



THE EFFECT OF A SUBJECTIVE WELL-BEING INTERVENTION PROGRAM ON HAPPINESSⁱ

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Abstract:

This study sets out to explore the effect of a subjective well-being intervention program on university students' subjective levels of well-being. The study was conducted with 24 university students (18 women and 6 men) aged between 17 and 23 ($X = 18.75$), studying in a class called Psychological Counseling and Guidance at the Atatürk Faculty of Education, Marmara University, Istanbul. The data-collecting instruments were "Subjective Well-Being Scale" and "NEO Five-Factor Personality Inventory (NEO-FFI)". Students in the experimental group joined a "subjective well-being intervention program" developed by the researcher. Students in the control group did not receive any experimental treatment. The "Mann-Whitney U test" and the "Wilcoxon signed-rank test" were used for data analyses. The findings showed that the subjective well-being intervention program was effective in increasing students' levels of subjective well-being. The follow-up test, carried out three months later, indicated that the effect of the program was permanent.

Keywords: subjective well-being, happiness, intervention program, university students

1. Introduction

Positive psychology is a subject which has been of particular interest to scientists over the past two decades. Positive psychology is the study of situational factors and elements that enable individuals, communities and organizations to fulfill their potential and demonstrate their strengths and virtues effectively and efficiently, and support their personal development (Gable & Haidt, 2005). The rapid growth of positive psychology has led psychologists and scholars from several other disciplines to conduct research in this field. Research focuses on three main aspects of positive

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psychology, namely positive emotions (happiness, life satisfaction, joy), positive individual traits (persistence, coping and forgiveness, optimism, and so on), and positive institutions (family, school, society) (Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikzentmihalyi, 2000).

Philosophers and scholars have attempted since antiquity, and especially during the period of Ancient Greece, to define and make sense of happiness (Wilson, 1967; cited in Diener, 1984; Kesebir & Diener, 2008). Being happy is one of the ultimate goals of almost all individuals. A study published by the Turkish Statistical Institute in 2009 (<http://www.tuik.gov.tr/PreHaberBultenleri.do?id=6191>) indicates that happiness has reduced, and unhappiness has increased over the years.

The Satisfaction with Life Survey, conducted by the Turkish Statistical Institute in 2017 (www.tuik.gov.tr/PreHaberBultenleri.do?id=27590), confirms the results of a 2009 survey showing that the rate of individuals that reported to be happy reduced over years. As illustrated in Figure 2, the rate of individuals that reported to be happy was 62.2% in 2011 and reduced to 58% in 2017. The rate of respondents that reported to be unhappy increased from 9.9% (2011) to 11.1% (2017).

The results of this survey further signify that the level of happiness varies by marital status and gender; e.g. 65.2% of married women are happy, while 55.7% of married men are happy. Meanwhile, results reported lower levels of happiness according to level of education; given that 62.5% of individuals without any diploma are reported as happy, and 56.9% of university graduates are proven happy. By the same token, health is associated with happiness at the rate of 68%. This is followed by love (16.6%), success (9%), money (3.9%), and job (1,9%).

These data sets bring to mind the following questions: “Why are some people happier than others?” – and – “Why are some people unhappier than others?” along with the natural follow-up, which is “What are the factors that cause happiness or unhappiness?” and the question of whether unhappiness is “increasable?”

Numerous studies have been conducted to find answers to these questions (Hilpert, 2008; Lyubomirsky & Dickerhoof, 2010; Peterson, 2006). Diener & Seligman (2002), who set out to outline the core components of happiness, conducted a study with 222 university students, and found that the most significant factor that distinguishes happy people from unhappy ones is their ability to cope with the effects of bad events and recover and return to normal life in a short period of time.

Studies also underline that individuals must want happiness for themselves and be aware of their responsibility to achieve happiness in their lives (Eid & Diener, 2001; Lyubomirsky, 2000). In recent years, happiness-related studies have concentrated on concepts such as subjective well-being, psychological well-being, quality of life, satisfaction with life, and positive affect. The present study focuses on the concept of subjective well-being. Subjective well-being is one’s subjective evaluation of negative and positive emotions and satisfaction with life (Diener, 1984). Positive affect involves an individuals’ positive attitude towards other people and events, and the experience of positive emotions while negative affect means that one experiences negative emotions more often when compared to positive ones (Diener, 2006). Meanwhile, in general

terms, satisfaction refers to an individuals' subjective evaluation of their life, i.e. judgment of whether it is good or bad (Lucas & Diener, 2004). If an individual enjoys life and believes that they are leading a good life, it may be concluded that they have high life satisfaction. Therefore, experiencing positive emotions more often than negative ones and having higher life satisfaction point to increased subjective well-being (Diener, 2000).

