity to create a new social contract with a supportive group. It is important that the group adopt a non-judgmental attitude toward the individual (Corsini & Rosenberg, 1955).

Groups emphasize the ways in which individual members are alike, enhancing bonding and acceptance. Members are repeatedly reminded that they share common feelings and experiences (Lakin, 1985). As much as modern society values individual uniqueness, it is our similarities that bond us together. Further, groups offer opportunities for mutual help and support. Despite charges that experiential learning groups encourage self-absorption, there are more opportunities for altruism in groups than in individual therapies. Individuals in groups have the chance to support and encourage others, and to lead by example. Altruism counters the sense of helplessness, anxiety, and self-pity characterized by many help-seekers (Corsini & Rosenberg, 1955).

Group prosocial group norms and cohesiveness. According to S. H. Foulkes, a pioneer of group therapy, "The deepest reason why patients can reinforce each other's normal reactions and correct each other's neurotic reactions is that collectively they constitute the very norm from which individually they deviate (Foulkes, 1948)." The phenomenon of group-induced conformity is well established (Asch, 1956). The group has the power to influence individual

judgment. The intended purpose of Foundations and other experiential learning groups is to influence individual members to adopt positive and helpful attitudes and beliefs and to reject negative beliefs. The group influences its members to adopt prosocial group behaviors, to reject antisocial behaviors, and to correct self-limiting thoughts, feelings, and behaviors.

The greater the prestige of an individual member of a group, the greater is the individual's ability to influence the social norms of the group (Lakin, 1985). In experiential learning groups, the leader is the primary source of influence. Participants attend such groups in order to receive guidance, and so the leader has a defining influence on the prosocial norms of the group, although other group members can also become very influential. This is perhaps why leader style, approach, and expertise are critical factors in producing both positive and negative outcomes among participants.

Cohesiveness describes the level of individual group members to internalize its group's ideology (Cartwright, 1966). The group's acceptance of an individual depends on the individual's willingness to accept the group's ideology. A group's cohesiveness is a primary factor in its effectiveness. An individual is subject to a group's influence if the individual (a) has a sense of belongingness to the group; (b) finds the group attractive; and (c) believes that his own attitudes, values, and behaviors are relevant to his reasons for being in the group.

Cohesive groups are characterized by a high degree of voluntary individual conformity, as well as mutual support, sympathy, and affection among members. In order to increase the level of cohesiveness of a group, group members instinctively reward behavior that conforms to group norms and punish behavior that violate those norms (Lakin, 1985). The more an individual wishes to belong to a group, the more likely he is to adopt the group's common ideologies and values, including its prescription for positive change. Groups tend to define their

own norms of prosocial behavior, including level of personal disclosure, candor, helpfulness, criticalness, and confrontation.

Of course, group-induced conformity can also be destructive in group settings. A group leader must exercise care to assure that an individual isn't pressured by the group in a way that is personally harmful. Greater group conformity comes at the expense of personal autonomy. A leader must strive to assure that individual choice is exercised by group members to conform, particularly when some members are called to self-disclose in situations where they may not be psychologically prepared.

Social comparison. Engaging in social comparison with other group members is most commonly done for purposes of self-evaluation, self-enhancement, and self-improvement (Buunk, Cohen-Schotanus, & Henk van Nek, 2007). Individuals more often engage in upward comparisons (with better-performing group members) than in downward comparisons. Identification with better-performing group members facilitates positive outcomes. Simply put, individuals use others as role models and identify themselves as similar to these role models. Individuals engage in downward comparison primarily for self-enhancement purposes. Of course, social comparison is a two-edged sword. Individuals who contrasted themselves with their role models rather than identifying with them were related to negative outcomes.

Social comparison theory (Festinger, 1954) focuses on the search for cognitive confirmation of one's view of the world. Groups can provide this confirmation through assurance of others, emotional support, sharing, and receiving feedback. Normally individuals compare themselves to others only surreptitiously. Foundations and other experiential learning groups encourage more overt and structured comparisons, as well as overt feedback from others.

When performed in a safe and caring environment, participants can find these comparisons liberating and interpersonally bonding.

Confession and self-forgiveness. Confession, self-forgiveness, and reconciliation to one's community is a traditional function of religion and anthropology. Confession to parent-surrogates, or to ancestors or deities via religious intermediaries has since antiquity been a potent way to deal with guilt and anxieties (LaBarre, 1947). Ritual confession allows for the absolving of guilt. With the secularization of culture, there are fewer opportunities for individuals to confess, forgive others and self, and be reconciled to their community. Foundations and certain other experiential learning groups offer a safe and structured environment for individuals to confess and forgive. The love and acceptance of others when an individual expresses shame is psychologically healing and promotes self-forgiveness and acceptance of previously unacceptable aspects of oneself (Bradshaw, 1988). A form of communal confession that acknowledges the guilt of all ameliorates the painful experience of shame that individuals in a group may perceive to be unique to them (Lakin, 1985).

Personal feedback. Structured feedback was introduced by group dynamics theory (Lewin, 1948). Feedback from others consists of perceived insight or emotional expressions of support and empathy. Feedback emphasizes the interpersonal nature of groups—how *others* see *me*. Feedback can have a positive, negative, or indifferent effect on the person receiving it. Feedback can be enlightening because individuals often fail to grasp how they are being perceived by others (Lakin, 1985). It can be critical or reinforcing, and both types can be either constructive or destructive to an individual.

