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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND AND MOTIVATION FOR THE STUDY

Employee Assistance Programmes (EAPs) or employee wellness programmes (as they are now called) have been introduced in workplaces to take care of employees' health and well-being, while at the same time improving employees' work productivity and performance. Work organizations, whether in the public or private service, have thus become increasingly aware of the significant relationship between employee wellness and productivity.

According to an article that appeared in the Sowetan newspaper (7 November 2006, p.17), employee well-being programmes are important in organizations that aim for maximum productivity from their employees, because they help staff members cope better with the stresses of either their work or their private lives. Spector (1997) observes that more satisfied employees are more punctual, more co-operative, less absent, and more helpful and more likely to remain at the company for a longer period than their less satisfied counterparts.

EAP as a workplace-based assistance programme designed to assist employees to deal with and manage difficulties they are confronted with either at work or home. It is defined differently by different people for different reasons based on their school of thought or theoretical perspective. For example, Berridge, Cooper and Highley (1997) define EAP as a systematic, organized and continuing provision of counseling, advice and assistance, provided or funded by the employer, designed to help employees and (in most cases) their families to cope with problems arising from work-related and external sources.

The Employee Assistance Professionals Association (EAPA, 1994) defines EAP in their Standards document as "a worksite-based programme designed to assist in the identification and

resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance" (EAPA, 1994, p.10).

EAP is therefore considered to be an employee benefit, as well as a means of improving employees' (and therefore by extension employer) productivity through reducing personal problems that may negatively affect an employee's job performance. Harter, Schmidt and Keyes (2002), state that "workplace well-being and performance are not independent. Rather they are complimentary and dependent on components of a financially and psychologically healthy workplace" (p.16).

Although employee assistance programmes have been designed to assist employees to cope with or manage their problems and therefore improve productivity, employees attending assistance programmes have not really benefited as much as expected from such programmes. They have either dropped out of the programme without finishing their planned sessions or have finished their sessions without achieving the expected or desired results. In other cases, employees have either attended one session and then terminated prematurely, or attended a few sessions and then dropped-out, or stayed through all the prescribed sessions and complied with the entire treatment plan as required, but with little or no benefit at all. In fewer cases, employees have, in general, benefited fully from attending employee assistance programmes in their respective workplaces.

The overall question, for this study, then becomes what psychological factors are at play, whether positive or negative, that contribute to successful or unsuccessful EAP interventions? To answer this question, for the benefit of EAPs, employers, and employees, it is important that psychological professions involved in the field of EAP examine the psychological factors that improve or impede the effectiveness of EAPs. Once such psychological factors are extracted from this study, further studies can then be harnessed or eliminated in order to make sure that EAPs are more effective and successful than before.

Research conducted in counselling or psychotherapy indicate that certain intrapersonal, interpersonal and environmental factors play a crucial role in making interventions effected by the therapist or counselor successful or unsuccessful. Barret, Chua, Chrits-Christopher, Gibbons and Thompson (2008), for example, indicates that factors that lead to failure of psychological interventions are disjunctive in nature. This includes resistances, the typical disconnections between the therapist (EAP practitioner) and patient (employee) deriving from intra-psychic or interpersonal conflict.

Positive psychological factors that lead to successful psychological interventions are conjunctive in nature. This refers to the conventional connection that two people have, such as empathy and support, and includes the sophistication, complexity, and power of the bond as it occurs in psychotherapy, and the laborious preparation required for two human beings to have a moving impact on each other.

1.2. PROBLEM STATEMENT

EAPs have been designed and introduced in work organizations both in the public and private service to improve productivity levels and the quality of the employees' lives. However, most EAPs do not achieve their planned and intended goals, despite being well planned in terms of finances, structure and staff. Even in cases where the EAP meets the required formal standards set by the international Employee Assistance Programme Association and the local Department of Public Service and Administration for government departments, planned goals are not always met or achieved.

According to Du Plessis (1988), the effectiveness of EAP can be evaluated along two dimensions: the impact on the employer and the impact on the employee. However, existing literature fails to consider the impact of EAPs on employee well-being, and rather focuses on the former.

Different reasons ranging from EAP processes to psychological complexities have been put forward as reasons for the non-achievement of planned goals and expectations by EAPs. According to literature, the differences in cognitive appraisal, experience and outcome might be the a result of a variety of factors, such as the nature of the presenting problem itself, the referral process, intra and interpersonal dynamics, perception of the outcome by the employee, intervention techniques applied by the practitioner, treatment plan, psychological experience of the employee being assisted and even the relationship between the employee and service provider.

Manuso (1983) states that programmes designed to assist employees deal with problems affecting their work performance may fail because of obvious errors such as neglecting basic duties, or violating accepted standards of professional practice. More often than not, the causes of programme failure are less clear and deserve careful analysis.

Despite the failures of interventions, some employees attending EAPs have benefited immensely from the interventions or prescribed treatment, and would not hesitate to return if they experience similar or different problems. That is because of their psychological make-up and their experience of EAP processes and interventions; they have found the EAP to be of great assistance in making them more productive at work, stabilizing their emotional states and taking them back to their pre-morbid functioning (Manuso, 1983).

This study was therefore aimed, to a large extent, at investigating the positive psychological strengths that employees who have benefited from the EAP possess. In other words, the study was intended to find in employees themselves positive psychological strengths that were perceived by the employees themselves as having played a significant role in facilitating the success of the EAP and thus making it beneficial to them. Furthermore, this study was also aimed, to a lesser extent, at highlighting negative psychological emotions that should be eliminated or neutralized, as highlighted by the participants, if EAPs are to be successful.

Psychological strengths are described by Avolio and Luthans (2006) as state-like variables that are not situational such as emotions or moods, but rather are open to development given appropriate interventions or contextual cues. They continue to state that psychological strengths are developable and, unlike traits, are not stable and fixed by age. The Oxford Dictionary (2006) describes the word 'strength', among other descriptions, as denoting mental power.

Research studies conducted on positive psychological strengths that play a significant role and need to be present in employees if EAPs are to be successful and beneficial to both employees and the employer are limited. Nelson and Simmons (2005) mention that positive psychological factors that are important in managing stress in employee well-being include positive affect, meaningfulness, manageability, and hope. Negative psychological emotions that block employee well-being include anger/hostility, frustration, negative affect, job-alienation, burn-out and anxiety.

In this study, participants were asked to provide information on both their positive and negative EAP experiences through narrations and interviews. Once that was done, the researcher then analyzed the provided information and came up with positive psychological strengths in the form of themes that are to be harnessed or developed, and also negative psychological emotions that are to be eliminated or neutralized if EAPs are to be successful.

1.3 RESEARCH QUESTIONS

- What positive psychological strengths do employees who have attended and benefited from EAPs possess?
- What role do these positive psychological strengths play in making EAPs successful?
- What negative emotions are to be eliminated in order to make EAPs successful?
- What are the broader implications for the EAPs of both positive psychological strengths and negative emotions?

Given the above questions, this study made the following assumptions:

- The presence of certain positive psychological strengths in employees attending EAPs in the public service is likely to make EAPs successful.
- The absence of certain positive psychological strengths in employees attending EAPs in the public service is likely to lead to failures in EAPs.
- The presence of negative emotions in employees attending EAP in the public service is likely to lead to failures in EAPs.
- The absence of negative emotions in employees attending EAPs in the public service is likely to lead to success in EAPs.
- Certain positive psychological strengths or negative emotions that employees attending EAP possess play a crucial role in the success or failure of the broader EAPs, respectively.

1.4 AIMS

1.4.1 General Aim

The overall objective of this research project was to explore and highlight positive psychological strengths in employees that are needed in order to make EAPs successful.

1.4.2 Specific Aims

- To investigate and highlight positive psychological strengths that employees who have attended and benefited from the EAP possess.
- To investigate and highlight the role that positive psychological strengths in employees who have attended and benefited from the EAP play.
- To highlight the negative emotions that are to be eliminated in employees attending EAP in order to make EAPs successful.

- To investigate the broader implications of both positive psychological strengths and negative emotions in EAPs.

1.5 PARADIGM PERSPECTIVE

1.5.1 Positive Psychology

Employee assistance or employee wellness programmes are technically grounded in a positive psychology paradigm. For example, EAPs are specifically aimed at improving employee functioning and productivity in the workplace while positive psychology is generally aimed at promoting optimal human functioning and thus improving the quality and meaning of life.

Positive psychology, according to Linley, Joseph, Harrington and Wood (2006), is the scientific study of optimal human functioning that leads to the understanding of wellsprings, processes and mechanisms that lead to desirable outcomes. Therefore, it studies strengths and virtues rather than weaknesses and suffering. It focuses on learning how to develop the qualities that allow individuals to flourish and suggests that positive emotional states are more likely to improve an individual's well-being, as compared to negative emotional states.

Snyder and Lopez (2007), view positive psychology as a science of positive subjective experience, of positive personal traits at the personal level, and of civic virtues and the institutions that move individuals towards better citizenship at the group level.

Employee assistance programmes, as ingrained in positive psychology, focus on promoting and sustaining employee well-being while also improving work productivity and performance. Its focus is not only on reducing distress, identifying and ameliorating productivity-related issues which came as a result of employees' personal concerns, but also on accentuating the positive aspects and building strength in individual employees.

According to Nelson and Simmons (2005), "positive emotional states may promote healthy perceptions, beliefs and physical well-being itself" (p.16). The authors further state that empirical studies conducted on eustress and distress on hospital nurses found that even in the presence of a demanding work environment, the hospital nurses who were actively engaged in their work reported a significant positive relationship with their perception of their own health.

In this study as indicated above, positive psychological strengths that employees who have attended and benefited from the EAPs are investigated. Currently, it is not known which positive psychological strengths employees attending the EAP should possess in order to better facilitate the success of EAPs.

Edward and Cooper (1988) speculated that eustress as indicated by positive affect, meaningfulness, manageability, and hope may improve health directly through physiological changes or indirectly by reducing existing distress. Nelson and Simmons (2005) state that findings from a variety of sources they reviewed suggest a direct effect of eustress on health, and one of the studies demonstrates clearly that eustress is associated with an improvement in physiological functioning rather than merely a reduction in damage.

1.6 RESEARCH DESIGN

1.6.1 Research Type

The research methodology followed in this project is qualitative in nature. Participants, a group of government employees who attended and benefited from EAPs in the past six months were asked to narrate their experiences, first in a written format and later though in-depth one-on-one interviews.

1.7 RESEARCH METHOD

1.7.1 Population

Participants for this study were obtained from identified government departments that have EAPs as a component in their HR structures. The selected participants were informed of the study and its aims, and were then asked to provide written informed consent to participate in the study. The agreement with the participants made them available and accessible for the study if and when needed.

EAP managers and practitioners in government departments whose employees participated in the study were contacted and appointments set with them to explain the purpose of the study. Agreements were then made with them to be available and accessible when needed in order to provide information and/or any other type of help required.

1.7.2 Sampling

The sampling procedure used in this research study was purposive in nature. Purposive sampling, according to Babbie (1995), is sampling that is based on the knowledge of the population, its elements and the purpose of the study. This means that only employees in the public service who attended and benefited from the EAP in the past six months were purposely selected to participate. Benefiting, in this study, was defined as being more productive by showing an improvement in both the quality and quantity of work, being able to manage the presenting problem that led them to the EAP, and returning to pre-morbid functioning after attending the EAP sessions. Those who attended and did not benefit were purposely excluded from the study.

1.7.3 Sample Size

As indicated above, 8 participants who attended and benefited from the EAP were selected from groups that attended EAP in the past six months. The selected participants were then asked to narrate in writing a detailed description of their positive and negative experiences while attending EAP. The eight participants were then interviewed in-depth to gather additional data.

1.7.4 Data Collection

1.7.4.1 Narrative Method

Information for this research project was gathered through the narrative method, eight participants who attended and benefited from the EAP in the past six months were asked to narrate their EAP experiences by writing them down on paper. In writing them down, they provided a detailed descriptive narration of their intra and interpersonal positive and negative experiences, as well as the outcome of the EAP intervention. Their narration also included what they perceived to be both the positive psychological strengths in them that facilitated the expected positive outcome of the EAP intervention and the negative psychological emotions that they felt impeded their progress.

1.7.4.2 In-depth Interviews

From the narrations, the participants were then interviewed in depth to get additional information and clarify any unclear issues or information in the written narrations. The interview focused on outlining and identifying positive psychological strengths and negative emotions, if any. Due to the confidential nature or sensitivity of EAP information, one-on-one interviews were conducted. The interviews were conducted in a mixer of English, SeTswana and IsiXhosa launguages and were recorded. Translations into English language, where necessary, were done by language professional translators. The recordings of the interviews were destroyed after translation and

transcription because of the confidential and sensitive nature of the information. The interviews were unstructured in nature and conducted with an interview guide that focused on central questions. Unstructured interviews with some guidelines were selected as the data collection technique as the study was exploratory in nature and aimed at understanding the respondents' unique experiences of positive psychological strengths while attending EAP. Further, interviews were considered to be optimal for the current study because, according to Babbie (1995) and Ruane (2005), in the present context they have the following advantages:

- They yield a great deal of information the researcher has not planned to ask for.
- They are flexible in nature and therefore allow the researcher to probe further.
- They give respondents considerable latitude in determining the actual content and direction of the interview.

Interviews are personal exchanges of information between an interviewer and interviewee but they are not like ordinary conversations, which can be a series of meandering talking points. Interviews are purposeful conversations wherein the interviewer has a set research agenda, key points or questions that must be addressed (Ruane, 2005).

Silverman (2004), states that the primary issue with interviews is to generate data, which gives an authentic insight into people's experiences. That is, interviews provide access to the meanings people attribute to their experiences and social worlds. They also provide an opportunity for the researcher to understand and document the participants' understanding of their world.

1.8. DATA PROCESSING

1.8.1 Content analysis

After all the necessary data was collected, it was analyzed through content analyses, and trends were identified and recommendations provided. Content analysis is defined as being "a detailed

and systematic examination of a particular body of material for the purpose of identifying patterns, themes, or biases" (Leedy and Ormrod, 2005, p.142). According to Babbie (1995) content analysis may be applied to any form of communication, because its data addresses the 'what', the 'why' and 'with what effect' aspects of the study.

In this study, content analysis is used for analysing both the collected narrative descriptive data that was written down by the participants and the in-depth interviews conducted. Content analysis is systematic in its approach and in it measures were taken to make the process as objective as possible. Leedy and Ormrod (2005) list the following as steps as being typical of content analysis:

- The researcher identifies the specific body of material to be studied.
- The researcher defines the strengths or qualities to be examined in precise, concrete terms. The researcher may identify specific examples of each capacity as a way of defining it more clearly.
- If the material to be analysed involves complex or lengthy items, the researcher breaks down each item into small manageable segments that are analyzed separately.
- The researcher scrutinises the material for instances of each strength or quality defined.

One central step in content analysis is to tabulate the frequency of each capacity found in the material being studied. Thus, content analysis is qualitative as well as quantitative in nature. In some situations, appropriate statistical analyses are performed on the frequency or percentages obtained to determine whether significant differences exist to the research question.

1.9 RESULTS

The data gathered was analyzed and the results interpreted using tables, models and diagrams where necessary. Conclusions were drawn based on the literature studied, as well as the gathered

and interpreted data. Furthermore, conclusions were also drawn to address the theoretical and practical need for the research.

1.10 LIMITATIONS

Limitations of the research were highlighted once gaps were identified after data was gathered and results of the study interpreted.

1.11 RECOMMENDATIONS

Recommendations based on the gathered data and interpreted results of this study are also provided. Suggestions for future research are outlined at the end of the study. Strengths and limitations of the study are also highlighted.

1.12 OVERVIEW OF CHAPTERS

This research study is presented by means of the following chapters:

Chapter 1 focuses on the introduction, background and, motivation for the study. It also lays out the foundation for the others chapters that follow.

Chapter 2 consists of a literature review on Employee Assistance Programme (EAP) which includes the definition, historical background and also contextualizes EAP within the South Africa in general and the public service in particular. Furthermore, the EAP models, functions and levels of intervention are explained in detail.

Chapter 3 introduces positive psychology and provides information on its history and how it has evolved up to its current state. The basic assumptions of positive psychology are also outlined, with different definitions provided to indicate what positive psychology means to its different

proponents. The framework in which positive psychology operates is outlined, and the positive psychological strengths which form part of the broader positive psychology are explained. The link between positive psychology and well-being, health and wellness is discussed and research studies on their interrelatedness provided. Like any other emerging or new field, challenges to positive psychology are highlighted. This chapter concludes by introducing and explaining what negative emotions are and how they affect the functioning of individuals.

Chapter 4 focuses on research methodology and how the various research methods were used to collect and analyze data. Aspects of sampling which include sampling method, sampling size, and target population are detailed, with explanations of how they were utilized in this study provided. Data collection (written narratives and interviews) and data analysis (content analysis) methods are identified and their application described. The chapter concludes by outlining the role played by trustworthiness, validity, reliability, objectivity and ethical considerations in making the study scientific.

Chapter 5 provides a detailed description of the sample and a brief account of the emerging positive psychological themes and negative emotions. Diagrammatic presentations of both positive psychological themes and negative emotions are provided to show how they impacted the participants.

Chapter 6 explores Judy's story.

Chapter 7 explores Khosi's story.

Chapter 8 explores Frank's story.

Chapter 9 explores Kedibone's story.

Chapter 10 explores Tumi's story.

Chapter 11 explores Martha's story.

Chapter 12 explores Busi's story.

Chapter 13 explores Mary's story.

Chapter 14 concentrates on the discussion and the integration of the research results. A comparative analysis of the emerging themes is provided, and a link between the themes and relevant literature is illustrated.

Chapter 15 is a concluding chapter that reflects on the entire study and provides recommendations that includes a proposed EAP intervention model, which can be applied to make EAPs beneficial and successful. Strengths and limitations are also highlighted and future research areas identified as gaps in this study are recommended.

CHAPTER 2

EMPLOYEE ASSISTANCE PROGRAMME (EAP)

2.1. INTRODUCTION

Employee Assistance Programmes (EAPs) are normally described as strategies that are designed or initiated by employers to bring about positive and productive changes in individual employees, work teams and the entire organization. The overall aim of EAPs is to improve the quality of employees' lives, work performance and productivity. Langan-Fox (2005) states that employee assistance programmes, health promotion and prevention are strategies which are introduced in work organizations to manage stress, as work could undoubtedly be considered to be a major determinant of well-being that has huge consequences on social, economic and personal success.

2.2 DEFINITION OF EMPLOYEE ASSISTANCE PROGRAMME (EAP)

The term 'Employee Assistance Programme' is defined differently by different writers, practitioners, professionals, organizations, researchers, scholars, and other people involved in the field. They define it differently for different reasons, ranging from operational-oriented (for those who sponsor them), academically-oriented (for those who study them), to marketing-oriented definitions (for those who use them). Different names are also used either as alternatives or interchangeably to the term 'EAP' to describe more or less what the EAP covers, is designed and stands for. The names include among others, 'employee well-being programme', 'employee health and wellness programme', 'employee health and promotion programme', 'employee health and management programme', 'employee health and disease management programme', 'employee health and performance management programme', and 'employee wellness programme'.

Blair and Burke (2001) define EAP as "a worksite based programme designed to assist work organizations in addressing productivity issues and employee clients in identifying and resolving personal concerns which may affect job performance" (p. 1). However, according to Spicer (1987), "an employee assistance programme can be defined as an employer-or-labour-sponsored service designed to assist employees, and often their dependants, in finding help for drug, mental/emotional, family, health, or other personal problems" (p. 5). This is in contrast to Du Plessis's (1988) definition, which states that EAPs "have been defined as man-power management systems designed to assist employees with personal problems affecting job performance or with the potential to affect job performance, in order to correct job performance or to maintain an acceptable level of job performance". The Employee Assistance Programme Association (EAPA) defines EAP in their Standards document as "a worksite-based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance" (EAPA, 1994, p.10). Finally, according to Berridge, et. al. (1997), "EAP is a systematic, organized and continuing provision of counseling, advice and assistance, provided or funded by the employer, designed to help employees and in most cases their families with problems arising from work related and external sources" (p. 103).

The above definitions highlight the following critical features of any EAP:

- The systematic provision of counseling as a right, rather than a privilege or patronage.
- The extent of courage of all or selected employees and their dependants.
- The adherence to levels of service quality on an independent varied basis, and;
- The drive for professionalism, necessary to confer occupational status and social recognition of an expert personal service in a confidential and fiduciary relationship.

Wissing (2000) lists the following aspects as being significant to the understanding of employee wellness:

- Leading a life of purpose – purpose in life is linked to experience of success in the work context and the importance/meaning of work in the person's life.
- Deep and meaningful connections with others in all spheres of life; and specifically for the purposes of this study, the connections with others in the work context.
- Self-regard and mastery in a work context.

These aspects are based on the assumption that if individuals find joy in their work, they are more likely to exercise self-direction and self-control when pursuing goals they are committed to and ultimately want to achieve. This means that employees can work effectively, cope successfully and survive in good health (Wissing, 2000).

Given the above definitions and critical features, the following primary goals of EAP become more relevant:

- To assist workers of organizations disturbed by a range of personal concerns, including (but not limited to) emotional stress, relationship, family, alcohol, drugs, financial, legal, and other problems, to cope with such concerns and teach themselves to control the stresses produced, and
- To help the employer in identifying and ameliorating productivity matters in employees whose job performance is negatively affected by such personal concerns.

2.3 HISTORICAL BACKGROUND OF EAP

EAPs, according to Du Plessis (1988), derive from IAPs (Industrial Alcohol Programmes) which were first implemented in the USA in the 1940's. The so-called universal EAPs substituted IAPs for two primary reasons:

- The stigma associated with IAPs, and
- The reasoning that not all personal problems are influenced by alcohol.

Aldana (2001) maintains that EAPs emerged during the 1980's as a major concern for employers, especially in the U.S. marking an evolution away from the traditional occupational health and safety focus on injury and disease prevention. Programmes designed to promote employee health and well-being are now found in an estimated 80% - 90% of medium and large size U.S. workplaces.

A 1992 national survey of worksites in the United States with 50 or more employees found that 81% offer one or more promotion activities, which indicates that the reasons behind the emergence of employee assistance programmes are to reduce or contain the rising costs of health benefits with the alternative being cutbacks in benefits coverage. Some work organizations view these programmes as also contributing to a culture that is supportive of employees. Less often, the principal objective of these programmes is to boost the organization's productivity (Aldana, 2001).

Lowe (2004) further states that the speedy diffusion in the U.S. of workplace programmes designed to promote individual employees' health reflects the fact that many employers have to pay an enormous amount of employees' health care costs. It is not only in the U.S. that such programmes are developing. In Japan, for example, workplace health promotion programmes are focusing on workers with a risk of coronary heart disease because of karoshi (death due to overwork). Similar programmes are now becoming common in Japan, Singapore, and South Africa.

2.4 EAP IN SOUTH AFRICA

The provision of assistance to employees facing problems or difficulties in South African work organizations has been around since the 1940's. According to Maiden (1992), providing assistance to troubled employees in the Republic of South Africa (RSA) is nothing new. The first indications of assistance to employees in industrial context was provided by the Chamber of

Mines of South Africa in the mid-forties when it had to deal with soldiers coming back from the Second World War who worked in the mines and needed health care services. A hospital called Springkell-Sanatorium was erected at Modderfontein near Johannesburg to offer health care services to miners. This same facility was then used in 1961 for the treatment of miners with alcohol/drug problems and/or mental illness.

Maiden (1992) further states that the South African Railways has employed welfare officers since 1943. ISCOR (Iron and Steel Corporation of South Africa) introduced social work services in 1958 while SASOL initiated its social work services in 1960. The South African Defence Force (SADF) started its social work services in 1967 after an intensive investigation was launched into the conduct and behaviour of national service men and permanent force members and the effect of family life on job performance.

Employee assistance programmes initiatives in a traditionally structured format started in South Africa in the 1980's. In 1983, the Chamber of Mines appointed a consultant to carry out a feasibility study on EAPs for the mining industry and consequently the concept was accepted in principle in 1986, when the first two of seven centers were introduced in two of the main mining areas in the country (Maiden, 1992).

"Historically many EAPs in South Africa were implemented in the 1980's by corporations as a means of demonstrating internal social responsibility towards their employees, especially with regard to the disadvantaged employees whose community's psychological resources were almost non-existent" (Harper, 1999, p.12). EAPs began to emerge in South Africa in the early 1980's and were introduced to South African work organizations by social workers and psychologists who had studied these programmes in the United States. When EAPs were introduced in South African work organizations, they were thus modelled after programmes in the United States (Maiden, 1992).

The growth of EAP in South Africa was driven by the following forces:

- The realization that EAPs can play a key role in assisting employees and managers in managing work-life stressors, behavioural health and physical health risks caused by transformation processes happening within the private and public services.
- The awareness that the process and rights entrenched with the EAP system can play a significant role in supporting the implementation of the requirements contained in the Mental Health Act, Labour Relations Act, and the Employment Equity Act.
- Management at the executive level were battling to cope with the variety of stressors and therefore were beginning to be aware of the important part that EAP can play in keeping employees functional in the workplace (Maiden, 1992).

Over the years, as EAPs started to take a significant form, government and other work organizations also became involved in EAP initiatives. When government, various institutions and employers in South Africa in general became involved in the field of employee assistance programmes, the emphasis at the onset of such initiatives was primarily on the physical aspects of occupational health, such labour and other various physical aspects of workplaces. Thus, employee assistance initiatives tended to be one dimensional (physical dimension), with little or no focus on other important dimensions which impact on employee health and wellness (Bergh & Theron, 2003).

The origin and formats of EAPs in South Africa, as described by Harper (1999), were initially based on the American mode,l and thus had their origin in managing alcoholism at the workplace. In recognition that alcohol is not the only personal problem that affects employee well-being and performance, EAPs were broadened to address other personal problems such as financial difficulties, HIV and AIDS, substance abuse in general, trauma resulting from violence, and marital or cohabitation difficulties.

Currently in South Africa, employee assistance initiatives typically provide a broad range of services, and refer employees to job-based programmes and interventions provided in work organizations for identifying employees who are experiencing personal problems, motivating

them, helping employees to resolve their problems and providing counselling, or provide access to counselling, and treatment for troubled employees (Bergh & Theron, 2003).

Many South African work organizations have been reviewing the role of EAPs, with the aim of considering how the role of these programmes as a core component in their infrastructure can assist them in improving and maintaining employees' health and productivity (Blair & Burke, 2001). The review resulted from a number of issues that have put the human factor on the work organizations' agendas, such as violence, AIDS, political transformation, the changing nature of the workforce, health costs, and the call by government for business to contribute to the socio-economic development of the country.

Thus, since the beginning of employee assistance initiatives around the world in general, and South Africa in particular, the design, structure, approach, and services rendered have been regularly modified to fit and reflect the economic, cultural, and social bindings of the country and its specific companies. In other words, employee assistance programmes have over the years been customized to fit in the profiles of countries, companies, and employees so that they can be more relevant (Blair & Burke, 2001).

Some of the customized employee assistance programmes are designed to also support workers to use their skills and talents in order to contribute to both their quality of work-life and performance, reduce absenteeism and high staff turn-over, make employees feel that their employers care about their wellbeing, and thus build loyalty, yield cost savings for both the employee and the employer, and increase the morale of employees (Bergh & Theron, 2003).

Employee assistance programmes, as referred to by Bergh and Theron (2003), focus largely on different key areas which affect employees in totality. EAPs, they argue, must be holistic in their approach by promoting individual health in aspects such as healthy working and life attitudes, lifestyles and behaviours, and assisting employees in various ways to cope with work stress and other problems such as job loss, downsizing and other traumatic experiences.

2.5 NATURE OF THE EAP

The EAP can be distinguished from other counseling and related services by its key elements that are unique to it. These elements always reflect the provider and employer's preferred practice model, the resources available to the organization, the needs of its employees, and the size and configuration of the organization (Davis & Gibson, 1994).

The following are essential elements that make the EAP unique in its integrated approach, and systematic design (Cooper, Dewe & O' Driscoll, 2003):

- A systematic survey of the organization to determine the nature, causes, and extent of problems perceived by individuals, taking into account the viewpoints of all stakeholders and functional specialists in the organization.
- A continuing commitment on the part of the employing organization at the top level to provide counseling, advisory and assistance services to troubled employees on a no-blame, no-cost, and confidential basis.
- An effective programme of promotion and publicity of the EAP to all employees and potential clients, emphasizing in particular its confidentiality, access, and scope in issues covered.
- A linked programme of education and training on the goals and methods of the EAP for all staff members, focusing on the definition of 'troubled' employee, the individual's responsibility for well-being, the role of managers, supervisors, and shop stewards within the design and implementation of the EAP, and the duties and capabilities of counselors, including any limitations in their activities.
- A procedure for contact with the EAP and referral to counseling, details of procedures for self-referral, and (if appropriate) managerial referral. In cases of managerial referral, employee consent needs to be obtained.

- A definition of problem assessment procedures, including diagnosis routes, confidentiality guarantees, timelines, scope of counsellors' training, and their accreditation, competencies, and organizational knowledge.
- A protocol outlining the extent of short-term counseling and longer term treatment and assistance.
- A statement of the macro and micro-linkages with other support services in the community or with specialist resources or support mechanisms.
- A procedure for the follow-up and monitoring of employees subsequent to their use of the EAP service, with the necessary provisions for their appropriate use and deployment.
- An administrative channel for the feedback of aggregated statistics on the age and short and long term outcomes of the EAP.
- An evaluation procedure of individual and corporate benefits of the EAP, on the most impartial basis that is practical.

2.6 FUNCTIONS OF THE EAP

The primary function of EAP is to connect troubled employees with resources that can help them to resolve their problems, so that they can return to an acceptable level of job performance, and to promote both job security and well-being (Du Plessis, 1988). Snyder and Lopez (2007) describe well-being as a biased appraisal of one's present status in the world. More particularly, well-being entails our experiences of pleasure as well as the appreciation of the rewards we get in life. With this description, well-being is seen as a mixture of positive affect (in the absence of negative affect) and general life satisfaction. Negative affect is viewed in this context as general distress, while positive affect is viewed as involving joviality, self-assurance, and attentiveness (Snyder & Lopez, 2007).

Du Plessis (1988) asserts that the aim of EAP is to enhance employees' physical and mental health in order to stimulate humanitarian and profit motives. EAPs are also aimed at assisting employees to function optimally. Snyder and Lopez (2007) view "optimal functioning as the

combination of emotional well-being (the presence of positive affect and satisfaction with life and the absence of negative affect), social well-being (incorporating acceptance, actualization, contribution, coherence, and integration), and psychological well-being (combining self-acceptance and personal growth, purpose in life, environmental mastery, autonomy, positive relations with others)" (p. 145).

Well-being is seen as positive or optimal functioning, wherein basic needs and inner potentials are fulfilled. Once fulfillment is achieved, self-actualization is realized and the individual becomes happy, fully functioning, competent, and psychologically healthy. In this state individuals experience an abundance of positive emotions and few negative emotions. In short, the individual functions at the optimal level (Baumgardner & Crothers, 2009).

Optimal functioning is synonymous with complete mental health which is described as an integration of high level symptoms of emotional, psychological, and social well-being and the absence of recent mental illness. Thus, a combination of mental health and mental illness symptoms often leads to fluctuations in states of overall well-being ranging from complete mental illness to complete mental health, as described in Keyes and Lopez's (2005) complete mental health model in Figure 1. The model implies that the fluctuations are brought about by the ever-changing nature of well-being as reflected by extremes of mental health and illness symptomatology.

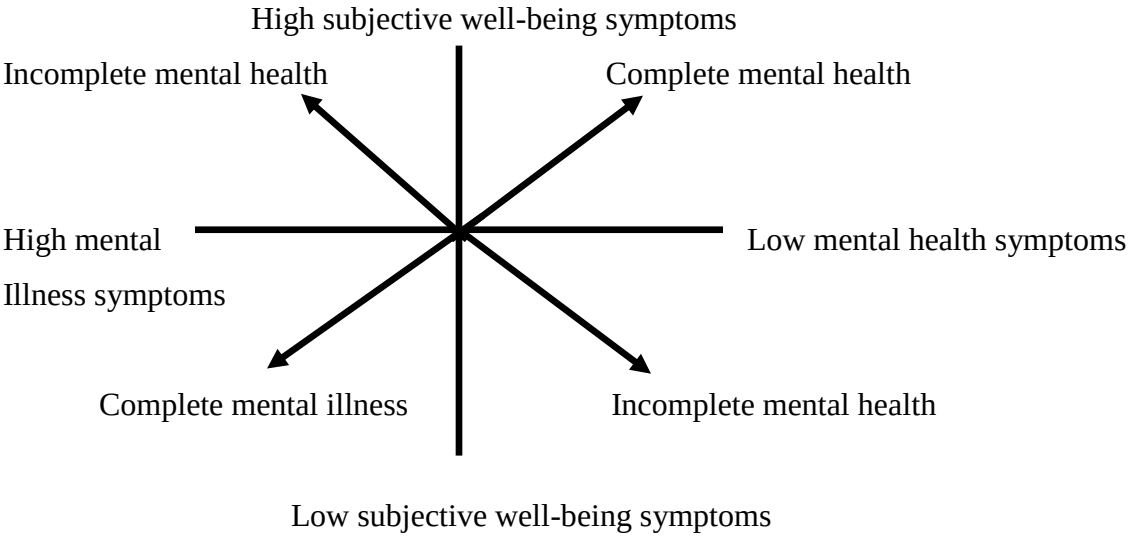

***Figure 1*.** **A Model of Complete Mental Health**

Keyes, C.L.M., & Lopez, S.J. (2005). Towards a science of mental health: Positive directions in diagnosis and intervention. In C.R. Snyder, & S.J. Lopez (Eds). *Handbook of positive psychology* (45-59). New York: Oxford University Press (p. 50).

In addition to being affected personally, employees are also influenced and affected by the health state of their workplace or the organizations in which they work and operate. Work organizations can therefore influence the employees' mental health state and lead to either psychological adjustment or maladjustment, as illustrated in Figure 2 below.

Employees also seek assistance because of being affected by a variety of stressful factors that arise from a variety of sources which include the environment, organization and the person him/herself, as indicated above. Stress, which affects employee performance and organizational productivity, is defined as a "dynamic condition in which an individual is confronted with an opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important" (Robbins, Odendaal & Roodt, 2003, p. 420).

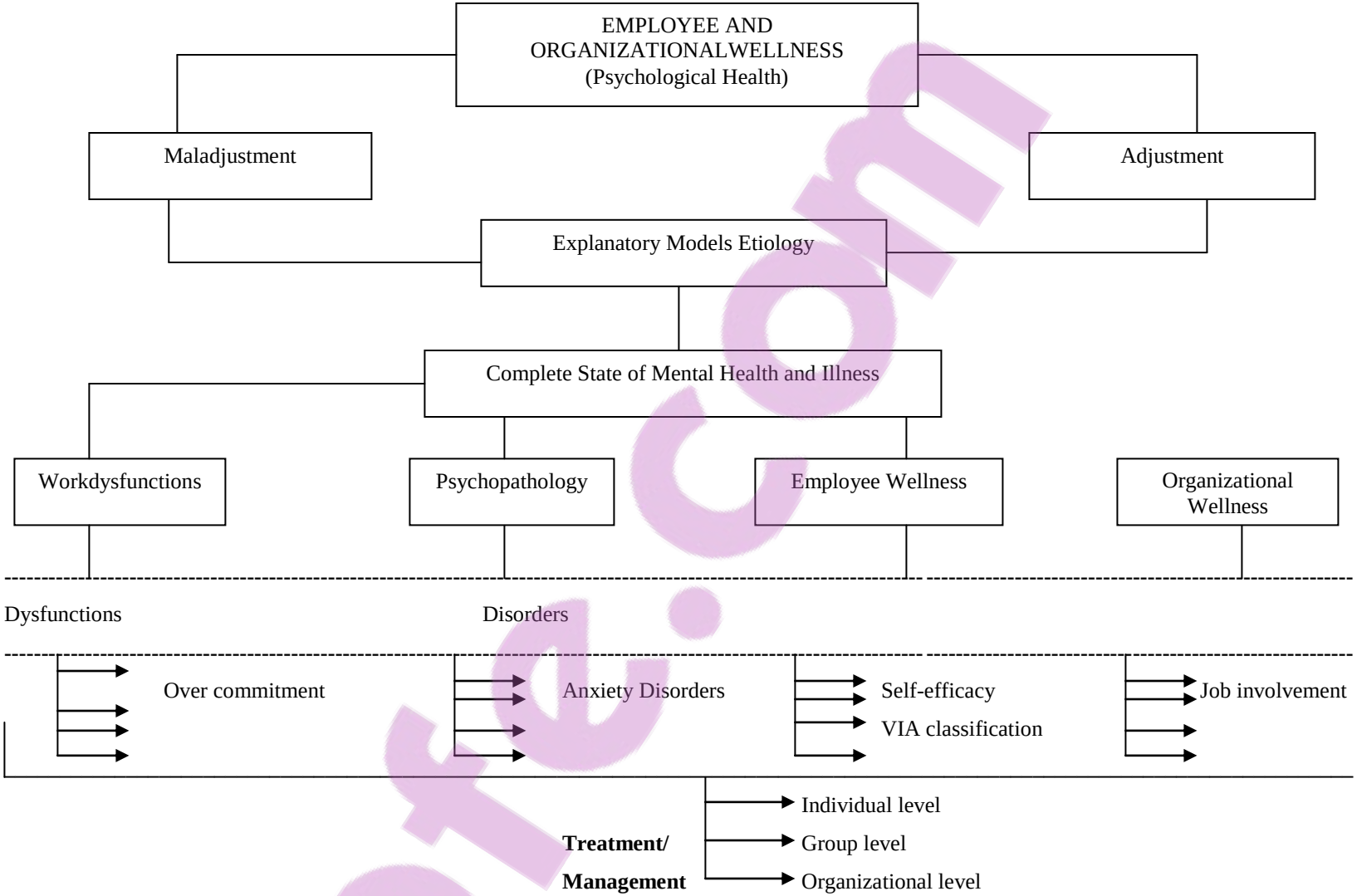

Figure 2. **Employee and Organizational Wellness model**

Tutorial Letter: 101/2007, p. 43. Employee and Organizational Wellness. Department of Industrial and Organizational Psychology, UNISA

When employees are affected by stress, symptoms surface as physiological, psychological, and behavioural outcomes. A model that illustrates stress and its impact on employees is outlined below in Figure. 3.

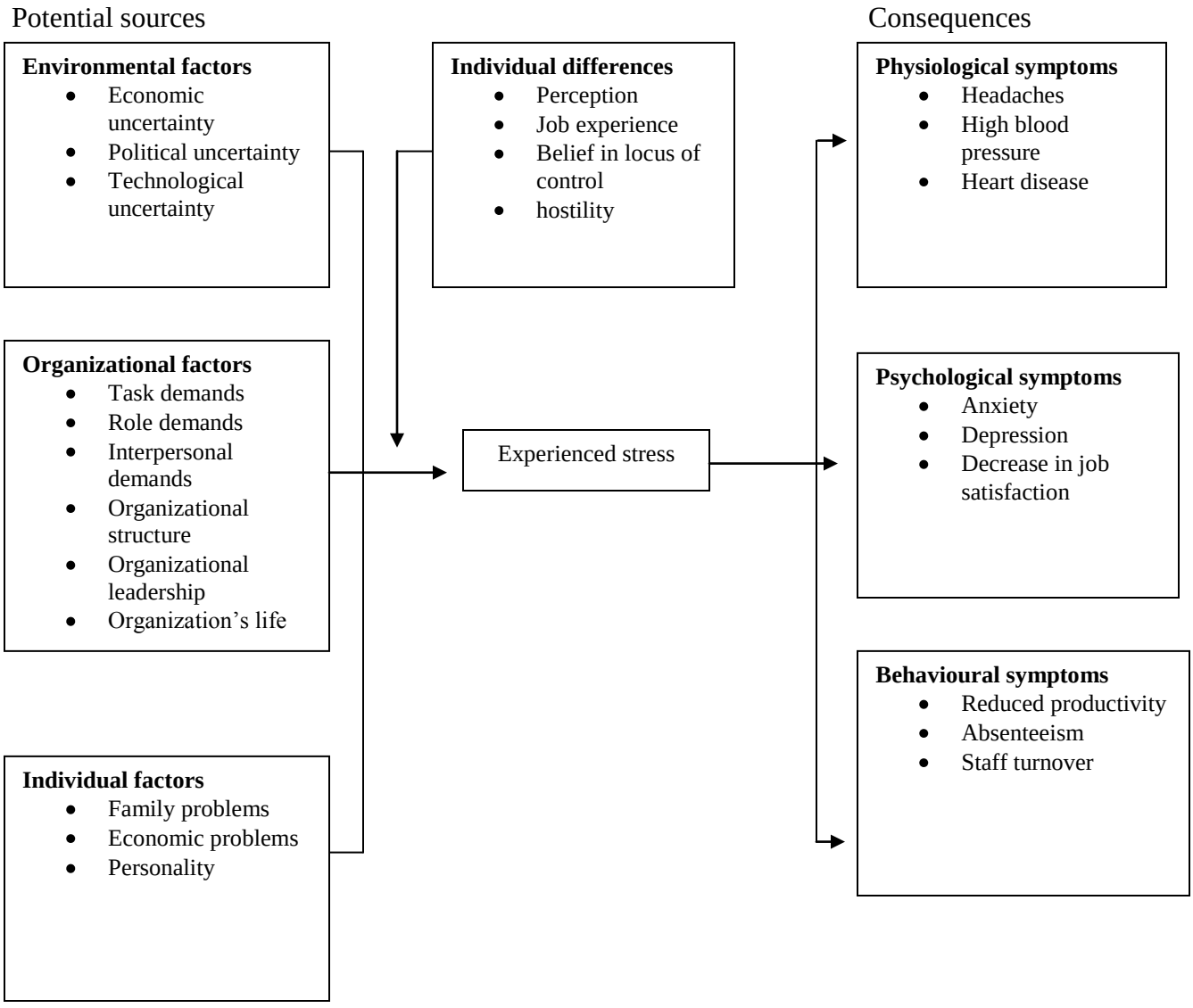

Figure 3. **Model of stress**

Robbins, Odendaal, and Roodt (2003). Organizational Behaviour: Global and Southern African Perspectives, p.421.

According to Cooper, Dewe and O'Driscoll (2003), the EAP plays various critical functions or roles at different levels of intervention, in its attempt to assist employees and employers to be mentally healthy and well adjusted and thus function optimally, as opposed to being mentally ill and maladjusted. The following are the intervention levels at which EAPs operate:

2.6.1 Level 1: Primary intervention

On this level, the EAP is concerned with taking action to reduce or eliminate stressors (causes of stress) and to promote a supportive and healthy work environment positively. Any type of intervention at this level should be guided by diagnosis or a stress audit that has been made earlier to identify the nature of stressors and aimed at the individuals who are affecting negatively by the stressors. The diagnosis or stress audits are normally done through self-report questionnaires administered to employees.