The literature shows that a great deal of research has been carried out to determine the factors that affect subjective well-being. These studies indicate that the factors associated with subjective well-being include gratitude (Boehm, Lyubomirsky, & Sheldon, 2011; Emmons & McCullough, 2003; Froh, Sefick & Emmons, 2008; Watkins, Grimm & Kolts, 2004), optimism (Layous, Nelson, & Lyubomirsky, 2013; King, 2001; Scheier & Carver, 1993; Segerstrom, 2001; Seligman, 2002), positive social relationships (Schwartz & Sendor, 1999; Gable, Reis, Ascher & Impert, 2004; Baumeister & Leary, 1995), coping with stress (Billings & Moos, 1984; Pennebaker, 1997; Carver, Scheier & Weintraub, 1984), forgiveness (McCullough, 2001; McCullough, Worthington & Rachal, 1997; Harris & Thoresen, 2006), positive thinking (Goodhart, 1985; Fava et al., 2005; Seligman, 2002), and positive emotions towards oneself and others (Fredrickson, Cohn, Coffey, Pek & Finkel, 2008).

After the factors that affect subjective well-being were revealed, researchers began to develop intervention programs that increased subjective well-being and tested the effectiveness of these programs (Fava & Ruini, 2005; Fordyce, 1983; Hilpert, 2008; Lyubomirsky, Dickerhoof, Boehm & Sheldon, 2007; Seligman, Rashid & Parks, 2006; Seligman, Steen, Park & Peterson, 2005; Tkach & Lyubomirsky, 2006). These programs seemed to increase participants' subjective well-being, led to positive transformations in individuals' behaviors, and helped participants to discover their strengths (Lyubomirsky, Sheldon & Schkade, 2005; Seligman, Steen, Park & Peterson, 2005). Sin and Lyubomirsky (2009), who carried out a meta-analysis in 51 studies between 1977 and 2008, related to increasing subjective well-being, and found that activities designed for enhancing positive thinking, strengthening social relations and promoting coping skills, had a positive impact on increasing subjective well-being and reducing depression symptoms.

A good many descriptive and experimental studies carried out in various locales around the globe have concentrated on the factors that affect subjective well-being and intervention programs designed to increase subjective well-being (Fava et al., 2005; Lyubomirsky, Dickerhoof, Boehm & Sheldon, 2007; Seligman, Steen, Park & Peterson, 2005). In Turkey, there are several descriptive studies regarding subjective well-being (Eryılmaz & Atak, 2011; Gündoğdu & Yavuzer, 2012; İlhan & Özbay, 2016; Tuzgöl Dost, 2007; Sarı & Çakır, 2016); however, there is no research with regard to the development and testing of an intervention program for increasing subjective well-being. The aim of this study is to test the effects of a subjective well-being intervention program on university students' subjective well-being level.

The present study is important in that it is the first experimental study on increasing subjective well-being. The development of an intervention program for

increasing subjective well-being of university students is also likely to promote the promulgation of a preventive and constructive aspect of psychological counseling and guidance. Given that protecting individuals' mental health is of particular importance to promoting mental health within society, such an intervention program may serve the benefits of many locales. Furthermore, this study is expected to play a guiding role for counseling and guidance professionals and researchers in their psychological counseling practices in a school environment.

2. Method

2.1 Participants

This study was conducted with 24 university students (18 women and 6 men) aged between 17 and 23 ($X= 18.75$), studying in the Program in Psychological Counseling and Guidance, Atatürk Faculty of Education, Marmara University, Istanbul.

2.2 Research Design

Pretest-posttest experimental design with a control group, a method commonly preferred in educational and psychological research, was used for the purpose of this study. This design involves two groups formed through random assignment: an experimental group and control group. Both groups were subject to measurements before and after the experiment (Büyüköztürk, 2001; Karasar, 2008). In this study, the match-pair design was used to form the experimental and the control group. Students in the experimental and the control group were matched according to personal trait, which is one of the factors which affect subjective well-being.