The association between the delivery of feedback and its constructiveness appears to be moderated by the level of trust and support which exists between the person giving feedback and

the person receiving it. The value of feedback also appears to be moderated by the individual's willingness to receive it and apply it toward a particular goal. If the individual has no desire to change behavior, then the feedback will be ignored (Wing, 1990). Foundations offers the opportunity for individuals to receive structured feedback from both the leadership team and fellow group members. Even harsh feedback is usually experienced by the individual receiving it as helpful and supportive, and it carries a large emotional impact.

Mechanisms at Work within Individuals

Although most of Foundations' interventions are done in a group setting and have an interpersonal and experiential focus, it is clear that individual improvement is the goal of the group processes. Mechanisms of individual change are triggered or influenced by the group. I now look at some possible mechanisms of group-induced change within individuals.

Motivation through self-determination and goal setting. Self-determination theory (SDT) describes how individuals engage in desirable behavior without overly taxing their self-control (Brown & Ryan, 2004). When an individual performs a behavior because it is *intrinsically motivated* (in alignment with own interests or values), rather than *extrinsically motivated* due to the promise of external reward, the individual consumes less self-control reserves. SDT states that individuals internalize and integrate motivation through internal and external supports for basic psychological needs for autonomy, competence, and relatedness. It's important that individuals believe that they are free to pursue a particular action, can accomplish the action, and have in place relationships and social structures that support the action. Foundations encourages participants to integrate their behaviors with their own values and provides a peer-support system

which encourages healthy behaviors. Because group conformity reduces individual autonomy, it is important that participants voluntarily adopt the values and behaviors of the group.

Mindfulness is “an open or receptive awareness of and attention to what is taking place in the present moment (Brown & Ryan, 2004).” Mindful individuals become aware of their automatic behaviors so that they may intentionally create new behaviors. Experiential learning brings participants into the present moment and fosters mindfulness. Group feedback in Foundations and other experiential learning groups points out participant “blind-spots” so participants can become more mindful of self-defeating behaviors.

The achievement of goals enhances well-being. Goal-setting theory is based on *final causality*, action caused by a purpose (Locke, 1996). Goal-setting theory finds that motivation can be increased through self-efficacy, high commitment to goals, constructive feedback, and self-management. Goal-setting theory posits that the achievement of goals increases self-satisfaction, whether extrinsically or intrinsically motivated. Foundations encourages the setting of specific, measurable, and realistic goals and provides the opportunity for accountability to individual group members or to the group as a whole.

Hope. Hope can be defined as an *emotion* that is particularly causal to well-being. Foundations seeks to engender hope in order to motivate participants to initiate and maintain positive change. George Vaillant (2008) asserts, “Hope is not cognitive... Hope is part of our emotional mammalian heritage... Hope is a positive emotion.” Merriam-Webster’s dictionary (1993) defines hope as “to cherish a desire with anticipation; to desire with expectation of obtainment; to expect with confidence.” Hope is not a simple expectation; we also desire that expectation, and we cherish that desire. Expectation is cognitive, but desire and cherishing probe

deeply into emotions. Vaillant describes hope as reflecting “the capacity for one’s loving, lyrical, limbic memory of the past to become attached to the ‘memory of the future.’”

In contrast, hope theory (Lopez, et al., 2004) does not deal with hope primarily as an emotion, but as the cognitive perception of individuals’ ability to achieve goals. As such, it fits better as a goal-setting strategy rather than a hope-raising strategy. Lopez and colleagues define hope theory as “individuals’ perceptions of their capacities to (1) clearly conceptualize goals; (2) develop specific strategies to reach those goals (pathways thinking); and (3) initiate and sustain the motivation for using those strategies (agency thinking).” Agency thinking is “determination that an individual can make improvements in his or her life.” Hope theory defines four main strategies for building hope: Hope finding, bonding, enhancing, and reminding.

Self-efficacy. Self-efficacy is the belief that we *can*. It is a belief (not a trait) that we have the capability to produce desired outcomes by our own actions (Maddux, 2002). Therefore, it is crucial to both competence and autonomy as conceptualized by SDT. Social cognitive theory states that we are capable of self-regulation, which is enabled by our *expectancies*, our formation of beliefs about future events and our abilities. Therefore, self-efficacy is our belief in positive expectancies, which motivates us to persevere in our self-regulation towards a worthy goal. Self-efficacy also promotes intrinsic motivation and the setting of loftier goals.

Self-efficacy can be fostered by an open group climate characterized by open communication and mutual trust. Such an environment is conducive to group member experimentation with new behaviors, practicing such behaviors without fear of reprisal, and frequent and open exchanges of feedback. A positive perception of the group by the individual is important to establish psychological safety for the practice of new skills (Choi, Price, & Vinokur, 2003). My own experience in Foundations’ seminars indicates that self-efficacy can be

successfully encouraged by others once trust is established, and that the switch from *I can't* to *I can* is immediately and dramatically transformative.

Optimism. A realistic optimism represents a cognitive approach to increasing happiness and subjective well-being (Schneider, 2001). Realistic optimism recognizes the fuzzy nature of our knowledge and interpretation of events. Objective knowledge of events affecting an individual's life is incomplete. Even if an individual had complete knowledge of events, the meaning assigned to this knowledge is subject to interpretation. Therefore it is possible to be both optimistic and realistic. Scheider encourages us to be lenient on the past, appreciate the present, and look for opportunity in the future.

Seligman (1998) advocates for an optimistic explanatory style. He notes that we individuals are likely to be happier when interpreting negative events as temporary, not their fault, and limited in scope. Conversely, individuals are likely to be happier when interpreting positive events as permanent, attributable to their own actions, and affecting their entire lives. Although there are circumstances where pessimism is more appropriate (such as when caution is necessary), Seligman notes that even self-deceptive optimistic style can increase our happiness and well-being.

