

## “Living in Balance” – A Workshop Series to Improve the Quality of Life (QoL)

**Christa Schlager, Günter Schlager, Sandra Stephen**

*Interuniversitäres Kolleg für Gesundheit und Entwicklung Graz / Schloss Seggau  
college@inter-uni.net*

### SUMMARY

#### *Objective*

The objective of the workshop series was to enable workshop participants to develop and deepen their access to well-being/ health and thus improve the quality of their lives. Further it was intended to make this process measurable by a well-being assessment tool.

#### *Background*

Living in balance and health is one of the basic longings of people. To realize and achieve this, from the point of view of the authors, it is necessary to deal with one's general health, whose indices are physical and social functioning, emotional well-being, mental and spiritual health. Thus the authors developed a workshop series, applying physical exercises, holistic energy work and psychodynamic skills.

#### *Methods*

An evaluation study on the influence of the workshop series “Living in balance“ on the improvement of well-being and the quality of life (QoL) of its participants during six consecutive evenings was conducted. Data were collected from six participants (one male and five females) with an adapted questionnaire of the McKinley Health Center, University of Illinois.

The questionnaire was applied at the beginning of the first workshop unit (week 0 = t0), after the completion of the workshop series (week 12 = t1) and again after 3 months (week 24 = t2).

Statistical analysis was carried out by analyses of variance for repeated measures and Friedman tests. The significance level was fixed at 5% and due to the small number of cases statistical significance would have to be reached by both tests.

#### *Results*

From the tests, only analyses of variance showed statistical significance but these were not confirmed by the Friedman tests.

Clear trends were found when comparing mean values for t0 and t1 (short-term effects) and when comparing mean values for t0 and t2 (long-term effects).

Mean values over all dimensions pooled showed a continuous increase between t0, t1 and t2 from 25.2 to 26.1 to 26.93.

In other words, when t0 was set to 100%, mean values increased to 103.6% in t1 (+3.6%) and 106.9% in t2 (+6.9%).

Both increases were significant according to analysis of variance ( $p < 0.01$  and  $< 0.01$ ), but not to Friedman tests ( $p > 0.05$ ).

Clear trends could also be observed as to pooled values per person.

The participants of the workshop series ‘Living in Balance’ were perceptibly able to heighten awareness as to contact, communication and cooperation.

### Conclusion

The dimensions contact, communication and cooperation are considered to be the key points of psychosocial health.

The authors thus come to the conclusion that the workshop series contributed to a gain in psychosocial health of the participants.

## INTRODUCTION

Living in balance and health is one of the basic longings of people. To realize and achieve this, from the point of view of the authors, it is necessary to deal with one's general health. The indices of general health are physical and social functioning, emotional well-being and mental and spiritual health, which in consequence will lead to a more respectful interaction with our environment.

This project is an evaluation study on the influence of the workshop series "Living in balance" on the improvement of well-being and the quality of life (QoL) of its participants during six consecutive evenings.

Well, what does it mean for the individual to establish physical, emotional, mental, relational and spiritual balance? It means that more and more opportunities to create a life in health and vitality will emerge.

When designing the workshop series "Living in Balance", the authors have been inspired by the longings of many people to improve the quality of their lives, to live their lives in health and vital energy.

The workshop series is influenced by a salutogenic approach (Antonovsky, 1990, pp.1- 9) as well as the psychosocial health model of Reinhold Dietrich, both focusing on factors that support human health and well-being, rather than on factors of disease.

Thus Dietrich says in 'Das Psychosoziale Gesundheitsmodell', p.51, '*Aus Sicht eines Gesundheitsmodells wartet man nicht darauf, dass Personen krank werden, um ihre psychosoziale Gesundheit zu fördern; man fördert die psychische Entwicklung und Stabilität der Menschen im Vorfeld, um einerseits eine optimale Lebensgrundlage für eine befriedigende und erfüllende Lebens-, Beziehungs- und Arbeitsweise bereitzustellen und andererseits, um wirklich anhaltendem Leid und psychischen Anforderungen möglichst früh durch vorbereitende Entwicklung entgegenzusteuern.*'

It was the intention of the authors to offer practical methods with focus on the development of well-being and to help their participants integrate workshop experiences into their lives.