2.6.2 Level 2: Secondary intervention

The secondary intervention level entails the quick detection and management of mental health issues, such as depression and anxiety, by increasing individuals and collective awareness of stress and improving stress management skills. Interventions at this level focus on training, and education, and involve awareness-raising activities and skills training programmes.

2.6.3 Level 3: Tertiary intervention

The focus on this level is on rehabilitation and recovery process of those employees who have suffered or are currently suffering from mental or physical ill-health as a result of stress. Intervention at this level is done through work-place counseling (Cooper, et. al., 2003).

Workplace Staff (2008) states that if employers enrich the health of their employees, their (employees) quality of life will improve, their health care claim will decrease, their disability

will be manageable and eventually productivity will be increased and this will have a general positive effect on the company's bottom line.

There are six key factors identified by the Workplace Staff (2008) that affect employee health and productivity:

- The effect of chronic disease on workers – seven of the 15 top causes of death are due to preventable chronic diseases that can be prevented by lifestyle changes. For example, HIV/AIDS and NCD's (Non-communicable diseases) are responsible for approximately 41% of deaths among the working population of 25-55 years.
- High-risk employees are high cost – for example, an overweight member of a medical aid scheme costs the medical aid an average of R1 605 per annum more than the member who is not overweight.
- Absenteeism – productivity is hugely affected by the amount of sick leave that employees take because of their poor health status. For example, a depressed employee takes approximately 5,7 days of sick leave, costing the employer 65% more than an employee who is not suffering from depression.
- Presenteeism (when an employee is present at work, but not productive because of ill health) – affects productivity negatively, as an unwell employee often is not as productive as when they are healthy.
- Neglect of the healthy – employers tend to focus their health improvements efforts on high-risk employees, and in the process neglect those that are healthy. The return on investment is higher if the focus is also on maintaining the healthy employees at their healthy level.
- The impact of physical activity – employees who are not physically active often tend to take more regular sick leave than physically active employees. The non-active employees thus cost the employer more in paid-time off than their active counterparts.

Blair and Burke (2001), list the following as the core technology functions of EAPs:

- Consultation with, the training of, and offering of assistance to 'work organization leadership' seeking to manage the troubled employee, enhance the work environment, and improve job performance, and the general outreach to and education of employees and their family members about the availability of EAP services.
- Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance.
- Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.
- Referral of employee clients for the diagnosis, treatment, and assistance, with additional case monitoring and follow-up service.
- Consultation to 'work organization' in establishing and maintaining effective relations with treatment and other service providers, and in managing provider contracts.
- Consultation to 'work organization' to encourage availability of and employee access to employee health benefits covering medical and behavioural problems, including, but not limited to, alcoholism, drug abuse, and mental and emotional disorders.
- Identification of the effects of EAP services on the 'work organization' and individual job performance.

2.7 EAP BENEFITS

The EAP Workshop Manual of the Department of Traditional and Corporate Affairs (2000) of the North West Province lists the following as benefits of EAPs:

- Increased productivity.
- Reduced turnover of staff and longer work life.
- Lower authorized and unauthorized absence.
- Higher employee predictability.
- Better corporate image for recruitment.
- Less sick leave being taken.

- Fewer workplace accidents.
- Lower health insurance premiums.

2.8 EAP MODELS

There are various EAP models that are applied to meet organizational strategies, needs, and goals. These models are chosen based on the resources and capacity of the organizations in which they are implemented. Blaire and Burke (2001) list the following models that are used as vehicles to provide EAP services:

2.8.1 Internal model

In this model, employee assistance professionals are employees of the employer organization. They are recruited and paid by the organization just like any other employee of that particular organization. The advantages of this model are the following:

- Employee assistance professionals get an opportunity to interact with other employees and management in the form of attending meetings, working on internal committees, and talking informally with everyone on a regular basis.
- Provides employee assistance professionals with an opportunity to develop trust and strong working relationships with other employees within the organization, and this tends to strengthen the employee assistance professionals as consultants of the organization.
- Response to the organization's needs, accidents, injuries, threats of violence and critical accidents is quicker (Springer, 1999).

The first disadvantage of the internal model is that employees tend not to trust the EAP fully if its staff is perceived to be closely aligned to management. Secondly, because the employee assistance professionals are also employees of the organization, it is crucial that confidentiality is ensured at all costs because of the belief that management might coerce EAP staff to divulge

information that is provided in confidence. Lastly, blurred borders regarding the scope of services offered to employees by other groups such as HR and OD are likely to cause confusion (Springer, 1999).

2.8.2 External model

EAP services in this model are provided by an external vendor that is contracted by the organization. The benefits of this model include:

- Maximum independence from the client organization.
- Minimum bureaucratic challenges.
- Resistance, control and ownership is minimal.
- Confidentiality as a pivotal issue is minimized.
- The EAP is likely to be viewed as objective since it is not involved in the organization's politics.

The disadvantages of the external model include the following:

- The EAP is not in a position to see the things that occur on a daily basis within the client organization.
- Managers and supervisors who want the EAP to 'fix' their employees' problems often have unrealistic expectations of the outcomes (Springer, 1999).

2.8.3 Combination model

In this model EAP services are provided by both internal and external employee assistance professionals. The advantage of this model include:

- Rapid response and professional attention to requests by employees and their families/
- Cost-effective EAP with quality services that are easy to reach

- A wider clientele have access to the combination model than either an internal or external EAP model alone.

The single disadvantage to this model is that if the relationship between the internal and external employee assistance professionals is not a good one, then the provision of services is likely to be complicated (Baker, 1999).

2.8.4 Consortium model

An EAP consortium model consists of a group of companies that come to work together to make EAP financially feasible. This model is usually challenging for a couple of reasons. Firstly, many small companies do not have a human resources department or the necessary policies and procedures in place, and therefore tend to rely on the EAP for a variety of organizational development matters. Secondly, family-owned businesses that join consortiums tend to add their own personal dynamics, which often complicate matters (Brennan, 1999).

The benefits of this model include the following:

- Comprehensive, cost-effective EAP services.
- An individually tailored approach for each company that is reserved, regardless of the size.
- Assistance in dealing with troubled employees.
- Help in retaining valuable employees.
- Assistance to supervisors and managers in how to deal with effectively with employees.
- Information on emerging workplace trends and resources.
- Consulting, coaching, and training in communication and problem-solving skills.

2.8.5 Peer assistance model

This model is based on the concept of workers or professionals in the same industry and field supporting or helping each other to deal with problems that they face. Funding for this type of EAP is normally provided through fees or contributions that are paid by the particular group. Programme offerings in this model include one-on-one sessions and group discussions for members with mental health problems, substance abuse, or HIV/Aids (Baker, 1999).

2.9 EAP IN SOUTH AFRICAN GOVERNMENT DEPARTMENTS

The concept of an Employee Assistance Programme was introduced in most South African Government Departments by the early 2000's. It was introduced alongside the HIV/AIDS Action Project, which was aimed at minimizing the impact of HIV/AIDS in the workplace in government departments and South Africa as a whole. The Action Project culminated in the Minimum Standards on HIV/AIDS that were gazetted by the Minister for Public Service and Administration for incorporation into Part VI of the Public Service Regulations, 2001 (Managing HIV/AIDS in the Workplace, A Guide for Government Departments).

The Minimum Standards on HIV/AIDS, as highlighted in Managing HIV/AIDS in the Workplace, the Guide for Government Departments (2002), states, among other things, that a head of department shall:

- "Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees. Such mechanisms should preferably form part of a comprehensive employee assistance programme or health promotion programme
- Allocate adequate human and financial resources to implement the provisions of regulation VI E, and , where appropriate, form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes

- Ensure that the health promotion programme includes an effective internal communication strategy" (p.118).

In 2007, the Department of Public Service and Administration launched a Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, after a thorough research of international and local best practices and getting contributions from internal stakeholders and discussions at the VI Employment Health and Wellness Indaba Conference 2006 (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007). The Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document is influenced by the World Health Organization (WHO) Global Plan of Action on Workers Health 2008-2017, the international Labour Organization's (ILO) Decent Work Agenda in Africa 2007-2015. This framework is also founded on the present national priority in terms of current disease burden in the South African Worker Population, of which the Public Service make up 10% (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007).

The Minister for Public Service and Administration states that historical methods of resolving challenges of employee health and wellness within the public service, given tomorrow's complicated and advanced workplace, are insufficient and becoming obsolete. What is needed in order to close the gap between the challenges of the past and the complex problems of the immediate future, are innovative initiatives, interventions and solutions. The Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document is therefore an attempt to provide innovative ways of solving the complex employee health and wellness challenges envisaged (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007). The primary purpose of this Document is to convey an integrated, needs-driven, participative and holistic approach to Employee Health and Wellness in the Public Service. The integrated approach to employee health, safety and wellness, acknowledges the significance of pulling together health, safety and individual wellness as well as organizational wellness to productivity and increased service delivery results. This should

successfully be attained by means of significant common strategic interventions (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007).

The Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document also takes into consideration the reality that various diseases, and in particular HIV and AIDS are challenges currently facing South Africa. Therefore, a multi-service response needs to be promoted, with a generally-accepted definition of Health and Wellness proposed in order to minimize their negative impact on the workforce. An all-inclusive standard definition of health and wellness that refers to a multi-dimension state of being is proposed in this draft framework for the public service. The definition describes the presence of positive health qualities in an individual and in an organization (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007).

According to the Draft Employee Health and Wellness Strategic Framework for the Public service, Consultation Document, 2007), "employee Health and Wellness is the promotion and maintenance of the highest degree of physical, mental, spiritual and social well-being in all occupations; prevention of illness caused by working conditions; protection of employees in their employment from risks resulting from factors adverse to health; placement and maintenance of employees in an occupational environment adapted to optimal physiological and psychological capabilities; and, the adaptation of work to employees and of each employee to his/her job" (p. 9). The Draft Employee Health and Wellness Strategic Framework, Consultation Document (2007) has four critical strategic objectives that are based on a set of core principles and a legal framework that guides the mandate for the implementation of programmes. The four strategic objectives feature in them the occupational health of employees, and the promotion of the quality of work-life, and they also prescribe the minimum standards that need to be covered as part of a broader Employee Health and Wellness programme within the Public Service. The four strategic objectives are:

- HIV and AIDS Management, which ensures the reduction of the effect of the HIV and AIDS epidemic and aims to improve Public Service delivery in order to lessen the number of infections and its effect on individual employees, families, communities and society.
- Health and Productivity Management, which ensures the management of chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases, so as to lessen the load of illnesses early on and thereby improving productivity.
- Occupational Hygiene and Safety Management, which ensures that the Public Service is a healthy working environment.
- Wellness Management, which is made up of both individual and organizational wellness. Individual wellness encourages physical, social, emotional, occupational, spiritual, and intellectual wellness, while organizational wellness encourages a culture in the organization that is favourable for individual and organizational wellness, as well as work-life balance, so that the effectiveness and efficiency of the Public Service is improved.

The wellness management strategic objective, which is the focus of this study, is aimed at meeting the health and wellness needs of employees in the Public Service through preventative and curative measures that are unique and tailor-made for the Public Service and its mandate via traditional programmes such as the EAP, Work-life Balance and Wellness management programmes (Draft Employee Health and Wellness Strategic Framework for the Public Service, Consultation Document, 2007).

2.10 CONCLUSION

In order for the EAP to achieve its main objective, all personal and organizational processes should be examined, as they contribute, in one form or another, to the achievement or non-achievement of the EAP's primary goal, namely the improvement of employees' lives, work performance and productivity. Furthermore, the promotion of employee well-being and

productivity should be linked to the organizations aims, policies and procedures, in order to prevent and treat work dysfunctions.

Positive psychology, as a relatively new field in psychology, provides those working in employee wellness field with a paradigm that can shift their focus and approach by asking ‘How can we enhance and develop the employee’s existing strengths?’ instead of asking ‘How can we prevent employees from engaging in non-healthy activities?’ (Keyes & Lopez, 2005).

CHAPTER 3

POSITIVE PSYCHOLOGY

3.1 INTRODUCTION

Research studies conducted on the link between positive psychology and employee assistance programme are not available or very limited, if any. The researcher, for the purposes of this study, will refer to studies conducted on positive psychology and well-being and then attempt to make a reasonable link with studies conducted on employee assistance programme, with the aim of building a literature repertoire of the phenomenon under study.

Positive psychology is a relatively new field in psychology that has emerged in psychology over the past years. It is a field of psychology that focuses on the importance of recognizing, cultivating, and sustaining positive aspects of thinking and experience, while underemphasizing pathology (Taylor & Kielhofner, 2007). Peterson (2006) describes positive psychology as having a long history and a short past, meaning that the positive side of human nature has long been a subject of keen interest for lose professionals interested in the study of human mind and behaviour; however it is only now that the positive side of human mind and behaviour has elicited serious and extensive empirical study.

The aim of positive psychology at its formal launch in 1998 was to re-balance psychology, from focusing more on mental illness, disease, suffering, and negativity in human behaviour to focusing more on happiness, leadership, creativity, strength, making life worth living, and positivity (Simonton & Baumeister, 2005). Its current focus is to spread the gospel of character strengths, virtues and the conditions that lead to high levels of happiness or civic engagement (Gable and Haidt, 2005). Positive psychology does not deny human weakness and capacity for evil, but rather embraces a more realistic and balanced view of human nature that includes human strengths and virtues (Baumgardner & Crothers, 2009).

As a relatively new field in psychology, some elements that constitute positive psychology are currently represented in many different areas of psychology. Positive psychology is also made up of an assortment of research and theory from many diverse areas of psychology that are joined together by their common focus on the positive aspects of human behaviour (Baumgardner & Crothers, 2009), as described below:

3.1.1. Traditional Psychology

The historical focus of traditional psychology has been on the downside or negative aspects rather than on the upside or positive aspects of the nature of humanity. Sigmund Freud's contribution to and influence on psychology, for example, was based on the belief that underlying every positive behaviour lurks self-serving negative motives, and this has perpetuated the view that humans are inherently more negative by nature (Baumgardner & Crothers, 2009).

Traditional psychology thus tends to emphasize the negatives over the positives, the abnormal over the normal, the maladjusted over the adjusted, and sickness over health. It also entrenches the dichotomy between normal and abnormal behaviour, clinical and non-clinical problems, and clinical and non-clinical populations. Its description of human difficulties is based on the illness ideology and its medicalizing and pathologizing vocabulary (Snyder & Lopez, 2005).

Traditional psychology has also been dominated by the disease/medical model which has been described as a "repair shop" for broken lives because its focus is on treating illness and correcting what is perceived to be 'wrong' with the individual, rather than building strengths and strengthening what is 'right'. The disease/medical model of traditional psychology is thus based on a negative assumption and reference, and its emphasis is on failure, fault, illness, and classification of mental disorders (Linley & Joseph, 2004).

The disease/medical model has been successful in psychology in the past, because it addressed and has managed to treat psychopathology or maladjustment. As a result of this success,

traditional psychology has gathered and built an advanced understanding of mental illness and language to explain and describe the different pathologies or maladjustments that affect many people. However, the disease/medical model has recently fallen short by focusing solely on curative interventions and overlooking preventative interventions, and has therefore not added great value in the area of health promotion and illness prevention (Baumgardner & Crothers, 2009).

The disease/medical model has therefore rather confined psychologists in their attempt to build an extensive terminology and an understanding of mental health that is comparable to that of mental illness. It is also not easy for psychologists to describe the characteristics of mentally healthy people, because of a lack of a developed mental health terminology, even though mental health is not simply the absence of mental illness (Baumgardner & Crothers, 2009).

Traditional psychology also gives priority to a conception that human beings are pathological, faulty and dysfunctional, and therefore its basic assumptions and focus are based on a sense of the individual lacking abilities, their dysfunction, and crises with which they are faced. The ideology of traditional psychology is that of illness and therefore it gives preference to negative behaviour and different types of dysfunctions (Snyder & Lopez, 2005).

The focus that traditional psychology placed on individuals' weaknesses rather than strengths was based partly on compassion, meaning that help should first be given to those who are suffering rather than those who are already well. Secondly, the focus on distress and disease was influenced by funding agencies, which gave priority to mental illness research and other difficulties that returning World War II veterans could conceivably face. Lastly, the emphasis on the negative was based on the various psychological theories about psychological process, which indicated that bad is stronger than good, with negative experiences having more effect on individuals than positive events, and the belief that information concerning negative things is processed more thoroughly by individuals than information regarding positive things (Gable & Haidt, 2005).

3.1.2 Health Psychology

There are many commonalities between health and positive psychology. Both forms of psychology believe that negative emotions can cause illness and positive emotions can be of great benefit. They also agree on the significant relationship between body and mind. For example, extensive research findings on health psychology confirm the potential harmful effects of stress, anger, resentment, anxiety, and worry. Furthermore, recent research indicates that people exposed to longer periods of extreme stress are more vulnerable to illness to than those who are not. Gable and Haidt (2005) indicate that health psychology has shown through its studies the detrimental effects that the environmental stressors have on our physiological systems. Therefore, health and positive psychology believe that stress and negative emotions are unhealthy for human beings because they tend to suppress the functioning of the immune system and reduce the body's ability to fight illnesses. (Baumgardner & Crothers, 2009).

Positive psychologists who focus on health report that the most recent studies suggest that the impact of positive emotions may have effects equal to that of negative emotions, but in the opposite direction. That is, while the effects of negative emotions impact negatively on our health, positive emotions impact positively on our health by helping restore or preserve our physical and psychological state of health. Positive emotions seem to impact positively on our mind and bodies by igniting a number of physical, psychological, and social processes that strengthen our physical well-being, emotional health, coping skills, and cognitive functioning (Baumgardner & Crothers, 2009). This view on health held by positive psychologists is also held by Fredrickson (2001) in her broaden-and-build theory, which states that positive emotions broaden individuals' thought-action repertoires and build lasting personal resources that include biological, cognitive, social, and psychological resources.

3.1.3 Developmental Psychology

The field of developmental psychology considers itself as a proponent of growth based on the nature of the concept 'development' (growth) and is also associated with positivity and perfection-oriented intervention in psychological functioning (Baltes, Gluck & Kunzmann, 2005). The focus of developmental psychology in the past was to exam the conditions that threaten healthy development. However, in the 1970s, the focus began to shift from the deficit-focused model to focusing on the good outcomes in spite of serious threats to adaptation or development.

Findings on resilience research studies, indicating how ordinary people survived while facing challenging life situations have become a major theme of positive psychology in the form of human strength. Other research findings on posttraumatic growth (PTG), the counterpart of posttraumatic stress disorder (PTSD), show that people can grow positively by appreciating life or their loved ones more as a result of experiencing traumatic events, such as the loss of a significant other, serious illness, disability, or a major accident. These studies highlight positive psychology's focus on the positive role of human strength and positive coping (Baumgardner & Crothers, 2009).

3.1.4 Social/Personality Psychology and the Psychology of Religion

Social psychology has contributed much to the field of psychology through providing extensive research evidence on the significance of fulfilling social relationships and importance of continuous support from others for our well-being, health and happiness. Positive psychology has also emphasized quality relations with others as being critical for health and well-being. Social psychology, just like positive psychology, maintains that satisfying relationships such as good friends, and a happy marriage, serve as a foundation of a fulfilling life. Research studies conducted on the importance of social relationships indicate that individuals who sacrifice social relationships in pursuit of more affluent virtues such as fame, materialism, wealth and money,

also tend to sacrifice their own happiness and life satisfaction (Baumgardner & Crothers, 2009). This demonstrates that satisfying social relationships contribute to making life worthwhile.

Personality psychology is concerned with the impact of personality traits and personal strengths on human behaviour. The personality traits include both positive and negative traits. Personality traits and personal strengths that have been identified as important in forming the foundation of health and happiness include, amongst others, optimism, self-esteem, extraversion, and a positive outlook on life. The positive personality traits and strengths are also the focus of positive psychology as they are investigated to determine how they contribute towards the achievement of meaningful goals and a happy life (Baumgardner & Crothers, 2009).

Religion (or spirituality, as the two terms are sometimes used interchangeably or differently) has become a major interest in human health and well-being. The role and importance of religion in people with health problems been studied by many disciplines or professionals, including positive psychology (Pouliot, 2007). In positive psychology, the role of religion in human behaviour has become an area of significant focus and interest, because of its influence on health and general well-being. Religion includes virtues such as honesty, integrity, compassion, and wisdom. These virtues are of interest in positive psychology because they have been found to be connected to the meaning of good life and a life well-lived. Furthermore, acts of gratitude and forgiveness which are preached by religion and are of interest to positive psychology have also been found to increase life satisfaction for both the giver and the recipient (Baumgardner & Crothers, 2009). Pargament and Mahoney (2005) emphasize the link between religion and spirituality and general well-being by noting that "spirituality holds a number of important, often positive implications for human functioning" (p.655).

3.1.5 Clinical psychology

In the past, clinical psychology has been pathology- and medically-oriented because of its roots in the medical model, which resulted in many clinical psychologists viewing their field as having

outlived its usefulness. However, over the past decades the medical model has started shifting its focus from treating illnesses to preventing illness, with emphasis on the enhancement of individuals' health (Maddux, 2005). The use of the medical model in clinical psychology resulted in the disillusionment of some clinical psychologists because they started to see their work of reducing pathology as being their primary task. Consequently, positive psychology, with its focus on the prevention of illness and promotion of mental health, started to emerge on the psychological scene (Baumgardner & Crothers, 2009).

With the emergence of positive psychology, new models, new ways of thinking, and a new terminology about mental health and human behaviour that conceptualize ineffective patterns of behaviour, cognitions and emotions as problems in living and not as disorders, were adopted. The emphasis shifted from illness ideology to individuals flourishing, with the emphasis being placed on well-being, satisfaction, happiness, interpersonal skills, perseverance, talent, wisdom, and personal responsibility. Positive psychology has became more concerned with understanding what makes life worth living, with assisting people to be more self-organized and self-directed, while acknowledging that people and experiences are part of the social context in which they exist (Maddux, 2005).

The outcome of being dissatisfied with the illness ideology view of clinical psychology became part of the contribution to the birth of the positive psychology movement that "offers a rare opportunity for a reorientation and reconstruction of our views of clinical psychology through a reconstruction of our views of psychological health and human adaptation and adjustment" (Maddux, 2005, p.24).

3.1.6 Salutogenesis

Salutogenesis, meaning the 'origin of health', is a paradigm that was developed by Antonovsky in 1979 in his endeavour to answer the question of why people stay healthy (as opposed to questioning why people get sick) even when they experience various daily stressors and/or go

through severe traumatic experiences (Coetzee & Cilliers, 2001). The focus of this paradigm is on coping behaviour that results in positive, optimal conditions of psychological fitness. Salutogenesis thus studies health and wellness (instead of disease and illness), which are the focus of the reactive pathogenic paradigm (Bredell, 2004).

"The salutogenic paradigm has three radically different orientations from the pathogenic paradigm. The first orientation of this paradigm is that stressors are omnipotent in human existence. Salutogenesis thus explores how individuals, despite the omnipotence of stressors, manage tension and stress in their lives and stay well (Bredell, 2004, p.10).

The second orientation of this paradigm postulates that psychological well-being and psychopathology are not the end points of the same continuum which is terminal illness and total wellness or "health disease/ease continuum". In fact, they are independent of each other since the absence of psychopathology does not automatically mean well-being or the presence of psychological strengths, and low scores on well-being assessments or psychological strengths do not mean the presence of pathology (Coetzee & Cilliers, 2001).

The third orientation of the salutogenic paradigm maintains that individuals who survive or stay healthy in the face of adversity should be studied and better understood, such as heavy smokers who do not get lung cancer (Bredell, 2004).

3.2 POSITIVE PSYCHOLOGY

Positive psychology is a field of psychology that is aimed at providing a positive image of human nature based on human strengths. It is therefore a study of the positive side of human nature. Positive psychology is not 'pop psychology'. It is a discipline of psychology where the emphasis is placed on the positive features of human behaviour, and over the years has achieved scientific respect through generating an extensive body of scientific research and theory in the study and promotion of the best in human behaviour. One of the main goals of positive

psychology is to address critical questions about how people lead their lives, find happiness and satisfaction in life, and deal with life's challenges (Baumgardner & Crothers, 2009). According to Taylor and Kielhofner (2007), "positive psychology involves the study of positive emotions, such as confidence, hope and trust, positive traits, such as strengths, virtues and abilities, and positive institutions. Other valued emotions or subjective experiences include well-being, contentment, and satisfaction with the past, hope and optimism for the future as well as flow and happiness in the present. Valued individual traits include the capacity for love and work, courage, interpersonal aptitude, spirituality, wisdom, high talent aesthetic sensibility, perseverance, forgiveness, originality and future mindedness" (p. 114).

According to Snyder and Lopez (2005), positive psychology focuses on positive subjective experiences, positive individual traits, and civic virtues. It views human beings as inherently good, with potentials for positive character, strengths, and virtues. Positive psychology, as described by Linley, et. al. (2006), shifts the implicit value basis of psychological inquiry from a deficit-focus to include an asset-focus, and thereby reveals what is often new and fertile ground for investigation.

Gable and Haidt (2005) state that although the aim of positive psychology is to study and promote flourishing and optimal functioning, it does not deny the existence of distress, unpleasantness, or the negative elements of living; nor is it an attempt to see the latter through rose-coluored lenses. Rather, positive psychology fully recognizes the existence of human suffering, dysfunctional family systems, selfishness, and ineffective communities or institutions. Positive psychology is therefore about the other side of the human coin, which is the way individuals feel joy, show altruism, and create healthy families, communities, and institutions.

3.2.1 Basic assumptions of Positive Psychology

Seligman (2002) formulates what may be termed as the basic assumptions of positive psychology in the following manner:

- There is a basic human nature.
- Action proceeds from character.
- Character comes in two forms, both equally fundamental, namely bad and good characters.

Baumgardner and Crothers (2009) stipulate that one of the major assumptions of positive psychology is that the field of psychology has grown to be uneven, and as a result its major goal is the restoration of balance within the discipline of psychology. The central focus of positive psychology then becomes happiness, which is broken down into three components, namely:

- The pleasant life, which entails the understanding of the determinants of happiness or 'good life' as a desired state. Here questions such as, what life circumstances and personal qualities make people happy, are asked and answered.
- The engaged life, which looks at active involvement in activities such as work and leisure, and relationships with others that enables individuals to express their talents and strengths and also give meaning and purpose to their lives).
- The meaningful life, which involves the component of happiness that is obtained from getting involved in activities that are larger than the self, and go beyond ones' own self-interest and preoccupation to broader interests, such as charity organizations, religious communities and, political or environmental causes).

3.2.2 Definition of Positive Psychology

There are as many definitions of positive psychology as there are positive psychologists. That is, different people involved in positive psychology define it slightly differently for various reasons and therefore, at the moment, there is no single definition of positive psychology that is widely used and accepted by all. For example, Linley et. al., (2006) state that in posing the question 'What is positive psychology?' to ten positive psychologists one would get ten different answers.

The following are examples, among others, of the different positive psychology definitions that exist according to various authoritative positive psychology sources:

Gable and Haidt (2005) define positive psychology as "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (p. 104). This definition, according to (Baumgardner & Crothers, 2009), is built on the position that positive psychology is founded on the study of the following:

- Positive subjective experiences (such as joy, happiness, contentment, optimism, and hope),
- Positive individual traits (such as personal strengths and human virtues that promote mental health, and
- Positive social institutions and communities that contribute to individual health and happiness.

"Positive psychology is about scientifically informed perspectives on what makes life worth living. It focuses on aspects of the human condition that leads to happiness, fulfillment, and flourishing" (Linley et. al., 2006, p.5).

According to Seligman, Steen, Park & Peterson (2005), "the science of positive psychology is the study of positive emotion, positive character, and positive institutions (p. 410)." Positive psychology is thus "nothing more than the scientific study of ordinary human strengths and virtues. Positive psychology revisits the average person with an interest in finding out what works, what is right, and what is improving, positive psychology is simply psychology" (Sheldon & King, 2001, p. 216) This definition indicates the emphasis on psychology's lack of focus on the daily lives of individuals that is positive in nature (Baumgardner & Crothers, 2009).

According to Seligman and Csikszentmihalyi (2000), "the field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)" (p. 5).

Coetzee and Viviers (2007) provide a definition of positive psychology, after reviewing different definitions and concluding that there are certain core themes and consistencies as well as differences in emphasis and interpretation. They define positive psychology as the "scientific study of optimal functioning. At the meta-psychological level, it aims to redress the imbalance in psychological research and practice by calling attention to the positive aspects of human functioning and experience. At the pragmatic level, it is about understanding the wellsprings, processes and mechanisms that lead to desirable outcomes" (p. 471).

3.2.3 Historical Background of Positive Psychology

"Positive psychology did not begin in 1997, or 1998, or 1999, or 2000. In fact positive psychology has always been with us, but as a holistic and integrated body of knowledge, it has passed unrecognized and uncelebrated, and one of the major achievements of the positive psychology movement to date has been to consolidate, lift up, and celebrate what we do know about what makes life worth living, as well as carefully delineating the areas where we need to do more" (Linley, et. al., 2006, p.4).

The focus on the positive aspects of human functioning has been present in psychology for decades or even centuries, long before the emergence of the so-called 'positive psychology'. There is a practical and theoretical goldmine of more than 2 000 years of investigation on positive psychology which researchers interested in positive psychology can extract from. These include Indian Buddhist and Yoga beliefs, Chinese medicine, and practices from ancient Greece and Rome (Walsh, 2001). The Chinese healers in ancient times, for instance, regarded their role as that of natural resistance and resilience, which promoted health. In ancient Greece, there were salutogenic elements and the origin of positive social science in their health care that could be

traced back to the worshipping of Hygiea, the goddess daughter of the god of medicine (Strumpher, 2005). However, since then, the focus on the positive aspects of psychology in the past half century was relegated, due the focus on disorders and damage done (Gable & Haidt, 2005).

In the medieval era "the visionary abbess of Benedictine convent in Germany, coined a neologism *veriditas* (Latin for 'green' and 'truth'), to describe the greenness and vitality of nature, which was viewed as part of human potential as well as the culmination of a well-lived life" (Strumpher, 2005, p. 24). The position taken by positive psychology that humans are basically social and moral beings, with relationships that are focused on sharing, giving, and taking care of each other can be traced back to the midst of Greek tradition. Again, the fundamental idea of positive psychology's belief in positive personal traits and the individuals' desire to improve themselves as inherently good people and to live in truth while aiming to their own potential signifies the Aristotelian tradition directly (Linley & Joseph, 2004).

Gable and Haidt (2005) state that writings on positive psychology date as far back as 1902, when William James wrote on what he termed 'healthy mindedness'. James further described religion in his book *'The varieties of religious experience'* in an optimistic tone, which included two psychological characteristics, both of interest to fortology, namely, "(a) a new zest which adds itself like a gift to life, and takes the form either of lyrical enhancement or of appeal to earnestness and heroism, and (b) an assurance of safety and a temper of peace, and, in relation to others, a preponderance of loving affections" (Strumpher, 2005, p. 25).

According to Strumpher (2005), James also described experiences similar to those of Maslow's (1954) 'peak', and Csikszentmihalyi's (1975) 'flow', and viewed hope as a lifestyle that includes a profound yearning to attain lasting meaning, a passionate concern to ease suffering and to humanize existence, and a sense of exigency about growing and utilizing one's talents to the utmost. Robert Assagioli, a psychiatrist, also contributed to positive psychology in these early

days by writing in his doctoral thesis about both the positive, creative, joyous experiences as well as the more painful and tragic experiences, (Strumpher, 2005).

The strengths paradigm begin to emerge during the first eight decades of the twentieth century, with early authors and their texts making reference to the general area of fortology, which means the study of the origins of strengths. The term fortology was introduced in 1995 by Strumpher who argued that the construct salutogenesis should be broadened to fortogenesis (Strumpher, 2005).

According to Strumpher (2006), there has been a lot of research and theorizing along the lines of positive psychology before it was formalized recently. For example, research on resilient children (Anthony & Cohler, 1987, Murphy & Moriarty, 1976; Werner & Smith, 1982), and the rise of humanistic psychology (Bohart & Greening, 2001) had in them positive psychology aspects. Maslow used the phrase 'positive psychology' in 1954, and Peterson acknowledged 'trend-bucking' research that can be regarded as positive psychology.

Other positive psychology frontrunners include Maslow (1954, 1962, 1973) and Rogers (1942, 1951) who both wrote about self-actualization; Adler (1927), who referred to superiority striving; Allport (1961), who wrote about mastery, competence and patterned individuality' Angyl (1941) who wrote about self-determination; Antonovsky (1972, 1974, 1979) who wrote about resistance resources, sense of coherence and salutogenesis; Assagioli (1965, 1993), who referred to self-actualization and personality unfoldment; Bandura (1977), who wrote about self-efficacy and agency' Barnard's (1968) eustress; Buhler (1971), who wrote about creative expansion; Csikszentmihalyi's (1969) well know flow' Deci (1975, 1980), who wrote about intrinsic motivation and self-determination; Erikson (1950, 1965), the father of basic trust, autonomy, initiative and integrity; Frankl (1946), who wrote about will to meaning; Jung (1964, 1971), who authored about gaining self-realization out of the unconscious; Kobasa's (1969) hardiness; Kohn and Schooler (1973, 1983), who indicated self-direction' Rotter's (1966) locus of control; Murray's (1959), need to be creative; Seeman's (1959) organismic integration;

Shoben's (1959) integrative adjustment; and finally White (1959), who wrote about effectance and mastery (Strumpher, 2005).

Linley and Joseph (2004) indicate that positive psychology has its core roots in the Aristotelian model and frame of reference, which focuses on the virtuous individual and those inner traits, dispositions, and motives that enable the individual to be virtuous. According to Coetzee and Viviers (2007), "James (in his writings of 1902 and 1987) was interested in optimal human functioning and the role that transcendent experiences may play in stimulating this, as shown in his writings on healthy mindedness" (p. 471).

To date, positive psychology as an organized area of study is still in its infancy since it was officially and publicly launched in 1998 by Martin Seligman in his Presidential Address to the American Psychological Association (APA), and was also given coverage by the special edition of *American Psychologist* that was devoted to it (Bacon, 2005). Positive psychology, it should be remembered, is not an entirely new paradigm, but merely a shift in focus. It has much in common with the view of health as the presence of positive states, and the study of human resilience and flourishing (Stamatios-Alexander, Antoniou & Cooper, 2005).

3.2.4 Positive Psychology in South Africa

The emergence of positive psychology in South Africa started in the late 1970's and 1980's, with a primary focus on self-actualization. The first well-known recognition of positive psychology in South Africa was done by Strumpher in 1990 in his article, *Salutogenesis: A new paradigm*, which was based on Antonovsky's work of 1987 that focused on the core constructs of salutogenesis, namely a sense of coherence (Coetzee & Viviers, 2007).

"In 1995 Strumpher proposed that the constructs of salutogenesis, meaning the origin of health, should be broadened from an emphasis on health only, but also to include strengths as well, and subsequently coined the term fortology, meaning the origin of strengths" (Coetzee & Viviers,

2007, p.472). In 1997, Wissing and van Eeden elaborated on this and introduced a different term, 'psychofortology', to suggest a new sub-discipline of psychology that will not only study the origins of psychological well-being, but also the nature, manifestations and consequently ways of improving psychological well-being and the development of human capacities (Strumpher, 2005).

Other initiatives that indicate progress made in the field of positive psychology in South Africa include the First South African National Wellness Conference held in 2000 in Port Elizabeth and the first and second South African Work Wellness Conference held in Potchefstroom in 2002 and 2004, respectively. These conferences culminated in the South African Conference on Positive Psychology: Individual, Social and Work Wellness, that was held in Potchefstroom in 2006. Since then, directed research programmes and units of Psychofortology and Work Wellness have been initiated at the North West University and are currently involved in international and trans-university research projects that are sponsored by the National Research foundation (NRF) of South Africa (Coetzee & Viviers, 2007).

3.2.5 Current trends in positive psychology

Gable and Haidt (2005) mention that in the past 3 years, scholars who have taken part in the Positive Psychology Summer Institute were studying areas that were not entirely overlooked by traditional psychology, such as attachment, optimism, love, emotional intelligence, and intrinsic motivation. Secondly, other scholars are investigating areas of human experience where very little research was published before the year 2000, which includes topics such as gratitude, forgiveness, awe, inspiration, hope, curiosity, and laughter. Thirdly, other scholars are focusing on well-being or flourishing in unusual or understudied populations. Fourthly, others are doing groundwork studies on the psychobiology of happiness and morality. Lastly, there are those who are studying techniques to improve well-being, such as mindfulness meditation, journal writing, well-being therapy, savoring, and exposure to green spaces.

According to Linley et. al. (2006), in the years since Seligman's presidential address, numerous positive psychology books and special journal issues have been published. Regional positive psychology networks have been established that extend over the world, and in 2006 the first journal of positive psychology was published.

3.2.6 Framework of Positive Psychology

Positive psychology is generally based on the framework of the Values in Action (VIA) classification system that has been developed to focus on human strengths rather than weakness, and to serve as the polar opposite of the American Psychiatric Association's (APA) Diagnostic Statistical Manual (DSM). One of the objectives of the VIA classification system is to advance the understanding of psychological strengths and also provide a base for a common language, and promoting a more strength-based approach to diagnosis and treatment (Snyder & Lopez, 2007). Baumgardner and Crothers, (2009), stipulate that the VIA classification system explains positive human qualities that describe a healthy person living a good life 'above zero' (with zero representing identified traits that define emotional health and strength), while the APA's DSM describes elements of life that are 'below zero' (with zero representing the threshold dividing mental health form emotional illness).

The development of the VIA classification system was on the result of an attempt to answer questions about human character. In its development, "Peterson and Seligman and many colleagues decided that components of character included virtues (core characteristics valued by some moral philosophers, religious thinkers, and everyday folk), character strengths (psychological processes and mechanisms that define virtues), and situational themes (specific habits that lead people to manifest strengths in particular situations" (Snyder & Lopez, 2007, p. 60).

After a thorough review of the generation of entries for the VIA classification system, 24 strengths were identified and then organized under six overarching virtues. Each virtue is defined

by a set of character strengths that represent the ingredients, expressions, and potential means of developing the virtue. Character strengths were chosen by applying a set of criteria, as highlighted in Table 1, which had to be nearly or fully met (Baumgardner & Crothers, 2009). The six virtues and its 24 strengths are listed below in Table 2:

Table.1 Criteria for selecting character strengths

- Regarded as a valued moral quality in and of itself, whether or not it led to concrete benefits.
- Contributes to personal fulfillment, in the sense of enhancing personal expressiveness, meaningfulness, satisfaction, and happiness.
- Constitutes a stable individual difference trait for which reliable measures had been previously developed.
- Should be distinctive and not overlap with other strengths.
- Have an opposite that was clearly negative (e.g., the opposite of courage is cowardice).
- Enhances rather than diminishes other people when expressed (i.e., the trait must evoke admiration or respect rather than envy, inferiority, or lowered self-evaluation).
- Be the focus of institutional efforts (e.g., education, churches) to promote its development.

3.2.7 Virtues in Positive psychology

A virtue has been described as a character trait that an individual needs in order to thrive or to live well. It is also seen as a quality which articulates the highest potentials of human nature (Emmons & Shelton, 2005). The VIA classification is organized around six virtues, namely, wisdom and knowledge, courage humanity, justice, temperance, and transcendence.

3.2.7.1 Wisdom and Knowledge

"Wisdom refers to a general intellectual strength involving the development and use of knowledge. Wisdom does not necessarily follow from a formal education or a high IQ score. Wisdom refers to a more practical intelligence and good judgment based on learning life's lessons –perhaps through hardships" (Baumgardner & Crothers, 2009, p. 209). Someone who is said to be wise is able to events and experiences in their proper context and circumvent drawbacks of one-sided and self-interested positions. Wisdom also entails the ability to provide worthwhile advice to those who need it concerning ways of living, understanding, and dealing with life's confrontations, ambiguities, and available options (Baumgardner & Crothers, 2009).

3.2.7.2 Courage

According to Seligman et. al.(2005), courage is the emotional strength that enables an individual to achieve set goals in the face of either internal or external adversity. Examples of courage include, among others, the power to face and come to terms with death, handling a disabling illness or disease, accepting ones' weaknesses, limitations, and unacceptable habits, and defending one's belief despite the possibility of rejection (Baumgardner & Crothers, 2009).

3.2.7.3 Humanity

Humanity has to do with one's ability to show sympathy, empathy, compassion, and love in our interpersonal relationships. Humanity entails nurturing and caring for others, assisting them and being generous, and being kind and respecting the feelings of others, even while compromising our own needs and interests (Baumgardner & Crothers, 2009). Humanity is also viewed as interpersonal strength that involves tending and befriending others (Seligman et. al. 2005).

3.2.7.4 Justice

Justice is described by Locke (2005) as the ability to judge others in accordance with the facts. Baumgardner and Crothers, (2009) view justice as a fundamental element found in healthy societies, communities, and in interpersonal relationships. It is a strength that contributes to the well-being of communities, such as working with others to achieve goals and projects. Seligman et. al. (2005) state that justice is a civic strength that underlies healthy communities.

3.2.7.5 Temperance

Temperance is the strength that is used to exercise control over excesses and contains impulses that damage the self and others. It is the ability to exercise willpower in the face of temptations, such as anger, hatred, drinking or eating. Temperance is also the ability to forgive and let go of the hurt caused by others (Baumgardner & Crothers, 2009). Temperance is the strength that protects one against excess (Seligman et al. 2005).

3.2.7.6 Transcendence

Transcendence is the strength that builds links with the broader universe, and in doing so provide meaning (Seligman et. al. 2005). Individuals transcend when they rise above the normal and the usual. Transcendence provides individuals with the ability to see the bigger picture by overcoming the ordinary concrete preoccupation and thinking about everyday living. Examples of transcendence include religion and/or spirituality, because they involve faith in the higher power (Baumgardner & Crothers, 2009).

Table 2: The VIA classification system of Virtues and Strengths

Virtues and strength	Definition
Wisdom and Knowledge:	**Cognitive strengths that entail the acquisition and use of knowledge**
Creativity:	Thinking of novel and productive ways to conceptualize and do things
Curiosity:	Taking an interest in ongoing experience for its own sake
Open-mindedness:	Thinking things through and examining them from all sides
Love of learning:	Mastering new skills, topics, and bodies of knowledge
Perspective:	Being able to provide wise counsel to others
Courage:	**Emotional strengths that involve the exercise of will to accomplish goals in the face of either external or internal opposition**
Bravery:	Not shrinking from a threat, challenge, or pain
Persistence:	Finishing what one begins; persisting in a course of action in spite of obstacles
Integrity:	Speaking the truth but more broadly presenting oneself in a genuine way
Vitality:	Approaching life with excitement and energy, not doing anything half-heartedly
Humanity:	**Interpersonal strengths that involve tending and briefing others**
Love:	Valuing close relations with others, in particular those in which caring is reciprocated
Kindness:	Doing favours and good deeds for others, helping them, and taking care of them
Social intelligence:	Being aware of the motives and feelings of other people and oneself
Justice:	**Civic strengths that underlie healthy community life**
Citizenship:	Working well as a member of a group or team, being loyal to a group
Fairness:	Treating all people the same, according to the notions of fairness and justice
Leadership:	Encouraging a group of which one is a member to achieve goals
Temperance:	**Strengths that protect against excess**
Forgiveness and mercy:	Forgiving those who have done wrong, accepting others' faults
Humility/Modesty:	Letting one's accomplishments speak for themselves
Prudence:	Being careful about one's choices, not taking undue risks
Self-regulation:	Regulating what one feels and does, being disciplined
Transcendence:	**Strengths that forge connections to the larger universe and providing meaning**
Appreciation of beauty and excellence:	Noticing and appreciating beauty, excellence, and/or skilled performance in various domains of life
Gratitude:	Being aware of and thankful for the things that happen
Hope:	Expecting the best in the future and working to achieve it
Humor:	Liking to laugh and tease, bringing smiles to other people
Spirituality:	Having coherent beliefs about the higher purpose and meaning of the universe

Source: Snyder & Lopez, 2007, p. 60. The Positive: The Scientific and Practical Exploration of Human Strengths.