Foundations and other experiential learning programs increase optimism by focusing participants' attention on the positive perspective. Participants also see examples of others who embrace optimism, are encouraged to embrace optimism themselves, and are praised and reinforced for doing so. Simply communicating personal positive events with others and having others actively and constructively respond produces additional positive emotions over and above the positive event itself and strengthen social bonds (Gable, Reis, Impett, & Asher, 2004). A

safe group setting allows participants to exhibit behaviors based on new and more productive perspectives.

Self Concept. A Foundations participant's self-concept can be decisively affected when the participant actively seeks feedback, makes repeated attempts to reaffirm belonging, and where others respond emotionally. Indeed, there is evidence that the primary effect of groups is in neutralizing negative self-evaluations (Lakin, 1985). Group members are relieved to find that they are not perceived as negatively as they feared; nor are they as different from others as they assumed.

The personal feedback provided by experiential learning groups can bolster an individual's self-concept. Of course, this is true only when a participant is unconditionally accepted. Foundations tells its presenting team that their primary instruction is to "love and accept participants right where they're at."

Supplemental: Risks and Ethical Concerns of Experiential Learning Programs

Both professionals and members of the general public disagree about the role of non-mental-health professionals in providing therapeutic interventions (as broadly defined) to healthy (non-disordered) individuals. Some are confused by what appears to be "practicing psychology without a license." In its broadest sense everybody intervenes at one point or another in others' lives such that their psychological health is positively or negatively affected, whether it is to rear children, give advice to friends, or get ahead in the workplace. Educators, administrators, and ministers all practice therapeutic work. Indeed, the rise of the self-help movement, with myriad addiction recovery, disease management, and other self-help groups, has resulted in more groups being led by non-professionals than by mental health professionals. It is the opinion of some,

however, that only licensed professionals should be involved in interventions that evoke strong emotion or pressure the participant to conform to group norms. As I've discussed, emotion and prosocial norms can be powerful tools for both positive and negative change.

Earlier in this paper I defined a casualty as an emotional breakdown, or severe emotional crisis experienced by an individual as an apparent result of having participated in an intensive group experience. Although there is a consensus that group casualties can and do occur, there is significant disagreement as to its degree and prevalence (Lakin, 1985). Unfortunately, much research on group casualties show results that appear to confirm the biases of their authors who are either alarmed or encouraged by the trend of non-professionals running groups. As in professionally conducted group and individual interventions, a risk-benefit analysis of non-professionally led groups must justify that the potential for casualties is more than balanced by the benefits received by the large majority of participants. High casualty rates in group experiences are "not intrinsic deficits; rather, they are deficits of training, experience, clarity, and precision of goals and can be avoided (Gottschalk, Pattison, & Schafer, 1971)." At least five major early studies assessed the possibility of psychological damage to participants as a result of attending experiential group activities. Three found little to no negative effects, and two found radically higher rates of negative effects among participants. The first relatively high rate study found 11 "obviously acute pathological emotional reactions" among a sample size of 31 participants (Gottschalk and Pattison, 1969). The authors acknowledge that the groups may have been atypical and that results reflected the subjective judgments of the authors themselves during observations of participants during and not after the activities. The second study found eight percent casualties plus eight percent "negative changers" among encounter groups (Lieberman, Yalom, & Miles, 1973). Follow-up showed that these rates remained virtually unchanged six

months later. This study drew criticism (Cooper, 1975; Russell, 1978), including the allegation that Lieberman and colleagues suppressed data that indicated an even higher rate of negative changers (23 percent) in the control groups. As in the Lieberman study, the observers were the authors themselves. The use of independent observers could have eliminated the appearance of bias or conflict of interest. Cooper found the claims of high casualty rates to be unsupported, and suggested that groups may well be less stressful and psychologically dangerous than university examinations or perceptual isolation experiments. Further studies showed “at risk,” “casualty,” or “allegedly severe adverse effect” rates of between 0.23 percent and 1.2 percent among several thousand participants (Ross, Kligfeld, & Whitman, 1971; Batchelder & Hardy, 1968; National Training Laboratory, 1969). The NTL study also suffers from the appearance of bias or conflict of interest, as it was conducted by a vendor of experiential learning groups.

These early studies failed to address the growing controversy over the risks of experiential learning groups. The issue continued to be an area of active study as the popularity of such groups exploded. Cooper conducted a follow-up comprehensive study (1977) of the adverse and growth-producing effects of experiential learning groups. The study found that both positive and negative effects are strongly correlated to the trainer’s personality and behavior and participant personality and unrelated to variables such as degree of confrontation and level of intimacy in the group. The study’s findings did not confirm several stated concerns of other contemporary psychologists, including concerns that adverse effects may be correlated with emotionally unstable or anxiety prone trainers, group structure, degree of confrontation or intimacy, or among participants who are less emotionally stable or anxious than other participants or who were forced to attend the group training. Conversely, another study (Hartley, Roback, & Abramowitz, 1976) found casualties were associated with participants who had prior

psychiatric disturbance, who were unable to express emotion, or who took feedback as attacks.

Also contrary to Cooper, Hartley and associates found that casualties were associated with seminars that encouraged confrontation as well as the expression of anger. A later study (Smokowski, Rose, and Bacallao, 2001) also supports the association between leader confrontation and negative outcomes. Casualties were also associated with coercion to assume the role of active participant before an individual is psychologically ready, and with lack of leader restraint and vigilance.