The authors chose a multi-faceted approach consisting of bioenergetic body work (Lowen, 2006), holistic energy work and different psychotherapeutic and analytic methods to enable the participants of the workshop to develop and deepen their access to well-being & health and thus improve the quality of their lives.

By applying a well-being assessment tool this process was expected to become measurable. Moreover, participants were offered a tool for self-evaluation by filling in a questionnaire (adapted from McKinley Health Center, University of Illinois)

## **OBJECTIVE**

The objective of the workshop series was to enable workshop participants to develop and deepen their access to well-being/ health and thus improve the quality of their lives by applying physical exercises, holistic energy work and psychodynamic skills. Further it was intended to make this process measurable by a well-being assessment tool. Another objective was to offer participants also a tool for self-evaluation.

## **RESEARCH QUESTION**

Thus the following research question evolved: 'Has the workshop series "Living in Balance" beneficial effects on the well-being and quality of life of participants, as to their general health, physical and social functioning, emotional well-being, intellectual and spiritual health?'

## **HYPOTHESIS**

The authors' hypothesis was: 'The workshop series "Living in Balance" has beneficial effects on the well-being and quality of life of its participants. Their general health, physical and social functioning, emotional well-being, intellectual health as well as spiritual health will improve.'

## **COUNTER HYPOTHESIS**

Since the counter hypothesis would be, 'There is no significant effect on the well-being and quality of life of the participants by the workshop series'.

## **METHOD**

The authors performed an evaluation study, using data collected with an adapted questionnaire of the McKinley Health Center, University of Illinois.

### *Questionnaire*

The questionnaire consisted of five dimensions which are considered to be fundamental to human wellness/well-being.

Thus ten questions each referred to

1. *Physical health*, which includes characteristics such as body weight, sensory acuity, susceptibility to disease and disorders, body function and recuperative ability. It also includes striving for positive lifestyle behaviors and taking personal responsibility for one's own health and health care.
2. *Social health* refers to the ability to have satisfying inter-personal relationships and to appreciate and respect individual differences. It also refers to the ability to interact with others, to adapt to various social situations, and daily behaviors.
3. *Emotional health* refers to the feeling component; to express and display emotions comfortably, effectively and in a healthy manner. Feelings of self-esteem, self-confidence, self-efficacy, trust, love, and many other emotional reactions and responses.
4. *Spiritual health* involves seeking meaning and purpose in human existence. The spiritually well individual explores and develops a personal belief system, establishes values and lives a life that is consistent with those values and beliefs. Spiritual wellness is about creating a sense of inner peace.

5. *Intellectual health* refers to the ability to learn, the ability to grow from experience and intellectual capabilities. Decision making is a vital component of one's mental health. (Adapted from McKinley Health Center, dimensions wellness definitions)

Participants were asked to find out their level of well-being by rating each of the following dimensions, which were covered by 10 questions each.

Participants could choose between four criteria of self assessment

- rarely, if ever
- sometimes
- most of the time
- always

They circled the number (1 to 4), which best described them.

The higher the score the better the well-being of participants as to the particular questions/dimensions. The ideal score per dimension was 40.

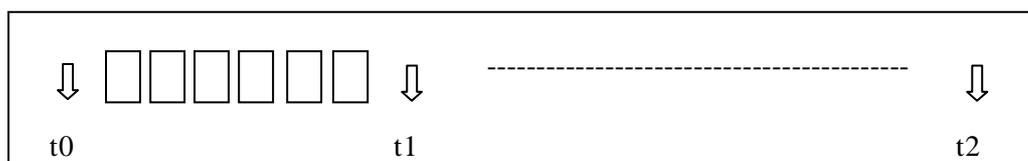
The questionnaire had to be translated for application in Austria, since the participants did not have enough command of the English language. Professional translation and, for validation purposes, re-translation guaranteed the correctness of the questionnaire in German.

#### *Participants, setup and procedure*

The workshop series was attended by participants, one male and five females, age 32 to 50.

The consecutive workshop series of 6 evenings, 3 hours per unit took place every second week over a period of 12 weeks in 'Bildungszentrum St. Franziskus', Ried im Innkreis, in autumn 2013.