3.2.8 Positive Psychological Character Strengths

Positive psychology studies much of positive character strengths or positive personal traits, but some of the traits are not included or covered by the VIA classification system. However, that does not mean those positive traits or strengths are not part of the field of positive psychology. Any personal trait or character strength that contributes to or benefits individual well-being, particularly health, happiness, and emotional well-being belongs to the field of positive psychology. Virtuous behaviour is also part of positive psychology, because it increases individuals' life satisfaction and makes life more meaningful and healthy, although it is regarded as independent, because of being connected to religious or secular mores and its values to society (Baumgardner & Crothers, 2009).

A positive psychological strength is defined as a "natural capacity for behaving, thinking or feeling in a way that allows optimal functioning and performance in the pursuit of valued outcome" (Linley et. al., 2006, p. 88). Coetzee and Cilliers (2001) have identified the following positive psychological strengths within psychofortology as essential in explaining coping behaviour and enhancing psychological well-being in work organizations: sense of coherence, locus of control, self-efficacy, hardiness, potency, and learned resourcefulness.

The following positive psychology constructs, according to Strumpher (1990), deal with how people manage stress and stay well, they maintain and enhance wellness, and prevent and treat illness: sense of coherence, personality hardiness, potency, stamina, and learned resourcefulness. In addition, internal-external locus of control, personal causation, self-directedness, self-efficacy and human agency, social interest, and sense of humour, are also salutogenesis-related constructs that are vital in health psychology.

Nelson and Simmons (2005), list the following positive psychological characteristics in their stress model as being important in neutralizing stress: Optimism, hardiness, locus of control, self-reliance, sense of coherence, hope, meaningfulness, manageability, positive affect. Seligman

(2002) refers to the following positive psychological characteristics as some of the significant characteristics in positive psychology that promote health and well-being: Resilience, positive affectivity, flow, positive emotions, and emotional intelligence. In addition, Seligman and Csikszentmihalyi (2000) write that "prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight, to name several" (p. 7).

3.2.9 Positive Psychology and Well-being, Health and Wellness

The focus of positive psychology includes the promotion of well-being in individuals and communities. Well-being is an umbrella term, which includes values such as happiness, satisfaction, enjoyment, contentment, and engagement and fulfillment, or a combination of these and other hedonic and eudaimonic factors. Well-being has also been viewed as a process rather than a state of being, and as being intimately connected to the environment (Haworth & Hart, 2007).

In positive psychology, well-being is described as being characterized by positive emotional experiences and a satisfactory life that is without debilitating negative stress. Therefore, if individuals need to experience a fulfilled life, they need to manage stress properly so that it does not become an impediment. Managing stress can be done in one of two ways. The first way is that of following the familiar route of preventing or reframing the negative aspects. The second route is the hazier and unfamiliar route of promoting the positive, and recognizing and generating eustress at work. Eustress is a positive psychological response to a stressor as indicated by the presence of positive psychological states (Stamatious-Alexander et.al., 2005).

Ryff and Singer (2005), maintain that the fundamental characteristics that are required for positive human health include, among others, having a sense of purpose in life, valuable connections to others, self-regard and self-mastery. Seligman and Csikzentmihalyi (2000) state

that individuals who kept their integrity and purpose during the chaotic times of World War II possessed human characteristics such as courage, optimism, and capacity for flow, that served as buffers against mental and physical illness that is normally associated with trauma.

According to Luthans (2005), individual characteristics that have been investigated in positive psychology as promoting health and wellness include positive affect, optimism, self-determination and hope. Furthermore, confidence, hope and resilience are states that meet the criteria of positive psychological strengths that can be measured and developed in order to improve performance. He further calls for a positive approach to organizational behaviour to emphasize strengths rather than trying to repair weaknesses. He calls this approach positive organizational behaviour (POB), which he defines as the study and application of positively-oriented human resource strengths and psychological capacities that can be measured, developed and actively managed for performance improvement in today's workplace.

Delle Fave (2006) argues that several studies have shown that the subjective perspective in coping with disease and the individual strategies developed by the sick to overcome the related constraints had positive consequences, such as improved personal relationships, positive personality and life changes, disengagement from unattainable goals, and shifts toward new goals. Subjective well-being, which refers to what individuals think and feel about their lives, and the way in which cognitive and affective conclusions are reached when they appraise their existence, contributes to positive individual health and wellness. What is critical in subjective well-being is not what happens to individuals that make them content, but rather how they understand and make sense of what happens to them (Seligman & Csikszentmihalyi, 2000). Subjective well-being is conceptualized by Myers and Diener (1995) in terms of three correlated but diverse factors, namely, the relative presence of positive affect, the absence of negative affect, and satisfaction with life. According to these authors, the presence of these factors in individuals is viewed as being significant in creating satisfaction in the areas of work, family, leisure, health, finances, self, and one's group.

“Several researchers have investigated the psychological factors involved in the construction of a positive perception of disability and illness. Antonovsky developed the salutogenesis approach which states that individuals can attain a good quality of life despite adverse health conditions by building an inner sense of coherence. People are able to bring order and structure to the ambiguous and disruptive situation of disease or disability by making it comprehensible, manageable, and meaningful” (Delle Fave, 2006, p. 168). A sense of coherence is viewed also by Antonovsky (1979) as a personality attribute that is linked to effective individual coping, health-enhancing behaviour, and better social adjustment.

Thus, the meaning-making process of a sense of coherence implies that individuals can actively organize their own experiences in time by developing a positive adaptation to disease and disability, which will assist them to attribute different meanings to the same situation and thereby manage to organize their personal perceptions of life and their environment (Delle Fave, 2006).

Meaning-making, which is the key ingredient in sense of coherence, is a fortogenic human process of a cognitive reaction and response to challenges and suffering when one attempts to acquire for mental health. Therefore, with meaning-making, suffering ceases to be suffering in some way as soon as one finds meaning (Strumpher, 2006).

Linked to meaning-making is the concept of positive illusions, which is described by Strumpher (2006) as a self-serving bias which occurs when there is a positive view of oneself, an overstated perception of personal control over what occurs in one’s surrounding’s, and an idealistic optimism about one’s future. The role of positive illusions in achieving health and well-being is to distort the experience of damaging information and circumstances from being perceived as negative to be being perceived as unthreatening and beneficial, since it is assumed that it enables one to become a better person through exposure to the experience.

Intentional goal-setting is one of the psychological strengths that has been identified as influential when individuals pursue health behaviours. In intentional goal-setting, individuals

have to start by becoming aware of their health goals and then come up with intentional strategies that will help them achieve their goals, cope with possible relapses, and finally to maintain the achieved goals (Dale Fave, 2006).

Self-efficacy has also been recognized as being imperative in the pursuit of health and coping with disease. The role of self-efficacy is conceptualized as being the promotion of the perception of internal control when facing events that are stressful, when dealing with deteriorating health conditions, and pursuing health goals. Furthermore, self-efficacy is said to advance the intentional activation of individual resources and skills in the long-term. Individuals with self-efficacy also tend not to be affected by failures and are more likely to demonstrate high levels of persistence when pursuing their goals (Delle Fave, 2006).

Delle Fave (2006) also cites commitment to self-defining goals as a psychological factor that plays an essential part in pursuing health behaviours. Individuals who are committed to self-defining goals "strive to achieve personal identity in various realms. The commitment toward self-completion and self-definition elicits persistent efforts to acquire the attributes or skills that people consider to be relevant to their identities in each realm. This is also true of health goals" (Delle Fave, 2006, p. 169).

Goal achievement is another psychological strength that is critical in the domain of pursuing health goals. In goal achievement two processes are important, namely the threat appraisal process and the goal attainment process. With goal appraisal processes, individuals assess their own conditions and the possible risk factors in order to correct any decisions they may have made and recognize sufficient strategies to cope with illness or to maintain their health. In goal attainment processes, individuals concretize and improve the strategies they identified during the goal appraisal process in order to better adapt and have an enhanced quality of life (Delle Fave, 2006).

Optimism has also been identified as a psychological strength that is important in the pursuit of health behaviours. It is described as a dispositional characteristic that involves cognitive, emotional, and environmental components. Thus, people with high levels of optimism are more likely to have better moods, to be more persevering and successful, and to experience better health than people with low levels of optimism (Seligman & Csikszentmihalyi, 2000). A longitudinal study conducted on optimism found optimism to be associated with a lower risk of death. These findings were based on the premise that positive affect results in vasolidation which is the widening of blood vessels whereas negative affect acts as a vasoconstrictor which is the narrowing of blood vessels (Lopez, 2008).

Individuals who are optimistic are also more likely to practice habits that promote health and solicit social support. For example, the findings of various studies of patients with life-threatening diseases conclude that patients who remain optimistic tend to manifest the pgysical symptoms later and live longer than patients who have a less optimistic approach to their reality (Seligman & Csikszentmihalyi, 2000).

Optimism is thus viewed as an important resource in the goal attainment process, because it facilitates efforts toward goal achievement. Two types of optimism are identified, namely, defensive and functional optimism. Defensive optimism is seen as involving unrealistic overvaluation of individual control of the illness and a subjective risk perception, while functional optimism is seen as an adaptive component of health behaviour because it includes self-efficacy and the positive belief in one's own personal ability to cope with disease, disability, physical limitations and the demands of the situation (Delle Fave, 2006).

Another psychological strength that has been identified as a significant contributor to psychological growth and improved well-being is positive emotion. According to the broaden-and-built theory of Fredrickson (2001), positive emotions are mediums for personal growth and social connection, and therefore they promote physical and psychological health by broadening people's momentary thought-action repertoires and building their long-lasting personal

resources, ranging from physical and intellectual resources to social and psychological resources. Conversely, negative emotions such as anxiety, depression, and failure tend to narrow people's attention; frequently causing them to miss the bigger picture (Fredrickson, 2001). A study of 180 Catholics Nuns conducted by Dr. Snowndown in the 90's found that positive attitude and sustained or frequent positive emotional responses, may protect the body by muting and balancing both the cardiovascular and immune system responses to stressful and negative emotional events in life (Lopez, 2008).

Studies on positive emotions highlight that positive emotions restore autonomic quiescence and flexible thinking following lingering negative emotional arousal and experience. Thus, positive emotions play an essential part in promoting both individual and collective well-being and health by undoing the aftereffects of negative emotions on one's health (Fredrickson, 1998).

According to Delle Fave (2006), several studies highlight a relationship between emotional states and health. These studies indicate that negative mood states enhance an individual's vulnerability to disease, as they have a direct effect on the way the immune system operates. Therefore, if individuals can be effective in regulating and understanding their personal emotions, they can achieve persistent positive results on their development and overall well-being.

Henry (2006), reports that positive psychologists have started to promote different strategies that are built on approaches that treasures positive experiences, encourages positive attitudes, and supports the building of strengths as a buffer against weakness rather than repairing faults. Such strategies include social support (which has been found to promote well-being as well as the quick recovery from illness), intelligence, positive emotions, optimism, and gratitude.

According to Henry (2006), studies that he conducted on the individuals' well-being development over a decade, which specifically focused on how the individuals thought they had changed, and to what they attributed the improvement to their general well-being, the specific strategies they tried that failed to help, and what they would still like to change about themselves

that had proved difficult to change. The results of these studies indicate that confidence, being assertive (especially for women), being focused, passionate, and purposeful about what they want, and accepting one's self along with one's faults were reported as having brought about positive personal changes.

Other helpful positive psychological strategies that were found to promote lasting personal change and improve well-being over a period of time include those highlighted and summarized in Table 3 below. These strategies have been adopted and adapted by mental health professional and practitioners from a variety of sources which ranges from research studies, psychotherapy, self-help books, spiritual practice to people who indicate to have personally gained from them (Henry, 2006).

Conversely, strategies that were found by Henry (2006) to be non-effective and unhelpful among his research participants include:

- Exhortation (such as 'Cheer up love')
- Reading about how to deal with problems
- Talking about and analyzing the problem
- Planning
- Time management
- Advice
- Negative feedback
- Reliving negative emotions
- Obsessing over an issue
- Doing nothing

Table3: Effective Ways of Achieving Lasting Personal Change

Quieting the mind/Intuition	Listening to oneself, following one's bliss, contemplation, meditation, spiritual approaches
Self-Acceptance	Being kind and gentle towards one's self, ceasing to care what others think, forgetting self, letting go
Physical/Nature	Walking, exercise, bodywork, movement, running, yoga, being amid stress, being barefoot
Social support	Support of sympathetic other(s), reassurance, close friends, social immersion
Reflect/Reframing	Learning through other's similar problems, clash of beliefs prompting rethinking, self–analysis, couple and group counseling/therapy
Balance/Mastery	Learning to say no, taking on less responsibilities, realism, discipline, clarifying priorities, being present-centered
Circumstance	Rising to the occasion, surviving crisis, personal circumstances forcing change
Other	Listening to others, becoming more tolerant, love
Orientation/Action	Transforming
Confidence/Daring	Be assertive, face fear, take risks, commit, delegate, surrender, self-reliance
Expression	Expressing feelings via images, acting out, concretizing feelings, music, poetry, sculpture
Future	Having a clear vision of where you want to be
Positive	Remembering successes, affirming positive outcomes
Humour	Laughing, watching funny programs
Drugs	Chocolate, ecstasy, prescription drugs
Purpose	Doing the right thing

Source: Henry, J. (cited in Csikszentmihalyi & Csikszentmihalyi 2006, p. 128). A life worth living: Contributions to positive psychology.

Luthans and Youssef (cited in Snyder & Lopez, 2007) identify positive psychological capital as significant for business because it benefits productivity and workers successes. Psychological capital consists of four variables, namely, efficacy (the confidence in one's ability to reach a desired goal), hope (the capacity to find pathways to desired goals, along with the motivation to use those pathways), optimism (the ability to attribute good outcomes to internal, stable, and pervasive causes), and resiliency (the capacity to endure and succeed in adversity).

According to Myers (1993, p. 145), the following are general strategies that can assist people in increasing their happiness and well-being in general:

- *Realize that enduring happiness does not come from success*. Lack of wealth breeds misery but having it does not guarantee happiness.
- *Take control of your time.* Happy people feel in control of their lives and proper use of time. This includes the setting and breaking down of goals to manageable daily chunks.
- *'Act' happy.* People who manipulate themselves into a smiling expression tend to feel better about themselves, while those who scowl tend to see the world as scowling back.
- *Seek work and leisure that engages your skills.* Happy people often are in a zone called 'flow' and are absorbed in a task that challenges them without overwhelming them.
- *Join the "movement" movement.* According to research, aerobic exercises not only promote health and energy, it is also an antidote for mild depression and anxiety.
- *Give your body the sleep it wants.* Happy people live energetic lives but they still find time to revitalize through enough sleep and solitude. Lack of enough sleep results in fatigue, diminished alertness, and gloomy moods.
- *Give priority to close relationships.* Intimate relationships are a great support system in times of difficulty. Confiding in others is good for the soul and body.
- *Focus beyond the self.* Help and reach out to those in need. As you help them happiness increases and you feel good.
- *Keep a gratitude journal.* Taking time out each day to reflect on some positive aspect of ones life increases well-being.

- *Nurture your spiritual self.* Research indicates that actively religious people are happier and tend to cope better with crises because faith provides an opportunity to focus beyond self and get a sense of purpose and hope.

3.2.10 Challenges to Positive Psychology

Positive psychology, like any other emerging or existing field, has been challenged and criticized. Critics of positive psychology state that if positive psychology is acknowledged, it therefore means that the rest of psychology is more negative in its orientation. Secondly, the view of positive psychology tends to deny and underplay the very real negative side of life and adopts a more honeyed view of the world. Thirdly, the definition of 'positive' and the unclear distinction between *describing* something as 'good' and *prescribing* it as 'good', has been challenged (Gable & Haidt, 2005).

Lazarus (2003) argues that it is not correct for positive psychology to separate the positive from the negative, because they represent the same side of the same coin, like structure and process, stability and change, stress and coping, and the so-called positive and negative emotions. Furthermore, he argues that there are still some uncertainties and misunderstandings in positive psychology about what defines positive and negative. Positive psychology, according to his argument should not make spurious claims about being new when in fact it is thousands of years old, in one form or another.

Sugarman (2007), in criticizing positive psychology, states that positive psychology is ill-equipped to pronounce on the life-well lived because it has failed to grasp the extent of ideological influence on its practices and beliefs.

3.3 NEGATIVE EMOTIONS

An emotion is considered to be negative in nature if it evokes feelings of unpleasantness. However, emotions have unique motivational elements that are vital to the individual and the species, and each emotion adds its own special quality or significance to life experiences because it has an adaptive functioning. Emotions consist of the following three components, namely:

- A specific innately determined neural substrate.
- A characteristic neuromuscular-expressive pattern.
- A distinct or phenomenological quality.

An emotion is therefore complete if the above three components are present and interact (Izard, 1972).

In addition to the three primary features of an emotion, there are other organs and systems that become involved during an emotion. Important among these organs and systems are the endocrine, cardiovascular, and the respiratory systems. Furthermore, when an emotion is active, there are changes that are experienced in the autonomic nervous system and in the visceral organs, such as the heart, blood vessels, glands, which it innervates. Emotions are also accompanied by physical exertion, which involve the whole organism and occur in combinations or patterns and not as single systems or entities. During their active state, emotions also involve cognitive and somatic components. The cognitive part may appear in the form of attitudes, or psychological phenomena, wherein emotion and cognition join or interact in themselves (Izard, 1972).

Describing or defining an emotion (feeling in action) is not an easy task because emotional terms overlap considerably in their meaning, and are sometimes difficult to differentiate. Emotions are normally differentiated from one another on the basis of value judgments regarding the cause of the emotion itself. For example, if the cause of the emotion is clear it then becomes easy to

describe and if it is unclear it then becomes more difficult to describe. In general, most negative emotions are connected to or associated with anxiety.. Examples of such emotions are apprehension, uneasiness, nervousness, worry, disquiet, solitude, concern, misgiving, qualm, edginess, jitteriness, sensitivity, being pent-up, troubled, wary, unnerved, unsettled, upset, aghast, distraught or threatened, defensiveness, disturbance, distress, perturbation, consternation, trepidation, scare, fright, dread, terror, horror, alarm, panic anguish, agitation. All the above states have touches of emotions related to or associated with anxiety (Lader & Marks, 1971).

Anxiety is defined as a "state of uneasiness, accompanied by disphoria and somatic signs and symptoms of tension, focused on apprehension of possible failure, misfortune, or danger" (Colman, 2003, p. 46). According to Lader and Marks (1971), anxiety can be divided into two categories, namely normal and clinical anxiety. Normal anxiety, on the one hand, is the type of anxiety that affects everybody and is widespread in society. It is the anxiety that is associated with specific situations and is evoked by certain activities. Normal anxiety is the anxiety that has become part of the make-up of everyday life.

Clinical anxiety, on the other hand, is the type of anxiety that is more distinguished, more recurrent or more insistent than the intensity, occurrence or duration that is typically regarded by individuals as their norm or as the norm of their peers. This type of anxiety is generally associated more with terms such as 'free-floating', 'non-situational' or even 'general anxiety'. This association enables it to be differentiated from normal fears or phobias. Clinical anxiety is also beyond the common reaction to stress and tends to incapacitate normal daily functioning (Lader & Marks, 1971).

3.3.1 Terms related to anxiety

Anxiety is evoked by stress or threat. Stress refers to the differences in environmental conditions, which individuals regard as relatively harmful to some degree, while threat means the

individual's perception of a particular situation as definitely dangerous. Further, anxiety is related to, but also is also distinct from, the following psychiatric terms (Lader & Marks, 1971).

3.3.1.1 Fear

Fear is the emotion that causes uneasiness of real or perceived sudden calamity or danger. Although fear is similar to anxiety, it is a normal response to real or perceived danger or threat. When experienced, fear takes the form of either being acute or chronic, and this makes it different from anxiety. Acute fear is the type of fear that is more intense and sudden in onset, while chronic fear is less intense but longer-lasting. Chronic fear is equated more with anxiety than acute fear is (Izard, 1972).

3.3.1.2 Panic

Panic is an emotion that is evoked by the sudden onset of intense terror, fear, or apprehension that is accompanied by signs and symptoms of imminent doom, fear of going insane, fear of death or dying, shortness of breath, smothering or choking sensations, increased heart rate and palpitations, chest pain or discomfort, dizziness, trembling, sweating, and nausea (Coleman, 2003). According to Lader and Marks (1971), panic in psychiatry can be found in any condition that causes or evokes severe anxiety.

3.3.1.3 Phobia

Coleman (2003) describes a phobia as "a persistent, irrational fear of an object, event, activity, or situation called a phobic stimulus, resulting in a compelling desire to avoid it. The presence or anticipation of the phobic stimulus triggers anxiety or a panic attack, although the person acknowledges the fear to be irrational, and the phobic stimulus is either avoided or endured with dread" (p. 555). Lader and Marks (1971) describe a phobia as an intense or morbid fear and terror, which is unequal to the stimulus feared. It is also unintentional, and cannot be explained

away, and typically leads to avoidance of the feared situation. Furthermore, when the individual comes into contact with the feared situation or object, acute anxiety is experienced. Coleman (2003) adds to the description of phobia, by indicating that a phobia is diagnosed as a mental disorder if it leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

3.4 CONCLUSION

Positive psychology is a new field of psychology that is made up of different types of research and theories from different fields of psychology. Its focus is on accentuating the positive aspects of human behaviour. This does not mean that it denies the existence of the negative side of human behaviour but acknowledges it while emphasizing and appreciating the positive impact of human strengths and virtues in human life (Baumgardner & Crothers, 2009).

The origin of positive psychology dates as back as ancient Rome and Greece but it was unorganized and unstructured at that time. It has since evolved and grew to what it is today after its official launch in 1998 by Martin Seligman. Its growth has resulted in the development of a framework called the Values in Action (VIA) classification system that serves as a polar opposite of the American Psychiatric Association's (APA) Diagnostic Statistical Manual (Snyder & Lopez, 2007). However, its growth did not go unchallenged by those who maintain that it tends to underplay the real negative side of life by adopting a honeyed view of the life (Gable & Haidt, 2005).

CHAPTER 4

RESEARCH METHODOLOGY

4.1. INTRODUCTION

Methodology is defined as the way in which the researcher may research whatever hypotheses he or she believes can be known (Terre Blanche & Durrheim, 1999). In research, different methodologies are employed to undertake a variety of studies that are conducted for different reasons to achieve different results. Methodology forms one aspect of a researcher's paradigmatic stance, which in essence means the way in which the researcher looks at the world out there and how he or she sees the relationship between himself/ herself and that which is being studied (Terre Blanche & Durrheim, 1999).In this chapter, the research approaches, research method chosen, target population, sampling method and sample size, data collection and analysis methods, validity, reliability, objectivity, and finally ethical considerations will be discussed.

4.2. RESEARCH APPROACH

Research studies that are well-planned and conducted in a scientific manner find their methodological answers and strategies in either qualitative or quantitative research approaches. Both qualitative and quantitative approaches use "systematic processes of collecting, analyzing, and interpreting data (information) in order to increase our understanding of the phenomenon about which we are interested or concerned" (Leedy & Ormrod, 2005, p. 2).

4.2.1 Comparison between qualitative and quantitative research approaches

Qualitative and quantitative approaches are similar as well as different in the manner in which they approach research. Some of the similarities as outlined by Becvar and Becvar (2000), Dzurec and Abraham (1993), and Rich and Ginsburg (1999), include the following:

- Both approaches seek commonalities across human experience.
- Both share an investigative approach that poses a question, collects and analyses data, and presents analysis.
- Scientific rigour and integrity of the theoretical framework are critical to researchers from both qualitative and quantitative paradigms.
- Researchers from these approaches attempt to construct explanatory arguments from their data, that is, to argue about why particular outcomes have occurred.

4.2.1.1. Qualitative approach

"The term qualitative research encompasses several approaches to research that are, in some respects, quite different from one another. Yet all qualitative approaches have two things in common. First, they focus on phenomena that occur in natural settings, that is, the 'real world'. And second, they involve studying those phenomena in their complexity" (Leedy & Ormrod, 2005, p.133). According to Denzin and Lincoln (2000), the word 'qualitative' implies an emphasis on the qualities, processes, and meanings that are not experientially examined or measured in terms of quantity, amount, intensity or frequency. It means that there are meanings or processes involved in research that are quantitative in nature and trying to qualify such processes and meanings is inclined to change the meaning they present in any given situation.

Qualitative research, as proposed by Bogdan and Biklen (1992), has the following characteristics:

- Qualitative research has the natural setting as the direct source of information, with the researcher serving as the main instrument.
- Qualitative research is descriptive in nature, because the collected information is in the form of words or pictures rather than numbers. Quotations from the collected information are used when writing research results in order to illustrate and substantiate the entire presentation.
- Qualitative research is interested in processes, rather than simply with the final results or products.
- Information in qualitative research is analysed inductively. In qualitative research, researchers do not search for information or proof to prove or disapprove hypotheses they maintain before commencing with the study, instead they build abstractions from particulars that have been collected and grouped together. Pieces of collected proof are then integrated and a theory called 'grounded theory' emerges.
- In qualitative research 'meaning is of fundamental interest. Qualitative researchers are mainly interested in the way different people make sense out of their lives and therefore they aim at accurately capturing the perspective of those they are studying.

The primary aim of qualitative research is to develop an understanding of how individuals construct their world. Individuals construct their world through language, that is, stories and conversations, through actions, through systems of meaning, through memory and the rituals they engage in, as well as through institutions that have been created such as families, clans, schools, and religious institutions (McLeod, 2001).

Qualitative methods are effective tools that are utilized for understanding the 'why' of human behaviour, that is, understanding and explaining the meaning that people make of their experience that lead to sporadic behaviours. Therefore, it focuses on capturing the diversity of the research participants' experiences and paying attention to the context of the research event in order to document the voices of the respondents (Banyard & Miller, 1998).

According to Peshkin (1993) qualitative research studies typically serve at least one of the following purposes:

- *Description.* They can reveal the nature of certain situations, settings, processes, relationships, systems, or people.
- *Interpretation.* They enable a researcher to (a) gain new insights about a particular phenomenon, (b) develop new concepts or theoretical perspectives about the phenomenon, and/or (c) discover the problems that exist within the phenomenon.
- *Verification*. They allow a researcher to test the validity of certain assumptions, claims, theories, or generalizations within real-world contexts.
- *Evaluation.* They provide a means through which a researcher can judge the effectiveness of particular policies, practices or innovations.

This present study served an interpretative purpose, because it has allowed the researcher to gain new insight about the phenomenon of positive psychological strengths and their effects on employees attending EAP in the public service. Furthermore, this present study served a verification purpose, as it provided the researcher with an opportunity to test the validity of the assumptions of positive psychology. In short, as qualitative research, this study served both interpretation and verification purposes.

4.3. RESEARCH APPROACH FOR THIS STUDY

A qualitative research approach was selected for this study, because it enabled the researcher to capture detailed information and adopt a perspective which would not have been as easily and accurately captured through the use of a quantitative method. Choosing a qualitative research approach for this study was also necessitated by the nature of this study itself, the manner in which data was collected and analysed, and how the make-up of the qualitative research approach would assist in the achievement of the outlined aims of this study.

4.4. SAMPLING

Sampling, according to Barker, Pistrang and Elliot (1994), involves the following three steps:

- Specifying the target population.
- Choosing the sampling procedure.
- Determining the sample size.

4.4.1 Target population

The first step involved in the sampling process is to define the group from which the participants would be selected. The target population for this study is public service employees who attended and benefited from attending EAP. This is the group that described their EAP consultation as a success because it assisted them in achieving their goals.

The inclusion criterion for this study were as follows:

- Public service employees who attended EAP in the past six months and benefited from this experience.
- The benefit included improved work performance (as indicated by work assessment report and verbal corroboration by the supervisors of the employees attending EAP), better coping abilities (as reported by the EAP practitioner and confirmed by the employees), and physical and psychological improvement as indicated by the employee supervisor, EAP practitioner, and employees themselves.
- Attendance of all scheduled EAP sessions (unattended sessions reported and rescheduled) with no premature termination or dropping-out.
- Willingness to share their experiences with the researcher for the EAP programme in general.

- The presenting problem, which led to EAP consultation, had decreased, disappeared or was being managed by the employee appropriately.

4.4.2 Sampling method

This study employed a non-probability sampling design. In non-probability designs, according to Leedy and Ormrod (2005), "the researcher has no way of forecasting or guaranteeing that each element of the population will be represented in the sample and some members of the population have little or no chance of being sampled" (p. 206).

In this study, the purposive sampling method, as a non-probability sampling strategy, was applied to select the identified participants. Purposive sampling is a type of sampling where individuals or objects that will generate the most information about the topic being researched are selected (Leedy & Ormrod, 2005). In purposive sampling, the researcher's judgment is used to select, for a particular purpose, unique and information-rich cases for an in-depth investigation (Grbich, 1999). Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations (Patton, 2002).

The type of purposive sampling strategy employed in this study is called intensity sampling, chosen among the 16 types identified and described by Patton (2002). "An intensity sample consists of information-rich cases that manifest the phenomenon of interest intensely, but not extremely" (Patton, 2002, p. 234). In intensity sampling, the researcher seeks excellent or rich examples of the phenomenon of interest, but not highly unusual cases. The selected cases manifest sufficient intensity to elucidate the phenomenon of interest and to illuminate the nature of success or failure, but not at the extreme (Patton, 2002).

Furthermore, intensity sampling involves prior information and considerable judgment. That is, the researcher must do some exploratory work to determine the nature of the variation in the

situation understudy, and then sample the intense example of the phenomenon of interest (Patton, 2002). In this study, only employees who attended and fully benefited from the employee assistance programme were chosen as participants.

4.4.3 Sample size

Patton (2002) states that "there are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with available time and resources" (p. 244). For the purposes of this study, a sample of eight participants was chosen. The participants were taken from a population of employees who had attended the employee assistance programme and benefited, seen an improvement in work performance (as indicated by work assessment report and verbal corroboration by the supervisors of the employees attending EAP), exhibited better coping abilities (as reported by the EAP practitioner and confirmed by the employees), and had seen both physical and psychological improvement (as indicated by the employee supervisor, EAP practitioner and employees themselves). Those who benefited slightly or dropped out of EAP after experiencing some improvements were not considered for selection.

4.5. METHOD OF DATA COLLECTION

4.5.1 Narrative Method

Data for this study was collected in two ways. Firstly, the eight selected participants were asked to narrate on paper their EAP experiences and explain specifically what positive psychological strengths in them led to describe the EAP as a success for them because it enabled them to achieve their health goal and eliminate distress. Once narratives were completed in writing, they were then handed back to the researcher, who read them for a deeper understanding and analyzed them in detail for the interview preparation. Basic, standard and structured interview guidelines were then prepared for the in-depth individual interviews with each participant.

Narratives were utilized since they are powerful means of communication to the one told and the one telling. The narrative theory views people as trying to organize their experiences in the form of stories that they regard as true, even though there are no essential truths. Thus, constructing or structuring narratives is very selective because we remove from our personal stories all those aspects that are not congruent with our social, cultural and family stories (Clark & Standard, 1997).

4.5.2 Interviews

Secondly, the eight participants were then interviewed in–depth to collect as much data as possible. Each participant was interviewed two or more times, depending on the nature of the extrapolated data. The first interview was largely based on the narrative information collected, while the second and subsequent interviews were required for the clarification of information and filling in gaps that were identified during either the narration or the first interviews. In this study, interviews were selected as a data collection method, because they provided the researcher with an opportunity to explore the EAPs in greater depth.

An interview is described as a focused dialogue usually between two people (Bogdan & Biklen, 1992). The type of interviews conducted in this study ranged from semi-structured to unstructured, generally depending on the information provided by the participant. The semi-structured part focused on obtaining and verifying personal data and introducing questions based on the participants' narrated experiences of having attended EAP, while the unstructured part focused on the content of the narratives and unpacking the details of their EAP experience.

In qualitative research, an interview is used in one of two ways, namely as a dominant strategy for data collection or in conjunction with participant observation or other techniques. It is also used to gather descriptive data in the research participant's own words, so that the researcher can develop an understanding of how the participant interprets situations and phenomena in his or her world (Bogdan & Biklen, 1992).

Interview guidelines were employed in this study to obtain basic personal data, establish rapport, and introduce the unstructured part of the in-depth interview. The guidelines also aimed at laying a foundation for obtaining core information on the following themes:

- Experiences gained while attending the EAP.
- Positive psychological strengths that employees possessed, which they feel made them benefit from attending the EAP.
- Negative emotions highlighted by participants.

Interviews were chosen for this particular study because they have the following advantages as highlighted by Babbie (1995) and Ruane (2005):

- They yield a great deal of information that the researcher has not planned to ask for.
- They are flexible in nature and therefore allow the researcher to probe further.
- They give respondents considerable latitude in determining the actual content and direction of the interview.

Interviews are personal exchanges of information between an interviewer and interviewee, but should not be considered to be ordinary conversations which are a series of meandering talking points. Rather, interviews are purposeful conversations, where the interviewer has a set research agenda, key points or questions that must be addressed (Ruane, 2005). It is for this purpose that interviews were employed in this present study.

Silverman (2004), states that the primary objective of interviews is to generate data, which provides authentic insight into people's experiences. That is, interviews provide access to the meanings people attribute to their experiences and social worlds. They also provide an opportunity for the researcher to understand and document the participants' understandings of

their world. Thus, interviews were utilized in this present study in order to achieve results as described above.

4.5.3 Data analysis

Data collected in this study was analysed through content analyses, trends were identified, themes highlighted and recommendations provided. Content analysis could be defined as a "detailed and systematic examination of a particular body of material for the purpose of identifying patterns, themes, or biases" (Leedy & Ormrod, 2005, p. 142). Content analysis may be applied to any form of communication, because its data addresses the 'what', the 'why' and 'with what effect' of the study. It is also quite systematic in its approach and measures are taken, in it, to make the process as objective as possible (Babbie, 1995).

Patton (2002) describes content analysis as any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core inconsistencies and meanings. The core meanings found through content analysis are often called patterns or themes. A pattern usually refers to a descriptive finding, while a theme takes a more categorical or topical form.

In this study, content analysis was used for analyzing both the collected narrative descriptive data that was written down by the participants as well as the data collected from the in-depth interviews conducted by the researcher. The following steps, as outlined by Leedy & Ormrod (2005) and Bush and Harter (1980), were applied in this study to conduct content analysis:

- The researcher identified the specific body of material to be studied and analyzed (themes/positive psychological strengths that the EAP had on the participants)
- The researcher defined positive psychological strengths to be examined in precise, concrete terms.

- The researcher identified specific examples of each theme (positive psychological strength) as a way of defining it more clearly.
- The researcher broke down each item into small manageable segments of words, word sense, phrases, sentences and themes that were analyzed separately. This process is referred to as "open coding" or "manifest coding" as it implies the tentative naming of conceptual categories into which the phenomena under study is grouped (Strauss & Corbin, 1990)
- The researcher scrutinized the material for instances of each theme (positive psychological strength) or quality defined
- The researcher coded the information being analysed in terms of frequencies and illustrative themes or quotations

The next step, as outlined by Hoepfl (1997), involved the re-examination of categories to determine how they are linked. Strauss and Corbin (1990) call this step "axial coding", "semantic analysis" or "latent coding" since it focuses on the underlying implicit meaning in the context of the text. In this present study, examination and re-examination of categories was conducted to determine linkages and underlying meaning.

The last step involved extrapolating and translating the gathered data into a storyline (heading), once it was thematically analyzed. In this study, the extrapolated data was translated into themes of positive psychological strengths and then discussed according to the relevant literature and theory applicable to positive psychology and EAP.

Although the above steps of data analysis for this study are described in a linear fashion, they occur simultaneously and repeatedly. They do not occur in a rigid blueprint process.

4.6. TRUSTWORTHINESS

Trustworthiness is important when conducting a research study, because it lends credibility to the study. It also plays a central role in research studies in that it is concerned with how concrete measures, or indicators are developed for constructs. Trustworthiness is prominent and significant in social research because what is normally measured or studied in social research is often ambiguous, diffuse, and not directly observable. Therefore, a study is described as trustworthy if it is found to be reliable and valid. However, both validity and reliability differ in terms of what they mean from one research methodology to another (Neuman, 1994).

In social research, the validity and reliability of the researcher's measurement instruments influence the extent to which a researcher can learn something about the phenomena they are investigating or studying, the probability that they will get statistical significance in their data analysis, and the extent to which they can draw meaningful conclusions from their data (Leedy & Ormrod, 2005). Validity in qualitative research, on the one hand, refers to the degree to which the interpretations and conclusions can be regarded as trustworthy (Stiles, 1993), while in quantitative research validity means the extent to which the study measures what it sets out to measure (Leedy & Ormrod, 2005). Validity is emphasized in qualitative research, because the researcher's work has to have an appearance of being true and real and has to evoke in readers a feeling that the experience described is life-like, believable and possible. The experience described should also help readers in communicating with others who are different from them and offer a way of improving the lives of participants and readers (Ellis & Bochner, 2000).

In qualitative research, it can be argued that there is no validity in the interview method itself. Rather, it is the *results* of an interview study that must be validated in particular situations. The issue with validity is not whether another researcher would discover the same concepts to describe or interpret the data, but whether the findings of an inquiry are worth paying attention to (Guba & Lincoln, 2000). The qualitative researcher should therefore strive for authenticity, and his or her findings should give a fair, honest and balanced account of social life according to the

experience of the people studied (Neuman, 1994). The aim in qualitative research, according to Terre Blanche and Durrheim, (1999), is not to come to a better understanding of 'reality' but rather to come to a better understanding of personal experience.

4.6.1. Validity in this study

The question of validity in this study in particular was addressed in the following way:

- Through triangulation, which refers to using multiple sources of information (Stiles, 1993). It also means using many different research methodologies to investigate whether this provides discrepant findings (Terre Blanche & Durrheim, 1999). In this study, triangulation covered the researcher, employees, and the EAP managers. Multiple data collection refers to the written narratives and interviews. Analysis methods refers to content analysis, and multiple perspectives to interpret data refers to positive psychology and the EAP.

Other methods of ensuring validity in qualitative research, and particularly in this study. involve the following, as outlined by Stiles (1993):

- *'Coherence',* which refers to the degree to which the quality of the interpretation fits with the theoretical stance of the study. The interpretation of data, in this study, fits in with positive psychology and the EAP. The interpretation of collected data was based on the theory, research findings of studies conducted on positive psychology and EAP.

- *'Uncovering, self evidence'* concerns the degree to which the research study has had a personal sense-making experience in the researcher. At the end of this study, the researcher will look back at the study and indicate whether or not the study had had personal sense-making experience in him that was relevant to the phenomenon under study. At the end of this study, the researcher realized and learnt that positive psychological strengths play a critical role in the achievement of one's health goals in

particular and other goals in general. That is, positive psychological strengths are significant in the betterment of one's life.

- *'Testimonial validity'* which refers to the validity that is obtained from the participants. That is, the participants agreeing at the end of the study that the study itself was conducted in a valid manner. Therefore, at the end of this study the researcher asked the participants to indicate whether or not the study, according to them, was conducted in a valid manner (Stiles,1993). The participants of this study indicated that they were satisfied with the way the study was conducted and therefore declared the study valid.

- *'Catalytic validity'* goes together with testimonial validity and it refers firstly to the participants experience-that the research process makes sense to them, and secondly that the participants have gained some degree of growth, change or personal value from the research process. Once this study was completed, the participants were asked to indicate whether or not they have gained some degree of growth, change or personal value from this study. The participants indicated that the study made them realize the importance of the EAP and how it made them understand their problems better.

- *'Reflexive validity'* links well with coherence, and refers to how the researcher's thinking has been challenged and broadened as he or she came into close contact with the information whilst highlighting the themes. At the end of this study, the researcher's thinking had been challenged and broadened by this study, because it made him appreciate the significant role that positive psychological strengths play in improving individuals'. This thinking was not clearly defined prior to undertaking this research study.

- *'Bracketing'* is another means indicated by Janskowski, Clark and Ivey, (2000) that can be used to address validity in quantitative research. It refers to making preconceived thinking about one's experience prior to the current research process. The preconceived

thinking in this study was that positive psychological strengths are likely to play a significant role in the success of the EAP by enabling employees who possess them to achieve their health goals. Narratives, interviews, and interpretations were used to ascertain which positive psychological strengths were possessed by which participants and how they were applied, as explained in the results and discussion and integration of results chapters.

- *'Self-reflexibility'*, which involves thinking about one's experience with and understanding the phenomena being studied, as well as one's ongoing sense-making process, is also used as a way of addressing validity. This study presented the researcher with an opportunity to understand and learn more about positive psychological strengths and how they can impact on and influence, in a systematic way, an individual to achieve his/her set goals. In the process of gaining this understanding, the researcher had to recall professional and personal experiences that involved the application of positive psychological strengths in order to make ongoing sense of the phenomenon being researched in this study.

4.6.2 Reliability in this study

Reliability, on the other hand, refers in qualitative research to the degree to which the researcher's observation of the generated information can be trusted (Rapmund, 2000). According to Ellis & Bochner (2000), while genuine reliability does not exist in created personal narratives, it is possible to make reliability checks. Stiles (1993) presents the following guidelines for ensuring reliability in a qualitative study.

- *'Disclosure of orientation'.* This implies the researcher's own thinking, expectations for the study, preconceptions, values or theoretical perspective. In this study, the researcher, as indicated previously, employed both positive psychology and EAP perspectives and frameworks. Therefore, the gathered data and written interpretations were a co-

construction between him and the participants' realities based on the assumptions of positive psychology and EAP.

- *'Explication of social and cultural context'*. This refers to highlighting the social and cultural context in which the study takes place. In this study, the social and cultural context of the participants were highlighted and integrated into the interpretation.

- *'Description of internal processes of investigation'* points to the effect that the research process has had on the researcher and what the researcher becomes aware of in him or herself throughout the research process. In this study, any effect that this study had on the researcher was highlighted during the interpretation and discussion of data.