Several studies suggest steps to reduce psychological casualties in experiential learning groups (Jaffe & Scherl, 1969; Kilmann & Sotile, 1976; Hartley, Roback, & Abramowitz, 1976; Cooper, 1977; Lakin, 1985; Shaffer & Galinsky, 1989; Smokowski, Rose, & Bacallao, 2001). In general, the research recommends: (1) that participation be voluntary; (2) that participation be based on informed consent with respect to the group's purpose and goals; (3) that participants be given information in advance including the representation that the seminar is not psychotherapy; (4) that screening may be useful but may not be practical and it is unclear what the criteria should be except to screen for a history of acute psychopathology; (5) that participants understand what types of behavior are permissible during the seminar; (6) that follow-up for all participants be available, preferably by the leader; (7) that steps should be taken to assure confidentiality; (8) that any undue coercion and manipulation that risks serious injuries to group participants' autonomy or integrity should be avoided; and (9) that further participation is contraindicated for individuals who during the seminar experience extreme, debilitating anxiety or those who appear to be in an acute psychotic state.

When registering for the seminar, Foundations requires each seminar participant to read and agree to a disclosure statement and release. The text of the statement and release is listed in

Appendix B. The purpose of this statement is to inform the prospective seminar participant that program attendance is limited to emotionally healthy people, that no doctors or therapists are involved in the presentation of the seminar, that they are responsible for assessing the state of their own mental health, and that if they are in need of or already seeing a health professional, they are responsible for obtaining the health professional's consent to attend the seminar. In addition, at the start of the seminar, the facilitator reviews a list of rules with participants. The list of rules is attached as Appendix C. The facilitator explains that the rules are intended not to limit autonomy, but to provide the structure where a place of safety and trust can be nurtured. After reviewing the list of rules verbally, seminar participants receive a written copy and are instructed to sign the list and place the list in their notebooks. The facilitator explains that the participants are not to hand in the signed rules, because they are accountable for having the integrity to follow their own agreements.

Of particular note is rule 19, which reads as follows:

MONITOR YOUR PHYSICAL AND EMOTIONAL STATE. Some exercises involve physical exertion. Other exercises may cause you emotional stress. If you feel you are beyond your emotional or physical limits stop engaging in that activity, even over the objections or encouragement of others. If a process is too demanding we can modify that process in order to make it suitable to your limitations. Ultimately, you are responsible for staying within your limits and avoiding physical and emotional harm. However do not use this as an excuse to not make your best effort to create the value you deserve.

Also of note is rule 9, which instructs participants to continue taking their prescription

medication. During the reading of this rule, the facilitator again reminds them that nobody on the team is a doctor or therapist, or if a team member is a doctor or therapist, he/she is not here in his or her role as a doctor or a therapist.

Foundations takes confidentiality seriously, as it is the cornerstone of trust built among seminar participants. It is the number one rule listed and reviewed in the seminar by participants (Appendix C). Paid and volunteer facilitators sign a separate confidentiality agreement, and if confidentiality is breached, it is Foundations' policy to expel the facilitator from the current and all future seminars. In addition, participants are instructed (a) not to choose a dyadic "buddy" that they knew before the seminar; (b) not to choose a small group that contains someone they knew before the seminar; and (c) they have the unilateral right to ask anyone in the room to leave upon request so that they may share publicly. This helps assure that participants minimize self-disclosure to people they know and/or interact with outside of the seminar.

Like most potentially growth-producing activities in which individuals engage, there are both benefits and risks inherent in experiential learning groups. Ultimately, a program must assess whether the potential benefits outweigh these risks. Table VII is adapted from Lakin's circumplex (1985) of group power factors that have the potential to impact individual participants either positively or negatively. Empirical research such as the present study helps to measure the benefits against the risks and validates the value of Foundations' seminars.

Table VII. Benefits and Risks of Power Factors at Work in Experiential Growth Groups

Factor	Benefit of Positive Outcome	Risk of Negative Outcome
Pressure for intimate disclosure	Insight into personal blind spots	Becoming shaken in belief in self
Role differentiation	Experimenting with new roles	Typecast in a role
Structure and rules	Safety, predictability	Feeling manipulated
Group problem solving	Unblocked thinking	Forced to share problems with group
Expression of emotional intimacy	Free expression of feelings	Feeling inadequate unless group expresses approval of emotions
Consensual validation of personal perceptions	Reality testing or correcting of distortions	Sharing illusions of the group
Behaving in conformity with group norms	Learning new prosocial behaviors	Being pressured to abide by group norms
Achieving and maintaining cohesiveness	Feeling a part of the group, belonging	Losing one's self in group, giving up autonomy

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Appendix A: Participant recruitment email

Subject: You're invited to participate in a research study related to Foundations seminars

You are receiving this email because you have expressed interest in attending a seminar sponsored by Foundations for Tomorrow (U.S.) or Foundations Workshops Canada.

My name is Steve Safigan, and I'm a member of the Board of Foundations. I am also a graduate student at the University of Pennsylvania studying to obtain a Masters degree in Applied Positive Psychology. I would like your help as I conduct a research study on the effectiveness of Foundations' seminars. Will you please consider participating? Your participation is important to the success of the study.

The study is designed to measure changes in the level of positive and negative emotion and overall well-being of participants before and after attending the seminar. This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. You will not be required to attend any Foundations' seminars. You do not have to decide right away whether you wish to attend a Foundations seminar or not. If you do not attend a Foundations seminar you will be assigned to a control group.

In appreciation for your participation in this study, I will send you a book on Positive Psychology—likely Barbara Fredrickson's new book *Positivity*. You must complete the study in order to receive the gift. It is not necessary for you to register or attend a Foundations seminar in order for you to qualify for the gift. The value of this gift is estimated at \$15.