The questionnaire was applied at the beginning of the first workshop unit (week 0 = t0), after the completion of the workshop series (week 12 = t1) and after 3 months (week 24 = t2). The third batch of questionnaires was sent by mail, with a postage prepaid return envelope enclosed. The participants were asked to send questionnaires back within one week.



*Fig.1: Study schedule - participants filled in questionnaires in week 0=t0, in week 12=t1, in week 24=t2*

By this procedure it was expected that both short – and long-term effects could be evaluated. With the help of the questionnaire, the authors aimed to find out if/how the overall quality of life of the participants changed over the period of the workshop series.

The individual questionnaires were collected by the authors 100% and results were entered into an Excel sheet.

Statistical analysis was carried out by the statistics programme SPSS. The significance level was fixed at 5%.

Evaluation procedures comprised of frequency analyses, analyses of variance for repeated measures and Friedman tests.

The contents of the analyses was the comparison between t0, t1 and t2, separately for each dimension and for all dimensions in total.

Frequency analyses and analyses of variance were applied first for each of the five dimensions used in the questionnaire.

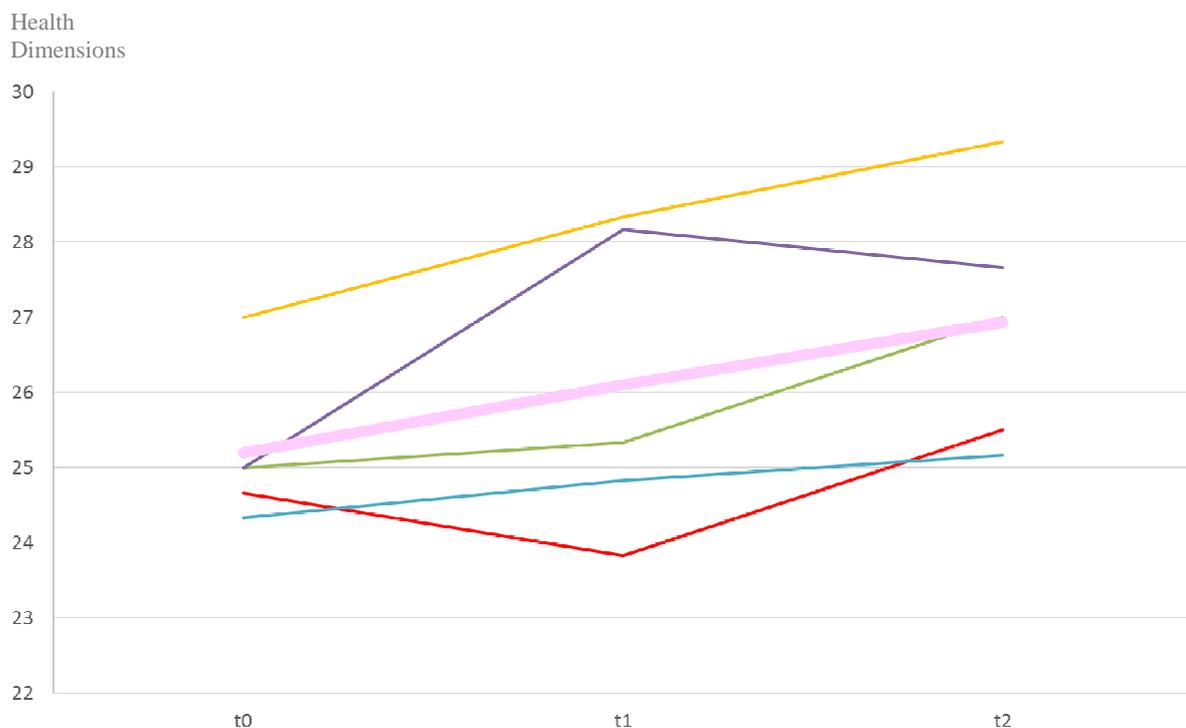
Both evaluation procedures were also applied for all dimensions in total (sum over all 50 items).

Due to the low number of cases another control analysis, the Friedman test, had to be applied to validate the preliminary results.

## RESULTS

A total of 3 measurements (t0, t1, t2) with 6 participants was performed.