2.3 Data Collection

Subjective Well-Being Scale: The scale was developed by Tuzgöl Dost (2005) in order to receive individuals' cognitive evaluation of their lives and to determine frequency and intensity of positive and negative emotions they experience, with a view to identifying the level of their subjective well-being. The scale is a one-dimensional instrument consisting of 46 items, i.e. 20 affirmative and 26 negative statements. The lowest score that the scale that one can obtain is 46, and the highest one is 230. High score indicates higher level of subjective well-being. The Cronbach's alpha coefficient for internal consistency was .93 when the Subjective Well-Being Scale was tested with a group of 209 participants. The test-retest reliability coefficient was .86.

NEO Five-Factor Personality Inventory (NEO-FFI): The NEO Five-Factor Personality Inventory (NEO-FFI), developed by Costa and McCrae (1992), and adapted into Turkish by Gülgöz (2002), comprises 60 items for measuring five domains of personality. Each of the five factors corresponds to one domain of personality and includes 12 items. The NEO-FFI was designed to measure an individual's five personality traits based on the trait theory of personality, i.e. extraversion, neuroticism, openness, agreeableness, and conscientiousness. The higher the score is in a domain of personality, the more one

tends to possess that personal trait. Ekşi (2004) found that the internal consistency of five factors in the NEO-FFI ranged from .55 to .83.

Subjective Well-Being Intervention Program: The subjective well-being intervention program, drawing on the cognitive-behavioral theory, is developed to increase subjective well-being. The experimental group members attended the intervention program once a week for 11 weeks. Group members and the researcher determined the schedule of sessions, each of which lasted 90 to 120 minutes. The variables on which the program was built included self-awareness, automatic negative thoughts, positive emotions, coping with stress, building healthy social relationships and problem solving, which affect subjective well-being.

In the first session, the group members met each other and were encouraged to state why they joined the group and were informed about subjective well-being. The second session focused on enabling participants to discover their positive and negative traits, to accept oneself with positive and negative traits, and to realize how they were perceived by others. In the third session, the group members were informed about automatic negative thoughts, and participated in activities that encouraged them to become aware of their negative thoughts, to perceive how negative thoughts affect their emotions and behaviors, and to take steps for transforming negative thoughts into positive ones. The fourth session included raising awareness on how positive thought affected emotions and behavior and focused on the importance of taking an optimistic view on life. The fifth session, meanwhile, dealt with communication mistakes, the importance of listening, and nonverbal communication, and effective self-expression.

The sixth session focused on the negative effects of comparing on relationships, enabled the group members to comprehend that each individual had strengths and talent in different domains, and stressed the importance of accepting oneself unconditionally with strengths and weaknesses. In the seventh session, the group members were provided with information about symptoms and sources of stress, gained awareness of the effects of stress on emotions, thoughts and behaviors, and carried out relaxation exercises. In the eighth session, group members were informed about skills for coping with stress and carried out activities that help them to gain such skills. The ninth session focused on enabling group members to have a thorough knowledge of factors that facilitated problem solving in daily life and to become aware that they had no control over every incident they experienced. The tenth session included practices that helped group members gain problem-solving skills. Finally, in the eleventh session, the group members and researcher made a general evaluation of the sessions, and the group members were encouraged to express the changes they underwent at the end of the program.

2.4 Procedure

Before starting the experimental process, the researcher administered the NEO Five-Factor Personality Inventory (NEO-FFI) to 251 volunteering students (167 women and 84 men) in the Program in Psychological Counseling and Guidance. The researcher then made a top-down list of scores related to the domain of neuroticism and determined 24

students with the highest score. The two students with the highest score were matched. A random assignment was used to include one student in the experimental group and one to the control group. The same procedure was carried out until 12 students were placed into the experimental group, and 12 students to the control group (Mook, 2001; Myers & Hansen, 2006). This study was conducted with a total of 24 students, i.e. 12 in the experimental group and 12 in the control group. After the members of each group were determined, the researcher had a preliminary interview with each student in the experimental group to provide them with information regarding the content and period of the intervention program, as well as the schedule, venue and number of sessions. The researcher also informed participants that the intervention program was a part of scientific research and confirmed that they were available and have no restriction to participate in the research. The researcher further underlined the importance of full attendance at group sessions and asked each student to sign a preliminary interview form to take their consent.