We will ask you to complete two questionnaires online, which should take about 10 minutes. The questionnaires will ask you to rate the intensity of various emotions you've experienced recently as well as your overall well-being. You will complete the same questionnaire every seven weeks between now and the end of June. The total time required for this study will be about one hour. All activities will take place online. Your information will be kept strictly confidential, and the information collected will be used only for purposes of this research study. You will not be identified by name in the study. You may refuse to answer any questions or withdraw from the study at any time.

If you are willing to participate in this research, please follow this link to www.surveymonkey.com/xxxx. If you would like to ask any questions before or after agreeing to the study, please contact me at steve@foundations1.com or 706-295-9019. Your participation will help the field of Positive Psychology, as well as help Foundations provide more effective seminars. Thank you very much for your consideration.

Steve Safigan; Board Member; Foundations for Tomorrow/Foundations Workshops Canada

Appendix B: Seminar participant disclaimer

Foundations for Tomorrow, Inc. and Foundations Workshops Canada, Inc. ("Foundations") presents self-development and personal growth seminars (collectively, the "Program") founded upon research and techniques that are shared by many other similar or analogous organizations and that have benefited untold numbers of individuals over many years. Foundations is intended to teach you new tools and methods for building healthy relationships and break through old patterns of thoughts, feelings, and behaviors. Through a series of open and rigorous discussions, voluntary sharing of one's own experiences, and short exercises, Foundations provides an opportunity for you to examine your life, reflect on your happiness and or pain, seek answers to questions or issues that have followed you through life, set new goals and strengthen and improve your overall quality of life.

Although most people find these exercises to be engaging, challenging and rewarding, some may find them to be difficult and unsettling. The Program is designed for people who clearly understand they are responsible for their own health and well-being before, during and after the Program. It is not therapeutic in design, intent or methodology and is not to be used as a substitute for medical treatment, psychotherapy or health program of any nature, regardless of what you may believe or have heard from anyone. We advise you that the Program leaders, staff and volunteers who assist at the Program are not accredited mental health professionals and there will not be any accredited mental health professionals in attendance (or if they are in attendance, they are not acting in any official capacity as an accredited mental health professionals).

As with any serious undertaking in life, you should take the time now to determine whether or not you are physically, mentally, and emotionally prepared to engage rigorously in the exercises. While it is ultimately your own voluntary choice, Foundations **STRONGLY RECOMMEND THAT YOU SHOULD NOT PARTICIPATE** in the Program if you:

- have a personal or family history of bi-polar affective disorder (manic-depressive disorder), schizophrenia, acute or chronic depression or other psychotic disorder, whether or not you or they are being or have ever been treated or hospitalized;
- are or have in the past year considered or had ideas of suicide, self-harm or harm to another;
- are currently in therapy and your therapist sees a health reason why you should not participate in the Program; or
- are uncertain about your physical, mental or emotional ability to participate in the Program.

If you have not been feeling well or if you have been meaning to see a physician or a mental health professional, it is imperative that you consult with a licensed physician or accredited mental health professional prior to your participating in the Program. If you are currently in therapy, it is imperative that you check with your therapist to determine whether he/she sees a

health reason why you should not participate in the Program. Upon request, Foundations will provide you with information required to enable you or your health care professional to make an informed decision about your participation.

Should you experience any physical, mental, or emotional discomfort which you consider to be out of the ordinary, you agree to inform a Foundations supervisor. You may, of course, withdraw from the program at any time. With this in mind, we ask that you agree to the following Release, Waiver, and Indemnification Agreement (the "Agreement") confirming your understandings as to the purpose, intent, and expectations of the program described above.

RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT

I hereby covenant and agree to indemnify and save harmless Foundations and its directors, officers, employees, agents, volunteers, successors, and assigns (collectively, the "releasees") from and against any and all claims, damages, losses, injuries, liability, costs and expenses suffered or incurred by any of the Releasees directly or indirectly, by reason of, as a result of, arising out of, or in connection with, my participation in this program and activities. I hereby further agree to release and forever discharge, acquit, and covenant not to commence litigation against any of the Releasees for all actions, omissions, legal damages, or equitable relief of whatever kind, including without limitation, negligence by any of the Releasees, arising out of my participation in this program and related activities. In the event that anyone on my behalf commences an action against any of the Releasees, I hereby forfeit and waive any damages that may be awarded against any of the Releasees. I further agree that any claim or suit of any nature against the Releasees shall be governed by and construed in accordance with the laws of the applicable state or province without reference to conflict of law principles and that any such suit may only be brought in the courts of the applicable state or province. As liquidated damages, I hereby agree to reimburse the Releasees all of their costs, expenses, and legal fees should I, or should anyone on my behalf, bring any action requiring any of the Releasees to defend itself. Should any paragraph or part of this Agreement be deemed unenforceable, I hereby agree that any remaining parts shall remain in full force and effect. I hereby acknowledge and agree that no representations, warranties, or guarantees have been made by any of the Releasees with respect to my achieving any objectives.