- *'Engaging with the material',* means the way the researcher connects with the information and the type of relationship he/she forms between himself/herself and the participants. This is important because the researcher needs to remain aware that both him or her and the participants will mutually influence each other's realities, and will come to exist in a co-created reality. Before commencing with the interviews with the participants, the researcher in this study explained to the participants that the narratives and interviews will focus on their experiences while they were attending the EAP, with the aim of gaining a better understanding of how the positive psychological strengths they possessed made them benefit from attending the EAP. The mutual influence, in this study, was minimized by the fact that the researcher made contact with the employees at the time of data collection only, and thus no prior contact or familiarity existed.

- *'Iteration: Cycling between interpretation and observation'* refers to the marriage between theories or interpretations and the contexts in which the participants find them. In this study, the researcher remained sensitive to keeping with a circular approach whilst interpreting the material that had been given to him by each participant in his or her specific context.

- *'Grounding of interpretation',* refers to the researcher remaining focused and grounded through linking interpretations to the content by quoting and taking extracts from the interviews in order to avoid making assumptions. In this study, the researcher remained grounded within the borders of the content and context of the study when making interpretations, by linking the content and interpretations through direct quotations from the participants that are provided herein.
- *'Asking questions'* in context. The questions posed to the participants should be both in line with the topic and the context and phrased in such a manner so as to encourage them to engage in a dialogue with the researcher and more readily share their experiences. In this study, questions that were asked during the interview were thus within the scope of the research topic and participants were invited to share their personal experiences in their own way. For example, "How would you describe your EAP consultation experience?" as indicated on the basic and structured interview guidelines in Appendix B.

Reliability is important in research to provide credibility of the study. However, it is important to note that reliability in research is a necessary but insufficient condition for validity, although the presence of the two provides a scientific base for the research itself (Leedy & Ormrod, 2005).

4.7 OBJECTIVITY

Objectivity, according to Johnson (2000), can be defined in two ways. Firstly, it is the lack of bias when making or interpreting observations. For example, when designing a measuring instrument researchers should not design it in such a way that will encourage participants to tell them what they want to hear. Secondly, "objectivity is a situation in which our representation of the world – the data we gather, the words we write and speak, the pictures we paint – actually correspond to a true condition of the world" (Johnson, 2000, p. 202)

According to Leedy and Ormrod (2005), most researchers try to remain objective in their research. That is, they believe that what they observe and interpret should be influenced as little as possible by any perceptions, impressions, and biases they may have. By remaining objective, they believe that their chances of ascertaining the eventual truth will be maximized. However, some qualitative researchers are of the opinion that objectivity in studying human events is neither desirable nor, perhaps, even possible. What is significant is the researcher's ability to interpret and make sense of what the researcher sees as important for understanding the phenomenon that is studied. Vindich and Layman (2000) state that researchers should, when it comes to objectivity, remember that what is significant to one person is not necessarily significant to another, just as what is significant in one context is not significant in another.

In this study, the researcher strived for objectivity by conducting the interviews in a way that did not lead the participants to tell him what he wanted to hear, while also eliminating, as much as possible, any personal perceptions, impressions and biases he may have previously held that could conceivably influence data during the interpretation and communication of the research results.

4.8 ETHICAL CONSIDERATIONS

Ethical issues deal with the concerns, dilemmas, and conflicts that concern the correct way of conducting research. Ethics outline what is or is not lawful to do, or what honest research procedure involves. Therefore, in any research study there must always be a balance of ethical considerations between two core values, namely the quest for scientific knowledge and safeguarding the rights of those being studied or of others in society. The rewards, such as gaining more insight into social life or advancing problem- or decision-making processes, must always be balanced against the possible costs such as the loss of participants' dignity, self-esteem, privacy, or democratic freedoms (Neuman, 1994).

According to Leedy and Ormrod (2005), most ethical issues in scientific research fall into one of the following four categories:

- *Protection from harm:* research participants should not be exposed to unnecessary harm, whether physical (loss of life or limb) or psychological (unusual stress, embarrassment, or loss of self-esteem) in nature. Any potential risks or harm should not be more than the normal everyday risks of living that participants could ordinarily be exposed to, and participants should be made aware of this before agreeing to participate. In this study, no physical or psychological risk was envisaged and the researcher ensured that participants were protected from any likely harm that might have occurred by conducting the interviews in an ethical manner and in a safe environment.

- *Informed consent:* before deciding whether to participate or not in the current study, participants were provided with the necessary information about the nature of the study, the researcher's requirements, and were also informed of their right to withdraw from the study at any given time if they felt uncomfortable, since their participation was strictly voluntary. After the nature and purpose was clearly outlined to the participants they asked to sign a consent form (included in the appendix) if they agreed to participate before the research study commenced.

- *Right to privacy:* participants' privacy and identity should always be both respected and protected. What participants say or do during the study should always remain confidential (unless, of course, the participants have specifically granted permission in writing). Confidentiality, according to Berg (2001), is an endeavour to any information in the research records that may potentially reveal a participant's identity. That may mean changing the participants' real names and other identifying information, or assigning them a number, in order to protect them from all forms of harm or embarrassment resulting from research reports. If need be, participants can also remain anonymous. In this study, participants' names were given pseudonyms, the dates and time of

consultations were deleted from the research record, and the interviews themselves were conducted in a private place that were frequented only by those who consulted the EAP.

- *Honesty with professional colleagues:* research results should always be reported in an accurate, complete and honest manner. Misrepresentations, deceptions, falsifications, fabrication or the omission of data to support a particular stance or conclusion should be avoided at all costs. The full acknowledgement of material used, as well as ideas or words borrowed from others is compulsory in scientific research. In this study, research findings were reported accurately and every material, idea, and words used that belong to others was fully acknowledged.

CHAPTER 5

DESCRIPTION OF THE SAMPLE AND ANALYSIS OF RESULTS

5.1 PERSONAL PROFILE OF PARTICIPANTS

A total number of eight participants who attended and befitted from attending the EAP in the public service participated in the study. Out of the eight participants seven were females and one was male. Their age ranged from 26-48 years. In terms of occupation, there were four general assistants, two secretaries, one educator, and one administrative clerk. They are employees of different government departments, namely, Office of the Premier in the North West, (three participants), department of Finance in the North West province (four participants), and department of Education in Gauteng province (one participant), as presented in Table 4.

Table 4: Personal profile of participants

Personal Profile of participants			
			Total
Gender	Male	1	8
	Female	7	
Age	18-29	2	8
	30-39	1	
	40-49	5	
Occupation	Educator	1	8
	Clerk	1	
	Secretary	2	
	General assistant	4	
Department	Office of the Premier – North West	3	8
	Finance – North West	4	
	Education – Gauteng	1	

5.2 DIAGNOSES

The eight participants presented to the EAP with three different problems which were diagnosed by the EAP practitioners as: Adjustment disorders with depressed mood (two participants), Major depression (four participants) and Marital problems (two participants).These presenting problems were diagnosed by the EAP practitioners who are qualified and registered Clinical Psychologists. The distribution of the presenting problem with regard to gender, age, occupation, and department is illustrated in Table 5.

Table 5: Diagnoses

Diagnoses						
Diagnosis	**Male**	**Female**	**Age**	**Occupation**	**Department**	**Sub-total**
Adjustment disorder with depressed mood	0	2	40-49	General Assistant (Busi)	Office of the premier	2
			40-49	Educator (Judy)	Education	
Marital problem	0	2	18-29	Secretary (Khosi)	Office of the Premier	2
			30-39	General Assistant (Martha)	Finance	
Major Depression	1	3	18-29	Secretary (Kedibone)	Finance	4
			40-49	General Assistant (Tumi)	Finance	
			40-49	Admin. Clerk (Frank)	Finance	
			40-49	General Assistant (Mary)	Office of the premier	
Total						8

5.3 TYPES OF REFERRAL

The participants in this study entered the EAP through self-referral (five participants), supervisory referral (two participants) and via the initiative of the EAP practitioner (one participant). The spread of the different referral system among the participants is demonstrated in Table 6.

Table 6: Types of referral

Types of referral						
Type of Problem	**Male**	**Female**	**Age**	**Occupation**	**Department**	**Sub-total**
Self-referral	1	4	18-29	Secretary (Khosi)	Office of the premier	5
			18-29	General Assistant (Kedibone)	Finance	
			40-49	General Assistant (Tumi)	Finance	
			40-49	Educator (Judy)	Education	
			40-49	Admin. Clerk (Frank)	Finance	
Supervisory referral	0	2	30-39	General Assistant (Martha)	Finance	2
			40-49	General Assistant (Mary)	Office of the Premier	
Practitioner Initiative	0	1	40-49	General Assistant (Busi)	Office of the premier	1
Total						8

5.4. NUMBER OF SESSIONS

A total number of forty four (44) sessions were attended by all the participants. The average number of attended sessions was 5.5 and their distribution is shown below in Table 7.

Table 7: Number of sessions

No. of sessions	Type of problem	Male	Female	Age	Occupation	Department	Sub-total
4	Adjustment disorder with depressed mood	0	1	40-49	General Assistant (Busi)	Office of the Premier	4
5	Major Depression	0	3	18-29	Secretary (Kedibone)	Finance	15
				40-49	General Assistant (Mary)	Finance	
				40-49	General Assistant (Tumi)	Office of the Premier	
6	Marital Problem	0	2	18-29	Secretary (Khosi)	Office of the Premier	18
				30-39	General Assistant (Martha)	Finance	
	Adjustment disorder with depressed mood		1	40-49	Educator (Judy)	Education	
7	Major Depression	1	0	40-49	Admin. Clerk (Frank)	Finance	7
Total number of sessions							44
Average number of sessions							5.5

Judy, Khosi, Tumi, Martha and Mary each attended six sessions, Frank attended seven sessions and Kedibone attended five (5) sessions, All their sessions were attended within six months or less prior to the time of the time interviews.

5.5 ANALYSIS OF RESULTS

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A positive psychological strength is defined as a "natural capacity for behaving, thinking or feeling in a way that allows for optimal functioning and performance in the pursuit of valued outcome" (Linley et. al., 2006, p. 88). The following are themes that emerged in the study and were cited by the participants as having played an essential role in making the EAP beneficial for them, and an overview of the themes is also displayed in Figure 4.

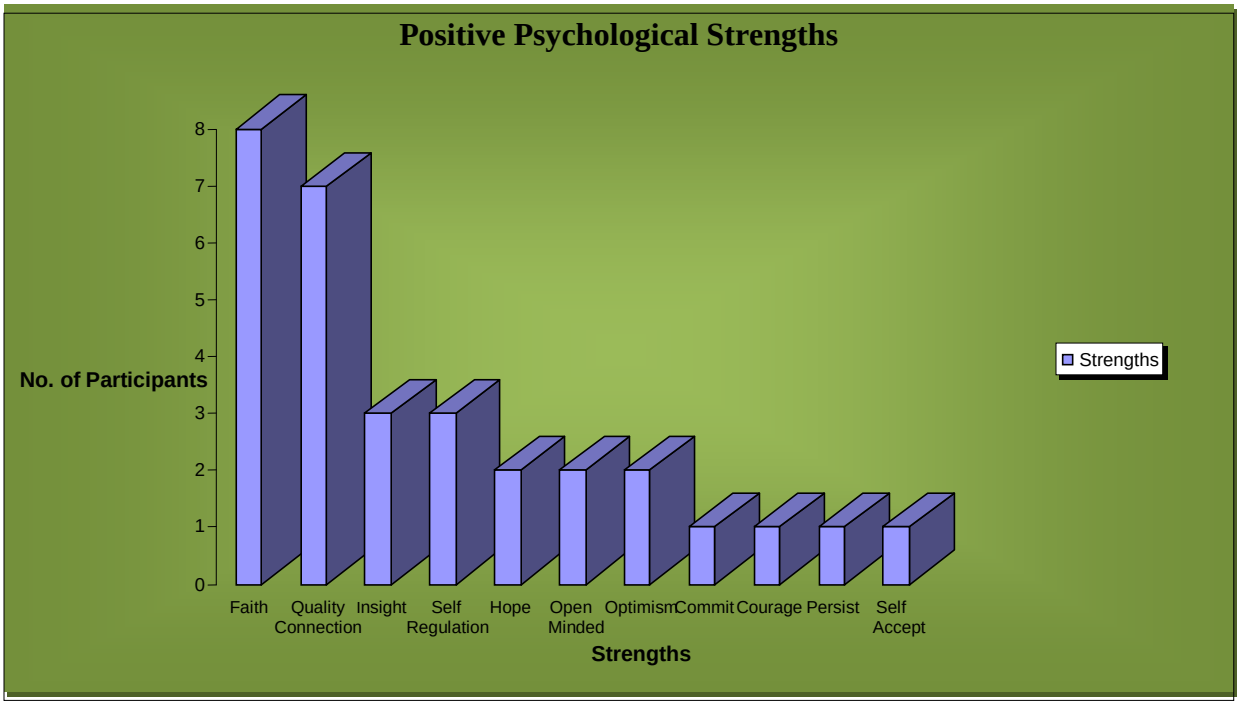

Figure 4. **Positive Psychological Strengths**

5.5.1 Faith

Faith emerged in the study as the most prominent and significant theme that employees attending EAP in the public service regarded as essential to possess in order to benefit from the EAP

sessions. All eight of the participants (100%) indicated that their capacity for faith made them benefit from the EAP. The following different categories of faith were highlighted:

5.5.1.1 Faith in the practitioner

Six (75%) out of the eight participants pointed to faith in the practitioner as a theme that made them benefit from the EAP. In total, faith in the practitioner was mentioned fourteen (14) times in all the interviews.

5.5.1.2 Faith in Higher power (God)

Faith in a higher power, God in particular, was alluded to by 4 (50%) of the eight participants. The participants believed that the Higher power (or more specifically) God's power helped them to benefit from the EAP sessions by supporting and providing them with strength to be strong, to withstand, and manage what was happening in their lives and resolving it.

5.5.1.3 Faith in the EAP process

Four (50%) of the eight participants cited faith in the EAP process as a positive psychological strength that played a pivotal role in making them benefit from the EAP. The participant perceived the EAP as a better problem-solver when compared to other service providers in the same or related fields.

5.5.1.4 Faith in the self

Two (2) of the participants (25%) mentioned that they believed in her own abilities to get better. In addition to the other positive psychological strengths, the participants believed that her own strength aided them in benefiting from the EAP.

5.5.2 Quality connections to others (Love)

In this study, seven (7) of the participants (87.5%) stated that quality connections to others, specifically love, made them benefit from EAP. Quality connection in this study refers to the valued relationship the participant formed with the EAP practitioner.

5.5.3 Insight (Meaning making)

Three (3) of the participants (37.5%) reported that insight (meaning-making) as a positive psychological strength was imperative in helping them benefit from the EAP. These participants regarded insight as significant because it enabled them to see the bigger picture.

5.5.4 Self-regulation and control

Three (3) of the participants (37.5%) reported self-regulation was a strength that made them benefit from the EAP. Self-regulation and control was viewed as a tool that enabled them to manage their behaviour in a suitable way which prevented them from derailing, but assisted them in achieving their goals.

5.5.5 Hope

Two (2) of the participants (25%) mentioned that hope contributed to them benefiting from their EAP consultation. Hope kept their belief alive that everything would be fine.

5.5.6 Open-mindedness

Two (2) of the participants (25%) reported that open-mindedness was important in making their EAP consultation a success, as they found that they were more receptive to the presented treatment initiatives.

5.5.7 Optimism

Segerstrom, Taylor, Kenny and Fahey (1998) describe optimism as "the expectation of positive outcomes" (p. 1646). Two (2) of the participants (25) reported optimism was a positive psychological strength that contributed to them benefiting from the EAP.

5.5.8 Commitment

One (1) of the participants (12.5%) mentioned commitment as a positive psychological strength that contributed in them benefiting from the EAP. Commitment was described in the following two ways:

5.5.8.1 Commitment to the EAP process

Commitment to the EAP process (appointment dates, tasks/homework, and advice) was delineated as one of the positive psychological strengths that was a key factor in making the EAP beneficial.

5.5.8.2 Commitment to the Self

Commitment to the self acted as a binding feature for the participant to complete the treatment plan and thus benefit from the programme, by ultimately feeling and becoming physically and psychologically better. The two above types of commitment are linked and their goal was identified as the promotion of well-being.

5.5.9 Courage

One of the participants (25%) mentioned courage three times as being a strength that gave them the power to take the initiative of seeking help and thus benefiting from the end of the EAP process.

5.5.10 Persistence

One of the participants (25%) indicated that persistence made them benefit from the EAP. Persistence enabled them to see a positive light at the end of the EAP tunnel.

5.5.11 Accepting oneself

Accepting oneself means being comfortable with the way one is. One of the participants (25%) indicated that accepting oneself contributed in them benefiting from EAP. Self-acceptance contributed by easing the stress and emotional pain experienced by the participants.

5.6 NEGATIVE EMOTIONS

The following are negative emotions that were highlighted by participants as being or having the potential to be obstacles in making EAP beneficial. These emotions needed to be eliminated if the EAP was to be beneficial to those who utilize it. The negative emotions are highlighted in Figure 5 and also described below:

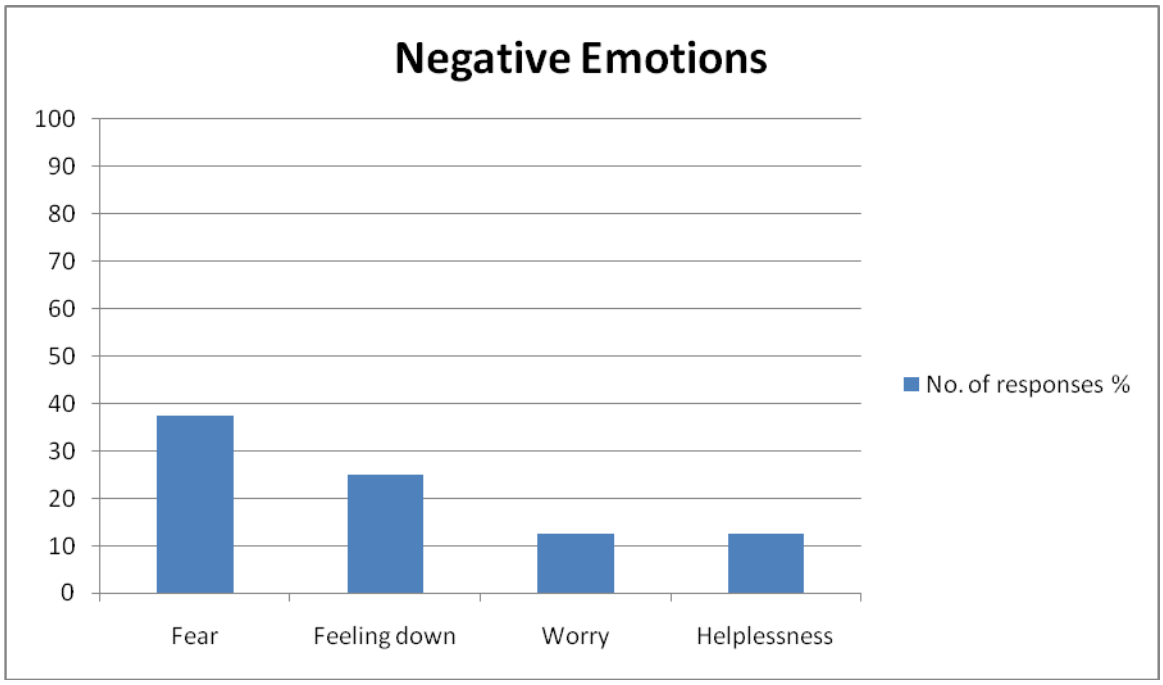

Figure 5. **Negative emotions**

5.6.1 Fear

Three of the participants (37.5%) indicated that fear nearly interfered with their attendance of EAP sessions. Fear was perceived as having had a negative and significant impact on the success of the EAP.

5.6.2 Feeling down

Two of the participants (25%) mentioned that they felt down at one stage while attending their EAP sessions. Feeling down made the participants lose interest in what they were doing with regard to their EAP consultation.

5.6.3 Worry

One of the participants (12.5%) indicated that worry was a potential negative factor that almost interfered with the EAP sessions. Worry is a state or feeling of anxiety and unhappiness normally caused by problems that individuals have or thinking about unpleasant things that have a potential of happening (Lader & Marks, 1971).

5.6.4 Helplessness

One (1) of the participants (12.5%) reported that helplessness was a negative emotion that was felt while attending the EAP sessions. The one participant felt helpless because she did not know what to do when she experienced adversity

5.7 CONCLUSION

The highlighted themes signify that indeed there are some psychological positive psychological strengths possessed by employees attending EAP in the public service that play a pivotal role in making the EAP a success. These themes (positive psychological strengths) generally influence directly and/or indirectly the impact of the EAP interventions in a positive way. However, their role and impact was minimal and had no significant bearing on the outcome of the EAP consultation.

CHAPTER 6

JUDY'S STORY

6.1 PERSONAL DATA

Age:	46
Gender:	Female
Occupation:	Educator
Department:	Education - Gauteng
Diagnosis:	Adjustment Disorder with Depressed Mood
Type of referral:	Self-referral

6.2 THE STORY OF JUDY

6.2.1 Presenting problem

Judy is a widowed mother of two children, a boy and a girl, and an educator (teacher) by profession. She has been teaching since she qualified 21 years ago. She consulted the EAP because she felt she had multiple problems that interfered with her normal everyday functioning. She consulted the EAP out of her own volition and attended a total number of six sessions. Her reason for seeking the EAP help was to enhance her well-being in order to return to her normal self and functioning.

> *When I went for the EAP consultation I was feeling down. I felt I did not have control over my problems.*

Judy met with the researcher for the first and subsequent interviews pertaining to this research study at the researcher's consulting rooms. She was the first participant to be interviewed for the

research study, because she resided near the consulting rooms where the interviews were conducted. Judy appeared confident and answered her questions with certainty. She appeared to be able to recall her EAP sessions with clarity and vividness as if it happened yesterday.

Judy pointed out during the initial stages of the interview that her principal reason for consulting the EAP was because of the multiple problems she was experiencing, which made her feel depressed. She felt that the magnitude of the problems she was experiencing was overwhelming, and therefore sought professional help to manage or resolve them in order to feel better.

> *I sought the EAP assistance because I had a lot of problems. I felt the problems were too much for me to handle. Firstly, I had problems with my sister and her kids. They [the kids] were disrespectful to me and my parents, and their mother was taking their side. Secondly, I had problems with male colleagues at work who were making affectionate advances and sexual comments whenever they saw me. Lastly, I had problems with being alone and not being sure whether I wanted an intimate relationship or not.*

These problems, according to her, interfered with her normal daily life and they affected her physical and psychological functioning. They impacted negatively on her to the extent that she started to feel down, hopeless and tearful, experienced headaches, lack of strength, and felt as though she was losing balance and control over her 'normal' life. In an effort to resolve her problems, Judy decided to consult the EAP and she eventually attended a total number of six EAP sessions. At the time of the interview, she mentioned that she was feeling better and functioning normally. She attributed her recovery to the hard work and dedication of the EAP professional.

> *The EAP intervention assisted me a lot to recover and see things differently. I think if I had just stayed and hoped that my problems would disappear I would have been more depressed by now.*

Judy was grateful for the role the EAP played in facilitating her return to normal functioning. During the interview, she spoke with pride about how the EAP practitioner assisted her and how she started to view things in a different way. She regarded the EAP as her saviour.

6.3 EMERGING THEMES

The following themes emerged from Judy's story regarding her EAP consultations and subsequent recovery.

6.3.1 Faith

Faith played a reputed, salutary role in Judy's health, healing and eventual recovery. It acted as a positive psychological force in her story which promoted the achievement of the desired change. Faith operated as a positive measure that successfully influenced the EAP processes and its treatment outcome. It impacted on Judy significantly to the point that she became convinced that remission and recovery would emerge as an end product. Judy believed that her troubles and difficult life would vanish and her 'normal' life restored again.

> *I strongly believed that I would be helped. I remember in my first session I did not know what to say, I just cried. My heart was hurting. In my second sessions I just talked nonsense and I talked and talked and it felt better because I was felt as if I took something heavy off my shoulders. Every session that I attended made me feel better and better.*

Judy's faith had its origin in her belief system, life experience, and the way she viewed and interpreted life. As a person she believed that life is not necessarily an easy ride, and one will always encounter unforeseen difficulties, which are created to make us better and stronger. For her, what she was experiencing at the time of the interviews was meant to be, since in her personal understanding it was part of life.

I always believed that life is not smooth and simple, but that the problems we encounter are there to strengthen us. Above all, the truth is that I honestly wanted my problems to be resolved. I saw the light at the end of the tunnel.

Judy's faith was not only general in nature; it was also directed at specific entities. Firstly, she had faith in the EAP as a programme that was designed to assist employees to solve problems that affected their functioning in a negative way. She believed from the first through to the final session that the EAP, with its inherent processes, will deliver her from the incapacitating stress she was experiencing.

I believed that I would be fine. When I first consulted a Psychologist and a Psychiatrist after my husband died, I recovered from my illness. I guess my positive and previous experience of being helped by the Psychologist and Psychiatrist was revived and my belief that I will be fine strengthened.

Judy's first consultations with the mental health professionals played a vital role in influencing her belief that ultimately, as with past upsetting situations, she would feel better. Therefore, her faith in the EAP process was inspired by her previous positive consulting experience. This previous experience influenced and strengthened current faith in the helping power of the EAP process. The process, in this case, refers to the way things were done (how she was received, the scheduling of follow-up appointments), including her interaction with the EAP practitioner (being interviewed, having questions posed to her, and given assignments to do).

Secondly, Judy had faith in the ability and competence of EAP practitioner. She believed that the EAP practitioner was qualified and experienced enough to help her feel and get 'better'. She believed that the EAP practitioner had all the necessary requirements that would facilitate the restoration of her physical and psychological well-being by carefully assessing her symptoms and providing appropriate assistance.

> *I believed that I was going to get help because Psychologists are trained to help people. They have psychological skills just like me having teaching skills as an educator. When I consulted I did not even think about not getting help, because I was previously helped by a Psychologist and a Psychiatrist.*

Thirdly, Judy's type of faith extended to encompass faith in her own abilities to rise above life's challenges and to be victorious. Although, she sought help because she was feeling overwhelmed, deep down she believed that her inherent strength could assist her in the path to her own recovery. She believed that she had the ability to coordinate and orchestrate her changing and challenging situation she was facing.

> *I always refer back to my past achievements, and I know I will triumph; just as I did in the past. The fact that it is bad does not shatter my dreams and hope.*

Having faith in her (own) abilities was based on her previous experiences of facing and overcoming challenges, because of her personal involvement and dedication. Her past achievements gave her hope and belief that she will pull through and produce the desired results. It is also these past conquests that kept her going till the termination of the EAP sessions, which resulted in her feeling physically and psychologically healthier again.

> *Each session that I attended made me feel better. Like I said before, talking and talking reduced my stress. After each session I felt better and thought to myself at least I have gained something. So, I attended all my sessions because I wanted to feel better and better.*

Her past achievements helped keep her motivated and it sustained her belief that she will rise above whatever hardship she was facing, just like in the past. Her previous experiences thus gave her a sense of hope and made her feel optimistic that all her overwhelming suffering will come to pass.

Things got better when I started to get counselling. I got better and better. My in-laws who made life difficult for me started calling me sister-in-law. All the difficulties I experienced made me stronger. The belief that I will be better made me well at the end.

Judy revitalized her past successes to stay on course with achieving her health and treatment goal, which was recovery. She adopted this approach because her philosophy of life was that while life is not easy, with faith one can overcome difficulties. She based her faith on past successes and experiences, which created the belief that through regulating her abilities and behaviour she could achieve her goal.

In my life I had and still have situations that were and are still difficult for me and they make me think a lot. I know that in the past I has risen, thrived, and emerged triumphant under difficult situations. For example, at one stage in my marriage things turned for the worst. I got stuck. I did not know what to do. I felt like running away or disappearing. In that confusion my husband died and left me in a mess. I was alone in his mess. What kept me going was that I had to be strong for my child. It was all dark. My in-laws were difficult. They wanted me out of my house. I decided to stay in that house by force. For two years I felt strong. I had faith that things will change for the better.

Her view of life and her belief system gave her strength to continue with her attempts to get better. Judy had a positive perspective of life and believed that life is always difficult before it becomes easy.

I believe that when things are bad it is not my season and that works for me. I also believe that it is always the darkest before dawn.

Faith sustained her efficacy beliefs and positivity. Having faith softened the blows her adversity had dealt her, and cushioned her from severe disturbances and emotional breakdowns. Faith sustained her in the face of the difficulties she was facing and experiencing.

I had to be positive in order to get better. I had to be positive and believe in myself. I remember at one stage I started drinking, even though I was never a drinker. I bought bottles of wine and drank them the whole weekend. I would lock myself in the house, drink and not even take a bath. I would drink and not do any other thing. I wanted to drown my sorrows. But I remained sober throughout my attempts to get very drunk. I did this two times and achieved nothing. I sat down and thought a lot about what I was feeling. I had to be positive and believe in myself again. I wanted to get better. I did not like what I was feeling.

Faith for Judy meant believing. She believed that the EAP process would help her feel better. She believed that her own abilities will make her cope and manage her difficult situation. She also had a general sense of belief that she will eventually return to normality. All the belief that she had was sustained, by her positive thinking about the future and this paved the way for her ultimate healing and recovery.

6.3.2 Quality connections to others (Love)

Quality connections impacted positively on Judy's health and well-being. The quality relationship she formed with the EAP practitioner contributed to the improvement of her physical and psychological state. Judy identified quality connections in her story as one of the forces that contributed to making the EAP a success for her. She viewed the type of relationship she established with the EAP practitioner as being crucial and having played a significant role in changing her emotionally disturbed and painful life to a more meaningful and better one, because it provided her with an opportunity to articulate her problems without hesitation.

In our first session we talked openly, although I know myself as a secretive person. I don't normally talk to people about my issues. Our interaction made me feel at ease to open up to him and talk freely. It was then that I managed to see what my problems really were.

Judy revealed that she does not share her problems with anyone, which led to her having the label of being a 'secretive' person. She viewed keeping problematic issues to herself as a way of protecting herself from being hurt by others. This manner of handling her issues came into being because of previous experiences of being rejected by others and branded a killer. Judy did not only experience rejection and labelling, but also hostility, especially from her in-laws.

> *The reasons for me to keep my problems to myself are that I don't want everyone to know my problems and then start gossiping or making up stories that do not exist. I don't trust people. For example, after my husband died there were rumours that I killed him. I don't know where the rumours originated, but they were there. Maybe that is why my in-laws wanted me out of our (husband and me) house.*

Judging by the above quotation, it can be deduced that Judy was not only hurt by the rumours, but also embarrassed by them because people were gossiping about her. This personal experience made her decide that she will not share her problems with anyone if she wants to avoid being hurt.

Despite being a secretive person and unwilling to share personal information concerning her problems with others, Judy perceived herself as being unable and unskilled to articulate her issues clearly to other people. This perception added to her existing problem of not being readily disposed to share personal problems with other people.

> *I regard myself as a shy person and therefore I had difficulties with expressing myself clearly. I regard those as my weak points. However, in spite of my weaknesses I don't like bad things said about and happening to me.*

Her perceived inability to clearly articulate her personal problems became a non-issue when she commenced her EAP sessions, because it never was an obstacle. In fact, she found that her ability to articulate was boosted by the comfort she felt at the hands of the EAP practitioner.

Non-articulation was overpowered by the quality of the relationship she formed with the EAP practitioner.

The kind of relationship that she formed with the EAP practitioner acted as a panacea for her inability to articulate, which resulted in her opening up and sharing her problems without difficulty. Thus, her defences were melted and an opportunity was created to disclose further information she considered sensitive and private. The sharing of information, in turn, led to the development of a deeper connection which promoted further self-disclosure.

> *I am the type of person who prefers to keep things to myself and that is why I describe myself as secretive. However, the way I interacted with the Psychologist made me feel that I could tell him what was bothering.*

Judy's opening up to the EAP practitioner despite her decision not to share personal problems with anyone suggests that she had trust in the practitioner. Trust became a catalyst for her to disclose further personal information that she regarded as private and confidential. The development of trust promoted self-disclosure.

> *When I told him about my problems I felt that I trusted him. The more I shared my problems with him the more trust I developed. I became relaxed in his presence and talked to him without holding back. I told him everything that crossed my mind.*

The emergence of trust originated in their quality relationship in Judy's previous consultation experience with mental health professionals, in particular with the Psychiatrist and the Psychologist. In her previous consultation her health was restored, and therefore she trusted that the EAP practitioner will also help her feel better.

> *I trusted him like the Psychologist and Psychiatrist I saw after my husband died and therefore I gave him more information about my situation. I believed that my information will be safe with him.*

Trust played an additional role in their relationship, by laying a foundation for the creation of confidence in the EAP practitioner and commitment (discussed later in this chapter) to the EAP process. Judy became confident in the EAP practitioner because she trusted him. Trust intensified their already-strong relationship, which facilitated Judy's ability to experience catharsis.

> *Looking at it now I can say that as I was telling the Psychologist what was bothering me I felt somehow better when I went home. I felt as if I have off-loaded a heavy bag of problems. I felt lighter.*

Quality relations, self-disclosure and trust had a triple relationship. That is, the more the relationship deepened, the more trust improved, and the more the level of self-disclosure increased. Self-disclosure was vital for Judy's health because it made her feel emotionally lighter after she '*off-loaded a heavy bag of problems'*.

Although Judy had trust issues with non-professionals who she felt had a potential to spread her problems around through gossip, it was different with her professional consultations. Quality relations defused her fears and allowed her to share, reconceptualize her problems for what they actually are, gain insight into her situation, and promote her well-being.

6.3.3 Insight (Meaning making)

Judy achieved mental health because she gained insight into (or made meaning of) her suffering and incapacitating experience. Gaining insight is also a theme that emerged in her story as having played a significant role in making her benefit from the EAP. Insight played a role in

broadening her view, by making her understand and appreciate her problems in a different but meaningful manner. Understanding her problems better resulted in Judy regaining her emotional and physical strengths, which were suppressed by her disturbed emotional state.

When Judy first presented herself to the EAP she knew what her problems were on a symptomatic level of understanding, but did not have a deep medical and psychological understanding of what it was that actually troubled her. She had her own uneducated personal and subjective perspective of what her problems really were.

> *When I first went to the EAP I knew what was stressing me. Like I said in our first discussion, I had problems with my sister and her kids, male colleagues at school with their sexual remarks and, not knowing whether to be involved in an intimate relationship or not.*

The above verbatim response is an indication of the type of picture Judy had of her problems. However, as she consulted with the EAP, she gradually acquired a clear, deeper and better psychological formulation of her problems and an understanding of how they influenced the way she interacted with both herself and others. What she thought were the root causes of her problems were seen to have merely the superficial triggering factors. The EAP made her realize that she personally played a role in perpetuating what she thought were her problems, because of the way she was reacting to them.

> *The EAP opened my eyes. I started understanding what it is that was stressing me. At first I thought I knew what my exact problems were.*

Through the intervention of the EAP she was able to appraise and reappraise her situation and subsequently managed to make better sense of what was going on in her life. That is, the EAP created an opportunity for her to gain insight into her general functioning by establishing significant connections among the various complexities that she presented as problems.

As I attended my scheduled sessions I started to have an understanding of what was causing me stress. I recognized things I never thought were part of what was causing my stress.

In Judy's mind, her problems were etiologically external in nature. That is, she believed that her problems were caused by external factors and she was as an innocent victim of those factors. She did not imagine herself contributing, one way or the other, to all that was happening in her life at that particular point in time. She saw external circumstances as having interfered in her life and made her feel depressed. Her view was limited to perceiving external powers as causes of her stress.

During my consultation I started to understand that I played a role in feeling stressed. The Psychologist made me notice that the way I was reacting to my problems made them worse. My reaction was not making my situation better. I was making myself sick with stress.

The EAP practitioner not only facilitated Judy's understanding that her reaction to the stressors added to her feelings of depression, but also made her aware of how the problems impacted negatively on her thinking. In other words, through the EAP she gained insight into how her problems clouded her rational thinking and subsequently led to her maladaptive behaviour.

The Psychologist made me understand that the way I was thinking about my problems influenced the way I was reacting. That was new to me. When I consulted the EAP I did not see my problems that way.

The manner in which the EAP practitioner interpreted Judy's presenting problems provided her with a broader and psychologically objective outlook. It gave her a sense of how her problems fitted within a framework of situation. Her perception of things was psychologically and medically corrected and brought down to her level of understanding. This understanding further

created an impression in her that her stressors were manageable and solvable. She was given hope and belief that what she was experiencing was not insurmountable.

> *The Psychologist made me understand that my problems could be solved. With each session that I attended, I understood more and I felt better each time. That is why I made sure I stuck to what we talked about in the sessions.*

The approach adopted by the Psychologist also simplified things for Judy, because each problem was put in its perspective. The Psychologist integrated all aspects to make meaning for her. It appears that this was achieved through the process of using micro-skills such as probing, paraphrasing, summarizing, throwing questions back to her, and guiding her to get solutions for her problems. No direct answers were provided.

> *I hoped the Psychologist would give me direct answers to some of my questions because I needed his opinion. He did not give me direct answers, instead he asked me questions. I was not happy with that but it made me do some introspection. I did the introspection and leant from it that I was not allowing people to get through me. I was blocking and pushing them way from me.*

The approach employed by the Psychologist made Judy review her sessions and ask herself some questions. As she engaged with herself in what was discussed in the EAP sessions, she began to find personal meaning that helped her make sense of her troubled situation. Introspection provided Judy with a new perspective, which made her reflect on her future behaviour and goals.

> *I started asking myself these questions towards the end of the sessions. It was then that I started with the introspection. The questions were triggered by the discussions I had with the Psychologist. One example I can give you to make sense of what I am saying is that of being ruled by my sister's kids. The question asked during the session concerning that aspect made me think about how I react to what they were doing to me.*

Judy questioned herself about her reaction to challenges, and responses to perceived attacks. Self-questioning provided her with an opportunity to interpret and find new meaning and perspective about her problems.

> *When sitting alone, I would recall a lot of things that happened in my life. I asked myself, where did I go wrong? Is it correct if things happen this way and I reacted that way? I asked myself those questions.*

Finding answers to the questions she posed to herself both in and out of the EAP sessions improved her understanding of her situation. It also enabled her to accept her situation with ease because it made better sense to her. Gaining insight eventually contributed to the enhancement of her physical and mental health, which made her conclude that she had benefited from the EAP.

6.3.4 Self-regulation and control

Judy gained from attending the EAP because she learnt to regulate and control her own behaviour and make adjustments where necessary. Self-regulation and control emerged in the analysis of Judy's story as a theme that facilitated the achievement of her health goal. During the interview Judy reported that before her EAP consultation she felt that she could not control what was happening to her or in her life. She indicated that her problems were too much for her and it felt as if they were taking control over her life. Thus, loss of control became her problem. In other words, she felt overwhelmed by her problems. Her perception of her problems and the way she felt about them are typical of people experiencing feelings of depression, especially when they feel hopeless, helpless and worthless (APA, 2000).

> *I had many problems that made me feel useless because I was not in charge of myself like the way I know myself. I did not have the control I knew I had. That was my main concern because I had children to take care of.*

Alone, Judy felt that she was failing to sufficiently manage herself and matters in her life as she knew how. However, after going through the EAP experience she started to feel that her lost strength was coming back, was in charge again, and that things were reverting back to normality. In the end of the EAP sessions Judy felt and perceived that her old herself was back once more and that she was now able to properly control herself in situations that evoked feelings of stress. The EAP experience revived and brought to the fore her ability to regulate her own behaviour.

> *The sessions brought some understanding to what was really troubling me and the fact that I needed to be in control and in charge when faced with difficult situations.*

Although she attributed her recovery to the EAP, Judy also took her own initiative to influence positive change. She decided to cease taking medication and not to depend on it to feel better. This bold step, together with her decision to seek professional help when she felt overloaded by problems, indicates that Judy was unconsciously contributing to her own recovery by exercising control and regulating her own behaviour.

> *For three years I was on psychiatric medication for depression. One day I decided to stop taking the medication because I felt that I will be dependent on it to feel better. When I stopped taking the medication I wanted to get my life back and be in control of it myself.*

Even though Judy felt that she had lost control over her behaviour and life, she still had some control over some part of her life although not consciously aware of it. In addition to the two above decisions (seeking professional help and stopping medication) Judy continued to regain self-control by taking additional steps "of not being involved" to facilitate the achievement of her personal health goals. She gave up short-term benefits (medication) for longer term benefits (self-dependency).

> *I also decided that with the problems that were happening at home and then affecting me negatively, I will take a stand of not doing anything to solve them, but will listen and observe because doing that made me happy.*

These decisions are an indication of the vital role that self-regulation and control played in her recovery from her depressive state. The EAP instilled confidence that encouraged her to exercise self-control and regulate her behaviour towards the direction of her envisaged goal. Judy was able to attain her goal, because her decisions enabled her to reduce the discrepancy of her current state and future goals.

> *The EAP made me feel better. I am now able to avoid what cause me problems by not thinking too much about or doing what will hurt me.*

Exercising self-control and regulating her behaviour did not start when she consulted the EAP, it occurred before when she experienced clinical depression after her husband died. Again, the overpowering feelings of loss made her seek professional help. She consulted a medical practitioner, who referred her to a Psychiatrist. These steps of acknowledging her need for help and standing up to seek it signifies self-control and regulation.

> *My first experience of a Psychologist was when I attended counselling sessions after the death of my husband. It was difficult for me then. I had to deal with his death and the fact that my in-laws wanted me out of our house. I fought them and they backed off. Today I am still staying in our house without any problem from them.*

Judy, although not aware of it, had a history of exercising self-control and regulating her behaviour in her life when she experienced difficult and stressful situations. The EAP helped her revive and bring to the fore her self-control and regulation abilities which had been suppressed.

Self-control and regulation did not occur in isolation; it occurred simultaneously with other positive psychological strengths that emerged as themes in her story. Furthermore, her ability to exercise self-control and regulation stimulated in her the understanding of what was really happening in her life. Her EAP consultation sessions provided her with insight into what was valuable and what was not. That is, as she managed to exercise control and regulate her behaviour as soon as she got an understanding of which actions were effective and should be retained, and which were ineffective and should be discarded.

> *As I started to implement what the EAP practitioner suggested I do, I started to understand the reasons behind his suggestions. I also started to gain insight into the real causes of my problems.*

Exercising self-control and regulating her behaviour enabled Judy to begin acknowledging the positive changes that were happening in her. Her depressive feelings were disappearing and her content mood was slowly returning. These changes happened because self-control and regulation made her life predictable and manageable. It also enabled her to find meaning in her adversity. Meaning making in turn created a sense of being able to cope with her situation. Thus, the more she felt that she was able to cope, the more she exercised self-control and regulation and the more she felt emotionally better, because she felt certain that her depressive state was being conquered.