After the interviews, the participants in the experimental group and the control group were asked to complete the subjective well-being scale. Subsequently, the experimental group members attended the subjective well-being intervention program during 11 weeks, one session per week. The sessions lasted from 90 to 120 minutes. The control group did not receive any experimental treatment during this process. At the end of the program, students in the experimental group and the control group were administered the subjective well-being scale as a posttest. Then, the effectiveness and permanence of the subjective well-being intervention program were tested.

2.5 Data Analysis

Nonparametric tests rather than parametric tests were used for data analyses in this study, since the data was collected from a small number of subjects and was not distributed normally. The Mann-Whitney U test, an instrument for testing whether scores obtained from two independent groups, vary significantly and were used to analyze the statistical difference between the posttest scores of the experimental group and the control group. The Wilcoxon signed-rank test, an instrument for testing the significance of two related samples was used to analyze whether there was a significant difference between pretest and posttest scores of the experimental group, and between post-test and follow-up test scores of the same group. For the purpose of this study, the significance threshold was set at .05.

3. Results

In this section, comparison of the subjective well-being pre-test, post-test and follow-up test scores of the participants are presented.

As presented in Table 1, the average pre-test score was 155, the average posttest score was 186.41, and the average follow-up test score was 194.92 in the subjective well-being scale of the experimental group. The average scores indicate that there was an

increase in subjective well-being scores of the experimental group, and the increase was maintained in the follow-up test.

Table 1: Descriptive values of subjective well-being pre-test, post-test and follow-up test scores of the experimental group and the control group

	Group	Measure	N	X	SD
Subjective Well-Being	Experimental	Pretest	12	155.00	25.87
		Posttest	12	186.41	11.51
		Follow-up test	12	194.92	14.97
	Control	Pretest	12	154.00	18.26
		Posttest	12	155.25	19.09
		Follow-up test	12	155.05	19.02

The average pre-test score was 154, the average post-test score was 155.25, and the average follow-up test score was 155.05 in the subjective well-being scale of the control group. The average scores indicated that there was no increase in subjective well-being scores of the experimental group, as students in this group did not receive any experimental treatment.

Table 2: Wilcoxon signed-rank test results for the comparison of subjective well-being pretest, posttest and follow-up test scores of the experimental group

Score	Ranks	N	Mean Rank	Sum of Ranks	z	p
Subjective well-being posttest score - Subjective well-being pretest score	Negative ranks	0	.00	.00	-	.002
	Positive ranks	12	6.50	78.00	3.059	
	Ties	0				
	Total	12				
Subjective well-being follow-up score - Subjective well-being posttest score	Negative ranks	2	3.00	6.00	-	.016
	Positive ranks	9	6.67	60.00	2.401	
	Ties	1				
	Total	12				

As seen in Table 2, the comparison of subjective well-being pre-test and post-test scores of the experimental group shows that there was a statistically significant difference between the scores, and that subjective well-being was significantly higher in the post-test ($z=3.059$; $p<.01$). The sum of ranks indicates that the positive ranks, namely the post-test scores, were higher. This result suggests that the subjective well-being intervention program played an effective role in raising the subjective well-being level of students in the experimental group.

The comparison of subjective well-being post-test and the follow-up test scores of the experimental group showed that there were statistically significant differences between the scores ($z=-2.401$; $p<.05$). This result indicated that there was no decrease in the subjective well-being scores of the experimental group, and that the effect of the program continued. In other words, it may be concluded that the subjective well-being program has had a long-lasting effect.

Table 3: Mann-Whitney U test results for the comparison of posttest scores of the experimental group and the control group

Score	Group	N	Mean Rank	Sum of Ranks	U	z	p
Difference between subjective well-being posttest scores	Experimental	12	17.83	214.00	8.00	-	.001
	Control	12	7.17	86.00			
	Total	24					

Table 3 shows that there was a significant difference between subjective well-being posttest scores of the experimental group and the control group, and that subjective well-being posttest score was significantly higher in the experimental group ($U=8.00$; $z=-3.699$; $p<.001$). The sum of ranks indicates that subjective well-being was higher among students that attended the subjective well-being intervention program than students that did not attend the program. This finding suggests that the subjective well-being intervention program played an effective role in increasing subjective well-being of the experimental group members. Given that students in the control group did not receive any treatment after the pre-test, it was expected that their post-test scores would be lower than the scores of students in the experimental group. The changes can be seen in Figure 1.