Figure 2 shows mean values, for t0, t1 and t2, separately for each of the 5 dimensions and for all dimensions pooled.



*Fig. 2: Mean values for health dimensions in the course of the study*

*t0 = before, t1 = after the workshop series of 3 months, t2 = 3months after the workshop series*

*Red line = physical health*

*Ochre line = social health*

*Green line = emotional health*

*Dark blue line = spiritual health*

*Blue line = intellectual health*

*Pink line = all 5 dimensions pooled*

As can be seen in the figure, values of all dimensions increased throughout the study (t0 – t2).

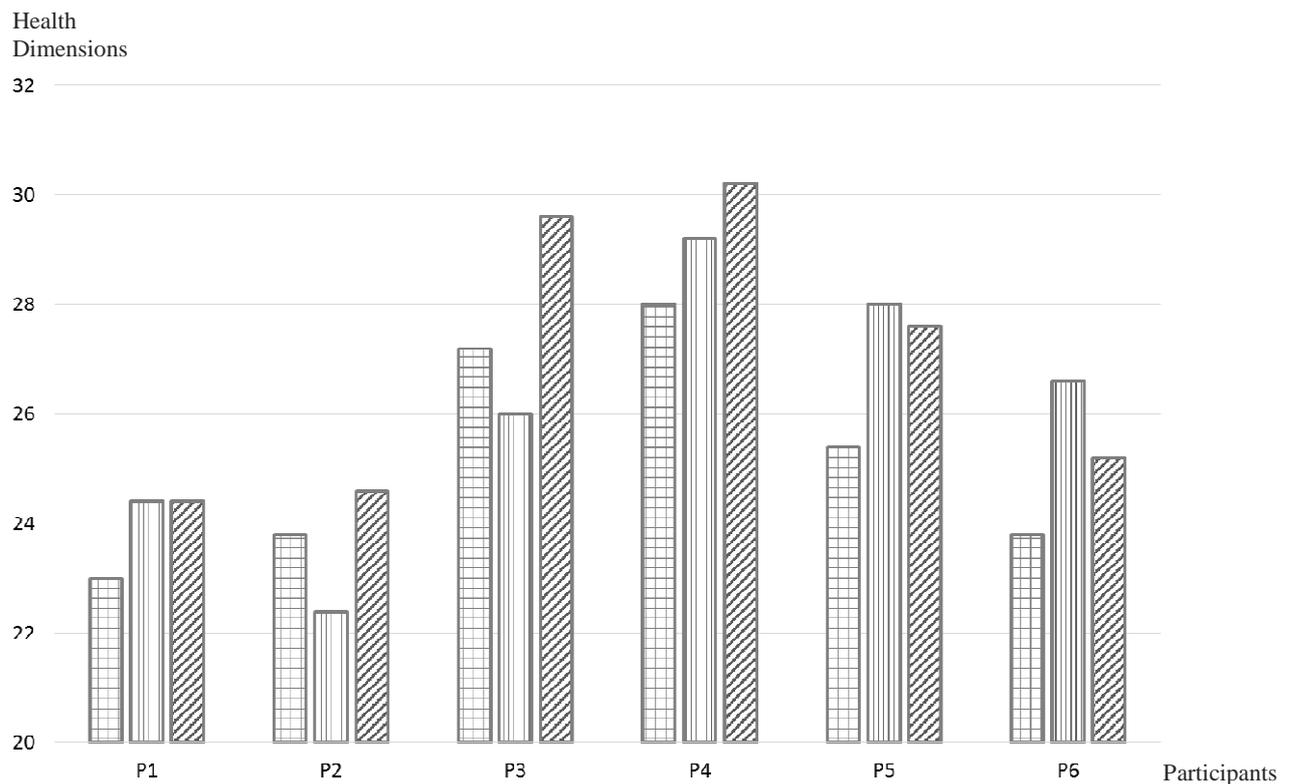
Interestingly, there was an initial drop of the feeling of physical health between t0 and t1 that was balanced again between t1 and t2.

Mean values over all dimensions pooled showed the continuous increase between t0, t1 and t2 from 25.2 to 26.1 to 26.93.