Regaining self-control, for Judy, meant the ability to make and stick to the decisions she made. Self-control also provided her with an opportunity to rise above her problems and regulate her behaviour in order to achieve physical and mental health. The positive changes that occurred with her were a result of the positive impact of self control and regulation that were stimulated by the EAP.

In her story, Judy indicated that she believed that she benefited from the EAP, because ithelped restore her self-confidence and self-esteem, which in turn her life better. Interestingly, she did

not discuss her personal role of exercising self-control in aiding her recovery when it mattered most.

6.3.5 Hope

Judy benefited from the EAP because she believed in a positive outcome even in the face of her overwhelming adversity. She was able to stay on course in her endeavour to achieve her goals because she had positive expectations for the future. She believed that she would find solutions to her problematic situation. In short, Judy had an unqualified sense of hope. She believed that her condition and circumstances would improve for the better.

> *When I went to see the Psychologist I was feeling down. I felt I did not have control over my problems. As mentioned before, I am a secretive person and therefore I could not share my problems with anyone. I went to the EAP with the hope of being helped.*

Hope thus helped Judy focus on what needed to be done when she realized that she was overwhelmed by a stressful situation, as it drove her to seek professional help in order to overcome the difficulties she was facing. She sought help, hoping that she would get the desired effects. She hoped that going to the EAP would produce an outcome that would change her life for the better. Hopeful thinking enabled her to visualize herself functioning effectively and this motivated her to persist in her pursuit of physical and psychological health.

> *I knew that I needed help because I was stressed. I wanted to be helped. I wanted to be better. That is why I decided to go to the EAP office for help. I had inner hope that I will be helped.*

Judy's hope was derived from her past mental health experience with the Psychologist and Psychiatrist. Hope made her believe that her past experiences had prepared her well for future changes and challenges. Therefore, attending EAP renewed and improved her level of hope.

I believed that I would be fine. When I first saw a Psychologist and Psychiatrist after my husband died, I recovered from my illness. I guess the experience of getting help from the Psychologist and Psychiatrist revived my belief that I will be fine, just like in the past.

Judy's hope that she would conquer her challenges was strengthened in each session that she attended in the EAP. The EAP stimulated and also became a source of positive change. Hope became her driving source of energy, while the EAP served as both her path and vehicle to goal achievement. Judy was able to create positive visions of her expected destinations, because she had a high level of hope.

Every session I attended made me felt better. The load on my shoulders was decreasing and I was feeling lighter and lighter. I halved my problems in every session and that is why I had hope that I will get help and get better.

Hope became Judy's motivational force because it bolstered her positive expectations. Hope also became a source for Judy's inspiration, by encouraging her to attend all her scheduled EAP sessions. Attending sessions facilitated the recovery process and produced positive changes. The presence of hope became Judy's expectancy-enhancing manoeuvre.

The sessions made a difference each time I attended. This encouraged me to go back, because I could feel there is a change. I was getting better with each session and that made me believe more that I will be better in the end.

Judy's hope impacted positively on her faith as well. That is, as her sense of hope increased, so did her degree of faith in both the EAP and in getting better. Hope served as a conveyer of a positive message that her distressing circumstances would improve over time, and ultimately she would be delivered from her depression. It instilled a belief in her that her incapacitating obstacles would eventually be overcome and her health and well-being goals achieved.

Before my EAP I saw the Psychologist. I was feeling down, I was feeling helpless, I was losing my control and balance, I had no strength, I was crying now and then when I thought of my problems, I had headaches, and I was emotional. EAP counselling reduced all that. Things became much better. I started feeling better with my EAP sessions. I felt better than before.

Hope promoted compliance in the EAP treatment. It motivated Judy to abide and implement treatment suggestions and recommendations. It fostered loyalty to the treatment regime, such as, attending scheduled EAP sessions, and completing treatment tasks and homework.

I attended all the scheduled sessions and after each session I felt better. I also did whatever he said I should do and that made me feel better.

When positive changes started to be visible and her faith grew because of the effects of hope, Judy's expectations about positive EAP outcomes took the desired shape. Her belief was maximized and any existing doubt minimized. In other words, Judy's hope generated faith, faith produced positivity, and positivity led to treatment compliance. All these factors combined resulted in the attainment of her treatment goal of physical and psychological well-being.

6.3.6 Optimism

Judy's approach to the EAP and its treatment goals was optimistic in nature. Her outlook of her distressing situation was positive and grounded on dispositional optimism. That is, she had a direct belief that her future would be filled with abundantly pleasant outcomes and less unpleasant outcomes. Her behaviour towards both the EAP and her difficult situation was focused on the pursuit of her anticipated health goals.

When I went to the EAP I believed that I would be help. Maybe I should have added that I did not expect to be disappointed.

Judy's optimism was reinforced by the sense of hope (discussed previously) that she possessed. She expected positive future outcomes based on her positive past experiences with mental health professionals. Disappointment never entered her mind, even though her past reasons for mental consultation were negative. Her focus was on overcoming the adversity she was experiencing.

> *To be honest with you, I did not think about being disappointed. I went there believing that they will help me.*

Even when she was experiencing stress, Judy was optimistic about her expected outcome. She believed, even in the midst of her difficult situation, that she would accomplish the desired goal. Although optimistic, Judy was not in denial of the difficulties she was facing or unrealistic about her situation. She acknowledged and understood that her difficult situation was real and affecting her negatively. She had what is called 'realistic optimism', which is a combination of reality and optimism. However, Judy was not discouraged by possible failures and was also not cynical about attaining positive changes. She remained positive and optimistic about the abilities of both herself and the EAP.

> *Even though things were and are still difficult, and my life was and is still difficult, I knew then and I know now that everything will be alright.*

Judy did not doubt the ability and influence of the EAP, because her previous mental health consulting experience influenced her thinking at the time of going to the EAP. Her appreciation of the positive experience and outcome she received from her previous consultation with the Psychologist and Psychiatrist stimulated a perceived sense efficacy in her which she expected to be strengthened by the EAP. That is, her expectation of the EAP included the necessary assistance to regain control of her life.

> *My life has been difficult in the past and I was helped by a Psychologist and Psychiatrist. I expected the same type of help when I went to the EAP.*

Judy's optimism was grounded on her positive thinking attitude (as described in terms of affects, cognition and behaviour) and belief system. Her positive thinking influenced her to declare to herself that she will endure obstacles and uncertainties in pursuit of her goal. Being optimistic provided Judy with an opportunity to prepare herself mentally to weather potential challenges, take risks and persist in her journey of psychological and physical well-being.

> *I had to be positive in order to get better. I had to be positive and believe I would be better no matter what.*

Optimism made her believe that through the assistance of the EAP, her vision of well-being would be turned into reality. Optimism cultivated positive expectations of the future in her mind. It also galvanized her behaviour and focus to be on the goal achievement because she regarded her goal as desirable. The achievement of physical and psychological well-being was important and valuable for her.

> *Getting better was important for me and my children. I needed to get better in order to feel better. I wanted my normal life back.*

Judy was optimistic because she had a critical goal to achieve. She was optimistic because she needed to get rid of her stressful symptoms. Her optimism, therefore, became a significant contributor to her eventual recovery.

6.3.7 Commitment

Judy persevered through thick and thin to reach her health destination. She became devoted to the EAP and its objectives. She took a personal undertaking that she would be part of the process that will make her get better. Judy showed commitment. She was committed to the EAP intervention and to herself. She stayed through the difficult course and stuck to the process in order to achieve her goal.

For me to get better I had to attend all the scheduled sessions.

Commitment meant honouring the EAP schedule as discussed and agreed upon during their sessions. Honouring the schedule meant working hard to complete the tasks and exercises assigned to her as part of the treatment plan. Judy showed her commitment by making personal sacrifices for her own good in order to benefit from the EAP.

I attended all the scheduled sessions and after each session I felt better. I also did whatever he said I should do and that made me feel better.

Judy was committed to the EAP process because she wanted to make things work for her. This meant agreeing to be part of a long and enduring EAP process. Judy showed commitment by being dedicated and loyal to the EAP process and her goals. She presented herself to the EAP even when she was feeling down, and had emotional reservations and difficulties. Commitment meant faithfulness for her.

I wanted to get better and that is why I attended all my sessions even when I was feeling down or worried or helpless. The sessions made me feel better that is why I attended all of them.

Judy became committed because she believed. She trusted the EAP practitioner because she believed he was experienced (and thus knew more and better than she did). She committed herself because she believed that the EAP practitioner was going to guide her and not mislead her.

Like I said before, I went to the EAP because I believed that I would be helped. I was committed to getting better. The Psychologist made me believe that all shall be well.

Judy gained from the EAP, partly because she had a desire and intention to feel and see things change for the better. She demonstrated her commitment by trusting the EAP process and believing in its cause even when she was battling emotionally. She was driven to be committed to the process, because each session became beneficial for her. She was prepared to endure until she experienced positive change and personal growth.

> *There were times when I felt I did not want to attend the sessions because I was feeling down, but I had to go because, as I indicated in our my previous interviews, I benefited from each session that I attended. I did not want to feel down all the time.*

Judy's commitment was evident when it came to her EAP assignments. She became devoted to and completed her EAP assignments, even when it was difficult and hard for her. She viewed commitment as being a significant contributor to the success of her EAP process.

> *I remember once or twice it was difficult for me to finish the homework as suggested by the Psychologist in our session. I started well by writing down what he said I should write but it became difficult for me to complete it because I started crying. I sat there thinking about all that was happening in my life, such as, the things that my husband did to me and the effect that his death had on me. The things that were happening in my family back at home between my sister and her kids and my parents. I was hurt by those things when I remembered them but as part of my counseling homework I had to finish it because it was going to part of the next session.*

The EAP assignments bore positive emotional outcomes for Judy. They enhanced her commitment through noticeable changes. Her stressful circumstances started to gradually subside. Commitment became a change enhancing strength for her. It caused her to start feeling positive about her EAP sessions as well.

The things I did as part of the EAP assignment made me feel better. I started to approach my sessions in a positive way knowing what to expect and what will be done.

Judy was committed to the EAP because she benefited from it even, when her circumstances were emotionally demanding and requiring considerable thinking and effort. Commitment made the EAP sessions effective as it facilitated positive progress, encouraged movement towards the achievement of the envisaged physical and psychological well-being goal by creating a picture of being attainable.

6.3.8 Negative emotions

A lot of positive themes that were significant in the attainment of her health goal emerged in her story. She indicated during the interviews that these positive themes were part of the extensive network of psychological elements that made the EAP a success for her. However, Judy also mentioned that she experienced a few negative emotions during her EAP consultation expedition.

At times I would feel worried and helpless. I would feel down. These were real obstacles. They would make me lose interest in work and everything.

Her EAP consultation process was not an easy one. There were times when negative emotions interfered with her health plans.

The worry and helplessness did not bother me very much because I knew that it was part of the reason that made me go to the EAP. When you are depressed you feel that way. I know because when I first consulted with the Psychologist and Psychiatrist I felt the same way.

However, feeling negative did not deter her recovery venture. She had faith and confidence in the power of the EAP. She believed, hoped and was fully committed to achieving her goal.

In addition, the positive themes that emerged in Judy's story were dominant enough to overpower the effects of negative emotions. The kind of motivation that Judy had, along with her willingness to face whatever obstacle she encountered neutralized the potential impact of the negative emotions, and this resulted in her achieving her goal of physical and psychological well-being.

CHAPTER 7

KHOSI'S STORY

7.1 PERSONAL DATA

Age:	26
Gender:	Female
Occupation:	Secretary
Department:	Office of the Premier – North West
Diagnosis:	Marital problem
Type of referral:	Self-referral

7.2 THE STORY OF KHOSI

7.2.1 Presenting problem

Khosi is a well-spoken, married mother of two children, who consulted the EAP because she was experiencing problems in her marriage. Her marital problems were impacting negatively on her familial, social and occupational functioning. She consulted the EAP on the advice of a friend, who had herself been assisted by the EAP. She attended a total number of six EAP sessions, which she described as effective because they resulted in her feeling better. At the time of her interviews she was feeling physically and emotionally better. Her rationale for seeking the EAP assistance was to obtain professional help that would stabilize her problematic marriage and eventually make her feel better.

> *I consulted the EAP because I had problems in my marriage that were seriously affecting me at home, work and everywhere I went. I was always thinking about what was happening in my marriage all the time.*

Interviews with Khosi took place at a hotel in Pretoria where she was staying while attending a work-related workshop. She was the second participant to be interviewed for the research study. She was confident during the interviews and spoke eloquently when describing her EAP experience. She expressed high appreciation at what the EAP did for her, which resulted in the improvement of relations in her marriage.

Khosi indicated during the first interview that she sought the assistance of the EAP because of many distressing things were occurring in her marriage, which impacted negatively both emotionally and physically on her well-being. These things affected her overall functioning and resulted in her feeling depressed.

> *I married young and expected my husband to be good to me. Things did not happen as expected. I was not enjoying my marriage. My husband was abusive to me both physically and emotionally. He used to beat me, call me names and shout at me like a child. He was drinking a lot, coming home late, telling me how useless I was and then abuse me physically. My marriage was bad. He used to do these things every time he was drunk.*

The marital problems that Khosi experienced caused her to question several things about herself. She started to ask herself questions about her own self-worth and self-confidence. She eventually started believing the negative things that her husband was saying about her. She also started doubting herself as well as her role of being a wife and mother. She began to doubt her abilities, and this made her feel worthless.

> *What was happening in my marriage affected me so much that I started believing the negative things that my husband was saying about me. I questioned the things I did both as mother and wife. I was not sure whether what I was doing was done by all mothers and wives. I also started doubting myself. I lost my confidence and I felt useless.*

However, after consulting the EAP and attending six sessions, Khosi recovered and returned to her 'normal' self that she was before her marital problems surfaced. She indicated during the interviews that the EAP assisted her in feeling better, and more specifically regaining her sense of self-worth and self-confidence.

> *The EAP practitioner assisted me to be myself again. I regained my self-confidence back and I believed in myself all over again. I appreciated the help I got from the EAP practitioner. She was really helpful.*

Khosi was pleased by the kind of assistance that she received from the EAP practitioner. She believed that her recovery was facilitated by the efforts that the EAP practitioner put into the EAP process, in helping her feel better about herself and worthy again. As a result, she emphasized during the interview that she benefited from the EAP.

7.3 EMERGING THEMES

7.3.1 Faith

During the interview Khosi reported that she was primarily maintained by faith, which inspired her to remain positive at the time when she was undergoing EAP treatment. Faith functioned as her source of energy that kept her going until her final EAP session. Khosi had a strong belief that she would overcome her marital adversity and eventually return to pre-morbid functioning when the emotional dust has finally settled. She had faith that she would recover from her debilitating symptoms, no matter what it took, and her health and well-being would eventually be restored.

> *I believed after my first session that I will get better. I had this unexplained conviction that all shall be well. I don't know where the belief came from but I was highly convinced that I will be better.*

Khosi had faith in the EAP practitioner, because she viewed her as being knowledgeable. She believed as well that the EAP practitioner had the necessary skills, knowledge and competencies that would guide her through the healing process. Her faith in the practitioner was stimulated by the approach the EAP practitioner adopted during the consultation.

> *Her way of consulting made me believe in her. I felt that I was at the right place and I will receive the kind of help I needed and expected.*

The EAP practitioner was also professional in her conduct during the consultation process, which increased Khosi's level of faith in her. Khosi perceived the EAP practitioner to be both competent in and dedicated to what she was doing. She identified efficiency and gratification in the manner in which the EAP practitioner received her as a client. Khosi perceived the EAP practitioner as giving of her best and hard working. She therefore appreciated the way she executed her duties as a professional.

> *Her approach was professional, and throughout the sessions she was herself. I felt she took pride in what she was doing and that, for her, it was not work or an occupation but a calling and passion.*

The nature of professionalism employed by the EAP professional encouraged Khosi to develop a sense of loyalty to the EAP process. She became motivated. She attended all the scheduled sessions. She completed her counselling assignments and followed the treatment plan as discussed and stipulated by the EAP professional.

> *I benefited from the sessions because I believed in her skills and capabilities, and because of this belief, I went back and attended more sessions as scheduled. I did everything she suggested I do.*

Khosi's faith was also enhanced by the EAP practitioner's approach of being objective, which she embraced throughout the consultation process. She was not biased in favour either of Khosi or her husband. Her approach was neutral and factual. This method resulted in Khosi gaining insight into and a better understanding regarding her presenting problems.

> *In our session she was neutral and not taking sides, not my side or husband's side. She put facts the way they she perceived them to be. This made me see some light at the end of the tunnel.*

Having faith in the EAP practitioner was also strengthened by the quality of the relationship that Khosi and the EAP practitioner formed, which Khosi perceived to be excellent, and one that was built on trust. It paved the way for Khosi to believe that she was in good and reliable hands, and allowed her to feel safe.

> *We had a good relationship that made me trust and have faith in her. She understood me, and that made me believe that she was capable of helping me. I had faith in her, because I trusted her.*

Faith in the EAP practitioner was also reinforced by the fact that they were both religious people. They were both from a Christian background, which made it easy to have a mutual understanding of the discussion topic.

> *During my consultations I received more than I bargained for. What made it easy for me was that she was a religious person as well and I felt safe with her. She did not judge me, and that was a first in my life. I was used to being judged, especially by my husband.*

Not only did Khosi have faith in the EAP practitioner, but she believed that the entire EAP process was a helping programme. She had confidence in the EAP process, especially when compared to other helping processes. Khosi experienced the EAP as a programme that was less

restrictive in terms of time- and cost-effectiveness when it came to financial implications. This experience resulted in her feeling comfortable and positive during the sessions.

> *You know the other reason that made my experience positive is that unlike when you attend a session with a Psychologist, you are billed and there is a time limit. With the EAP there is no time limit that was a relief for me. It made feel relaxed. I felt that I was being me, myself and not pretending to be something I was not. I became the way I know myself. In fact, with each session that I attended I felt I was going back to being the true me that I know, the outspoken and confident me, and not what my husband was saying I was. The EAP made me to be the real me. The me that I know I am.*

The EAP generated a positive experience in Khosi, which contributed to changes that made her regain her lost confidence. She was no longer quiet and reserved. She became forthright in her approach. She became talkative and assertive again.

Khosi had faith in the power of God as well. God became her object of faith, in the sense that she believed that His power will improve her health and well-being. Her faith in God was revived by the religious conversation she had with the EAP practitioner.

> *I am a spiritual and religious person, and that also helped me because I found her [EAP practitioner] to be religious, and therefore it was easy for me to relate to her. I connected with her and could relate well with what she saying to me.*

Her faith made her believe that God was going to provide her with the necessary strength and power to overcome her marital difficulties. God's presence in her allowed her to see things in a positive way. Khosi understood what was happening to her, because in her mind it was God's wish. Thus, the religious explanation imparted by the EAP practitioner provided her with meaning, which encouraged her to believe. She believed that God would take away her suffering

and help her recover. She also believed that God would guide and lead her to a better state of health.

> *I believe in God. I believed that God was providing me at that time with strength to defeat the evil phenomenon disturbing our marriage. God was there for me throughout the difficult times.*

Khosi believed that God's power manifests itself when one prays. Her revived faith in God encouraged additional religious conversations with the EAP practitioner that, in turn, resulted in the strengthening of their bond.

> *I believe in God and the power of hard prayer. In our sessions I formed a religious relationship with my EAP practitioner and we talked about religion and its importance. In our sessions she would refer to what the Bible say,s and that on its own re-instilled my religious belief and faith.*

Prayer thus became an important vehicle for Khosi to regain her strength and uphold her religious faith.

> *She would explain to me the importance of believing and praying. She told me that I should pray hard and ask God to give me strength in order to be strong and deal with what was happening in my life.*

Khosi's religious belief became a source of optimism and hope for her. It provided her with meaning pertaining to her difficult situation and a healthy goal that she aimed to achieve. Having faith in God provided Khosi with a sense of strength, which resulted in the promotion of her health and enhancement of her coping mechanism.

Faith, whether in the EAP process, practitioner or in God played a significant role in the achievement of a positive EAP outcome. Faith, in whatever form, produced positive benefits for Khosi.

7.3.2 Quality connections to others (Love)

The quality of the relationship that Khosi formed with the EAP practitioner was significant in the promotion and achievement of her desired level of physical and mental health functioning. Khosi viewed quality connections as having stimulated the onset of positive change during her EAP consultation. She perceived the excellent relationship she had built with the EAP practitioner as being the catalyst for the eventual achievement of her positive state of health.

> *The relationship I had with the EAP practitioner made it all possible for me to feel better. I can safely say that it made things easy for me to recover. It made my EAP sessions less stressful.*

Khosi felt that their relationship enhanced her potential and neutralized any existing negative emotions that may have interfered with the EAP consulting process. She regarded her quality relationship with the EAP practitioner as having paved the way for the process to have a significant effect even after the EAP sessions were terminated. The formation of the quality relationship, according to Khosi, was not a planned phenomenon. Rather, it was a spontaneous occurrence that emerged at the onset of their interaction.

> *What was surprising for me is that I just felt connected to her. It is something that I did not plan to do. When I started talking to her I felt this connection that made me feel at ease with her.*

The quality connection reflected in the above verbatim response did not only make her feel at ease in the EAP practitioner's presence but also made her feel safe. Khosi felt as if she was under

the EAP practitioner's wing of safety. This feeling surfaced during their initial contact, and intensified while the EAP process progressed.

> *On the day that I first consulted I just went to the EAP practitioner, through her door in her office and introduced myself. I then explained why I was there. I told her all the things that were troubling me. As I was talking to her I felt this feeling of being safe with her and I felt as if I was beneath her safe wing.*

Feeling this sense of safety inspired Khosi to open up more to the EAP practitioner. She disclosed her problems without difficulty, because she trusted the EAP practitioner with her confidential information. She also trusted her emotionally, hence the decreased feelings of stress. Feeling less stressed encouraged Khosi to divulge more detail about her feelings and thoughts on her situation.

> *As I felt safe with her I realized that I was also talking a lot. I was telling her more about how I was feeling and what was happening in my life and marriage. I surprised myself about the amount of information I gave her in our first session.*

Their relationship was based on genuine trust that continued even after the formal EAP process was terminated. Trust thus became a vital ingredient that sustained and strengthened their relationship.

> *I developed a trusting relationship with her and that relationship is continuing even now. I can go to her office at any time and speak or seek advice about anything, and that is the nature of the relationship we formed.*

Khosi managed to disclose intimate details about the actual state of her situation without fear, because of the strength of their trust. She did not feel any shame or embarrassment about revealing information she regarded as sensitive, because she had confidence in the EAP

practitioner. She became more honest and straightforward with the EAP practitioner as the sessions progressed. Her level of trust and of feeling safe in the EAP practitioner increased.

> *I was also amazed at the things I told her. Looking back now I can say that it is not in my nature to share so much information with someone I can call a stranger or someone I meet for the first time. I guess it is because of the way I felt when I was with her. She was different.*

Sharing confidential information enabled Khosi to feel better, as the more openly she disclosed her inner-most feelings about her marital problems, the more she felt better. Sharing brought about positive emotional relief to her. Emotional relief made her feel relaxed with each session that she attended. She felt encouraged because she could feel the positive effects of self-disclosure.

> *In the second and third sessions I became more and more relaxed in her presence and I felt safer and more protected. The safer I felt with her, the more I talked. The more I talked to her I felt as if some weight is being lifted off my shoulders and I started to feel lighter. With each session I attended I felt lighter and lighter.*

The quality connection that existed between Khosi and the EAP practitioner was further strengthened by a common religious link they shared. Both were from the same Christian religious orientation. Being of the same religious background intensified their already excellent relationship, which increased Khosi's level of trust further and deepened her feelings of safety.

> *In one of the sessions I realized that she was a religious person. This happened when I blamed God for what was happening in my life. I was just talking about my stress at that time when I blamed God and that is when she asked me about my religious beliefs.*

Khosi unintentionally bolstered their relationship further by providing the EAP practitioner with a platform to give a religious perspective and offer some clarification when she mentioned God. The religious explanations made Khosi to realize that she had consulted someone who shared her religious view and understanding. Consequently, she became more relaxed with her, disclosed more and more, while feeling safer in the relationship. This facilitated the healing process even further than it was before, because it made the sessions more productive for Khosi.

> *In fact she was just what I needed. I needed someone who would mould me in life and religion. When I questioned God, her religious explanations made a lot of sense to me. The type of relationship I had with her worked tremendously for me. The whole experience of being in EAP was good for me. I easily related to her and that made my sessions easy.*

As the relationship intensified, Khosi started to view the EAP practitioner as something akin to a caring and understanding parent. She felt that she was getting relevant guidance and insightful information from her. She started to believe more in the EAP practitioner's ability to help her achieve her goal and of fixing her marital problems. She believed that she would receive the necessary help from the EAP.

> *She became like a mother to me. She was sincere with me and did not hide her feelings and thoughts. She explained to me how I contributed to the conflict in my marriage and that on its own made sense to me.*

The EAP practitioner impacted positively on Khosi, by adopting an honest approach with her and provided logical explanations of the role she played in the development of her existing marital problems. The religious and marital interpretations that the EAP practitioner presented to Khosi made her understand her situation better.

She was brutally honest with me. She did not beat about the bush. She told me things I never thought of. However, she was not blunt and insensitive. She showed some caring.

By forming a quality relationship with the EAP practitioner, Khosi attained a different understanding and meaning of what actually was happening in her marriage. She also found that the EAP sessions were both fulfilling and insightful for her. All these changes and the positive effects that Khosi felt made her proclaim that she benefited from attending the EAP.

7.3.3 Insight (Meaning making)

As the EAP process progressed, Khosi was able to find meaning about her incapacitating situation. She managed to gain insight into the aetiology of her depression. She obtained a better understanding of her problems. She gained insight that simplified her situation and gave her a sense direction with regard to the nature of her condition.

I need to state that getting an understanding of how everybody contributed to the problems we had, including myself, opened my eyes. I never thought that I somehow played a role myself in what I was experiencing. Her interpretation of things was amazing.

Making meaning of her situation gave Khosi a view of things she never thought existed. It was like a new dawn for her. She started acknowledging her role in what she experienced as marital problems caused by her husband. To Khosi, the EAP practitioner acted as a mirror that enabled her to see different sides of her problems, which were previously concealed by her subjective view.

During our conversation she touched on a lot of things, including religion as indicated. She made me aware of how problems are created and sustained. She related everything

she was saying to my marital problems. I started understanding then why things were the way they were in my marriage. I got a different view of things.

Khosi started recognizing the additional and actual sources of her marital difficulties. She also discovered that her way of thinking subjectively influenced her outlook on the hardship she was experiencing. It is also at this stage that she began to realize and feel positive changes. Her suppressed self-confidence was gradually coming back. Her true self was able to resurface.

I personally believe that in every person there is a voice that gives us negative and positive information. I had to close the negative one and open the positive one. Like I said before, my positive voice was gone and all that I could hear was the negative one saying to me 'Yes you are exactly what your husband says you are, you are a bad wife. You are as useless as your alcoholic mother'. During the sessions the positive voice came back to me and said 'Yes, everything will be fine'.

The insight that she gained motivated Khosi to work towards goal-achievement since it allowed her to discover herself. It enabled her to relate to what the EAP practitioner was saying to her when she engaged on points related to her presenting problem during the consultation process. The insight she attained made meaning for her which enabled her achieve a better understanding. The information she obtained in the sessions was relevant for her to the extent that it managed to "touch the right nerve".

What the EAP practitioner was telling me during the sessions hit home because it was similar to what was really happening in my marriage. This became an eye opener for me because I began to really understand what was happening to me and in my marriage. This awareness allowed me to find myself. The self that was suppressed and lost because of what my husband was saying and doing to me. That self came back to me.

The EAP practitioner was honest with Khosi, and this made her gain an even broader perspective and insight. She did not hide anything, so that she could better understand her situation.

> *I expected her to tell me what I wanted to hear, but she did not tell me that. I expected her to say everything will be fine and things will be easy. In fact, she was brutally honest and straightforward with me. Initially, I did not expect that from her. Like I said before, she told me that I contributed one way or the other to what was happening in my marriage. She said I needed to take the initiative and work on the marriage and that it was not going to be easy. Again, that was another eye-opener.*

During the interview Khosi reported that her process of gaining insight was not an instantaneous one. It took time for her to come to the realization that things were not what they appeared to be. That is, they were totally different from her initial perspective.

> *In the sessions I also found out a lot of meaning in what she was saying to me. I gained insight in what was happening in my life, although this did not happen over-night.*

Gaining insight was a long process for Khosi, and it required a couple of sessions. It was a process that also continued outside the EAP sessions, and provided Khosi with an opportunity to sit down and reflect upon what was said in the sessions and what was happening in her life. It provided her with an opportunity to conduct some retrospection and assessment of her life.

> *You know after each and every session I would go back home and have meetings with myself. I would ask myself questions, do a lot of introspection, and review a lot of things in me. All these things resuscitated the person in me that I had come to know and that person pushed me to get better.*

The fact that Khosi believed in the abilities of the EAP practitioner also paved the way for her to be open to her suggestions. Khosi did not oppose what the practitioner suggested to her, opting instead to comply with the treatment proposal.

> *I benefited from the sessions because I believed in her skills and capabilities and this made it easy for me do understand her points of view. I agreed with what she suggested I do to get better.*

The more Khosi gained meaning, the more she attended her scheduled sessions. Her analysis of things was based on the assumption that the more meaning she got the quicker she would recover.

> *I also benefited from the sessions because they made sense to me, and this made me to go back for each scheduled session. I did not want to miss out anything that would speed up my recovery.*

Getting an understanding in each session, believing in the practitioner and in God, forming excellent relationships that encouraged honesty, complying with the treatment suggestions, and getting positive but subjective feelings that her lost self-control and suppressed self-confidence was being regained, all combined to play a significant role in making Khosi benefit from the EAP.

7.3.4 Open-mindedness

Khosi was also open-minded, although to a lesser extent, when she consulted with the EAP. She did not oppose or defy suggestions or advice from the EAP practitioner. She complied with and followed instructions and schedules as prescribed. She was willing to be helped, and this kind of mind-set opened significant EAP intervention avenues for her to benefit from her consultations.

I think being open-minded helped me. My decision to go seek help and be willing to be helped made me benefit. I did things according to her suggestions, and I did them in my own time and pace. She did not push me in any way and I allowed that.

Being open-minded contributed to the formation of the excellent relationship that they had. It was this relationship that laid ground for recovery. It was also the relationship that made her believe that she would be helped and would overcome whatever difficulty she was experiencing. Being open-minded enabled Khosi to seek creativity and flexibility in terms of her acceptance of the EAP suggestions.

I became comfortable with her. I developed a trusting relationship and that relationship is continuing even now. I can go to her office at any time and speak or seek advice about anything and that is the nature of the relationship we have formed.

Looking at the themes that emerged from Khosi's story, it can be concluded that she indeed gained from the EAP. She benefited, because she had quality connections with the EAP practitioner, she believed in the EAP practitioner's abilities and God's power, she gained meaning about her situation, she had courage to persist in spite of difficulties, she was optimistic about attaining a positive result, and was open-minded in her approach.

7.3.5 Optimism

Khosi went to the EAP anticipating favourable results. She had positive expectations about the outcome of her consultation. She believed that she would receive the kind of help and results she expected or had in mind: results that were positive and would help make her marriage work again. Khosi was optimistic, because she believed in the skills and abilities displayed by the EAP practitioner. She believed that her consultation would be a success, because the EAP practitioner was going to be supportive to her through the difficulties while navigating through her adversity.

I was optimistic from the first session and this was because of the way she responded and spoke to me. This made me become more and more optimistic about the sessions, her abilities and skills to help me.

Khosi had positive experiences while attending the EAP sessions and therefore her level of optimism in the EAP that it would deliver the expected results increased. She had confidence in the EAP process and thus was prepared to go the distance to make it beneficial for her. She was also prepared to face barriers and hardships in order to resolve her marital problems.

My EAP experiences were positive. In fact, they were very positive and that made me optimistic that I will get the necessary help.

Khosi directed her actions towards the achievement of her goal, namely the goal she viewed as being desirable for both her marriage and state of health, by moving away from her undesirable situation. To achieve this goal she perceived value in the EAP and became motivated, to persist in the pursuit of her goals, until she had obtained them. She showed determination and exerted continuous efforts in the process of achieving the positive outcome she was aiming for. She accepted the reality of her situation, hence she complied in order to get better.

I attended the scheduled sessions. I did all that she suggested I do. I listened to her. I did all these because I believed that I would get better.

Optimism, for Khosi, played an essential role in making her EAP consultation a success, as it enabled her to maintain faith, motivation, persistent and ultimately allowed her to believe that her goal is achievable.

7.3.6 Courage

Khosi demonstrated her intent of achieving her desired outcome by pursuing it, despite facing emotional difficulties such as feeling down and worthless. It was her personal choice to seek EAP assistance in order to feel better. Khosi thus displayed courage. It was also these courageous actions that led to her eventual recovery.

> *When I went there the first time I was feeling down. I went there out of my own volition, no one told me to go there.*

Khosi consulted the EAP after being informed about its role. Her decision to consult the EAP for help was not impulsive. It was a well thought-out, carefully-considered decision. It was an informed decision.

> *I personally decided to go and consult the EAP. I was never referred. I went there after getting information from a colleague.*

When Khosi went for her initial consultation, she did not know how it would turn out; all that she wanted was help. She was uncertain whether she would get the type of help she wanted or not. She was preoccupied by worries and fears of what would happen when she actually went for the EAP consultation.

> *When I finally decided to go and seek help from the EAP I was scared that I might break down. I was not confident enough to stop what was happening in my marriage. I needed a voice within me that would say I will be fine.*

However, her fears and uncertainty did not become an obstacle or prevent her from seeking help. She had enough faith to suppress her fears and uncertainty. She possessed enough courage to *want* to thrive in the face of her marital difficulties. She believed in the process and that the

outcome would be desirable. Her faith and courage combined to make her commit to the EAP's course of action. Her major goal was recovery and improved mental health.

> *I believed after my first session that I will get better. I had this unexplained conviction that all shall be well. I don't know where the belief came from, but I was highly convinced that I will be better.*

Khosi showed courage by being forthright about her personal issues. Although she felt down and worthless, she was still brave to talk candidly about her situation. She was not afraid to ask for help or even advice when she needed it. Her strength of speaking honestly and not being afraid to raise issues was displayed when she approached her colleague when she needed help.

> *I also think that I being an outspoken person by nature contributed in me benefiting. When I was troubled I spoke to my colleague about getting professional help and she told me about the EAP. I did not keep quiet. This made it easy for me to decide to get counselling.*

The courage to open-up and be honest about what was troubling her was also evident during her EAP consultations. She disclosed her problems and provided enough relevant information in the first session as soon as she felt she could trust the EAP practitioner. Her honesty made it easier for the EAP practitioner to assist her because she painted a clear picture of her marital problems. This provided the EAP practitioner with the opportunity to understand her problems fully.

> *Again, being outspoken made it easy for me to talk continuously in our session. As I was talking, I felt relief. I felt some weight being taken off me. I could feel after every session that I was getting better.*

Being courageous, able to acknowledge her problems and taking the first to step get help resulted in Khosi achieving her goal of feeling better and returning to the self that she knows and being proud of. The self that was confident and happy.

> *I regained my self-confidence, and the belief in me. The sessions brought back me, the me I wanted to be. I became the person I was before I got married. My own personal character that I have and know was brought back by the EAP sessions that I attended.*

Courage also boosted her confidence, because she was increasingly able to articulate clearly her problems to the EAP practitioner as the sessions progressed. It is the same confidence that enabled her to complete the tasks assigned to her as part of her counselling homework.

> *The more I talked in the sessions the more I felt confident. I was even able to provide her with information I thought was sensitive. I felt relaxed with her and I did what she suggested I do in order to get better.*

The display of courage by Khosi during her EAP consultation meant, firstly, that she did not give into the possible risks of feeling embarrassed by disclosing her problems (that included marital difficulties, and were thus deeply personal). Secondly, it meant persistence which implies continuing with her sessions, even when they were difficult, until she realized her goal of resolving her marital problems. Finally, it meant being true to herself and achieving what she meant to achieve when she made her decision to seek EAP intervention.

7.3.7 Negative emotions

In her story, Khosi mentioned that the positive themes highlighted above, contributed to her benefiting from the EAP. She also mentioned that at one stage she experienced some negative feelings that created doubt in her mind. However, the presence of these negative feelings did not interfere with the attendance of her sessions and her ultimate goal of achieving marital stability.

> *I was afraid of being judged. I was afraid that I will not be believed by anyone who heard my problems; that included the EAP practitioner. I thought she would label me as a 'failure'. That was my main fear. Unfortunately or fortunately for me, it did not interfere with any session I attended.*

Her conviction to succeed and overcome her adversities was much more powerful than the negative feelings she experienced. Even when she was feeling down, she was determined to achieve her goals and this contributed to making all her sessions positive and meaningful.

> *For me the sessions were never negative. To the contrary, they were positive. If I think about it now, there was no negativity or a feeling of not wanting to attend my scheduled sessions, or even being affected negatively during the sessions. All of my sessions were positive.*

The negative feelings had little impact, if any, before or during her EAP consultation. She thought about being judged, and this caused fear in her, however it had no significant impact on the eventual outcome of her consultation which, according to the interview, was positive as it resulted in her resolving her marital problems and eventually feeling better about herself.

CHAPTER 8

FRANK'S STORY

8.1 PERSONAL DATA

Age:	41
Gender:	Male
Occupation:	Administration clerk
Department:	Finance – North West
Diagnosis:	Major Depression
Type of referral:	Self-referral

8.2 THE STORY OF FRANK

8.2.1 Presenting problem

Frank is a married man, with a wife he describes as being very patient and understanding. They have no children and had been married for nine years at the time of the interview. He indicated during the interview that he has been in the same department since he started his working life. Frank was the third interviewee and was interviewed at his workplace in the EAP offices.

> *My wife is always there for me. She has been with me through difficult situations and has stood by me all the time. She has patience and understands my situation. When she gets angry it is because I push for things to be done my way at my own time.*

Frank was not talkative during the interview because of his mild speech difficulty (which causes him to talk slowly, and pause every now and then to regain strength), but was willing to give as

much information about his EAP sessions as possible. He was friendly, smiled occasionally throughout the interview, and was easy to talk to.

Frank consulted the EAP because he was feeling depressed. That is, he was feeling down more often than not and all he could think of was his untreatable neurological condition (Motor-neuron disease). His reason for consultation was to obtain help in order to feel better, decrease his feelings of depression and learn to accept his condition and related circumstances. Frank consulted the EAP voluntarily, after running out of coping strategies, where he was left feeling as though he was unable to adjust to his newly diagnosed condition.

> *When I consulted her I was depressed, very depressed. I did not know what to do about my condition. I was born with the disease I had. I was always thinking about how I got it and how will I live with it. It made me feel sad, especially because it has no cure. I was always asking myself how am I going to cope with such a situation.*

Frank became more depressed after his consultation with a medical specialist, whom he described as having been being rude and disrespectful towards him. It was after this incident that he decided to seek the EAP intervention.

> *You know my doctor did not make things better. He was rude and disrespectful to me. When I went in his consulting rooms he looked puzzled when he saw me. He was unwelcoming. He looked at me and then told me without any thorough examination that there is no cure for my condition. When he saw my symptoms he just said 'there is no cure'.*

His decision to seek help was also based on the fact that he felt that he could not take it any longer. It was difficult for him to function properly and to accept his incurable condition. His overall functioning at work, home, and socially was negatively affected by both his condition and his state of mind.

I went to consult her because she was a Psychologist. I expected her to assist me to feel better. I was not okay mentally. Imagine growing up being well, and all of a sudden you are sick. My condition started slowly. When I was still at school I was fine and fit, and then in 2006-7 I started seeing these symptoms. It was hard for me to accept my condition. However, through the help of the EAP I managed to accept my situation.

Frank attended a total number of seven sessions, which resulted in him feeling better and being able to come to terms with his neurological condition that was depressing him. At the time of his interviews he indicated that he was feeling far much better, and had no shame of talking about his condition to anyone.

After being able to accept my condition I felt better. I can now speak to other people about my condition without a problem. The only person I have not fully disclosed to is my wife because I don't want her to feel bad and lose hope.

At the time of the interview Frank appeared to be confident, and explained his condition without any sign of embarrassment. He talked about his consultations to the EAP with confidence and pride. He was happy that he had been helped and had managed to be where he was with regard to his level of functioning because of the EAP.

The experience was positive. I was impressed by the way she was helping me and the way she understood my situation.

Frank reported that his EAP consultation was positive and yielded positive results that made him feel emotionally better and to accept himself the way he was. He was grateful that the EAP practitioner understood him and provided him with the kind of support and assistance and that he expected.

8.3 EMERGING THEMES

8.3.1 Faith

Frank had faith in the Psychologist (or the EAP practitioner) that assisted him. He believed that he was going to get the necessary help required from the EAP practitioner. He had faith in her because she had qualified as a Psychologist thus possessed the relevant qualifications, skills and knowledge.

> *I went to consult with her because she was a Psychologist. I expected her to assist me to feel better. I was mentally not okay.*

Frank's faith in the EAP practitioner was also based on, among other things, the practitioner's designation, which intensified his belief in the EAP practitioner.

> *Being a Psychologist for me meant that she was the right person who was going to help me feel better.*

Frank believed that the EAP practitioner was going to assist him, by helping him reframe things in a positive way.

> *I went to her believing that she would help me to think positively. Staying in a corner and doing nothing would have made me think negatively. My interaction with her helped me to think positively. She gave me her views and opinions about my situation and I was able to see things positively.*

In addition to believing in the skills and experience of the EAP practitioner, Frank also believed that the Higher power (God) contributed to making him benefit from the EAP. Frank saw God as

being instrumental to him achieving his current state of health and well-being. He believed that God promoted his emotional well-being and eventual recovery from his depressive state.

> *I believe in God and that I am alive it is because of him. He gives me strength and if he did not I would have been depressed by now. He gives me strength that picks me up, and strength to achieve all that I have today. All the positive factors that I talked about were given to me by Him. If my family can look back at my situation as it is now, they will gladly say God has helped our child till now. He gave him strength.*

Frank not only believed in the power of God, but was also thankful that God played a significant role in restoring his health. Frank showed a sense of thankfulness, wonder and appreciation for God. He felt a sense of pleasure, inspiration, and strength from what he perceived God was offering him. Frank was grateful to God for everything that he did for him during his difficult time.

> *I believe in God. I believe that it was Him who assisted me to get better. If it were not for him I would have been dead because of the ideas of suicide I had when things were really difficult for me. God has been good to me.*

Frank appreciated that God provided him with the strength he needed. He was able to have hope because of God's power. He was able to seek help from the EAP and eventually get better, because God provided him with the strength to continue with his life. Although things were difficult at times, Frank attributed his strength and courage to God. He was grateful to Him. He thanked God for being with him throughout his difficulties.

> *I had strength that appeared from nowhere. I thank God for it. I was fortunate. I was going all out to get help and I had tremendous strength. I attended all my sessions as scheduled, even though it was not easy for me.*

He was also grateful that he got motivation from God. It was this motivation that kept him going and strong in times of difficulties. He appreciated that it was through God that his outcome was a positive one.