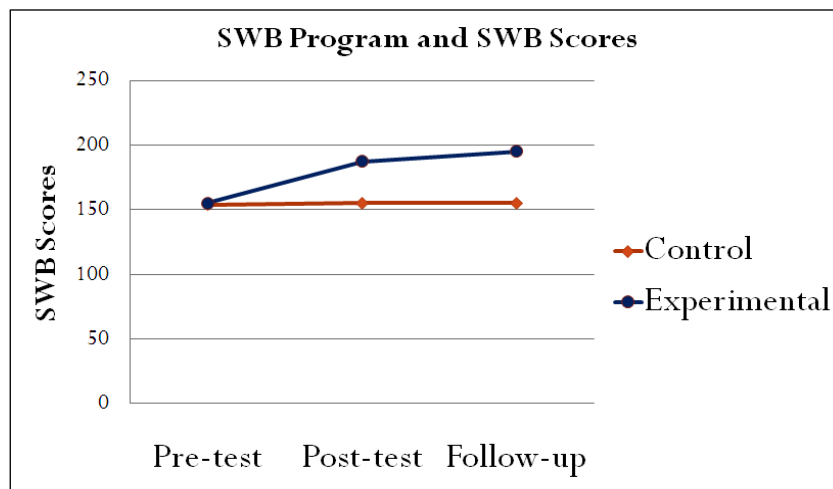


Figure 1: Changes in the subjective well-being pre-test, post-test and follow-up test scores of the experimental group and the control group

4. Conclusion and Discussion

In the literature, happy individuals are defined as those who can easily cope with challenges they encounter in daily life, develop a positive perspective of conditions under which they live and any events they experience, think positively, avoid social comparisons (Lyubomirsky & Dickerhoof, 2010), are social, extrovert, easygoing and healthy, live longer, are able to build close relationships, are successful in social and work life (Boehm & Kubzansky, 2012; Diener & Seligman, 2002; Lyubomirsky, King & Diener, 2005), have higher self-esteem and are optimistic (Lucas, Diener & Suh, 1996; Lyubomirsky & Lepper, 1999; Lyubomirsky, Tkach & DiMatteo, 2006).

Based on these definitions, the researcher developed an intervention program to increase individuals' well-being. In order to test its effectiveness, the researcher formed an experimental group the members of which attended this program. The findings indicate that the program played an effective role in increasing subjective well-being. The follow-up test carried out three months later shows that the effect of the program was lasting and permanent. There was a significant difference between subjective well-being post-test scores of the experimental group and the control group, and the experimental group scored significantly higher. The results suggest that various group activities based on the variables that affect subjective well-being serve the purpose. Previous research has also shown that positive psychology intervention programs during which more than one group activities were carried out proved to be more effective in increasing subjective well-being (Fordyce, 1983; Fava, Ruini, Rafanelli, Finos, Salmaso, Mangelli & Sirigatti, 2005; Sheldon, Kasser, Smith & Share, 2002; Seligman, Rashid & Parks, 2006; Seligman, Steen, Park & Peterson, 2005).

Other factors that explain the effectiveness of a program include the role of group leader and therapeutic strength of the group. The group leader is the most important factor that creates a therapeutic environment for the group (Ohlsen et al., 1988; cited in in Voltan Acar, 2003). A group leader empathizes with group members when listening to them, and ensures that members get comfortable with, and communicate with each other, leaving the group with positive feelings (Voltan Acar, 2001). The group members underlined the role of the group leader when they were asked to evaluate the program at the end of research.

Another factor which proved to play a role in effectiveness of the program was that it enabled participants to gain awareness of their internal process. This refers to how effectively participants developed awareness of "here and now", i.e. how they felt, thought and behaved here and now, and of what was happening around them (Voltan Acar, 2004). Individuals that develop awareness of their feelings learn how to accept themselves as they are, to reveal their potential strengths, and to use them. Individuals that accept themselves are no longer in need of self-defense and are thus open to transformation and development (Voltan Acar, 2001).

Studies of existing literature support the findings of the present study (Fordyce, 1983; Seligman, Rashid & Parks, 2006; Fava et al., 2005; Seligman, Steen, Park & Peterson, 2005). Fordyce (1983) developed an 11-session program comprised of cognitive and behavioral components in order to increase happiness and tested this program on psychology students. The program focused on factors such as transforming negative thoughts into positive ones, socializing, keeping busy with attractive and entertaining activities, and setting goals. The research showed that the experimental group increased their happiness significantly compared to the control group.