Appendix C: Seminar list of rules

Rules & Guidelines

1. CONFIDENTIALITY. What happens in the room stays in the room. This cannot happen without confidentiality. You are only allowed to share what you say and do, nothing anyone else says or does.
2. FINISH THE TRAINING. You will not understand the full effect of all the process until Sunday.
Trust your sponsor and the processes. There is a money back guarantee.
3. TRUST THE PROCESSES. Look for the value and follow the instructions of Facilitators and Staff.
4. DO NOT CRITICIZE, CONDEMN, OR COMPLAIN.
5. BE ON TIME. We have very long days and if you are not on time we will have to stay later at night.
6. NAMETAGS. Nametags are to be visible at all times.
7. TRAINING ROOM RULES. No eating or drinking in the training room. The exception is bottled water.
8. NO ONE IN THE HOTEL ROOMS except those assigned to the room.
Meet friends, family and trainees in common areas.
NO SMOKING IN HOTEL ROOMS, YOU WILL BE FINED \$500.00 BY THE HOTEL
9. DRUGS. Drugs, alcohol, or other mind-altering chemicals will not be allowed for the span of the training. The exception is if you are on prescription medication.
10. NO WATCHES. There are no watches or other timepieces allowed in the training room.
Checking the time is an escape. We will tell you what time it is.
11. RESPECT FELLOW TRAINEES. No side talking. Also no beepers, tape recorders, cell phones, Palm Pilots, Blackberries are allowed in the training room.
12. NO SEX. There is to be no sex for the remainder of the training. There is to be no sex with anyone in the training for 90 days after the training, unless you already have a sexual relationship with that person.
13. HATS & GLASSES. We want to see your eyes and face. Hats and dark glasses are not allowed in the training room.
14. LEAVING THE ROOM. You are to alert a Team Member when leaving the training room.
You are to clear the training room during all breaks until called back by the staff.
15. BE PRESENT. Television, video games, computers are a means of escape and are not permitted. This training is about being in the moment, not running from the moment.
16. ABSORB THE TRAINING. Allow yourself to live the training before making any major life decisions. Waiting 90 days is a good time frame to weigh all options and make an informed decision.
17. HOTEL ISSUES. If you have any problems with the hotel let your Small Group Facilitator know. They will tell our hotel representative.
18. TAKE CARE OF YOUR SELF. You are responsible for your health & well-being. Eat when you need to eat. Take any prescribed medication.
19. MONITOR YOUR PHYSICAL AND EMOTIONAL STATE. Some exercises involve physical exertion. Other exercises may cause you emotional stress. If you feel you are beyond your

emotional or physical limits stop engaging in that activity, even over the objections or encouragement of others. If a process is too demanding we can modify that process in order to make it suitable to your limitations. Ultimately, you are responsible for staying within your limits and avoiding physical and emotional harm. However do not use this as an excuse to not make your best effort to create the value you deserve.

20. PREVIOUS EXPERIENCE. Anyone with previous knowledge of these processes is not to divulge anything and ruin the experience for rest of the trainees

Once agreed to, these are your rules. They are not my rules, or workshop rules. THEY ARE YOUR RULES. There will be additional rules tomorrow and Sunday.

Trainee Signature _____ Date _____

Appendix D: Consent Form

Steve Safigan, Investigator

James Pawelski, Principal
Investigator

Department of Psychology

University of Pennsylvania

Consent Form—Affect on Emotion and Subjective Well-being of Attending Foundations
Seminars

You are being asked to take part in a research study. This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will no loss of benefits to which you are otherwise entitled. Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate. You do not have to make a decision now; you can print out this consent document and share it with friends, family doctor and family.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to electronically sign this form. Print out and keep a copy of this form—in it you will find contact information and answers to questions about the study.

If you would like to participate in this research, please read and sign this consent form. Participation requires that this form be signed electronically in the space provided at the bottom of the page. This research project is undertaken by Steve Safigan, a member of the Board of Directors of Foundations and a graduate student on the Master of Applied Positive Psychology program at the University of Pennsylvania. If you choose to participate, you will be asked to participate for up to seven months, but you are allowed to discontinue at any time. The following information is provided to inform you about this research project. Please read this carefully and feel free to ask any questions about this study or about the information below by calling Steve Safigan at 706-295-9019 or by emailing steve@foundations1.com. You may also call the Principal Investigator at the University of Pennsylvania, James Pawelski, at 215-xxx-xxxx or by emailing pawelski@psych.upenn.edu. If necessary, you are welcome to call collect.

Item #1: Description of the Study

- a) Purpose of the Study. The purpose of this research is to determine whether there are benefits to attending and participating in Foundations' seminars. Specifically, the study is designed to measure changes in the level of positive and negative emotion and overall well-being of participants before and after attending the seminar. If you agree to participate, you will not be required to attend any Foundations' seminars. If you do not attend a Foundations seminar you will be assigned to a control group.
- b) Research Participants. You are being asked to join this study because you have indicated your interest in attending a Foundations seminar. We plan to recruit both a varied and diverse group of participants. Participants must be over the age of 18. If you are under the age of 18, please do not participate in this study.
- c) Procedures to be Followed. The study will take place over a period of as many as seven months. We will ask you to complete two questionnaires online, which should take about 10 minutes total. The questionnaire will ask you to rate the intensity of various emotions you've experienced recently as well as your overall well-being. You will complete the same questionnaire every seven weeks during the study period. The total time required for this study will be about one hour. All activities will take place online. If you do not wish to use the internet, please do not participate in this study. At the end of the study period, we will ask all participants to complete an additional questionnaire online, which will take about 10 minutes to complete. This questionnaire is optional and is not required to receive compensation.
- d) Compensation. Participants will receive a book on Positive Psychology—likely Barbara Fredrickson's new book *Positivity*—as a token of appreciation for participating in the study. Participants must complete all questionnaires in a timely manner in order to receive the gift. It is not necessary for you to register or attend a Foundations seminar in order for you to qualify for the gift. The value of this gift is estimated at \$15.