> *No, I was okay throughout the sessions. I did not fear anything. I was motivated to get better. God gave me strength.*

Faith in both the EAP practitioner and God was significant for Frank in the process of restoring his health and in fostering his well-being. Frank believed that the EAP practitioner assisted him with her skills, while God provided him with strength to regain his health and physical and psychological well-being.

8.3.2 Quality connections to others (Love)

Quality connections to others played a significant role in the recovery and self-acceptance that Frank attained during his EAP consultation. It is also through the influence and contribution of quality connections that Frank concluded that he benefited from his EAP consultations.

> *She helped me a lot. She understood me and the problems I had. I could speak to her freely. She provided me with the help I needed at that time.*

Frank had trust in the EAP practitioner and therefore felt at ease with her. He was able to talk to her because of the care and understanding that she exhibited when she interacted with him. The EAP practitioner showed Frank respect, and provided him with an opportunity to express his feelings.

> *I was able to tell her my problems because I felt that I trusted her. It was not easy in our first interaction. Although she was a Psychologist, I was a little bit anxious because I*

thought she would treat me like the doctor I went to. She was different. She gave me time to talk to her until I was satisfied. She understood me.

The EAP practitioner accepted Frank the way he was. She was non-judgmental, and this strengthened the sense of trust he had already started to feel. Frank felt safe with her and understood. He opened up and talked freely because of this feeling of being accepted.

During our sessions, I never picked up anything that indicated negativity about my presence in her office. I thought she would treat me like the Pretoria doctor, but she did not. I became comfortable in her presence and that made it easy for me to open up and talk to her freely.

What also made Frank feel connected to the EAP practitioner is that she did not feel sorry for him or show sympathy for his situation, but instead provided genuine empathy and did not treat him with contempt. She treated him, as implied by Frank, like any other EAP client who arrived for a consultation. The type of attention that he got from her was not different from the attention she was giving to her other clients. Frank was comfortable this approach, as it made him feel no different from the other clients as he was also not getting any special attention because of his condition.

I was surprised by the way she accepted me. She did not feel sorry for me. She was not harsh either. Normally when people first see me they feel sorry for me, because of the way I speak and walk, but with her it was different. I was not even extra special. I was her client and she treated me as such and made me feel good because I never felt different.

Frank also felt the quality connection with his nuclear and extended families. He indicated that they were a great support system for him, and they provided him with the necessary support when he needed it.

Whatever I wanted they were there to get if for me. My siblings are still helpful to me. They visit me to check how I am doing. Their visits are useful because they update me about things that are happening at home, and that eases my stress because I don't feel left out. We sit and talk about anything.

Frank believed that the support he received from his extended family was important for him and he wanted to maintain it that way. He did not want to disturb it in any other way because it kept him going and was important for his health.

My relationship with my siblings is also good for me and I do not want to change it. I like it the way it is. I have therefore decided that I will not tell them everything about my condition. I do not want to make them think that since there is no cure for my condition then I am going to die. I do not want them to be unnecessarily pre-occupied with that. For now I am happy, even though I have not given them all the information, but if the situation deteriorates and becomes dire I will then tell it all. I am doing this for them and my wife. I want to give them a chance to enjoy life. I know that when I give them all the information when the situation is bad it will appropriate at that time because they will learn to accept it.

It is not only the quality relationship with his extended family that he enjoyed; he also had a quality relationship with his wife. He saw his wife as being significant in his daily functioning. He regarded his wife as being the centre of his activities; as his anchor.

She assists me with daily activities like bathing and dressing. She does things for me that I cannot do myself. Although I sometimes get angry when she does not do things at the time I want them to be done or the way I expect them to be done, I still manage to control my anger and be patient with her and with myself .

Excellent relationships with the EAP practitioner, extended family, and his wife thus played a crucial role in helping Frank recover from his feelings of depression, and eventually accept his condition. It is primarily through quality connections that Frank reported that his EAP consultation benefited him.

8.3.3. Self-regulation and control

Self-regulation and control were critical in Frank's recovery process and his ultimate benefit from the EAP, because it made him take the necessary action of seeking help in order to improve his psychological, physical and emotional well-being. Frank was able to find meaning and make sense of his condition because of exercising self-control in circumstances that offered him limited choices. He exercised control, even when he felt as though he was in a dire situation that evoked overwhelming feelings of anger when attempting to minimize stress.

> *Being able to control my temper enabled me to avoid being angry and feeling frustrated, because people do not do what you want them to do at that particular point in time.*

Self-regulation and control provided Frank with the opportunity to cope with the stresses he experienced because of his untreatable condition. It made his world and life predictable and thus promoted feelings of well-being. This enabled Frank to exercise self-regulation and control at different times when necessary, in order to guide and manage his feelings so as to avoid stress.

> *Although I sometimes get angry when she does not do things at the time I want them to be done or the way I expect them to be done, I still manage to control my anger and be patient with her and with myself .*

Exercising self-control also made Frank learn to accept that his condition that was incurable and that he had to live with his condition. Accepting his situation decreased his stress level, because he felt less like a victim and more like a victor in charge and in control of his situation.

Like I said before, she encouraged me to accept my illness and the situation I found myself in. I started feeling better when I accepted that my condition has no cure. Accepting my circumstances took some time, but it happened and I felt better. She really assisted me to get better with her encouragement.

The ability to exercise self-control and regulate his behaviour benefited Frank further as it improved his psychological and physical well-being. It also improved his general adaptive functioning in familial, occupational, and social settings. Frank learnt through the EAP that being angry caused him distress, and therefore controlling or avoiding situations that evoked anger and regulating his behaviour appropriately would make him feel less distress.

Controlling myself not to be angry at work and at home-reduced frustrations. I can now work better because I don't get angry easy like before I went to see her. I noticed some changes in my temper after she assisted me. I am not as angry as before because I can control myself and I understand that people will not always do what you expect them to do when you expect them to do it. They will take their own time and even do something that is different from what you have asked them to do.

Self-regulation and control became a coping mechanism for Frank when faced with stressful circumstances. Exercising self-control and regulating his behaviour enabled him to become less anxious and depressed in the face of his disabling condition. It also enabled him to experience positive feelings and a sense of being psychologically better, because he was capable of manipulating his emotions and directing his behaviour appropriately when needed.

8.3.4 Hope

Frank had hope. He believed that things would be better and that the outcome would be meaningful. His thinking was directed at finding ways of achieving his desired goal, which was the reduction or total elimination of depression. His vehicle for achieving his goal was the EAP.

I went to her when my depression was bad. That doctor made things worse for me by what he said and how he treated me. I was not well when I went to see him but my situation became worse after seeing him. I was really feeling down. I then went to see her with the hope that I will get help from her to deal with my depression because she was a Psychologist.

His hope was strengthened by the EAP practitioner's title as a professional, her skill, qualifications, and experience. He believed that he was in the right hands. Hands that were going to assist him to achieve health and manage his emotional disturbances better. His belief in the EAP practitioner raised his hope that eventually he would get the kind of outcome he expected.

Being a Psychologist for me meant that she was the right person who was going to help me feel better.

Although Frank was disappointed by the actions and attitude of the medical doctor who had also been qualified and skilled but treated him rudely, he still believed in the EAP practitioner and her capability to help him. He had hope that the EAP practitioner would guide him to his anticipated mental health destiny.

Hope thus sustained and encouraged his goal achievement mission. Hope kept Frank going and provided him with strength to overcome negative emotions that might have discouraged him and undermined his efforts. Hope made him believe that, in the end, he would conquer his depressive feelings.

Frank held onto hope even when his state of mind was clouded by negative thinking and his focus interrupted by suicidal ideation. His hope made him believe that he would live longer because he would get the necessary help in the form of psychological treatment. His level of hope was high enough to make him believe that no obstacle will interfere with his goal to feel better about himself and to live longer.

> *At the time of my first consultation I was thinking about suicide. When you have treatment and hope it is easy. I had hoped and belief that my life would be extended. Even now I still have hope that I will live longer. I remember at one stage I thought that my life would end but now I have hope that I will live longer.*

Hope acted as an antidote for Frank in times of despair. It neutralized negative emotions that interfered with his recovery process. It made him look at the future with the belief that something good would come out of his depressing situation. Hope kept him going by making him feel better. Hope also kept him believing in the positive. It was also hope that stimulated and sustained his determination to overcome his debilitating depression.

> *When you have hope and belief that all will pass, you feel better and then you are able to continue with your life. Hope also made me understand and accept my situation. Even now, I always hope that a miracle will happen along the way and, if nothing happens it is also fine. Hope keeps me going and makes me believe that something good will happen.*

The kind of hope that Frank experienced was strengthened through the professional and formal interaction he had with the EAP practitioner. That is, the psychological treatment that she provided him with increased his level of hope because it brought about positive changes that made Frank feel better and accept his condition. These changes led to the improvement of his self-image, or the way he perceived himself; hence he was able to talk about his illness without difficulties.

> *The more I visited her, the more I felt better. I started to feel good about myself and it was at that time that I realized that I could talk about my illness without being anxious or embarrassed. I became more confident that she will help me feel and get better. I felt good and happy.*

Frank got better and felt increasingly confident because of he had sustained hope. It is the contribution of hope that sustained Frank in times of emotional difficulties. It is hope that made him see and believe that all would be well in the future. Even if things did not turn out as he expected it to be, Frank was ready to accept whatever outcomes emerged from his personal and EAP efforts.

> *I always hoped that a miracle will happen along the way and if nothing happens it is also fine.*

The kind of hope that Frank displayed during his recovery process had a positive outlook in it. It consisted of a mental attitude that anticipated positive and successful outcomes.

> *You need to believe and have trust that things will be better. If my condition or situation becomes worse, I still need to believe positively that one day things will be OK. I look at my diagnosis and think how did it happen and then I say to myself it will be better. Again, being positive prevents me from thinking about suicide. If I did not get help at that time from the EAP, I had already made up my mind that suicide was the answer to my continuous problems.*

Frank believed that hope played a significant role in the improvement of his daily functioning at work, socially, and home. He also credited hope, amongst with various other positive psychological strengths, as having contributed to making him benefit from his EAP consultation.

8.3.5 Accepting oneself

Frank consulted the EAP because he was depressed. His depression was a result of his neurological condition that he was finding difficult to come to terms with. He could not accept the way he functioning when he first consulted the EAP, and the fact that his condition was incurable. However, through the EAP he gained a better understanding of his condition, to the

extent that he learnt to accept himself and talk openly about his condition without feeling a sense of shame. He accepted that his condition was incurable and would cause him stress, and this provided him with a sense of control that served to reduce his stress levels.

> *It was difficult for me to deal with my illness and how it affected me. I used to feel sorry for myself. I was ashamed and scared to interact with people because I thought they would feel pity for me and ask me a lot of questions about my illness. But I learnt to accept myself. It took time but I did it.*

Consulting the EAP also resulted in Frank regaining his sense of confidence. Frank stated that he lost his self-confidence after being informed that his condition was incurable. He felt worthless and without purpose anymore. He perceived his life to have taken a turn for the worse. His once bright future now appeared to be hopeless and bleak, and he was feeling depressed.

> *When that rude doctor told me that there was nothing he could do about my illness, my hopes were shattered. I lost all the confidence I had that I will receive medical help and get cured at the end. It was hard for me. I had suicide thoughts. If it were not for her, maybe I could have committed suicide.*

The EAP practitioner provided him with the psychological help and support that led him to accept himself. She taught him the importance of self-understanding and self-acceptance and how these aspects impacted on his self-image and feelings of self-appreciation.

> *She told me to accept my condition and the way I am, and through her help I managed to finally accept my situation. She told me that I should accept my motor-neuro-disease as there was nothing that could be done. After learning to accept it I started to feel far better. At the moment I am able to speak to other people about my condition without thinking twice about it, just like I am doing with you now.*

Frank learned to accept himself through the EAP practitioner because he believed in her. He believed that she was capable of assisting him because she was a qualified and experienced Psychologist. He viewed her as having appropriate skills and knowledge to guide him towards achieving his goal of managing and eventually eliminating his feelings of depression.

> *I believed that she would help me because she was a qualified Psychologist. She had the necessary experience since she has been in our department for some time helping other people. So I went to her with that knowledge. I was feeling down. I needed someone to help me deal with what I was feeling.*

For Frank to arrive at the level where he could accept himself, he had to understand his condition and know how his thinking affected his emotional state. He had to get more information about his condition in order for him to get a deeper and better understanding of how his motor-neurological condition was progressing and what that meant to him.

> *She told me to read more about my disease. At times she gave me information about how my condition was affecting me and what was going to happen next. The information I got made me understand and I was even not surprised by what was happening to me because I already knew what was coming.*

Self-acceptance allowed Frank to look at himself and his life in a different way. He developed a positive view of himself and his life. He acknowledged his condition and its limitations. He valued himself and his life, hence he learnt to talk about his condition to others without feeling ashamed or embarrassed.

8.3.6. Persistence

Frank consulted the EAP and was rewarded with positive emotional changes at the end of the process, because he persisted. He stayed the course, even when things were emotionally difficult.

He focused on his quest for emotional recovery and was cautious in his strides to achieve his goal. Frank was also determined to achieve his goal of being happy and being mental healthy, in order to live a productive life. In short, Frank showed persistence during his EAP consultation sessions, which resulted in him getting emotionally better and being able to accept his incapacitating physical condition.

> *At the beginning it was difficult. It was hard for me and that is why I was thinking of suicide. When that doctor told me that my illness was incurable, it became worse. It was a difficult time in my life, but I had to do something to get better. I had to be patient and believe that things will be fine. I had to stay strong even when I was feeling down. But now I am better.*

Frank needed to persist in order to achieve his goal of seeking and receiving help for his emotional difficulties, by committing to a course of action and making appropriate sacrifices where necessary. He had to be strong in the face of his emotional adversity.

> *I did all that she told me to do. I listened to her and followed her advice. It was not easy. I know I am telling you this again and again. I want you to understand that I was feeling bad at that time but I had to do all that she recommended I should do in order to feel better. I went to her needing help and I got it because I complied with her recommendations including attending all the sessions she said I should attend. When I could not make it on my own, the departmental transport would come and pick me up to attend the sessions. In our sessions she talked to me about a lot of things regarding my illness and depression. The information she gave was helpful. Now I feel better, although things were difficult for me when we started.*

Frank was determined to follow the suggested treatment plan and complete his EAP sessions despite feeling emotionally down. Frank showed no desire to quit until he got what he wanted.

He persevered until the end, because he realized that he was benefiting and feeling positive emotional changes with each session that he attended.

> *I was going all out to get the help I needed. I attended all the sessions as scheduled.*

Frank was motivated to succeed. Although not energetic at all times during the process, he believed that the Psychologist would ultimately help him. He had faith in the entire EAP as a helping programme. Frank wanted to be helped, because he was not coping with the emotional suffering he was experiencing.

> *When things became difficult I realized that I needed help. Thinking about suicide was a turning point for me as it made me realize that things were worse than I thought. The Psychologist was my hope and that is why I went to see her for assistance.*

In addition to demonstrating persistence when going for his EAP consultations, Frank had to display the same commitment and strength at home in order to get what he wanted. He had to be patient with his wife who was and is still his main support system.

> *She assists me with daily activities like bathing and dressing. She does things for me that I cannot do myself. Although I sometimes get angry when she does not do things at the time I want them to be done or the way I expect them to be done, I still manage to control my anger and be patient with her and with myself .*

The kind patience and persistence that Frank exhibited extended further than the EAP sessions and home, to his external environment. Frank had to bear with other people taking their time when assisting him or doing what he had asked of them. This approach made him to perfect his self-control skill and regulate his behaviour better, and all these contributed in his eventual emotional health and recovery.

Being patient has helped me to get through my angry emotions, because sometimes people will take time to assist or do what I expect them to do. In such cases I will exercise my patience, even when I feel angry until they do as I asked. Sometimes they don't do what I want at a particular point in time and they let me wait and do it at their own time.

Persistence played a significant role for Frank by assisting him to achieve his goal, which was emotional recovery. Persistence became his strength that sustained his motivation, energy, and strength whenever he faced difficulties.

8.3.7 Negative emotions

Frank indicated that negative emotions were never an impediment for him. Although he felt that things at times were not easy, he was never discouraged to continue with his EAP sessions. He reported that his EAP consultations were positive for him, and significant for his recovery.

No negative factors affected me. My EAP experience was positive. I was okay throughout the sessions.

Negative emotions did not influence Frank's positive strengths or decreased his motivation for a positive psychological and physical outcome.

CHAPTER 9

KEDIBONE'S STORY

9.1 PERSONAL DATA

Age:	28
Gender:	Female
Occupation:	Secretary
Department:	Finance – North West
Diagnosis:	Major Depression
Type of referral:	Self-referral

9.2 THE STORY OF KEDIBONE

9.2.1 Presenting problem

Kedibone is a single woman, who is not currently involved in a romantic relationship and has no children. She described herself as someone who is naturally quiet, reserved, and enjoys time spent alone; an introvert. She has worked as a secretary since she completed her secretarial studies and has been in her current job for the past seven years. She lives with her two siblings, a younger sister and brother.

She met with the researcher for the first and subsequent interviews regarding this research study at the EAP's consulting offices, and was the fourth participant to be interviewed. She was neither active nor passive during the interview, but responded well to the questions posed to her. She rarely smiled, but never displayed any sign of anger or aggression. Kedibone was cooperative throughout the interview and at one stage was emotional when describing how she had suffered, and how the EAP had assisted her.

Kedibone reported that after her initial EAP consultation she ended up attending a total number of five sessions. She described her EAP sessions as a constructive experience for her, that she found to be strengthening and meaningful. It was during these sessions that the EAP made a positive and life-changing impact on her life.

During the interviews, she indicated that she sought help from the EAP, because she had become emotionally distressed after the death of her mother and wanted to get relief from this distress and return to her normal everyday functioning. She presented herself to the EAP out of her own volition when she started noticing depression symptoms, namely, a loss of appetite, disturbed sleep, irritability, loss of interest in activities, being in a 'low' mood more often than not, as well as continuous headaches.

> *When I went to the EAP for consultation I was feeling down. I was not my usual self. I was feeling as if I did not have control over my problems. I felt helpless. It was difficult for me and I really needed help if I expected to function as well as before I felt sick.*

Although Kedibone was aware that her symptoms might have been a response to her mother's death, she was not sure why she was reacting the way she was. In her mind, she believed that she dealt with her mother's passing away in an appropriate manner. That is, she believed that she mourned for her mother adequately.

> *I did not really know exactly what was troubling me when I consulted the EAP. My mother passed away some time ago and we buried her without any glitches. I thought I had dealt with her death appropriately and there was nothing that could bother me and make me feel so sick concerning her death.*

Kedibone mentioned during the interview that at the time of her EAP consultation she was emotionally at her worst and lowest level. She felt that everything was bad for her. She did not want to do anything that required energy. All she wanted was to be given space and be left alone.

I was emotionally down most of the time. I felt lazy and tired. Naturally I am not a lazy person, I am a hard worker. There were times when I felt like crying for no apparent reason. I did not crave any food and I felt sick in my stomach. I was losing weight because of not eating and that did not bother me. I did not feel like going to work or doing anything, I wanted to be left alone. However, I was at the same time feeling bad about doing nothing. I felt it was wrong for me to sit and idle when there is so much to do.

What Kedibone was experiencing were symptoms typical of a depressed person, as described by APA in the DSM. She was feeling down more often than not, and did not want to interact with others. She also withdrew because she felt everybody and everything that required personal involvement was an irritation.

With all these negative things going on inside me I did not get enough sleep. I would struggle to sleep or wake up early and not fall back to sleep again. I would sit and think about my life and end up feeling sad. When I woke I would feel tired and not know what to do. All these feelings made me feel angry because I felt helpless. Everything irritated me.

The symptoms that Kedibone described were interfering with her so-called normal daily functioning. She was immobile because she felt emotionally and physically sick. She wanted to work and interact with other people but her lack of concentration, interest, and energy did not allow her to do so. In the end she decided to stand up and seek help, hence she indicated during the interview that the EAP assisted her immensely.

I can gladly say the EAP was of great help to me. I speak to you now feeling far much better. I agreed to participate in this interview when they asked me, because it was my way of saying thank you to them.

Kedibone showed appreciation to what the EAP did for her, by agreeing to be part of this study. She was also grateful that she was now functioning normally, just like before the onset of her physical and emotional illness.

9.3 EMERGING THEMES

9.3.1 Faith

When Kedibone approached the EAP she was desperate but open-minded, ready to follow and do whatever could be suggested. However, as she progressed with her counseling initiatives she started to be more confident in herself and believed that she would get the necessary professional assistance she needed. Kedibone believed that the processes involved in the EAP would produce the desired health effects. Faith in the EAP became one of the main ingredients that added to her healing process and motivated her in her path to physical and psychological health. Having faith influenced her process of recuperation in a positive manner as it enhanced her psychological well-being.

> *I went to the EAP because I needed someone to help me get better. I did not know how the EAP worked, all I wanted was help and she did help me. I am happy that I was able to be helped by someone who knew what she was doing. You know, the way she interacted with me, it became clear to me that she had experience. I then realized that I will definitely get better because I was being helped by someone who knew what she was doing.*

Kedibone developed faith in the EAP practitioner because of the manner in which she was treated as a user of the EAP services. She felt respected and as though she were being taken seriously. She felt the EAP practitioner made an effort to assist her in achieving her objective of regaining physical and psychological well-being.

She did not pretend to know everything. She referred me to a Psychiatrist to get medication for problems that she could not deal with and this helped me because I started sleeping and feeling better. It is then that I realized that she cared about my state of health and that she wanted me to get better.

The type of treatment that Kedibone received from the EAP practitioner created hope for her. It instilled the belief in her that through the EAP, her desired health goals could be attained. She developed the belief that the EAP would assist her generate or find workable pathways that would lead to her physical and psychological well-being. With this belief cultivated in her mind, Kedibone was able to accept with confidence the guided interventions that were aimed at enhancing her physical and psychological well-being as suggested and recommended by the EAP practitioner.

I believed in the practitioner and her suggestions, and as result I put all my hope in them and I consequently benefited because of that. I did not question anything that she suggested. I believed that she was competent and will not make my situation worse but better.

Not only did Kedibone find pathways leading to her health goals, she was also prepared to use these pathways. She was motivated to go through the pathways in order to achieve her envisaged health goals. These goals were achieved, as reported during the interview, through the implementation of a mutually agreed upon treatment plan, working together as a team and being persistent in her efforts. In short, Kedibone achieved good health because she engaged in behaviours that promoted health as indicated by the EAP practitioner during their sessions.

I applied what we discussed during our sessions. I took her advice and suggestions. I did all these, because I believed in her as a Psychologist and that she knew what she was doing. I became better because of doing what we talked about in our sessions. Although it

was not easy at first to do what she said I should do, I became better because of her encouragement and assistance.

Having faith in the EAP practitioner facilitated the achievement of Kedibone's goals, because it strengthened their relationship, which in turn eased the potential tension and anxiety that could have been evoked by the counseling processes.

She was there for me when things were tough. She was patient with me and this made me feel at ease with her, and also to realize that she cared for me as her client. With that in mind I believed more in her as a Psychologist.

Believing in the capabilities of the EAP practitioner, along with the conviction that she would return to good health, encouraged her to persevere and endure in her efforts, and to also comply with her treatment plan even in the face of possible obstacles and challenges. Kedibone was prepared to engage in any activity or behaviour that would promote her health and well-being because she believed that the EAP practitioner was coordinating and orchestrating her professional skills in order to influence and change her unhealthy and disabling behaviour.

I did not have a problem doing what she said I should do to get better because, as I said, she had experience and was qualified to be a Psychologist. I trusted her and believed that whatever she suggested was for the betterment of me. She was doing it for me and had my interest heart. I had full faith in her.

By treating Kedibone in a professional and caring way throughout the sessions, the EAP practitioner increased the level of faith Kedibone had in her, This faith also served to sustain her when times were tough. It was also through faith that feelings of hope were evoked and consequently created the impression that the EAP was a place of solace and comfort in difficult times. These acts provided Kedibone with the strength to discipline herself when tempted to give

up because of continuous stress. Consequently, she recovered and reverted back to her normal functioning, because she acquired strength to endure emotional difficulties.

> *When I started at the EAP I attended most of my sessions. At one stage I stopped attending, because I felt better and wanted to complete the process of healing and getting better on my own, but I was not successful since it felt as if it was the end of the road for me. I then decided to stand up again and continue and finish all my sessions because I had faith in the Psychologist and believed that she would continue helping me until I fully recover. It happened once during my consultation period.*

Having faith in the EAP practitioner motivated Kedibone to commit herself to the EAP process and treatment plan. Her commitment was inspired by the professionalism and caring nature the EAP practitioner displayed during their sessions. Kedibone showed her commitment in wanting to achieve her physical and psychological well-being by putting the recommendations and advice that were suggested to her by the EAP practitioner into action. She became committed to her goals because she believed that they were achievable and important for her.

> *I was committed to the EAP and the scheduled sessions. I attended all the sessions and thus benefited from each. I also applied whatever she told me to do.*

Faith not only inspired commitment, it also inspired courage. Her courage stemmed from both external and internal factors. Externally it came from her sister who encouraged her to keep on going until her optimal health was achieved. Internally, her courage originated from the impression that she was making progress towards goal achievement even when things were difficult and thus evoking the belief that her goals were achievable.

> *My siblings, especially my sister, gave me courage that made me to want to get better, courage that made me to stand up, even when I was feeling down. She encouraged me because I was her only hope.*

Faith, in general, played a crucial role in pushing Kedibone towards physical and psychological well-being by enabling her to manage her problems better; assisting her to re-adjust her actions and behaviour and ultimately returning to pre-morbid healthy functioning.

9.3.2 Quality connections to others (Love)

The quality of the connection that Kedibone and the EAP practitioner formed played a crucial role in her path to eventual recovery, as it facilitated and bolstered the healing process. It was a connection that was grounded in mutual trust and understanding. Their connection, because of its good quality, cultivated a fertile ground for Kedibone's progress towards psychological health and sense of well-being.

> *The type of relationship I had with the EAP practitioner played a crucial role during our sessions. I felt free when I was with her. Her approach to me was more of a friendship than that of a helper. As a result I trusted her with confidentiality and told her my problems and how I was feeling.*

Forming an excellent relationship with the EAP practitioner became a solid starting point for the EAP processes to impact positively on Kedibone's depressive condition. The relationship encouraged Kedibone to build trust and have confidence in the EAP practitioner. It also gradually allowed Kedibone to open up and disclose the problems that were destabilizing her functioning, taking into consideration that she was reserved. It was the nature of the EAP relationship that decreased her level of anxiety and fear in the initial stages of consultation and this resulted in the sharing of her innermost thoughts and feelings.

> *When I started the sessions it was not easy for me to open up to someone I did not know. I am the type of person who does not tell anyone about my problems because I do not want them to carry the weight of my personal problems. The EAP session provided me with an*

opportunity to offload my problems that I had been carrying all along. The problems were heavy for me and I off-loaded them during my sessions. The EAP gave me an opportunity to cry my lungs out and I felt better after that.

Through quality connection Kedibone managed to form a close bond and find comfort in the EAP practitioner. She was able to be her real self and relate her problems with honesty. She felt emotionally connected and this encouraged her to be at ease, open and expressive about issues that were bothering her. Kedibone felt a sense of respect and acceptance; hence she did not find it difficult to share her problems with the EAP practitioner because her sense of fear was minimized. In short, the quality connection facilitated the adequate disclosure of more sensitive issues than she would ordinarily have divulged.

At first I was a bit anxious because I was never in such a situation before and did not know this person. However, once I started talking to her it became easier for me. I felt she understood me. I felt closer to her. I started trusting her, because she did not judge or criticize me. She understood my problems and was very supportive. You know, the way I trusted her I ended up telling my deepest thoughts and feelings. It is something that I have never done in my life. I told her all my problems. I was not scared. I revealed even the details I wanted to keep to myself.

Kedibone viewed the EAP practitioner as a saviour who appeared at the right time in her life when things were difficult. She saw her as a panacea for her emotional difficulties. She regarded her as an empathic problem-solver who brought back lost meaning in her life.

I needed a shoulder to cry on and she was there for me. She was there for me when I cried because of what was happening to me. I needed somebody to listen to my problems and not judge me. I got all that from her. I needed somebody to provide me with an opportunity to cry, and not restrict me or make feel bad about my crying. She provided that to me. I needed somebody to give advice when I did not know what to do. She gave advice that was relevant

and spot on. I wanted to get confirmation about some things I did not know at that time and she provided that to me.

Establishing a good relationship with the EAP practitioner not only facilitated Kedibone's psychological health and sense of well-being, it also improved the bond among and between her family members. It was through the relationship that Kedibone got some strength to invite her family members to attend a family session, which ended up resolving several matters that were previously not been addressed by the family members. The sessions also enabled the family members to understand, support, and connect with one another better than before.

After attending a couple of EAP sessions I started believing that I could assist my family to deal with the problems that we were facing as a family. The trust I had in the Psychologist enabled me to talk to them and convince them that attending a family session together, as suggested by the Psychologist, will be beneficial for all of us. I believed that the Psychologist will form a good relationship with them just as she did with me, and that that relationship was going to ease matters for everyone attending the session.

The type of relationship that was formed by Kedibone and the EAP practitioner became beneficial for them, because it assisted them to achieve their set goals. For Kedibone it enabled her to achieve her health goals, while for the EAP practitioner it enabled her to achieve her counseling goals. It also brought mutual satisfaction that contributed to the success of the EAP interventions.

Quality connection contributed to making the EAP beneficial for Kedibone because it laid the groundwork for the development of mutual acceptance, enabled trust to be built, encouraged respect, promoted disclosure and discussion of sensitive matters, and facilitated family bonding and the eventual achievement of EAP consultation objectives.

9.3.3 Insight (meaning-making)

Gaining awareness and meaning into what was happening to her at the time of her initial consultation emerged as a theme in Kedibone's story of healing. Making meaning of and understanding her illness appeared during the interview as a psychological strength that contributed to her benefiting from the EAP sessions. That is, through the EAP, Kedibone was able to become aware of the nature of her illness, her motives and behaviour patterns that were making her normal functioning difficult. She was able to understand the true cause and meaning of what was bothering her. She got an opportunity to better understand her condition and give appropriate meaning to her symptoms.

> *When I first went to the EAP I was not aware that I was so sick. The EAP helped me to understand myself better. She provided me with a diagnosis which made me understand why I was feeling the way I was feeling. She also gave me information about my condition that I did not know existed.*

Insight not only enabled Kedibone to benefit from the EAP, but also made her EAP experience a positive and meaningful one. Insight was cultivated, which in turn encouraged positive changes in her. It made her feel as though the whole process was a positive and beneficial experience. It was also through gaining insight that she started to see and approach things differently.

> *The whole EAP experience was positive for me, as it made me realize and approach things differently and not the usual way I would generally approach them.*

Kedibone indicated that when she first consulted the EAP she was not aware that she was clinically depressed. All she knew was that she was not feeling well and did not really know what was truly happening to her. She did not even understand the nature of her illness and how it was actually affecting her.

When I started my sessions I did not know that I was depressed. I was feeling tired and did not want to do anything. However, the entire EAP experience made see and understand things differently. It gave me a different view. It became an eye-opener to me. It made me think and take positive decisions.

The insight that she gained through the EAP was not restricted only to the nature and impact of her illness but it also extended further to understanding the reasons behind her younger sister's behaviour. Her sister was not performing well academically and as a result had problems at school.

Again, the sessions helped me discover something I did not know about my sister. I discovered that she had learning difficulties. I understood that it was those difficulties that made her complain about and hate school. She always blamed the teachers for her poor performance and dislike of school.

Kedibone's interaction with the EAP provided her with an opportunity to learn more about her sister and get more information about her behaviour. It is through the EAP that she gained insight about learning difficulties and how to go about receiving relevant help in order to manage them.

Consequently, I managed to get help for her to deal with those learning difficulties because of the information and guidance I got from the EAP. This has provided me with an opportunity learn more about her learning difficulties and also with knowledge of how to assist her when she is experiencing problems and needing help.

The EAP not only provided insight on Kedibone's illness and her sister's learning abilities, but also provided Kedibone with an opportunity to learn more about her family's dynamics and how they interacted with one another as a family. It was also through the EAP that the family managed to voice their problems and learn how each member impacted negatively on the other

members. This resulted in the strengthening of the family's relationships, between and among themselves. That is, the strained relations between Kedibone's family members that existed before, eventually disappeared and were replaced with healthy interactions.

> *One of the sessions that I had was a family session. That one session became important for me, because it provided me with an opportunity to discuss issues with my siblings. Issues that we would not talk about under normal circumstances. That session made me realize that what we discussed were the same issues that were causing problems for me and them. That session gave us as a family an opportunity to understand those issues and one another better.*

The EAP experience also expanded Kedibone's horizons of understanding the dynamics in her life even further by providing her with additional information on the role of mental health professionals. This additional information allowed Kedibone to develop insight into the role of Psychologists as professionals who assist people and also the type of services they provide in general. Armed with this information, Kedibone undertook to consult Psychologists in future when she would encounter mental health problems.

> *I also did not know anything about Psychologists and the role they can play in one's life. I now know what clinical Psychologists do and how one can benefit from using their services. I also know that if I have problems I can consult them and get help.*

Attending the EAP sessions exposed Kedibone to information related to mental health and self-understanding that she initially did not know. She gained in-depth meaning and a deeper understanding of her condition, knowledge about how her condition affected others, and how mental health professionals may assist in the alleviation of stress-related conditions.

> *The EAP provided me with a lot of relevant information related and not related to what was troubling me. It was information that I did know about before my EAP sessions. I can*

gladly say that I now know better about my condition and how it affects me and those around me. I also know what Psychologists do in general. All this information has made me a better person.

Gaining insight about her condition also allowed Kedibone to gain confidence and to develop a willingness to assist others with information related to depression. Insight empowered her. It made her feel that she could contribute to making people aware of their depression and how to get help. Gaining insight encouraged her to be open-minded and to be willing to apply the suggestions made by the EAP practitioner.

When I went to the EAP I was assigned to a clinical Psychologist that assisted me a lot. I learnt through her how to notice symptoms of depression in someone. I learnt how to notice symptoms of depression because I was told by the Psychologist to take note of my own symptoms and how they were affecting me. Learning to do that has helped me to notice depression in others and advise them on what to do because I had the same problem myself.

Meaning-making of her condition and getting a broader understanding of mental health matters helped Kedibone realize that her EAP attendance was beneficial with regard to being curative and informative. Gaining insight widened Kedibone's horizons and contributed to her final recovery from depression.

9.3.4 Open-mindedness

Kedibone consulted the EAP with an open mind. She went there seeking help, without any existring reservations. She did not carry any preconceived ideas about the EAP's offerings or services or possible success or failure with her into the EAP. Her state of mind was non-evaluative, undiluted, and open to the suggestions that were presented to her. She consulted the EAP because all she needed was assistance.

At first I was not expecting too much from the sessions since I did not have an idea of what to expect and therefore anything that I got there and was told to do I applied as instructed and I got better. Me not knowing what to expect helped me to benefit a lot. EAP was my last hope and therefore I took everything they recommended to me and that worked for me.

Being open-minded meant that Kedibone was receptive to the consultation context and its perspective, because she was able to draw novel distinctions. She was not rigid in her thinking and was amenable to behaviour change, advice and suggestions. She did not possess any mental obstacles or challenges that would have possibly acted as stumbling blocks for therapeutic influence. She approached the EAP with a sense of willingness to be guided, accept behaviour modification strategies, and she assisted in whatever way the EAP practitioner felt appropriate.

Not knowing, at first what the EAP was offering, made me to abide by her recommendations. Applying what she recommended to me made a huge difference in my life. It made me feel better because it opened my eyes and made me understand my problems.

Approaching the EAP with an open-mind helped Kedibone to reduce any uncertainty and stress she might have experienced prior to the onset of her EAP counseling sessions. Thus, with a sense of reduced uncertainty, Kedibone became suggestible to curative interventions because she did not fear the changes she wanted to feel happening in her. She became open to therapeutic manipulations which in-turn promoted the healing processes to take positive effect on her emotional state. Kedibone was also able to engage with the EAP practitioner's suggestions because being open-minded allowed her to concentrate and focus on the given task.

The focus for me at the time of going to the EAP was to get better. I was willing to do anything to get rid of what was troubling me. I was willing to do what she advised me to do,

as long as it would have ended up in me getting better. I did not oppose her advice or question what she was suggesting I do. I wanted to feel better.

Adopting an open-minded approach allowed Kedibone to loosen the grip of her subjective evaluative mind-set and embrace a non-evaluative and non-judgmental position which assisted the healing process to have a positive impact in her. Being open-minded elevated Kedibone's thinking to the level of being stress-free, because it was not locked or fixed in a particular frame of preference. Open-mindedness also encouraged her to be objective in the manner in which she processed information acquired during the EAP sessions, and this provided her with a sense of being in control over her thinking processes.

Being open-minded not only played a significant role in influencing Kedibone's perspective, but also further strengthened the relationship that she formed with the EAP practitioner. It was through her open-minded approach that she believed in the suggestions and unconditional acceptance of the EAP practitioner. Open-mindedness created a feeling of being understood, and this promoted stability and closeness in the relationship they both formed.

Although she was a stranger to me, I went to her because I needed help. I could not judge her because I did not know what to expect. She accepted me and understood my problems. She made time for me and was very supportive.

Kedibone gained healing from her sessions because her open-mindedness approach expanded her horizon of understanding; it provided her with an opportunity to obtain a sense of direction that resulted in her emotional health and well-being. Open-mindedness made her adopt a positive view and a belief that in the end she would achieve physical and psychological well-being.

9.3.5 Negative emotions

Although Kedibone described her EAP consultations in a positive way, she also indicated that at one stage during the process she felt neglected, because insufficient follow-up and enquiry was made when she decided to continue the recovery process alone. This happened when she started feeling better and believing that she could complete the treatment plan without the help of the EAP.

> *The only thing that was negative is that when I stopped going the EAP; they did not make a follow up or try to find out why I was not coming. I think it would have made a difference to me at that time.*

Feeling neglected did, however, not impact negatively on her recovery because she decided, on her own, to continue with the EAP process after learning that going it alone is harder than getting the assistance of the EAP practitioner.

CHAPTER 10

TUMI'S STORY

10.1 PERSONAL DATA

Age:	48
Gender:	Female
Occupation:	General Assistant
Department:	Finance – North West
Diagnosis:	Major Depression
Type of referral:	Self-referral

10.2 THE STORY OF TUMI

10.2.1 Presenting problem

Tumi is a divorced mother of four children, who emphasized during the interview that she lives in a shack. Tumi was assisted by the EAP following her admission to hospital in a psychiatric ward. She was admitted in hospital because of experiencing continuous headaches that were making her feel dizzy. She contacted the EAP after being discharged from hospital to receive help and support, and ended up attending a total number of six EAP sessions.

> *I went to see the EAP practitioner after I was discharged from hospital. I was admitted because I was feeling dizzy. I had continuous headaches that were extremely painful. At the time of my admission I was not myself, I was dizzy and did not know what was happening to me. I was confused and lost. All I remember now is that I was not feeling well while I was at work and the next thing I was in hospital.*

At the time of her admission Tumi was disorientated and confused, because her reaction to the environmental influences at that time was inappropriate. She did not know what was happening to her and why she was in hospital. It seemed, according to the interview, that she reacted in an aggressive way when she was taken to hospital because she had to be sedated in order for her to be manageable.

> *When I was taken to hospital, I was not myself and did not know what I was doing there. I was given an injection that made me weak. I then got to sleep and when I woke up I realized that I was in a psychiatric ward in hospital.*

Tumi consulted the EAP because she was experiencing work stress, which resulted in severe headaches and confusion. Furthermore, she wanted assistance in order to appropriately manage her feelings of anger or aggression when confronted by stressful situations. In severe cases, her feelings of stress resulted in disturbances of consciousness, which in turn caused severe feelings of distress, worry, and shame when she was stable and conscious.

> *I had problems at work which stressed me a lot. When I felt stressed I experienced severe headaches and felt dizzy. I would feel as if I was losing my mind. After some time I would feel better and ask myself what is it that I did when I was dizzy? I would then feel ashamed, because I might have done something stupid and did not remember it, like when I was sedated in hospital. These things would worry me a lot. I then decided to go to the EAP to get help and learn to deal with what I was experiencing.*

In addition to stress and headaches, Tumi had withdrawn from her colleagues because she felt that they were the source of her stress. She suspected them of being jealous of her and felt that they wanted to harm her. She started working alone and spent time at work on her own. After consulting the EAP she started attending EAP sessions as scheduled.

After being discharged from hospital I decided to do things on my own. I worked on my own and had tea all by myself. When I had EAP appointments I attended them and went back to my duties. I did not want to spend time with them. I did not trust them because they once attempted to kill me. If it were not for God's angels I would have died from drinking 'Jik'. I only mixed with them when we have meetings.

Tumi met with the researcher for the first and subsequent interviews regarding this study at the EAP offices in Mafikeng. She was the fifth participant to be interviewed. During the interview, Tumi talked a lot, and at times deviated from the discussion at hand. She emphasized a couple of things that she wanted the researcher to note. She emphasized that she was staying in a shack, that she was a traditional healer and that she believed in God. She participated in the interviews willingly and shared information with ease. She often joked about her prevailing circumstances, but indicated that she was now coping well with the situation. She was friendly and wanted to the researcher to pay serious attention to her when she told her story.

Tumi was thankful for what the EAP practitioner taught her to do when she experienced stress. She was now able to function well and also manage her stress appropriately because of the assistance she received from the EAP.

I improved a lot since I started attending EAP sessions. I can now handle my stressful situation very well. I know what to do when I experience stress, thanks to the EAP practitioner.

The EAP provided her with tools to manage her debilitating stress and therefore enabling her to function normally.

10.3 EMERGING THEMES

10.3.1 Faith

One of the positive psychological strengths that emerged as a theme that contributed to Tumi's recovery from her ill-health is faith. She had faith in the capabilities of the EAP practitioner that was assisting her. She believed, after the initial contact, that she would receive the type of assistance she anticipated from her.

> *After being discharged from the hospital I made contact with the EAP to get help. I was impressed by the way the EAP practitioner welcomed and talked to me. She was professional in her approach and demeanor. She was friendly and soft spoken. I knew then that I had come to the right person who seemed qualified to assist people like me.*

Faith in the EAP practitioner was strengthened by the understanding the EAP practitioner showed Tumi during the consultation process. She accepted Tumi unconditionally and created a conducive therapeutic atmosphere for her that encouraged her to be her real self. The EAP practitioner made Tumi to feel that she was being understood and taken seriously.

> *I am a traditional healer and some people think that I am disturbed, and when I told her that, she understood me and had no problem with it. She did not ask me questions about my traditional healing, her focus was on making me feel well, and I liked that approach. You know educated people like her think low of traditional healers like us, but she was different.*

Tumi benefited from the EAP because she viewed the EAP practitioner as competent enough to help her overcome her problems. She saw the EAP practitioner as having adequate skills and knowledge to guide her reach her intended health goal of physical and psychological well-being.