Seligman et al. (2006) tested the effectiveness and long-lasting effects of a six-session positive psychotherapy intervention program based on the cognitive theory, which was developed to increase positive emotions. The study was conducted with psychology students who suffered mild to moderate symptoms of depression in accordance with the Beck Depression Inventory. The first session focused on

individuals' strengths, the second session on positive events they experienced, the third on life satisfaction, fourth on gratitude, the fifth session on appreciation, and the sixth on positive emotions. At the end of the program, participants showed higher life satisfaction levels and lower symptoms of depression. The follow-up test conducted one year later showed that program participants had an increase in life satisfaction and no increase in depressive symptoms. These results point to the long-lasting effects of activities in the positive psychotherapy program.

Fava et al. (2005) integrated well-being therapy with cognitive-behavioral therapy to develop an eight-session program and tested whether this program had an effect on increasing the psychological well-being of individuals with anxiety disorder according to DSM-IV. The aim of well-being therapy is to increase well-being, using cognitive-behavioral therapy techniques (Fava & Ruini, 2003). The program concentrated on key concepts such as irrational thoughts, positive thinking and keeping busy with pleasurable activities, and on dimensions of Ryff's multidimensional model of psychological well-being, i.e. self-acceptance, purpose in life, personal growth, environmental mastery, autonomy and positive relations. The therapy led to a decrease in anxiety level and an increase in well-being. The follow-up study conducted one year later showed that the program had a long-term effect.

As illustrated by above studies, positive psychology intervention programs based on the cognitive-behavioral therapy play an effective role in enhancing subjective well-being. This brings us to the question of why positive psychology intervention programs grounded on the cognitive-behavioral therapy increase subjective well-being. The answer lies with the concept of cognitive evaluation as being embedded in the definition of subjective well-being.

As mentioned in earlier sections, subjective well-being is an individual's subjective and cognitive evaluation of his/her negative and positive emotions and satisfaction with life. Whether an individual evaluates his/her emotions and experiences positively or negatively depends on how he/she perceives events experienced. Thus, cognitive processes play a significant role in an individual's evaluation and interpretation of events. This is why the cognitive-behavioral theory lays the foundation of intervention programs developed to increase subjective well-being.

Another significant finding of previous research conducted abroad, and the present study is that subjective well-being can be learnt. In other words, individuals can learn how to be happy. In Turkey, the increasing growth of competition in university education, and the challenges which students must overcome has caused an increase in depression among university students. Thus, it is of particular importance to develop and implement programs that aim to improve students' psychological well-being, as well as to ensure physical, social and economic improvement in their lives, in order to help students to cope with challenges and to lead a happy life.

Oral and written feedback received from the experimental group members at the end of the program shows that the program activities served their purpose. Participants of the program stressed that group activities were useful for their personal growth. They further indicated that the program helped them to gain the skill to express

themselves more freely, to take further steps on the way to positive thinking, to see their experiences from a different angle, to produce realistic solutions to problems in life, to build better communication with others, to gain awareness that happiness is in their hands, and that they had positive feelings at the end of group activities. This feedback shows that the subjective well-being intervention program led to positive changes in participants' behaviors. This result points to the importance of group work.

McRoberts et al.'s (1998) meta-analysis shows that there were positive changes in the behaviors of individuals that participated in group therapy, and that participants drew attention to the usefulness of activities for their personal development. In another experimental study designed to reduce depression level, it was found out that group therapy participants had more positive feelings than non-participants at the end of the program (Robinson, Berman & Neimeyer, 1990).

The findings of the present study enable us to make recommendations for further research. In this study, the one-dimensional subjective well-being scale developed by Tuzgöl Dost (2005) was used to test the effectiveness of the subjective well-being intervention program. Relevant scales may be used to test sub-dimensions of subjective well-being, i.e. satisfaction with life, positive affect and negative affect. Furthermore, the subjective well-being program may be applied to sample groups with different characteristics (e.g. age, educational background). It is possible to test the effectiveness of the program on individuals with, for example, depression or anxiety disorder. Given that this program designed for university students not only helps them to cope with negative emotions but also enables them to have positive emotions, professionals in university psychological counseling centers can use the program activities in individual and group therapies.

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