Item #2: Inconveniences and Risks:

There will be no financial costs for participating in this research. The risks associated with this project are minimal. Any risks would be psychological rather than physical in nature. Participants will be asked to provide personal information on the questionnaires, but all such information will be strictly confidential. By executing this informed consent, you represent that you are emotionally healthy. If you are not emotionally healthy, do not sign this agreement. If you are currently in therapy or believe that you should be in therapy, please consult with your therapist to determine if there is a health reason why you should not participate in this study.

Item #3: Benefits to Science and Mankind:

This study is being done for research purposes. There may be little or no direct benefits to you, but you may benefit from measuring your own levels of positive and negative emotion and well-being. Also, the results of this research could help us understand whether and how the Foundations seminar is beneficial, which could benefit you if you attend a Foundations seminar. This knowledge could also benefit others in the future. You have the right to request a copy of the resulting research report, as well as your individual results, once the study is completed.

Item #4: Alternatives:

You may choose to join the study or you may choose not to join the study. You may choose to attend Foundations seminar or you may choose not to attend the seminar. In either case, your participation is voluntary. There is no penalty if you choose not to join the research study and/or choose not to attend the seminar.

Item #4: Confidentiality:

Every attempt will be made by the investigators to maintain all information collected in this study strictly confidential and accessible only to a trusted Foundations staff member. This staff member will remove all information that may identify you personally before it is viewed or analyzed by investigators. Foundations will not use the information collected for any purpose other than to remove your personal information and then pass the sanitized data to the researchers. However, authorized representatives of the University of Pennsylvania Institutional Review Board (IRB), a committee charged with protecting the rights and welfare of research participants, may be provided access to research records that identify you by name. If any publication or presentation results from this research, you will not be identified by name.

Regarding the security of the online resources, we will minimize security risks by using secure, encrypted communication between your computer and the web server. Access to this data is limited, using password protection, to the designated Foundations employee who is authorized to handle the data. Although we cannot guarantee the security of the online data with 100% certainty, we believe that these risks are small.

Withdrawal from the Study:

The study is expected to end after all participants have completed the final follow-up questionnaire. Your participation in this study is completely voluntary and you may drop out of the study at any time.

If you no longer wish to be in the research study, please contact Janice Corriher at janice@foundations1.com or 678-884-8241 and say you would like to withdraw from the study. Participants can also withdraw from the study by writing a request to be withdrawn to the following address:

Janice Corriher
2604 Paddock Dr.
Statham, GA 30666

If any significant new findings emerge during the course of the study that may relate to participants' willingness to continue their participation, this information will be provided to all participants. You are free to refuse to answer any and all questions in any of the evaluations or questionnaires. All information collected in this study will be kept strictly confidential, except as may be required by law.

If you have questions about your rights and welfare as a volunteer in the research study please contact the Office of Regulatory Affairs at the University of Pennsylvania at 215-898-2614. If you have any questions about this study, you may contact Steve Safigan at 706-295-9019.

When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

_____ I AGREE _____
Name of Volunteer (Please print clearly) I DO NOT AGREE Date

Appendix E: The Life Satisfaction Scale (LSS)

DIRECTIONS: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1 = Strongly Disagree

2 = Disagree

3 = Slightly Disagree

4 = Neither Agree or Disagree

5 = Slightly Agree

6 = Agree

7 = Strongly Agree

_____ 1. In most ways my life is close to my ideal.

_____ 2. The conditions of my life are excellent.

_____ 3. I am satisfied with life.

_____ 4. So far I have gotten the important things I want in life.

_____ 5. If I could live my life over, I would change almost nothing.

Appendix F: Fredrickson’s Positivity Scale

How have you felt over the past week or so? Look back over the past week and, using the 0-4 scale below, indicate the *greatest amount* that you’ve experience each of the following feelings.

- 0 = not at all
- 1 = a little bit
- 2 = moderately
- 3 = quite a bit
- 4 = extremely

1. What is the most **amused, fun-loving, silly** you felt? _____
2. What is the most **angry, irritated, or annoyed** you felt? _____
3. What is the most **ashamed, humiliated, or disgraced** you felt? _____
4. What is the most **awe, wonder, or amazement** you felt? _____
5. What is the most **contemptuous, scornful, or disdainful** you felt? _____
6. What is the most **disgust, distaste, or revulsion** you felt? _____
7. What is the most **embarrassed, self-conscious, or blushing** you felt? _____
8. What is the most **grateful, appreciative, or thankful** you felt? _____
9. What is the most **guilty, repentant, or blame-worthy** you felt? _____
10. What is the most **hate, distrust, or suspicion** you felt? _____
11. What is the most **hopeful, optimistic, or encouraged** you felt? _____
12. What is the most **inspired, uplifted, or elevated** you felt? _____
13. What is the most **interested, alert, or curious** you felt? _____
14. What is the most **joyful, glad, or happy** you felt? _____
15. What is the most **love, closeness, or trust** you felt? _____
16. What is the most **proud, confident, or self-assured** you felt? _____
17. What is the most **sad, downhearted, or unhappy** you felt? _____
18. What is the most **scared, fearful, or afraid** you felt? _____
19. What is the most **serene, content, or peaceful** you felt? _____
20. What is the most **stressed, nervous, or overwhelmed** you felt? _____

Appendix G: Detailed Description of Foundations' Seminar

Study group participants attended Foundations' introductory three-day experiential seminar. The seminar starts at 10:00 a.m. Friday morning and runs through approximately 6:00 p.m. Sunday evening. A detailed description of the seminar follows.