She perceived the EAP practitioner as being able to give sound therapeutic advice and relevant recommendations that would be significant in improving her quality of health.

> *As a traditional healer I don't need confusion in my life, I need simple and straightforward conversations. She was what I needed. She advised me to do a lot of simple things when I feel stressed like walking away, playing the music I like and talking to people I trust in order to off-load and relive stress. I did not agree with her when she suggested that I should exercise because of my traditional healing practices and she understood me without giving me hassles. I now perform on a daily basis what she recommended I do when I feel stressed and it works well for me.*

Faith as an emerging theme was critical in making Tumi benefit from her EAP sessions. It was not only faith in the competency of the EAP practitioner that impacted on her positively, faith in the power of God was also a significant contributor. In other words, Tumi's belief in God contributed to the achievement of her health and wellness goal.

> *I also believe that God helped me to get better. I believe in the power of God. I read Psalms 109 from the first till the last verse when things were bad. I still do it even today. It inspires me all the time. This part of the Bible made me do an introspection and then I started looking at things differently. God always gives me strength and when someone causes problems for me they just fade away because of God's power.*

Tumi mentioned that the power of God had shown itself to her in different ways that saved her from possible harm. She believes that God has been protecting her and has also contributed in her recovery from her incapacitating illness.

> *God has been great to me. I believe that He has sent a very strong angel to guide and protect me. Matthew 7 says that 'when you do wrong or right there will be consequences'. Let me give you an example of the protection I am talking about. One day*

I drank 'Jik' by mistake thinking that it was water. Someone had poured 'Jik' in a bottle of water that I used to drink water with and then mixed that bottle with other bottles of water of the same type in the fridge. I think that person wanted to kill me because she knew that I was the one responsible for that particular fridge and that I drank medication daily with water from that fridge. But my strong angel protected me. As soon as I started drinking from that bottle I spat the 'Jik' out of my mouth before I could swallowed it. It did not harm me at all because God through his angel protected me. I then rinsed my mouth and threw that bottle in the bin.

To keep her faith in God, Tumi also prays on a daily basis. She believes that praying strengthens her relationship with God. She indicated that when she was not well she prayed and God made her better. Tumi attributed her recovery also to the healing power of God which impacted positively on her during her illness.

I pray every day to God to help and protect me. Praying keeps me alive. Nowadays I pray and then come to work and do my duties. I don't want friends because they make me angry and sick.

In addition to having faith in the EAP practitioner's abilities and God's healing power, Tumi also had faith in her ancestors. She believed that her ancestors also guide and protect her on a daily basis. Her ancestors have contributed in making her well and happy.

Currently I live in a shack with two of my four children. The other two work outside Mmabatho. I am now happy in the shack as compared to the eight-roomed house I was staying in. My ancestors told me that this is the right place for me if I want to live a better life. They were protecting me from the harm I used to get in that house. I am now happy here because of their guidance. As a traditional healer, my ancestors play an important role in my life daily. I listen to what they say to me and do it. That is why I am healthy and happy.

Faith was important for Tumi, it made her believe that she benefitted from the EAP intervention. Her combined faith in the abilities of the EAP practitioner, the healing and protecting power of God, and guidance and protecting power of her ancestors, played a vital role as positive psychological strength in the improvement her overall physical and psychological state.

10.3.2 Quality connections to others (Love)

The road to Tumi's improved psychological and physical well-being was eased by the quality of connection she had with the EAP practitioner. Tumi had good and positive relations with the EAP practitioner, which resulted in the minimization of her initial anxiety and fear, and also the maximization of her ability to open up and present her problems in a meaningful way. The type of relationship they formed impacted positively on the treatment outcome and this benefited Tumi's state of health.

> *I found her approach to be soft and welcoming. She made it easy for me to talk to her and explain my problems. When I first went to her office it was not easy for me, but after talking to her I felt a bit comfortable with her.*

The type of relationship that Tumi and the EAP practitioner formed acted as a positive foundation for the success of the EAP intervention and achievement of her treatment outcome. Their relationship blossomed as the sessions went by and led to the development of mutual trust which was largely satisfying for Tumi in particular and, possibly for the EAP practitioner as well. Tumi revealed during the interview that she perceived the EAP practitioner to be empathic and this tightened their bond by making it stronger and more intimate. Being empathic meant that the EAP practitioner was able to monitor and impact positively on Tumi's emotional, cognitive and physical level and also show an understanding of her situation and past and present experiences in an objective manner throughout their consultation.

With the continuation of the sessions I also started trusting her because she was feeling me and I was feeling her as well. She understood and cared for me. I sensed during the sessions that she really meant well, cared for me, and what I was going through. I felt closer to her and started opening up more as I felt more at ease in her presence.

Another ingredient to making the nature of their quality relationship a significant contributor in the success of the EAP intervention is mutual respect. Tumi respected the EAP practitioner as an experienced professional offering assistance to her, while the EAP practitioner respected Tumi as a client who required professional assistance. Showing mutual respect implied that both of them had a high regard of each other. That is, they showed unconditional positive regard for each other. They valued each other without any conditions.

When I first spoke to her I thought she would look down at me because of the type of problems I had, especially the fact that I was sedated and admitted in a psychiatric ward. I was wrong; she respected me with my problems. I don't remember her scoffing at me at any stage during our interaction. She was respectful throughout, and that made me feel like an important person.

The show of respect to one another became a catalyst for the development of mutual acceptance, where Tumi felt she was accepted without attaching conditions, and not judged. She felt that the approach adopted by the EAP practitioner was not disapproving and negative. By adopting a non-judgmental approach the EAP practitioner, created a friendly and non-threatening atmosphere for Tumi. She felt well-received in spite of her perceived faults and problems. By feeling respected as well as accepted unconditionally, Tumi was prompted to open up frequently and effectively across the entire EAP consultation process.

She never judged me with all my embarrassing stories. She listened to my stories with interest and understanding. I therefore talked more and told her everything without any fear of shame or embarrassment.

The relationship that Tumi and the EAP practitioner formed did not end when the sessions were terminated. It continued in an open-ended manner. Thai is, Tumi mentioned that she was at liberty to consult whenever she felt a need. The consultations were never restricted to the scheduled EAP sessions. Thus, she was free to seek support whenever she felt there was a need.

> *I am better off than before, as I speak to you now. The way she accepted me made me feel better. You know, if I have a pressing need to talk I can just go to my EAP practitioner and talk to her, as long as she is not busy. We talk about everything. She gives me time and listens to me. I have a good relationship with her.*

Another form of quality connection that enabled Tumi to achieve her health outcomes was the solid family connectedness that she had with her children. They provided with the needed support when things were difficult. They eased her stressful conditions by providing her with a platform to share her feelings when she appeared stressed. Tumi's children also provided companionship when she needed someone to talk and listen to her.

> *Family support, as told by the EAP practitioner, was important to me. When they saw that I was not happy or nor feeling well they would come to me and start a conversation. I think it was their way of saying to me 'Let us talk about it'. Even when I was angry because of the things that were happening at work I would end up talking to them and forgetting about my issues. Talking to them really helped me.*

Tumi's family support was not only centered on talking; it also involved humour. Laughing acted as an antidote to stress. Humour eased the emotional pain for Tumi and assisted her to come to terms with her stressors. In Tumi's words, humour "made her problems less", in that it softened the hard emotional blow thrown by stress. It made her stress less difficult to bear and more acceptable.

My family was supportive to me. The words they said to and still say to this day have helped me feel better. They made me laugh. They made me laugh about what was troubling me and that made my problems less. You know, laughing about the problems you have makes them go away because you don't take them as seriously as before and eventually you feel better. That is what happened and is happening to me at home with me and my children.

The importance of family support did not impact on Tumi's illness only; it also impacted positively on the nature of their relationship as a family. By spending time together sharing and laughing, the family bond was strengthened. The family became closer to one another and supported each other during difficult times, while sharing joyous moments together. In short, family support brought all the family members together and closer to each other and acted as a powerful support system for them all.

What was strange to me is that as we talked to one another and laughing about issues, we became closer as a family. I think my illness brought us closer. We gather together share our stories and laugh, and that makes me proud as a mother to my kids. I now understand what the EAP practitioner was saying about the importance of family support.

Quality connections, whether with the EAP practitioner providing a general function of facilitating, guiding Tumi towards achieving her health goals, or Tumi's family towards providing sufficient support to help Tumi to handle her ill-health, were significant in influencing Tumi's health in a positive way. The role played by quality connections differed from one entity to the next. The EAP practitioner's role, on the one hand, ranged from, among others, neutralizing anxiety, providing expert advice and recommendations, enhancing feelings of worth, to creating a stable atmosphere that was conducive to the achievement of the anticipated treatment outcome. The family's role, on the other hand, included the provision of continuous support during and after EAP sessions, easing the impact of stress and creating an environment

of belonging. All these different but important roles contributed to the ultimate success of the EAP intervention for Tumi.

10.3.3 Self-regulation and control

The ability to master, direct and control one's thoughts, emotions and behaviour emerged as one of the significant themes that contributed immensely in making the EAP a success story for Tumi. The EAP was beneficial for her, because it inculcated in her the importance and power of exercising self-control to achieve health goals. In other words, Tumi learnt during her EAP consultations the significance of exercising effective self-control methods in order to manage emotions, thoughts and behaviour when needed. Thus, exercising self-control when confronted by stressful situations acted as both a preventative and curative measure against challenging stimuli.

> *The EAP practitioner told me to learn to control my emotions and behaviour when I feel stress in order to avoid it getting out of hand and making me dizzy. I took that seriously and practiced to control myself when I felt stressed. I had to learn to control myself because I did not want to go back to the psychiatric ward in hospital.*

Self-control became important for Tumi's state health and well-being as it minimized and prevented the emergence of her feelings of anger. As part of her treatment plan, Tumi had to learn to control her anger in order to avoid getting stressed and uncontrollable.

> *I benefited from the EAP because I learnt to control my anger. I am now not as angry as before. I am able to control my anger. When I am angry I go away from the situation that makes me angry and when people make me angry I avoid engaging them.*

Learning to exercise self-control enabled Tumi to remain calm and function well socially, occupationally and at home. It was through self-control that Tumi avoided confrontation and

conflict with colleagues or anyone whom she perceived as a possible cause of stress. She was able to anticipate stressful situations and prevent personal altercations that would lead to stress by avoiding situations that had the potential to be explosive.

> *I decided to work on my own and not interact with my colleagues even when they invited me. I knew that spending time with them will lead to confrontation because they perceived me as blunt and insensitive. I am not blunt or insensitive; I am a straight-talker. I tell things the way they are and some people don't like it. So, to avoid these conflicts I spend time on my own and when I feel like talking I go to the EAP office.*

Self-control was crucial for Tumi's health and well-being, because it provided her an opportunity to pursue and achieve her health goals, by motivating her to be persistent even in the face of frustration or possible failure. It offered her an opportunity to learn to be adaptive and override stress though self-restraint. Self-control meant that Tumi had to discipline herself by exercising restraint in order to avoid the temptations of getting involved in potential conflict that would result in high levels of stress.

> *Avoidance made me feel better. Doing things on my own prevented me from feeling stress, and following the advice of the EAP practitioner kept me away from the psychiatric ward.*

The EAP practitioner recommended self-control measures which enabled Tumi to maintain control in stressful situations. By maintaining control of her emotions, thoughts, and behaviour Tumi felt that she was in charge of her life, and this boosted her confidence and motivated her to continue on using the recommended self-control techniques, because they enabled her to manage stress effectively.

> *The EAP practitioner told me that I should learn to cool myself down when I am angry. She suggested that I listen to my favourite music, keep myself busy with something not*

related to my anger or talk to someone I trust in order to feel better. These suggestions have worked for me. What I avoid doing is to sleep; I believe that sleeping makes you more sick or worsen your problems. When you are in bed you focus on your problems and that solves nothing. I only sleep at night and I take the medication I got from the hospital to get a better sleep.

The application of the recommended self-control measures that Tumi obtained during her EAP consultation resulted in the reduction of her stress levels. Tumi was also able to manage her stress appropriately through the use of self-control measures when challenging her stressful circumstances. Self-control thus became a coping mechanism for Tumi, as it was able to assist her overcome perceived and/or real stress. Applying self-control measures not only enabled her to override her feelings of stress, but encouraged her to be committed to the continuous use of these measures in order to achieve her health goals. Being committed improved Tumi's competence in her application of these measures to rise above situational demands and manage her stress since each application enabled her to refine her application and this resulted in improved stress management abilities. In other words, the more she applied the self-control measures, the better she became in their application and the more rewards she received.

10.3.4 Negative emotions

During the interview Tumi indicated that she was once affected by negative emotions, which disturbed her planned EAP sessions. However, those negative emotions did not deter her from continuing with her treatment plan and achieving her treatment goals. The negative emotions affected a single scheduled session, when she did not arrive because she was feeling extremely despondent on that particular day.

Yes, negative feelings did affect me. I remember I had one scheduled sessions that I did not go to because I was feeling really down. I did not want to talk to anyone, including the EAP practitioner, and all I wanted was to be alone. That is the only time when

negative feelings affected me seriously, but after that everything became fine and has never skipped a session since that day.

Although Tumi mentioned that feeling despondent had been an obstacle to her EAP consultation, she did not terminate her EAP sessions. She attended the subsequent scheduled sessions until the end of her treatment programme and eventually recovered from her emotional distress.

CHAPTER 11

MARTHA'S STORY

11.1 PERSONAL DATA

Age:	36
Gender:	Female
Occupation:	General Assistant
Department:	Finance – North West
Diagnosis:	Marital Problem
Type of referral:	Supervisory-referral

11.2 THE STORY OF MARTHA

11.2.1 Presenting problem

Martha is a mother of two children. She is involved in a long-term romantic and intimate relationship, but not married. She made contact with the EAP following a discussion she had with her supervisor. Her supervisor had referred her after he noticed that "she was not the usual Martha that he has come to know". She consulted the EAP after a supervisory referral was made and eventually attended a total number of six sessions. Martha met with the researcher for the first and subsequent interviews regarding this research study at the EAP's departmental consulting offices and was the sixth participant to be interviewed. During the interview Martha explained that she was having personal problems that were affecting her general functioning at home, work and socially.

> *My life was mixed up at home and work. Things were hard for me. It was difficult for me to focus at work and the situation at home was even more difficult.*

During the interviews Martha reported that things were not going well for her personally and that her situation was further complicated by the problems she had in her romantic relationship. Her romantic relationship was characterized by conflict, which was causing additional stress for her. At work she was not focusing and performing as expected, which resulted in conflicts between her and her supervisor. At home her kids were complaining that she angered quickly, shouted at them and did not pay them enough attention.

> *When my supervisor called me and advised me to go the EAP things were bad for me. Nothing was going right. My relationship was stressing me. My partner and I were always fighting. I felt he was not supportive enough and was looking for trouble even when there was nothing to fight about. My kids felt that I was not giving them enough attention and I was always on their case. At work my supervisor was not happy about the way I carried myself and not performing as required. Nothing was going right for me. I was feeling bad myself about everything that was happening in my life.*

At the time of her EAP consultation Martha was presenting with symptoms typical of a depressed person as described by APA in the DSM. She indicated that she was felt tired and drained most of time, and was not interested in doing anything. Preparing and going to work was an effort her. She felt irritable and did not want to do anything. She even felt that she did not want to see or interact with her partner, and wanted to be left alone by everyone. Eating and sleeping were difficult for her. Martha felt overwhelmed by everything that was happening to her. She intermittently felt that her existence in this world was worthless because everybody was angry at her.

> *Things were really bad for me. Nothing was going right for me. I did not want to do anything. I wanted to be left alone but it was not possible because I had to interact with people at work and my kids at home. I struggled with my sleep. I hated everything. I hated eating. Going to work was hard and tiring. I was just there and living without*

purpose. I felt I was not good enough. In fact, I felt useless. Things were really difficult but I am now better.

During the interviews Martha was cooperative and interacted well with the researcher. She was well spoken, but not substantial in her presentation. She responded to the questions with average interest. She was neither talkative nor reticent. She smiled occasionally but was emotional when she described what her life was like prior to the EAP consultation. Martha, however, reported that her EAP consultation was positive and productive.

My experience was positive. I got help and now I am far much better. Coming to work and going home are not as tiring as before.

Martha was grateful for what the EAP did for her. She mentioned during the interview that it was through the EAP that her life was now manageable and her debilitating symptoms had decreased drastically to the point that her overall functioning had improved beyond her expectation.

11.3 EMERGING THEMES

11.3.1 Faith

The role played by faith in Martha's story could not be underestimated. Faith served to fuel Martha through her difficult times when everything seemed hard and overwhelming. Martha thought that her situation was unsolvable but as time progressed, through attending EAP sessions, she started seeing light at the end of the tunnel. She started believing that her problems would be resolved because her EAP practitioner was competent enough to help her overcome her emotional difficulties. Although her belief in the capability and competence of the EAP practitioner was not instant, it grew gradually with each and subsequent consultation until her eventual recovery.

My faith in her was not like love at first sight; as mentioned previously, I was not totally free of anxiety when I went to see her for the first time as I did not know what was going to happen. I started believing in her after realizing that she had skills and experience. She was even a qualified Psychologist. I think that further strengthened my conviction in her.

Faith in the EAP practitioner did not only come about because of her qualifications and experience, but also from the manner in which she conducted herself and facilitated their interaction. Her approach was a welcoming and friendly one. Martha felt invited to talk about her problems. The EAP practitioner instilled faith in Martha by easing her anxiety and fears and eventually established a strong working relationship that helped the process and the achievement of the expected health goals.

Her approach was inviting and I somehow felt encouraged to talk to her. She was friendly and that made me relaxed. I felt welcomed at our initial session and my fears started to gradually disappear and I relaxed more.

Having faith in the competency of the EAP practitioner contributed to the success of the EAP intervention in many different ways. According to Martha, faith made her loyal to the EAP practitioner, EAP process and treatment plan. She stayed with the same EAP practitioner she initially consulted with, even though there was an option of making use of other available EAP practitioners if she felt she was not satisfied. Faith ensured that she stayed in the programme and finished her treatment plan, and enabled her to believe that she would benefit from the EAP practitioner and sessions, hence she remained in treatment.

I really believed in her. I believed that she was good and would ultimately be able to help me. I started with her and ended with her, even when I could use the other available EAP practitioners if was not happy the one I consulted. I stayed with her because of the type of

treatment she gave. I did not think or feel like going to someone else. She was very appropriate for me.

Her faith contributed, again, by inspiring hope in Martha. Faith inspired the perception that she could reach her desired goals. The EAP became a pathway that enabled her to generate and use personal pathways that directed her to achieve emotional well-being. By having faith she remained in the EAP treatment because she had hope that everything would work out well in the end as expected. Her hope carried her through difficult times by enabling her to handle unknown and unpredictable experiences. Hope kept her focused on her goals of getting better, and thus became a catalyst for her treatment and her personal goal achievement.

The way she handled my issues created hope that something positive is bound to come from these sessions and I therefore stayed with her throughout the sessions. Looking at it now I can confidently say I was not disappointed. Staying with her till the end definitely paid- off. I am now fine. All the difficulties I experienced have now disappeared. I feel healthy again.

Martha felt that she was involved in what was happening in the sessions because there was mutual trust and faith. She reported that she was part of the decision making process in the planning and execution of her treatment plan. Involving her in decisions regarding treatment resulted in the strengthening of both their relationship and faith in their capabilities to carry out agreed upon treatment decisions. Martha felt that she was not a passive participant but an active one that had a say in what should happen in her treatment discussions. This approach empowered her and increased her level of self-confidence.

Her advice made me become myself. She recommended things I could do when I was hurt. She gave me advice when I needed someone who would guide me better than myself. She gave suggestions that helped me a lot. She gave me tasks to do and an agreed upon schedule for our next sessions. In our sessions we discussed what we did previously and

the tasks that she gave me to do. I was involved when treatment was planned. She encouraged me to participate and voice out my views on how things were progressing and on what could be done better. I felt good about my contributions because they made me a better person.

By engaging and involving Martha in the treatment discussions, her faith increased and sense of commitment in the process was instilled. Being committed to the EAP meant disclosing all the relevant information, devoted to the EAP schedule and complying with the treatment plan.

I was committed to the whole thing. I was committed to the given dates and time for our next appointments, and if I could not make it, I rescheduled. I had no reason not to attend the sessions because of the type of problems I was experiencing. I came for the sessions, even when I was tired I made an effort to come. I was also honest with my problems and open with what was hurting me.

Martha entered the EAP with an open mind, because it was a territory she had never explored before. It was her first consultation and therefore did not know what to expect. Being open-minded enabled her to absorb the new experience without any influence. This approach eased the way for faith to take root.

I went in there with an open mind because I did not what was going to happen. It was my first EAP consultation.

Faith in the EAP process was significant for Martha to regain her positive state of health, psychologically and physically. The presence of faith made it possible for negative emotions to be neutralized and the pathways to be open up for the EAP interventions to impact positively on her and effect the desired change.

11.3.2 Quality connections to others (Love)

Quality connections is one of the fundamental themes that emerged in Martha's story as having contributed significantly in making the EAP consultation process a success. It enabled Martha and the EAP practitioner to achieve their respective EAP outcomes as envisaged. It acted as a stable and a safe base for the EAP practitioner to launch her treatment plan, and for the treatment interventions to impact positively on Martha in order to achieve their desired outcomes. The relationship was a fundamental element in the implementation of the treatment plan and attainment of treatment goals.

> *The relationship played a big role in me getting better. When you can relate to someone well, you are able to say what it is that bothers you and that makes you feel better.*

The type of relationship Martha had with the EAP practitioner became a mechanism for effecting change and accomplishing the expected treatment outcomes. It gradually decreased the levels of fear and anxiety that Martha carried during the initial and subsequent EAP sessions. It also eased potential tension that might have negatively interfered with the treatment process. Furthermore, quality connections created a positive environment for constructive mutual engagement to take place. That is, it encouraged meaningful exchanges between Martha and the EAP practitioner and this strengthened the impact of treatment process on her.

> *The relationship played a big role in getting me better. It made things between me and the EAP practitioner easy. We related well. When you relate to someone well you are able to tell him or her things that trouble you, and that makes you feel better. That is what happened between me and her when I was attending EAP sessions.*

Building a good relationship promoted opening up without fears of being judged or embarrassed. Martha trusted the EAP practitioner and she was therefore able to present her problems without difficulty. She did not feel blamed or belittled. She felt comfortable and protected in the EAP

practitioner's presence. The good relationship that they formed enabled Martha to view her EAP sessions in a positive way because it provided a platform that allowed her to vent her emotions in an environment that she perceived as being protective.

> *I started trusting her and felt comfortable in her presence. We then built a good relationship, which made it easy for me to open up to her.*

Their relationship became vital for the EAP processes to succeed, because it was emotionally supportive in nature, and this contributed immensely to decreasing any possible resistance that Martha might have had either towards treatment or the EAP practitioner herself. Their relationship allowed Martha to feel accepted and cared for. In addition, the way the EAP practitioner interacted with her made her feel respected and as though she was being taken seriously. Thus, she felt that the EAP practitioner was concerned about her welfare and thus wanted to assist her in restoring her previous state of good health.

> *The way she interacted with me made me feel that she was really concerned about my health. She listened to me and gave me an opportunity talk about everything that I considered necessary and affecting me in negative way. I felt accepted, special and respected. She really wanted to help me, and that made me feel good about the fact that she was honestly concerned. I believed that she was not pretending to be concerned but was honestly concerned.*

The quality relationship they formed and their resulting interaction made Martha feel well understood. She experienced the EAP practitioner as being interested and paying proper attention to her when she presented her case. Martha's sense of being a partner in the session was increased because of the interest that the practitioner showed and the attention she paid, especially when Martha's health was at a lower level and her performance not at the required standard. Feeling understood thus became an essential element in strengthening their relationship and the eventual success of the EAP intervention process.

She listened to me. She did not disturb me when I was talking. I felt that she really wanted to know and understand my problems. She paid attention when I talked and asked questions that made me reveal more about my problems. She gave me enough time to talk and listened well all the time. I felt important.

The type of relationship they formed thus contributed significantly to the achievement of treatment outcomes, it continued beyond the termination of the sessions. It served as a health maintenance mechanism that continually sustained the positive results achieved during the EAP consultation process. It acted as a reminder to Martha and the EAP practitioner that something significant that changed ill-health to well-being was achieved when Martha had been at her lowest, feeling down and out. Their relationship remained a channel for Martha to vent her negative feelings and to receive reassurance and encouragement in times of need.

Our relationship was excellent. Even now we have a good relationship. When I feel down or feel negative I can go to her office and talk to her and express my feelings with ease.

This mutual quality connection was described by Martha as an essential element that played a vital role in the achievement of the envisaged treatment outcome and in bringing about the desired health change because it functioned as a positive link between Martha, the EAP practitioner and, the treatment outcome. The quality connection also contributed positively during the EAP consultation by creating a positive experience for the treatment plan to take effect.

The experience was positive. I felt positive throughout my sessions. The reason for feeling positive is that I met someone I could talk to freely and express my feelings without hesitation. I met someone I could trust and who was willing to help me. She gave me advice on things I did not think about. I became myself and if you are yourself you are able to solve problems.

Due to the nature of their relationship, Martha and the EAP practitioner were able to influence each other positively for the benefit of both parties and of the EAP intervention process. That is, Martha benefited as she achieved the necessary support and encouragement during her emotional struggles, the EAP practitioner benefited by being able to get through her, and executing the envisioned treatment plan, and the EAP process benefited because it was unhindered by potential obstacles. The EAP consultation process was a success, because of the contribution made by the quality relationship that made Martha feel positive and therefore more willing to participate in the treatment outcome and the EAP practitioner willing to engage and attend to Martha when she was in need of help.

11.3.3 Negative emotions

Martha reported that not all her EAP consultation was positive. She experienced negative emotions that evoked feelings of anxiety and made her feel scared. She was scared of the unknown and could not predict what was going to happen to her.

> *I was referred to her by my supervisor and I did not know her. I was scared and asking myself what will happen when all is said and done. When we met for the first time I did not talk a lot because I was scared. I was more quiet than talkative.*

Even though Martha was initially scared, the dominance of the positive psychological themes that emerged subdued the minor influence produced by the negative emotions. In fact, 'being scared' is a natural emotion that appears when one cannot predict what would happen next. Therefore it was not unusual for Martha to experience such negative emotions.

CHAPTER 12

BUSI'S STORY

12.1 PERSONAL DATA

Age:	43
Gender:	Female
Occupation:	General Assistant
Department:	Office of the Premier - North West
Diagnosis:	Adjustment Disorder with Depressed Mood
Type of referral:	Self-referral/EAP initiative

12.2 THE STORY OF BUSI

12.2.1 Presenting problem

Busi is the single mother of four children, two boys and two girls, and is currently not involved in an intimate relationship. She came into contact with the EAP after she was admitted in hospital for depression. She was admitted after collapsing at work because of the overwhelming nature of the problems she was experiencing. In hospital she was initially admitted at ICU and later transferred to a general ward where she stayed for some time and finally discharged after recuperating. While in hospital, she was visited by the EAP practitioner, which was the start of her relationship with the EAP.

> *I collapsed at work and was taken to hospital where I was admitted for a while. I only realized that I was in hospital in ICU when I regained my consciousness. At the time of my admission my situation was really bad and I had reached my highest level of difficulty and I felt overwhelmed.*

Busi's contact with the EAP did not follow the usual route of referral. The EAP practitioner visited her in hospital, and suggested a formal contact and consultation with her after she had been discharged. In other words, it was the initiative of the EAP to contact her and recommend that Busi visits them when she returned to work.

> *I did not go to seek help. What happened is that the EAP practitioner came to visit me in hospital. I was surprised that by her visit because i did not expect it. During our talk she suggested that I come to see her when I go back to work. As suggested, I went to see her after discharge from hospital and was ready to go back to work.*

The focal point of Busi's EAP consultation was about personal problems, especially her housing problem which she perceived as difficult to resolve. According to Busi, the housing problem has been a long standing one that proved to be difficult to resolve. Consequently, she did not know what to do about it anymore and felt overwhelmed by it. These feelings resulted in depression and her eventual hospital admission.

> *I had many personal problems and I was stressed to the point of not knowing what to do. Our department of Local Government and Housing was frustrating me and not helping me. They were sending me from pillar to post with no one assisting me to solve my long-standing housing problems and I ended up on the streets with no place to stay with my family. I felt helpless and did not know what to do or where to go.*

The housing problem that Busi was experiencing interfered with her general functioning. She could not focus on anything but her housing problem. She felt helpless and hopeless before and during her hospital admission. Life was hard for her and she felt that she had no solution to her problems, because the relevant department could not help her overcome her problems. However, she felt as though the EAP had come to her rescue.

I did not know what to do. All I could think of everyday was my problem. I could not focus and sleep. It was too much for me. The people I expect to help me could not help me. After my sessions with the EAP and personally visiting the Housing department with her, things started to shape up. I could feel and see that something good was coming up. The EAP really helped me.

Busi attended a total number of five sessions with the EAP practitioner, which she described as very helpful. Busi was recommended by the EAP practitioner for the research study and was interviewed at the EAP's consulting offices. She was the seventh participant to be interviewed. During the interviews, she was talkative, full of energy and excited to share her EAP experiences. She talked with pride and admiration when describing how the EAP practitioner went out of her way to assist her. She was not shy to express her views and feelings about her EAP experience. She was articulate, logical in her description, and well-spoken. Busi described her EAP experience as being meaningful, educative and helpful.

The EAP experience was positive. She made a lot of sense to me and in understood quite well what she talked to me about. We touched on a lot of issues including general issues about life which I found very educative. I learned more in my sessions than I expected.

During the interview, Busi was very cooperative and responded to the questions with enthusiasm. She smiled now and then and indicated that she could not hide her happiness because she now had a shelter over her head and had returned to the house she was living in.

Busi showed appreciation of what the EAP did for her. She could not stop talking about how she was helped by the EAP and thus willingly shared her experiences. At the time of the interviews, she appeared to be happy and stress-free. She mentioned that her happiness should be credited to the EAP.

12.3 EMERGING THEMES

12.3.1 Faith

Faith emerged in Busi's story as one of the themes that positively influenced the treatment outcome. It became one of the imperative features in Busi's story that facilitated her healing and recovery process from emotional disturbances. Busi developed faith in the EAP practitioner during the course of her consultation. Her faith was characterized by a perception that through the help of the EAP practitioner things would definitely turn-out fine. She trusted and believed in the competencies of the EAP practitioner. In short, she had faith in the EAP practitioner's capabilities.

> *Her approach convinced me that I would get the necessary help I needed from her. She was friendly but professional. She was caring but decisive. I was impressed by the manner in which she displayed her skills.*

Busi's faith in the EAP practitioner was instilled at first contact and it grew as she (EAP practitioner) continued to impress herself on Busi with her professional conduct and approach. She paid Busi attention and showed interest in what she was saying. She encouraged her when necessary and helped her to view things differently, by linking their discussions to life in general, and in particular being a mother. During their sessions she was patient with her, by taking her time to assist her. She did not rush or push issues. Consequently, Busi's faith in the EAP practitioner was strengthened, because she appreciated the type of treatment she was receiving and was being offered. She reciprocated, by building more trust and becoming more compliant.

> *She showed interest in my problems. She was not harsh and she told me to be strong. She explained to me what it meant to be a woman with kids. She showed willingness to help me overcome my problems. She did not rush issues but took her time and then I started trusting her and things started to get better and easy for me.*

The EAP practitioner's approach was also informative and educative in nature. This approach increased and further strengthened the level of faith that Busi had in the EAP practitioner. She believed and trusted more in the EAP practitioner because she was getting enlightening and instructive information that clarified and simplified her distressful situation. The EAP consultation process was therefore not only a healing endeavor, but a learning process as well.

> *In our sessions she gave information I found relevant and educative. She gave me advice on how I should approach life, tackle problems and the general challenges I encounter in life. I started understanding what was really happening to me. At that time I became happy that I consulted the right person. She was good. I was really impressed by how she approached my situation. She made the whole EAP experience positive for me, and I like that.*

The information she received in her sessions was not only educational, but also inspirational. Her self-confidence was boosted, and her self-esteem was raised. It made her believe and trust in herself. She began to believe in her own abilities to handle problems she would encounter in future.

> *Because of her approach, I now believe in myself and my ability to face problems. I now believe in being strong-headed. The sessions revived the dormant power in me. She also provided me with strength that I needed to feel better and continue with my life.*

The sessions provided Busi with insight into her situation. She became more aware of the state of affairs she was ingrained in. She made meaning of her situation and her faith in the EAP practitioner grew and intensified because she was starting to see some positive light. The maladies and calamities she was experiencing were simplified and reduced to her level of understanding. She started understanding her situation better and appreciated it more than before. In short, her horizon was broadened to make sense of what was happening in her life.

I appreciated what she did for me. She went all out to help me. She gave me information. She simplified matters and I started understanding what was really happening to me. Things became more clearer for me. It was relieving to feel that way.

Busi also gained insight and understanding into of her situation when a religious perspective was presented to her. The introduction of Christian religion simplified her situation better as it offered her a religious explanation and justification of why she was in a distressing situation.

Our sessions included God discussions. I cannot really say how God discussions started but it became part of our conversations. I was surprised that she knew more about religious issues than I thought. We talked about religion, the Bible and God. Our discussion gave me a different perspective and deeper understanding of why things were happening to me the way they did. Her explanation made a lot of sense to me.

Busi had faith in the EAP practitioner because of the way in which she showed dedication when she was assisting her. She took her time. She went out of the way to help her feel better. Busi cherished the efforts and her belief in the EAP practitioner deepened. She was impressed by the way she approached and handled her case.

I mean she was dedicated to me and the way I was feeling. She went all out to assist me. I even asked myself, where is this woman from, like the FNB advert. She was taking so much of her time and effort to help me. She even accompanied me to the Department of Local Government and Housing and explained my story there. She explained to me, in way that I understood, what was required of me to do in order to solve the housing problem I had. She was not like those officials at the Housing Department who told me stories I did not understand. I really appreciated her efforts because I saw progress. I felt good about it.

It was not only faith in the EAP practitioner that contributed in Busi getting better; her renewed faith in the power of God played a role as well. She had belief, trust and obedience in the healing power of God. She viewed God as a determining factor in the process of her recovery from her suffering and eventual healing.

> *Our religious discussion revived my faith in the power of God. I begin believing again that God will help me get better. Surprisingly, I even started going back to church, I had not been in church for quite some time, but after our sessions my church attendance became regular.*

The role of faith, whether in the EAP practitioner and/or God, was vital to Busi's story of recovery. Faith provided Busi with meaning, encouragement and feeling of hope that everything would turn out for the better. Faith created in Busi a positive state of mind that made her believe and trust that she would overcome her adversities. Finally, faith emerged in Busi's story as an influential force that contributed positively in the achievement of the desired EAP treatment goal.

12.3.2 Quality connections to others (Love)

Good interpersonal connections are difficult to build because there is always an inherent fear of being rejected or scorned by the other person. But for Busi it was not as hard because, the good interpersonal relationship she formed with the EAP practitioner became a cornerstone for the eventual achievement of the positive and desired EAP treatment outcome. Their relationship became a solid foundation for the other EAP processes to impact positively on Busi as expected. It served as a pillar of strength for the other EAP processes to effect the desired change on Busi as it opened and led the way to her envisioned physical and psychological well-being.

> *We related very well and that made things easy for me. It was easy for me to speak my mind or say whatever I needed to be said. The situation never made me anxious or*

> *fearful, although I was initially not sure of what was going to happen. When I think about it now, I think her visit in hospital neutralized every negative feeling I had. When I met her in the EAP office it was not scary and when we started talking it was like we have known each other for quite some time. We related very well.*

The positive connection that existed between Busi and the EAP practitioner came into being as a result of the welcoming and caring nature the EAP practitioner displayed from the first till the last point of contact. Busi felt unconditional love and acceptance and as a result these feelings enabled her to loosen up and be herself during the sessions. As a talkative person, it became easy for her to state her case without holding back some information. Thus, the welcoming and caring environment created by the EAP practitioner both indirectly and directly encouraged her to be open and honest about the adversities she was facing and experiencing in her life at the time of consultation.

> *Her approach was welcoming and I felt accepted. She was kind to me, maybe she felt sorry for me, I am not sure of that, but I enjoyed our interaction. I told her my story without any worries and we talked about the way my life was because of the problems I was experiencing, especially the housing problem. That was a pain in the neck, it did not want to go away but it finally went away and I am now happy again.*

Busi found it comfortable to verbalize her problems and express her feelings because the EAP environment was non-threatening and non-restrictive for her. She felt understood, respected, and important, and therefore was not embarrassed to "hang her dirty linen" in front of the EAP practitioner. The EAP practitioner responded to her throughout the sessions in a positive way, which strengthened their relationship and promoted the achievement of a positive EAP outcome. By acquiring respect and feeling understood, Busi reciprocated to the behaviour by also responding to the EAP practitioner in a respectful and understanding manner, and thus establishing and building their relationship based on respect and understanding.

Her approach and understanding were good for me. I felt at ease with her and had no fear of being humiliated by what I was telling her. I felt her love. I felt respected and important. I felt she understood my problems and the way I was feeling. I decided to also show her respect because her manner of approach made a huge difference in my life. I am now a better and happy person because of her.

The welcoming nature of the EAP practitioner enabled Busi to come back for more sessions as there was no threat or rejection. She remained in EAP treatment until termination. Busi became devoted and loyal to the EAP, because the atmosphere was empathic, caring and relaxing in its nature. She was also compliant to the treatment plan throughout the course of her EAP consultations, and therefore making the quality of their relationship an essential and influential ingredient of the treatment agenda.

I was surprised by the way she embraced me when we met for the first time in her office. She was friendly, just like in hospital when she first visited me. She showed compassion throughout our meetings and I felt appreciated. I liked that feeling and I came back for more. I also committed myself to comply with whatever she recommended, because she was good to me. She made our relationship special and that kept me in the EAP till we parted ways, and that is when she had helped resolved my housing problem and I was happy again.

The relationship Busi and the EAP practitioner formed was mutually beneficial. According to Busi, it became an important component for the treatment plan for the EAP practitioner, while for Busi it was an outlet to off-load her emotional baggage. That is, it provided her with an opportunity to vent her distressing emotions in a non-judgmental and safe environment. Busi experienced the environment as enabling and cathartic for Busi. It also provided a platform for them to engage each other regarding the treatment process and expected outcome.

Absolutely, all my sessions were beneficial. What was good for me is that she gave me the opportunity to talk and ask her questions when I did not understand what she was saying. We talked about treatment and things I wanted to achieve from EAP. She involved me and never undermined me at any stage. She took effort in helping me, from her hospital visit till the termination of the sessions.

Busi regarded their relationship as having played a significant role in her recovery, because the EAP practitioner took her time to listen, understand, and respond to appropriately to whatever she presented. She did not at any stage feel that her story was considered useless or irrelevant. She heard as though everything she said was genuinely heard by the EAP practitioner.

She allowed me talk about my problems as much as I wanted to. She listened to me with interest and asked questions if she did not understand. She had time for me. What I realized after to talking to her is that I felt better and lighter. You know when you tell your problems to someone who listens to you without showing signs of being bored or being impatient it helps. Telling her my problems was a huge relief for me.

Busi's quality connection to the EAP practitioner was not limited to the scheduled EAP sessions; it continued after the EAP consultation was terminated. It became a relationship that continued to create opportunities for Busi to grow even further. It became a safe haven for Busi to gain additional reassurance and encouragement.

Our relationship continued even after our formal consultation was ended. I consult her when I am not sure of something I want to do, and she would happily discuss that with me. I go to her when I need some advice or just want to talk, she does not turn me way. I have since realized that I am becoming a better person. For example, I have started with my driving lessons through her encouragement and my boss has now given me some responsibility of doing shopping for minor things for our unit. I am becoming a better person; I might even get a better position and salary, who knows?

The EAP relationship that existed between Busi and the EAP practitioner was a significant component of the consultation process, as it contributed immensely to a successful treatment outcome. Once formed, it became a well maintained professional engagement that encouraged Busi to stay in EAP treatment and eventually achieve a positive outcome. The relationship continued beyond formal EAP consultation arrangements and became a non-professional relationship that promoted personal change and career growth even long after termination.

12.3.3. Negative emotions

Busi reported during the interviews that there were no negative emotions that interfered with the EAP process throughout the course of her EAP consultation sessions. She viewed the entire process as being a positive and beneficial experience.

> *There is nothing negative that interfered with my sessions. I was always positive and believed that all will be well. Our initial contact made a positive impact on me. She made believe in her by the way she treated me and also conducted herself. The entire experience was positive and meaningful for me.*

Given the above statement, it can be concluded that Busi perceived her EAP experience as being a success.

CHAPTER 13

MARY'S STORY

13.1 PERSONAL DATA

Age:	46
Gender:	Female
Occupation:	General Assistant
Department:	Office of the Premier - North West
Diagnosis:	Major depression
Type of referral:	Supervisory-referral

13.2 THE STORY OF MARY

13.2.1 Presenting problem

Mary is a middle-aged, married woman with three sons. She has been married for 18 years to a man she describes as being very traditional. Mary was referred to the EAP by her supervisor, who noticed some behavioural changes at work. Although her performance was not below the expected standard, her supervisor had noticed that Mary was quieter and had withdrawn from others, preferring to spend time alone. She was not seen to be her usual cheerful self by her colleagues and family.

> *When my boss called me to discuss the changes he had observed in me, I was not myself. At that time I was avoiding my colleagues and preferred to be alone. I felt that everyone was on my case; I didn't have the energy to explain my situation to everyone.*

Mary initiated contact with the EAP after the discussions she had with her boss and ended up attending a total number of six sessions. She described her EAP sessions as being informative and beneficial.

> *I learnt a lot from the EAP. She taught me a lot of things about my problems and how to engage difficulties I face in life. The whole experience was life changing. It was positive and informative.*

The interview for this present study with Mary was conducted at the EAP offices in the Office of the Premier. Mary was the last participant to be interviewed for the study. During the interviews, Mary was neither talkative nor reticent. She responded to the questions posed to her in a manner that was indicative of being willing to share her EAP experiences with the researcher. Her answers focused on the effect the EAP practitioner had on her and how she was helped to get better.

During the interview Mary reported that her manager spotted behavioural changes in her, which were the result of certain difficulties she was being faced with in her life. Her younger sister, who is mentally unstable, was diagnosed as being HIV-positive and one of her children was out of school because of limited space and financial problems. Furthermore, her husband did not provide her with sufficient support, because of his traditional view of life. The husband was also not at home five days of the week as he was working far away from home. Mary indicated that she had to face all these major problems, along with other minor problems, alone.