In other words, when t0 was set to 100%, mean values increased to 103.6% in t1 (+3.6%) and 106.9% in t2 (+6.9%).

Both increases were significant according to analysis of variance ( $p < 0.01$  and  $< 0.01$ ), but not to the Friedman test ( $p > 0.05$ ).

Clear trends could also be observed as to pooled values per person (Fig.3).



*Fig.3: Mean values of pooled dimensions per person  
P1 – P6: participants 1 - 6  
Raster pattern = t0; vertical lines = t1; diagonal lines = t2  
For explanation see Fig.2 and text.*

As can be seen in figure 3, mean values of the pooled dimensions increased from t0 to t2 for all six participants. Interestingly, there was an initial drop of values (i.e. the value for the feeling of physical health as can be derived from figure 2) between t0 and t1 for two of the six participants.

Values were not compared statistically at the level of the individual participants.

## DISCUSSION

In the study values of all dimensions increased throughout the workshop series (t0 – t2) for all six participants.

The trends show beneficial effects on the well-being and quality of life (QoL) of its participants. After the third measurement (t2), their general health, physical and social functioning, emotional well-being, intellectual health as well as spiritual health had improved.

The fact that the participants' scores ranged from 22.4 to 30.2, which indicates a clear gap to the ideal score of well-being at 40, is not really surprising, since the participants took part in the workshop series to improve their well-being.

Further it does not seem surprising to the authors that there was an initial drop of the feeling of physical health between t0 and t1 (figures 2, 3). The original self-image about one's physical health and fitness may have been challenged by bioenergetics exercises, which were part of the workshop programme. One of the aims of the workshop series was to raise awareness which may have led to a reality check as to the condition of one's physical health state. However, the values balanced again between t1 and t2. This may be due to the integration of the workshop experiences into everyday life which takes time.

Values of the other 4 dimensions raised from t0 – t1. This improvement of quality of life (QoL) was expressed in oral feedbacks by the participants at the beginning of each consecutive evening and at the end of the last workshop evening. They mentioned: improved grounding in life, more mental clearness and more self-care, growth of conflict management, new forms of communication in personal relationships, heightened self-esteem, a greater ability to cope with challenges, clearer decisions in a self-supportive way and fewer self-judgments.

#### *Some general considerations*

It must be taken into account that small numbers (case number 6 participants) pose a problem for a quantitative approach with a statistical analysis, as chosen by the authors.

Larger case numbers would be necessary to obtain statistically significant results.

Moreover, the authors wondered if the questionnaire with 50 questions was too detailed and if it could have felt overwhelming to the participants.

Then it is worth contemplating a reduction of the questionnaire to key questions concerning to each of the five dimensions discussed above.

Further an open question at the end of the adapted questionnaire could be added, e.g. "Were there any changes in your life during the workshop process and afterwards?"

Participants would be asked to write half a page.

Thus the question came up if a qualitative approach might be more applicable than a quantitative approach.

The approach of Mayring (Mayring, Ph. 2000. Qualitative contents analysis) would be worth taken into consideration, because it evaluates also more comprehensive text bodies by analyzing with regard to content, without falling into premature quantifications.

"Die qualitative Inhaltsanalyse stellt also einen Ansatz empirischer, methodisch kontrollierter Auswertung auch größerer Textcorpora dar, wobei das Material, in seinen Kommunikationszusammenhang eingebettet, nach inhaltsanalytischen Regeln ausgewertet wird, ohne dabei in vorschnelle Quantifizierungen zu verfallen."

## **CONCLUSION**

Summing up the above discussion on the results and taking into account the psychosocial health model of Dietrich, the authors wish to state that the participants of the workshop series 'Living in Balance' were perceptibly able to heighten awareness as to contact, communication and cooperation, which Dietrich considers to be the key points of psychosocial health. Dietrich says in 'Das Psychosoziale Gesundheitsmodell', p.21, 'Die Eckpunkte des psychosozialen Potentials, der psychosozialen Gesundheit, Intelligenz und Kompetenz können in drei Begriffe gefasst werden: Kontakt, Kommunikation, Kooperation.'

The authors thus come to the conclusion that the workshop series contributed to a gain in psychosocial health of the participants.

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