- **Large-group sharing:** Twice during the workshop, participants are encouraged to stand, one at a time, and speak to the group about how they're feeling, what they want out of life, and what's standing in their way.
- **Rules and guidelines:** Rules provide structure and make sure that everyone knows what's expected of them. The rules on Friday are relatively simple, straight-forward, and easy to follow. The rules on Saturday can be more challenging, such as asking people to give up smoking during training hours. The rules for Friday are listed as Appendix C.
- **Pick buddies, buddy process:** Each participant selects a partner, or accountability "buddy" who will participate with him/her during the one-on-one processes during the remainder of the workshop. The buddies get together and discuss what is working in their lives, what's not working in their lives, what's most important in their lives, and whether/why they trust their buddy.
- **Pick small-group facilitators:** The large group of participants (at least 15, and up to 48) are broken into small groups of 4-6 participants. Each group is led by a "small-group facilitator" who is an unpaid volunteer graduate of the program who has returned to assist in the training. Each participant self-selects which small group to join.
- **Starting Point (5 questions):** This is an ice-breaker for the small groups. Each participant in the small group answers five questions in turn: What's going well in my life? What's not going well in my life? How do I get in my own way? What is the one

thing I would like to change about myself? What is the most significant issue I would like to deal with this weekend?

- **Frame-of-reference lecture:** This is a lecture given before the entire group by a facilitator, with input from the participants. The facilitator talks about how our family, friends, background, race, ethnicity, gender, etc. influences our frame of reference, and therefore our interpretation of events. Stories and analogies are given to instruct and keep the presentation light.
- **Tapes:** The facilitator continues by describing “tapes”, self-defeating thoughts that tend to go off in our heads (also known as negative self-talk or negative cognitions). The participants get into small groups and quickly list their own tapes.
- **Human condition, thoughts/feelings/behaviors:** The facilitator continues by describing how defining moments in our lives have led us to make a decision about life that worked for us at the time, but which now limits us or holds us back. The situation has changed, but we’re still reacting the same way. The facilitator also explains how distorted, self-defeating thoughts lead to negative feelings, which in turn lead to inappropriate or self-defeating behavior.
- **Comfort zone:** The lecture concludes with a description of how staying in our comfort zone keeps us from truly living life to the fullest.
- **Self-defeating games:** The participants form into small groups and share about specific events in their lives when they played a self-defeating game—exhibited behaviors that did not get the participant what he/she wanted. These can include addictive behavior, self-defeating thoughts, lies, breaking agreements, bullying, withdrawing, and many others. The participants then share about what they really

wanted in those situations, whether they got what they really wanted, and what they could have done differently.

- **Stand up/I'm right/A to B/boundaries:** These processes are active, experiential exercises intended to get the participants on their feet and teach a specific principle. "Stand up" teaches how most of our communication is non-verbal. "I'm right" demonstrates how the need to be right gets in the way of our relationships. "A-to-B" shows that there's more than one way to solve a problem. "Boundaries" teaches the correct way to shake hands, define and enforce physical boundaries, and (if and only if the participant is willing) hug.
- **Mother/Father:** Each participant closes his/her eyes and is lead through a visualization process. The facilitator instructs the participants to imagine interacting with their parents as a child, and to visualize what the interior of their childhood home looked like. The participants then share the answers to several questions with their buddies, such as "What was the one thing you needed from your mother that you didn't get?" or "Father, please forgive me for..." The process allows the participants to release long-standing negative feelings about their parents and to see them as human beings with their own frailties.
- **Feedback:** This process is done as small groups. Each participant, in turn, stands up and receives feedback from the other members of his/her group. The feedback is not to be praise, nor is it abusive, but it is honest input to help the trainee grow. The process teaches participants to give, receive, and learn from honest feedback, even when it's not comfortable to do so.
- **Relationship line:** The participants who are related to each other stand in a pair of

lines with significant relationships facing one another. The participants rate the quality of the relationship from one to ten and state three short things that the other person can do to improve the relationship.

- **Withholds:** This is a process intended to clear any negative feelings by participants by inviting them to express their negative feelings about another participant, volunteer, or facilitator directly and privately with the other party. The volunteers and paid staff receive “withholds” but do not give any withholds.
- **Medicine game:** This is an interactive, experiential process involving dried beans representing doses of medicine that the participants give to each other. Since there is not enough “medicine” to go around, each participant decides, based on his/her own criteria, who to give “medicine” to. The process is intended to show that we all tend to withhold our love from others at times, even though we have plenty to share.
- **Wounded champions:** In small groups, participants describe times in their lives when they were victims or life was not fair. They then are encouraged to “give up hope for a better past” and forgive themselves and others.
- **Junkyard/burn/waterfall:** This process consists primarily of anger work. The participants write down their 15 top self-identified self-defeating traits on 15 sheets of paper. Each participant then places each sheet of paper on a pillow and bats it with a plastic bat until the paper disintegrates. The participants then gather up the remains of the paper and visualize burning it.
- **Contracts:** This major process is done in small groups. The small-group facilitator asks each participant, in turn, what they want in life, what it’s going to take to get it, and what kind of a man/woman the person is (strong, lovable, genuine, worthy, caring, etc.)

The person writes a “contract” with him/herself committing to be that type of person moving forward.

- **Stretch:** In this process, small groups of participants sing a popular song (to loud music) and dance in front of an audience. The song contains words that are picked out specifically to be meaningful to each trainee. The process encourages the participants to get out of their comfort zone, have fun, and to overcome fear of judgment.
- **Borderland sharing:** The facilitator gives parting words to prepare the participants for moving forward after the seminar if they are to truly get out of their comfort zone and start going for their dreams.
- **Gift Line:** As each participant walks, with eyes closed, through a double line of the other participants, the participants in line whisper a “gift” or positive attribute that the participant sees in the subject.
- **Turnaround:** The trainees are surprised by having family and friend show up unexpectedly for a closing celebration.