> *When I went to the EAP I had a lot of problems to deal with. My younger sister who has mental problems was just diagnosed HIV-positive. I was concerned about her ability to comply with treatment and taking her medication as required. I have been told that HIV medication requires that you take it at the same time everyday. She is staying with my mom who is old and physically not well. She cannot monitor her properly as we speak about taking her medication. My son on the other hand was sitting at home, not attending*

school because of financial problems and lack of space at school. My husband comes home every Friday because he works far away. He is traditional man and his approach to health-related issues also traditional. He believes in traditional medicine only and is therefore not supportive when it comes to these matters. All these things became too much for me and I could not handle them anymore.

Mary described her problems as being overwhelming and tiring. However, she found solace and support in the EAP. She found help and direction in the EAP and it resulted in her feeling better and returning to her usual level of physical and psychological functioning.

My EAP experience was positive. When we started the sessions she was supportive emotionally. She gave direction, which helped me a lot. I can truly say that I am grateful to my manager for referring me because I am now a better person.

The EAP consultation process was a useful remedy for Mary which came at the right time when she was facing adversities in life. She described what the EAP practitioner did for her as a blessing and a true professional assistance.

13.3 EMERGING THEMES

13.3.1 Faith

Faith was reported by Mary as having influenced the EAP process immensely to achieve an outcome that was positive. In Mary story's, faith emerged as the one and only theme that contributed in making the EAP beneficial and a success. Mary indicated during the interview that her belief in the ability and competence of the EAP practitioner was beyond doubt. She strongly believed that the EAP practitioner was capable of helping her overcome the adversities she was experiencing and to guide her towards achieving her health goals. Mary entered the EAP having confidence in it already because it had been recommended by her manager.

In my eyes, she had all the requirements to make me feel better. I did not doubt her abilities. I went in there believing that she was the right person. I had no reason not to trust her, especially after being recommended by my manager.

Faith in the EAP practitioner was strengthened by the way Mary was received at the time of her first consultation. She found the EAP practitioner to be welcoming, and willing to listen to her problems. The EAP practitioner was well-prepared fpr the sessions, which made a positive impression of her in Mary's mind.

When I entered her office she was ready for me. She had prepared everything that was needed for our sessions. On her table there were forms that I had to sign, there was water in a glass for me, and a box of tissues. She was professional in the way she did things. I felt that I had come to the right person, who knew what she was doing.

The EAP practitioner's professional conduct inspired Mary to believe more in her own ability to ass achieve her health goals, namely ameliorating her distressing problems and improving her mental health. Mary was impressed by the way the EAP practitioner approached her situation. She became more convinced that she would be carefully guided to achieve her health and well-being goal.

She was very professional and I liked it. She did not make me feel lost or unwanted. She made me feel pleased to be in her office. I was really impressed by the way she organized and conducted herself.

Mary's faith in the EAP practitioner was also reinforced by the type of relationship that was created and maintained during the EAP consultation. Their relationship was supportive and non-judgmental in nature. The manner in which the EAP practitioner treated Mary inspired hope and confidence in the EAP consultation process. With every EAP session that Mary attended she became more optimistic that the EAP would achieve the expected results.

She interacted with me in respectful but caring manner. She was supportive and never judged me at any stage of our interaction. All these things gave me hope and belief that I was on the right track. My level of confidence in her increased and became more optimistic about a problem free future. She made me believe in her, and I benefited from that.

Having faith in the EAP practitioner generated and intensified a sense of mutual trust. Mary started trusting the EAP practitioner and became increasingly comfortable in her presence. She felt encouraged open up and share her story without any fear of being judged or embarrassed by the type of presenting problems she was experiencing and her inability to solve them. The EAP practitioner was accommodative and understanding. She made Mary feel acknowledged and as though she and her problems were taken seriously.

I was not afraid to share my experience and tell her what my problems were, because I trusted her. I did not think that she will shout or laugh at me and my problems, or the fact that I was unable to solve them myself. She understood what my problems were and how I felt. She asked me questions and I answered her with honesty because I believed that she would help me. She did not treat me as a cleaner in the department, but as someone with dignity. I felt respected and I appreciated it.

What made Mary to have deeper faith in the EAP practitioner's ability is the psycho-education that she received during the sessions. The EAP practitioner gave her relevant information, effective suggestions and recommendations, and advice on how to deal with and handle her problems outside EAP sessions. She empowered Mary with information that helped her manage her problems appropriately. She educated Mary with regard to problem-solving and management.

What I learned from the EAP practitioner are things I did not know. She explained what my problem was and how it was affecting me. She gave information on things I needed to

do in order to get better. She even suggested to me to ask her questions I have things I did not understand. I remember at one stage she advised me to talk to my husband and kids when I have problems or even when they give me problems. I found that advice very useful, because it reduced the shouting and unnecessary conflict at home. I learnt a lot from her.

The EAP practitioner's intervention was not only verbal, it was also practical. She went with Mary to her child's school and talked to the relevant authorities, which further intensified Mary's trust and belief in her. That is, the EAP practitioner was not only theoretical in her approach, but also practical.

One of the problems I had was that of my child sitting at home and not attending school. She assisted me with that case. She went to the school with me and spoke to those in charge and my child was accepted. On that day, I was the happiest person. She was really helpful.

Mary was satisfied with the treatment she received from the EAP practitioner. She was happy that her problems were resolved.

I was satisfied with the service I received from her and the way she handled my case.

Mary achieved her health goals and was able to benefit from the EAP because she believed in the EAP practitioner. The EAP practitioner motivated her and supported her. She was emotionally present and responsive during their EAP sessions, and encouraged Mary, both directly by giving her relevant information and indirectly by accommodating her needs and treating her with respect.

13.3.2 Negative emotions

Fear of being judged was the only negative emotion that emerged as a theme in Mary's story. Mary had a pre-conceived fear that the EAP practitioner was going to judge her, but found that rather the EAP practitioner was welcoming and understanding.

> *I had fears that she would judge me when I tell her about my problems. I was also fearful of being laughed at for being emotional because I had a tendency of shedding tears when I relate my problems to others. I was scared that I will cry in front of her and she would label me 'weak'. I feared that she would judge me, but she never did, in fact, she treated me with the outmost respect.*

Mary's pre-conceived negative emotions never materialized because the EAP practitioner was friendly to her. She was well-received, hence she indicated during the interview that she benefited from her EAP consultation.

CHAPTER 14

DISCUSSION AND INTERGRATION OF RESULTS

14.1 INTRODUCTION

This study explored positive psychological strengths (emerging as themes in the eight participants' stories) that should be required and, to a lesser extent, negative psychological factors that need to be eliminated in employees attending EAP in the public service, in order to make the EAP beneficial and successful.

The research results make for interesting reading because what emerged in findings were not necessarily anticipated. Some of the emerging themes as mentioned by the participants in their life stories are disguised micro-skills, which are outlined in basic and introductory counselling and therapeutic skills literature (Nelson-Jones, 2008). These are skills that are significant, when properly applied, in making psychological interventions a success. Furthermore, the analysis of the results reveals that even though all the emerging themes highlighted herein impacted positively on the treatment outcome, some themes had a stronger effect on the desired treatment outcome compared with others. The themes that made an intense impression were those that were reported by all or most of the participants as positive psychological strengths that made a difference in achieving their health outcome.

While a few negative psychological emotions were also reported as being present, their impact on the EAP intervention, participants and outcome was minimal, if any. This minimal influence can be attributed to the overwhelming and intense impact the positive emerging themes had on the employees attending the EAP in the public service. Some of the participants reported that they did not experience any negative emotions during their EAP consultation, and therefore it was not necessary for them to mention them in their stories.

14.2 EMERGING THEMES: COMPARATIVE ANALYSIS

The results of this study indicate that there are a number of positive psychological strengths in employees attending EAP in the public service that emerged as themes and that either contribute or are required to make the EAP beneficial and successful. The results show a consistent, positive association, and relationship between the presence of positive psychological strengths and a positive EAP outcome. Furthermore, these results are consistent with findings of local and international studies on positive psychology and its effect on health and well-being, as indicated in Chapter 2 and this current chapter.

The findings of these studies indicate that the presence of positive psychological strengths in individuals (employees in this study) plays a critical role in the promotion of general physical and psychological well-being, in mitigating the damaging effects of diseases, and preventing illnesses. The results of this (and other related studies) indicate that irrespective of whether positive psychological strengths (the emerging themes in this study) are consciously or unconsciously applied, they directly or indirectly influence well-being and health outcomes in a positive way. The emerging themes in this study, it should be noted, did not impact and operate in isolation but were inter-related and inter-dependent, and their effectiveness depended on the nature and quality of their relationship with each other at the time of interaction and impact.

Interestingly, the results of this study which appear in the form of emerging themes (positive psychological strengths) did not fit in fully in the framework of positive psychology, which is the VIA classification system of virtues and strengths. Some of the emerging themes (positive psychological strengths) in this study are excluded and not part of the VIA classification system, although they are covered in literature as part of the concepts in positive psychology that describe either virtues or strengths (Snyder & Lopez, 2007). This exclusion indicates that positive psychology studies include a lot of positive character strengths or positive personal traits, even those that do not necessarily form part of the VIA classification system. That is, in positive psychology any personal trait or character strength that contributes to or benefits an

individual's well-being, particularly health, happiness, and emotional well-being forms part of the broader field of positive psychology. This includes virtuous behaviour, because it increases individuals' life satisfaction and makes life more meaningful and healthy, although it is regarded as independent because of being connected to religious or secular mores and its values to society (Baumgardner & Crothers, 2009).

The results of this study also indicate that some of the participants experienced some negative emotions which could not be ignored or taken for granted because they had some impact on the participants, whether mild or minimum. However, the association and relationship between the negative emotions and planned EAP outcome was insignificant. That is, the impact of negative emotions was not disruptive to an extent that it resulted in the early termination or negative outcome of the EAP consultation. These results indicate that some individuals cope well or remain healthy despite facing a barrage of multiple stressors in their daily lives and/or go through severe traumatic experiences because of their positive psychological strengths or positive emotions. Positive emotions enable individuals to cope with stress because they have physical and mental-health promoting effects beyond their ability to off-set the potentially toxic effects of negative emotions (Baumgardner & Crothers, 2009).

In short, the results of this study reveal (as indicated below) that the presence of positive psychological strengths in employees attending EAP in the public service is associated with positive EAP outcomes, and not associated at all with negative emotions and negative outcomes. From the transcribed interviews, notes taken during the interviews, and analysis of data from the stories told by the eight participants, the following main themes were identified (as highlighted previously) and arranged into the following headings:

14.2.1 Faith

Faith is described by Baumgardner and Crothers (2009) as the individuals' unique relationship, experiences, activities, and meaning that they give to their object of faith. In this study, faith, as

indicated by the results, emerged in the participants' life stories as a leading theme that contributed immensely in making them benefit from the EAP. Faith had a significant and stronger influence on the EAP process and the treatment outcome as compared to the other highlighted themes, because it was reported by all the participants as having made a valuable impact on their state of health which eventually led to the success of their EAP consultation sessions.

Faith emerged in this study as a consistent theme and thread throughout all the stories, and therefore became a significant positive psychological strength that immensely influenced the success and positive EAP outcomes. The positive impact that faith had on the participants was made possible by the significant relationship it had with the expected and desired health outcome. This finding is in agreement with and supports Maddux's (2005) assertion that "beliefs play a crucial role in psychological adjustment, psychological problems, and physical health, as well as professionally guided and self-guided behavioural change strategies" (p. 277).

There are four different types of faith, as depicted in Figure 6, that emerged in this study as having influenced the outcome of the EAP consultation process, namely, faith in God, faith in the EAP process, faith in the EAP practitioner, and faith in the self.

Figure 6. **Different formats of faith**

Studies conducted on the relationships among spiritual beliefs, religious practices, physical health, and mental health found that certain spiritual beliefs (but not religious practices) are associated with better psychological adjustment (Johnstone, Franklin, Yoon, Burris & Shigaki, 2008). In addition, studies conducted by McCullough, and Poll (2003), found that religiousness (measured in a variety of ways, including belief in a higher power) was associated with lower rates of depressive symptoms. These studies further indicated that some measures of religiousness (positive God concepts, positive religious coping, and intrinsic religious motivation) had even stronger negative associations with depressive symptoms. "In a number of studies, psychologists have found that individuals who perceive God to be a loving, compassionate, and responsive figure also reported higher levels of personal well-being" (Pargament & Mahoney, 2005, p. 649).

Other studies that track the course of illness over time found that religious coping is a better predictor of well-being, because people who rely on their religious beliefs as a means of coping with illness recover more quickly, are more likely to survive their illness and to recover from major depression. Furthermore, a number of major reviews by leading researchers have concluded that religion has a consistent positive relationship to measures of health and well-being. These studies and the results of this study indicate that faith in the form of religious beliefs and/or involvement has positive benefits that contribute to better physical and psychological health and wellbeing.

Research studies on religiousness indicate that an individual's religious orientation is a significant variable in the relationship between faith and well-being, specifically in mental health (Batson, Schoenrade, & Ventis, 1993). For example, studies conducted on religiousness and life satisfaction found a positive relationship between intrinsic religiousness (where a person internalises his/her religious values of humanity, compassion and love of neighbour) and life satisfaction, but no association between extrinsic religiousness (where a person uses his religious views to provide security, comfort, status, or social support for himself) and life satisfaction

(Salsman, Brown, Brechting, & Carlson, 2005). These findings are in agreement with the findings of this study, which indicate that faith in God was used intrinsically to achieve well-being.

Furthermore, studies conducted on influences on early drop-out in mental health treatment found that clients who drop-out of treatment often viewed the therapist as inexperienced or less competent and trustworthy. This finding implies that clients who viewed and believed the therapist was an expert or competent and trustworthy would be more likely to stay and finish their treatment and thereby benefiting from it (Barrett et. al., 2008) This finding is also applicable to the EAP consultation processes, because its interventions are applied similarly to those of psychological consultation.

Faith in the self is generally known as self-efficacy, which is a belief in one's ability to produce desirable outcomes through one's own efforts. Self-efficacy is about beliefs in one's own capabilities to mobilize motivation, cognitive resources and courses of actions that are required to exercise control over personal and environmental demands. The belief in the self involves the opinions one has about oneself regarding personal mastery and ability to control one's action (Bandura, 1997). Research on self-efficacy show that enhancing self-efficacy beliefs is significant to successful change and maintenance of virtually every behaviour that is important to health, including compliance with treatment and prevention regiments, stress management, exercise, diet, and overcoming substance abuse. Therefore, for every health behaviour and problem, enhancing self-efficacy for overcoming these health-related problems and implementing self-control measures in specific challenging situations is significant to the success of psychological interventions. Thus, self-efficacy beliefs play a significant role in a number of common psychological problems, as well as in successful interventions for these problems (Maddux, 2005).

All the above results, indicate that having faith (in God, the EAP practitioner, EAP process, and the self) influenced the outcome of the EAP in a positive way, are consistent with Greenglass

and Fiksenbaum's (2009) assertion that positive beliefs are associated with the promotion of well-being. The fact that faith was a prominent positive psychological strengths across all the stories is a significant testimony that beliefs, whether positive or negative strongly influence the end results, hence the saying that "Whether you think you can or you cannot you are right".

14.2.2 Quality connections to others (Love)

Quality connections to others (love) have been proven in previous studies to be important in the promotion of well-being. The quality of the relationships that people form has powerful effects on our general well-being, happiness and mental health. Baumgardner and Crothers (2009) states that quality relationships are not only important during times of crisis, tragedy and distress but are also important in the enhancement of overall well-being on an ongoing basis. This is proven by previous research studies, which show that quality connections to others (social relationships) have consistently predicted happiness across widely different cultures when compared to other factors that contribute to well-being (Diener & Diener, 1995).

Research results of this current study indicate that quality connections to others, which were mentioned by 85% of the participants, contributed to making the EAP beneficial and therefore a success for them. This this is consistent with studies conducted by Segrin and Taylor (2007) on the association between interpersonal relationships and psychological well-being (as indicated by life satisfaction, environmental mastery, self-efficacy, hope, happiness and quality of life), which found that positive relationships with other people are strongly connected to and a fundamental element of psychological well-being. These results suggest that the well-being of individuals, in whatever form, is improved if they feel connected in a meaningful way to others. "Healthy people have strong and supportive connections to others. Relationships provide an important coping resource through social support, fulfil needs for intimacy and sharing of life's burdens through self-disclosure" (Baumgardner & Crothers, 2009, p. 240). Self-disclosure, which means revealing intimate personal information of the self to others that is normally kept private, provides the basis for developing a deeper connection and closeness to others. The results of this

study also indicate that quality connections led to greater self-disclosure, which resulted in deeper and stronger quality connections. These served as a positive foundation for the participants to benefit from and make the EAP a success.

The meta-analysis of 79 studies of psychotherapy outcomes indicates that the relationship between therapeutic relationship and outcome is consistent no matter what variables have been proposed as possibly influencing it. Furthermore, it was found that the relationship has therapeutic and healing effect in itself, and if properly established it will be therapeutic regardless of other psychological interventions (Mozdzierz, Peluso & Lisiecki, 2009). These results indicate therefore that a strong connection to other people is significantly connected to psychological well-being.

Additional studies, as stated by Segrin and Taylor (2007) show that people who have positive relationships with others as characterised intimacy, trust, openness, concern, and connection, also seem to be happy, satisfied with life in general, hopeful, efficacious, and they evaluate their quality of life and mastery of the environment positively. Quality connections to others as indicated in this study "not only increases disclosure but also reduces fears of overall rejection" (Harvey, Pauwels & Zickmund, 2005, p. 427). In counselling (which is an integral part of EAP), a strong therapeutic alliance that is characterised by the exhibition of positive behaviours, such as warmth, understanding, and affirmation, often leads to successful treatment outcomes (Mozdzierz et, al. 2009).

Although relationships are also responsible for people's greatest joys, they are also responsible for their painful sorrows. That is, individuals' physical health and emotional well-being is enhanced as much by supporting and caring connections with others as it is threatened by social isolation and bad relationships (Baumgardner & Crothers, 2009). For example, in this study, it is evident that as much as quality connections contributed to a positive health outcome, their failure or disturbance impacted negatively on the participants, hence they sought the EAP intervention in the first place.

14.2.3 Insight (Meaning making)

Meaning making (insight) is described by Baumeister and Vohs (2004) as a process of reappraisal and revision of how a situation or an event might be interpreted to discover what it might mean or signify. This process is made possible either by perceptions of the self as being stronger, or close relationships with others, and/or getting greater clarity concerning what is important in one's life. Literature indicates that meaning making is a motivating factor or force in people's lives. This view has been argued and presented by Victor Frankl, the existential psychiatrist, who states that when people find a sense of meaning and purpose in their negative situations and lives, they get direction and an increased will to live. This means that when a negative experience gains meaning and is understood in its context, it provides an opportunity for positive growth (Baumgardner & Crothers, 2009).

In this current research study as well as previous studies, meaning making has been found to have a positive effect on mental health and well-being. For instance, studies conducted on people who lost a family member found that those who engaged in meaning making showed better adjustment and had decreased distress (Baumeister & Vohs, 2005). These studies indicate that meaning making provides a sense of renewed purpose in life and thereby minimizes distress.

Meaning making occurs in two ways, namely, making sense of the negative event or situation, and/or finding benefits or positive outcomes from the negative event or situation itself. Sense making, on the one hand, means making the negative event or situation understandable in terms of beliefs and reasons why it occurred. For example, a study conducted on death due to terminal illness found that participants who lost a loved one who was 72 years of age or older were able to make sense of the death and this minimized distress. Benefit finding, on the other hand, means making positive gains or finding positive outcomes from the negative event or situation. For example, research studies conducted on the causes of death 73% and more of those who lost loved ones due to terminal illness reported benefits or positive outcomes in six to 18 months (Baumgardner & Crothers, 2009).

Other studies conducted on causes of early withdrawal from mental health treatment found in all the studies conducted that psychological mindedness (referred to as the patient's ability to recognize psychological problems, use psychological terminology, and acknowledge possible psychological causes) predicted continuation in mental health treatment (Reis & Brown, 2006). This study indicates that when new meaning is discovered and additional knowledge acquired, a zest to continue with life is revived or reactivated. These findings concur with the findings of this study, which indicates that 65% of the parti`cipants benefited from the EAP because of meaning-making.

The results of the above studies are consistent with the results of this study, which indicate that the participants benefited from their EAP sessions because they made sense of their negative presenting problems. Therefore, given the results of this and other studies, it can be concluded that meaning making and benefit finding have a positive relationship with a set goal or envisaged positive outcome. Furthermore, meaning making as indicated in this study, is facilitated by the quality of relationship one has with others.

14.2.4 Self-regulation and self-control

"Self-control and self-regulation refers to people's ability to initiate and guide their actions toward the achievement of a desired goal" (Baumgardner & Crothers, 2009, p. 155). This means that self-regulation and self control involves organizing and managing one's behaviour and actions so that self-control can be used to achieve set goals. Goals are achieved through the power of self-control because the focus during their (goals) pursuit is on reducing the discrepancy between the current state and the future goals. Self-regulation and self-control means that individuals choose the outcomes they want and regulate or control their behaviour in pursuit of these goals. At the centre of self-regulation and self-control are individuals' abilities to anticipate or develop expectancies, to use previous knowledge and experience to form beliefs about future events, states and beliefs about their own abilities and behaviour (Maddux, 2005).

Previous studies conducted on self-control and self-regulation have found both of the them to be significant in the achievement of success in various spheres of life. For instance, studies conducted on self-control with college students as participants found that students with high self-control as compared to students with low self-control have better psychological adjustment, better interpersonal relationships, and perform better on tasks associated with achievement (Tangney, Baumeister & Boone, 2004). These studies indicate that there is a positive association between positive outcomes, and self-control and self-regulation. This finding is supported by Baumgardner and Crothers (2009), who mention that self-control has been consistently been linked to positive outcomes, such as academic success, better personal adjustment, less psychopathology, healthier relationships, enhanced social skills, and fewer addictive behaviours like smoking and drug abuse, and lack of self-control with negative outcomes such as overspending, drug addictions, obesity, gambling, school failure, and criminal behaviour.

Additional studies conducted on self-control, found that people with high levels of self-control have better self-assessed health, better health behaviours, lower alcohol and substance abuse, lower levels of crime and delinquency (Baumeister & Vohs, 2004). Perceived control, as stated by Greenglass and Fiksenbaum (2009), is associated with decreased stress levels and improved worker health because of its ability to buffer the potential effects of stress on mental and physical health.

Longitudinal studies conducted on enhancing positive outcomes found that mastering challenging activities because of applying self-control may protect against negative outcome and have positive results for physical health (Nakamura & Csikszentmihalyi, 2005). These studies concur with the results of this study which indicate that self-control played a role in making the participants gain from the EAP by feeling better and functioning properly. Self-control and self-regulation, just like other positive psychological strengths, function more effectively when supported by other positive psychological strengths, hence Baumgardner & Crothers (2009) mention that commitment combined with confidence contribute significantly to successful goal striving and achievement.

14.2.5 Hope

Hope consists of positive expectations for the future which tend to influence and motivate goal directed behaviour, hence hopeful people focus on what needs to be done rather than pondering about what went wrong. Hope as a psychological strength has been found in previous studies to be beneficial in stressful situations because hopeful people, as compared to those who are less hopeful, typically have an ability to think in a more flexible manner and therefore overcome obstacles to goal achievement. Literature indicates that hope has positive health effects because it has an ability to provide energy and determination through willpower and 'waypower' to persist in the achievement of goals. Hope has coping benefits as well as because of its patterns that are similar to optimism in its relationship to adjustment, achievement and health (Baumgardner & Crothers, 2009).

Studies conducted on the role that hope has played in women suffering from cancer found that women with higher hope engaged more in cancer prevention activities than their counterparts who possess less hope (Irvin, Snyder & Crowson, 1998). This is made possible by the fact that hopeful people are more likely to engage in self-talk to sustain their motivation when encountering difficulties. Other studies conducted by Snyder on the role of hope in American businesses found that employees who possess more hope were more motivated and fared better in work settings, especially in work environments that involved considerable stress than those who possess less hope (Snyder & Lopez, 2007).

Additional studies conducted on hope found that "high-hope students as compared to low-hope students reported feeling more inspired, energized, confident, and challenged by their goals, along with having elevated feelings of self-worth and low levels of depression" (Snyder, Rand & Sigmon, 2005, p. 265).

These findings are in line with the findings of this study which indicate that hope generated motivation and increased the level of faith which resulted in the reduction of feelings of stress.

Hope does not only have a positive association with faith, but also with optimism. Baumgardner & Crothers (2009) state that hope shows a considerable correlation with optimism because hopeful people tend to be also optimistic and both have similar patterns in their relationship to adjustment, achievement and health.

14.2.6 Open-mindedness

Open-mindedness involves preference for variety, imagination, creativity, and being open to experience as opposed to preference for routine, and being straightforward. Open-mindedness has been found in this study to have contributed to the emotional betterment of participants and achievement of health goals. According to Ardelt (2008), open-mindedness coupled with reflection and self-reflection, is important in the understanding of human condition, awareness of the limitations of human knowledge, and the complexities of human nature, including its positive and negative aspects. Cavanagh (2006), states that openness enables human systems to grow through the development of effective structures and processes in response to the unavoidable challenges of life. Therefore, through open-mindedness, participants managed to grow emotionally because their thinking was not conventional and they therefore managed to understand their conditions better. In this study, being open-minded enabled the participants to unblock their minds to in order to learn and accept new information which resulted in them benefiting more greatly from their EAP sessions.

14.2.7 Optimism

Optimism is better described as seeing the glass as half-full as opposed to as half-empty. Optimism is a source of motivation since it energizes continued action when difficulties are encountered. Optimism, as a positive psychological strength, has been linked to better physical health and more successful coping with challenges (Segerstrom at. al., 1998), positive coping and enhancing one's ability to deal with stress and depression (Gillham & Seligman, 1999). The

results of this study correspond with the findings of previous studies which indicate that being optimistic contributes to better physical and psychological well-being.

Literature on optimism mentions that optimists, as compared to pessimists, have been found to cope differently with stressors, experience less negative mood, and may have more adaptive health behaviours, all of which lead to better immune status (Carver & Scheier, 2005). Studies conducted on optimism illustrate that dispositional optimists (those who hold generalized positive outcome expectancies), as opposed to pessimists, show less mood disturbances in response to a number of various stressors because of their belief that the challenges they face will be resolved and this belief in-turn minimizes and defeats related moods such as shame, depression and anger (Segerstrom et. al.., 1998). In a study conducted by Harju and Bolen on the quality of life of college students, those students high in optimism rated themselves as having the highest quality of life and more effective coping skills. High optimists were also found to be significantly more satisfied with their quality of life and scored high on using effective strategies for dealing with life decisions or problems as compared to mid and low level optimists (Rabiega & Cannon, 2008).

Additional studies conducted in Turkey on the relationship between optimism and physical symptoms, such as fatigue, muscle soreness, and coughs found dispositional optimism to be the most significant predictor of physical well-being and relating well to good health across diverse cultures (Rasmussen & Wallio, 2008). According to Baumgardner and Crothers (2009), optimism as indicated by positive expectations about the future has shown a consistent pattern of relatedness to measures of well-being. For example, a large scale study of 1300 men conducted over a period of 10 years found optimists to be 50% less likely to be ill with coronary diseases, and a follow-up study with a group of men who graduated 35 years ago found that those who were optimistic were significantly healthier than their pessimistic fellow graduates. These studies indicate that optimism has a positive association with health. The results of this study also indicate that optimism contributed in the improvement of the participants' state of health and well-being.

Optimists, as opposed to pessimists, tend to be healthier because they exhibit stronger immune responses when under stress. They do this because, more often than not, they expect good outcomes which in itself can contribute to a positive state of mind that is always a useful resource in times of stress and illness. Thus, optimistic people experience more positive emotions than pessimists since they tend to be more satisfied, happier, and upbeat with their lives, and therefore they benefit more from health (Baumgardner & Crothers, 2009). The findings of this study concur with the above argument and previous studies that there is a positive relationship between optimism and health, which allows optimistic people to cope better with stress and illness than pessimistic people.

14.2.8 Commitment

Commitment refers to making a decision and then following through on it (Baumgardner & Crothers, 2009). Commitment was found in this study to be one of the psychological strengths that made participants to benefit from the EAP. Likewise, studies conducted on flow and commitment found that students who were committed to their talent experienced less anxiety and more flow and thus tended to perform better than students who had disengaged (Nakamura & Csikszenmihalyi, 2005). In this study, commitment appeared in two forms, namely, commitment to the self, and commitment to the EAP process.

In commitment to the self the participants indicated in their stories that they made a personal commitment to themselves that they want to get better. They were devoted to getting a reprieve from their incapacitating symptoms, no matter what it takes. They were committed to making a personal contribution that will benefit their physical and psychological well-being. Studies conducted on commitment with college students who were asked to describe their most important personal goal for the next several months found that students who expressed high commitment and described favourable conditions for goal attainment showed increased well-being over the period of the study (Baumgardner & Crothers, 2009).

Another form of commitment that was reported during the interviews was commitment to the EAP process. The participants mentioned in their stories that once the EAP process was initiated they became committed to remaining in the process until the EAP goals had been achieved. They demonstrated their commitment by complying with the treatment which included the honouring of scheduled appointments. Through this form of commitment, the participants were then able to achieve their health and well-being goals successfully, partly by virtue of the fact that they were so committed to achieving their goals, and partly due to the confidence this commitment gave them in their ability to achieve their goals. Baumgardner and Crothers (2009) state that commitment and confidence increase people's persistence and perseverance when they face difficulties in the process of pursuing their health and well-being goals. Furthermore, commitment together with self-belief, provide a source of resilience and determination in the face of inevitable setbacks and obstacles that are encountered when moving toward significant and challenging goals.

"In a cross-sectional analysis of 71 health care teams, Carter and West found that higher levels of team clarity and team commitment to group goals, and otherwise positive team processes, predicted better team level well-being" (Turner, Barling & Zachratos, 2005, p. 720). Although this analysis focused on team clarity and team commitment, it is clear that commitment, other than to the self, is important in the achievement of goals and well-being. Locke (2005) mentions that commitment is necessary for goal achievement, particularly if there is the belief that goals are achievable and progress towards them can be made.

Commitment, as indicated by this and other studies, plays an important role in goal achievement, especially if it operates with other positive psychological strengths such as self-belief, confidence, resilience and flow.

14.2.9 Courage

Courage is a strength that involves taking risks and facing difficulties in the pursuit of one's goal. In this study, courage has been found to have played a meaningful role in making the participants benefit from their EAP sessions, by helping the participants strive towards achieving their goal of being mentally healthy despite the risk of rejection and emotional difficulties such as fear and worry.

Studies conducted by Pury (2008) on strategies that people use to cope with stress found that 30% of the participants increased their courage to cope with stress through the use of strategies, such as keeping a positive focus, reminding themselves of the reasons not to be afraid, and getting encouragement from other people. This finding concurs with the results of this study, which indicates that courage contributed in the achievement of the participants' goals, namely the attainment of mental health.

14.2.10 Persistence

Persistence is another positive psychological strength that emerged in this study as having enabled the participants to benefit from attending the EAP in the public service. This finding is consistent with findings of other studies conducted on positive psychology and goal attainment, which indicates that persistence is a crucial aspect in goal achievement. For example, studies conducted by Masten and Reed (2005) on resilience in children found that children who achieve greater success are those who persist. Such studies indicate that persistence has a positive link and association with success.

Other studies conducted on optimism have further found that optimists are more likely than pessimists to achieve their goals, because optimists tend to confront challenges with confidence and persistence, while pessimists tend to be more doubtful and hesitant (Carver & Scheier, 2005). Both these studies concur with results of this study, which indicate that persistence is vital in goal-achievement. These results also mean that persistence has a positive relationship with

success and goal attainment. Therefore, persistence as indicated by the results of this study is needed if physical and psychological well-being is to be achieved.

14.2.11 Accepting oneself

Self-acceptance "refers to people's desire for personal autonomy, psychological growth, and self-esteem" (Baumgardner & Crothers, 2009, p. 143). In this and other studies, self-acceptance has been found to be a significant positive psychological strength that is critical in the promotion of overall general well-being. Studies conducted by Ryff and Singer (2005) on essential features of psychological well-being found that self-acceptance and autonomy had a high correlation with psychological well-being as compared to environmental mastery, purpose in life, personal growth and positive relations with others.

In other studies, self-acceptance has also been found to be the most recurrent criterion of well-being and that holding positive attitudes toward oneself always emerges as a central trait of positive psychological functioning (Ryff & Singer, 2005). These results are in agreement with the results of this study, which indicate that self-acceptance, through the assistance of the EAP, played a role in facilitating recovery from depression and eventual attainment of physical and psychological well-being.

Baumgardner and Crothers (2009) state that people who value self-acceptance are interested in developing and gaining self-understanding that is necessary to guide their lives in a way that is consistent with their goals, talents, and sense of self. Furthermore, goals that are consistent with the self and that are believed to be achievable tend to inspire hope, stimulate optimism and often result in the enhancement of well-being.

14.3 NEGATIVE EMOTIONS

In this study, it was not only positive themes that emerged. A few negative emotions were reported to have been present at the beginning and middle of the EAP consultation process. Fear

of being judged, feelings of being emotionally and physically down, worrying about the unknown, and feeling helpless about the existing problems are the negative emotions that were reported to have been experienced while the EAP process was in motion.

Emotions whether positive or negative have unique motivational properties of critical significance to the individual and the species, and they add special quality or importance to life experiences and they also have an inherently adaptive function (Izard, 1972). Emotions, both negative and positive, impact on individuals in different ways because they form a basic and underlying structure of emotional lives and therefore have physiological mechanism and psychological functions (Baumgardner & Crothers, 2009). Negative emotions are usually unpleasant and tend to cause subjective bodily discomfort. In this study, the participants indicated in their stories that at one stage or another they experienced negative emotions, which had a morbid effect on them while attending EAP sessions.

Studies conducted by Brandt and Fenz (1965) on the physiological effect of negative emotions such as stress and fear found that they show idiosyncratic patterns of physiological activity such as muscle tension in response to being exposed to stress. Foster and Lloyd (2007) mention that negative emotions show clear-cut signs and effects on the body that can be easily detected and quantified and that lead to clearly pronounced specific tendencies of the well-known fight or flight syndrome. Negative emotions also tend to incapacitate individuals in moderate to severe forms.

In this study, different types of negative emotions were experienced by participants during their EAP consultation as indicated in their stories. The impact of these negative emotions did not go unnoticed by those who experienced them because they were reported as having had a negative effect on their mood. The negative emotions experienced appeared in the form of fear, worry, feeling down, and helplessness. These negative emotions are symptoms of depression, and depression often causes clinically significant disturbances or impairment in social, occupational, and other important areas of functioning (Saddock & Saddock, 2003).

The results of this study concur to a certain extent with previous findings by Izard (1972) that individuals experience negative physiological changes, such as increased heart rate and blood pressure, because of experiencing negative emotions such as anxiety, fear, and anger. However, the results of this study further indicated that the changes experienced by the participants did not have a severe and longer destabilizing impact effect on the participants, because they were not discouraged from continuing with their EAP consultation process. That is, the participants were still motivated to continue with their EAP process even in the midst of experiencing some depression symptoms.

14.4 CONCLUSION

Although the above-mentioned positive psychological strengths (themes in this study) are explained individually, they did not occur and influence both the participant and EAP process in isolation but acted as a combined force. For example, people who feel positive are usually optimistic, and this optimism strengthens their hope and confidence, which when all combined bolster depleted psychological resources and contribute to the enhancement of immune-system functioning (Baumgardner & Crothers, 2009). The interdependent and interrelatedness indicate that there is a positive relationship between and among positive psychological strengths, and this positive relationship promotes and facilitates the successful achievement of positive outcomes.

In this study, it was not only positive themes that emerged, a few negative emotions were reported to have been present at the beginning and middle of the EAP consultation process. The impact of these negative emotions was not as significant as to have impeded the success of the EAP consultation process, because the surplus or heavy presence of the positive psychological strengths that emerged as themes was overwhelming. Fear of being judged, worrying about the unknown, feeling down and feeling helpless about the existing problems were some of the negative emotions that were reported to have been present while the EAP was in motion.

Thus, although negative emotions were experienced by some the participants, they eventually subsided and never caused any pathological effect since they were not intensely severe, more persistent or extremely pervasive. In the end of the EAP sessions, positive psychological strengths appeared to have triumphed over the different presenting problems and their accompanying negative emotions of the participants.

CHAPTER 15

CONCLUSION

15.1 INTRODUCTION

The specific aim of this study was to conduct a detailed qualitative research on positive psychological strengths that were perceived by employees attending EAP in the public service to have contributed in making it beneficial for them. Negative emotions that should be minimized or eliminated in the EAP process were also highlighted where applicable. The study was exploratory in nature and participants with rich EAP experiences were interviewed in-depth in order to obtain detailed information, which was analysed through the process of content analysis, themes extracted and a vivid picture on positive psychological strengths that were significant in making the EAP a success painted, with the negative emotions to be neutralized indicated.

In this chapter, an overview of the study will be presented with a particular focus on providing a summary of the main findings, recommendations on how to improve the effectiveness of EAP interventions through a simple EAP intervention model, strengths and limitations of the study, and finally concluding with suggestions for future research.

15. 2 OVERVIEW OF THE STUDY

The study focused, from the perspective of employees who had attended and benefited from EAP in the public service, on EAP, positive psychological strengths, and with minimal focus placed on on negative emotions and how they all interacted together during the EAP consultation process to produce results. It examined, in particular, themes that emerged as positive psychological strengths that influence the EAP process in a positive way to achieve the planned and desired treatment goals.

15.2.1 Summary of the main findings of the study

The following are the summarized main findings of this study, and they are presented in themes in which they occurred during thematic content analysis of the eight participants' life stories. The themes are based on positive psychological strengths that were perceived by the participants to have played a pivotal role in making them benefit from the EAP, and on the presence of negative emotions. The themes are a result of the reconstruction of the participants' personal experiences while attending the EAP in the public service.

15.2.1.1 Faith

Faith is a theme that emerged as the most prominent and influential in all the stories analysed in this study. Faith is a "belief in, devotion to, or trust in somebody or something, especially without logical proof. Faith has to do with the beliefs about the effect of a power or powers beyond our control" (Wakefield, 1983, p. 549). Having faith means to be related to someone or something in such a way that the heart is invested, caring is committed, and hope is focused on the other (Fowler & Keen, 1978).

In their life stories, the participants indicated that having faith played a significant role in them getting well and thus helping them benefit from their EAP consultation. Through faith they recovered from their illnesses/conditions that were causing distress for them and had brought them to the EAP. Faith contributed immensely in the positive changes that occurred as a result of consulting the EAP. It wass faith that encouraged the participants in this study to comply with treatment because they believed. Fowler (1981) believes that the importance of faith in a person's life is grounded in its content because it is either honoured or valued, or because it is perceived as having a real power over that person. Furthermore, Faith appeared in the participants' stories in the following interrelated different formats.

(a) Faith in the EAP practitioner

In their life stories, five of the eight participants indicated that having faith in the competence of the EAP practitioner influenced their recovery in a positive way. The participants believed that the EAP practitioner had the necessary skills, knowledge, experience and required expertise to help them getter. Faith in the EAP practitioner's capabilities and competence resulted from the manner in which she (EAP practitioner) conducted herself during consultation and facilitated the process, for example, she never judged or criticized the participants. Barrett, et, al. (2008) state that a therapist's expertise and training influences treatment in general in a positive way, because both enhance therapeutic alliance, allow for collaboration on treatment goals, and time needed to achieve the set goals.

(b) Faith in higher power (God)

Faith in a higher power, and in particular God, emerged in the life stories as a significant contributor to the success of the EAP. The participants with a religious background reported that God's power played a part in their healing. According to their life stories, it was God who influenced the process in a positive way, and His influence resulted in the attainment of physical and mental health. The participants believed that God's power provided them with the strength to withstand, manage and eventually overcome the debilitating sicknesses that negatively affected their normal functioning in their daily lives. That is, it was felt that through God's power that their problems were resolved.

(c) Faith in the EAP process

The EAP process, form referral to the initial contact through to the termination session, was viewed as professional and effective. It emerged in the analysis as a programme that was perceived as being of assistance to employees to deal with their problems when compared to

other programmes of the same or related make-up. The EAP process was viewed as being accommodating and flexible in terms of time, distance and scheduling of consultation sessions.

(d) Faith in the self

Some participants indicated in their stories that having faith in their own strengths and abilities played a critical role in improving their state of health. They believed that they, with the help of the EAP, could lift themselves up from distress to health. They had faith in their own power to carry themselves to the envisaged destination of good health. The participants had self-efficacy, which means that they believed in themselves and their own ability to coordinate the skills and abilities that were necessary to attain their desired goals in their health domains and circumstances. In short, they believed that they could produce behaviour that produces outcomes (Maddux, 2005).

15.2.1.2 Quality connection to others (Love)

Quality connection, which in the helping and mental health professions is described as rapport, therapeutic relationship or therapeutic alliance "is the key variable leading to successful treatment outcomes" (Mozdzierz et, al. 2009, p. 132). In positive psychology, this quality connection to others is described as 'love', meaning "valuing close relations with others, in particular those in which caring is reciprocated" (Snyder & Lopez, 2007, p. 61). In this study, the quality connection that the respondents felt to the EAP practitioner has been found to be significant in facilitating and positively influencing the achievement of the planned and desired treatment goal. Quality connection has been described in the participants' stories as being characterised by trust, caring, respect, warmth, unconditional acceptance and empathy. Baumgardner and Crothers (2009) state that quality relationships with significant others enhance our overall well-being on an ongoing basis and not only when we feel stressed.

In their stories, the participants indicated that the quality and strength of their collaborative relationship opened the way for them to relax, open-up and engage with the EAP practitioner in an honest way without any fear of humiliation or embarrassment. It also contributed to them remaining and complying with the treatment plans and goals, which lead to the participants benefiting from the programme. Thus, through the role played by the positive and effective bond between the participant and the EAP practitioner, the EAP became a success for the participants.

15.2.1.3 Insight (Meaning making)

Gaining insight is becoming aware of an experience or event (Mozdzierz et, al. 2009) and making sense of how that event or experience fits in with your understanding or view of the world (Snyder & Lopez, 2005). Finding meaning or gaining insight contributed in making life better for the participants, because they were able to recognize the sources of their distress and how they impacted negatively on them. Once they made meaning of their situations, the participants described in their stories that their view of their problems changed and their distress decreased because they now understood their condition better. They started to feel better and as if a load of emotional problems has been lifted off their shoulders. They started seeing a light at the end of the tunnel. Meaning making simplified their problems and made them to understand their problems in a different way, which made them better equipped to deal with them.

15.2.1.4 Self-regulation and self-control

"Self-regulation and self-control deals with the importance of people's ability to control and direct the course of their lives" (Baumgardner & Crothers, 2009, p. 155). The participants indicated in their stories that self-regulation and control were important in the achievement of their desired health goals, because they enabled them to regulate their behaviour over a period of time, make the necessary adjustment when required and avoid any distractions that might have led them astray. Self-regulation and control instilled a sense of discipline in them and forced them to focus on their goals.

15.2.1.5 Hope

Hope is described by Snyder (1994) as being composed of two elements of expectations and agency, namely, willpower and waypower. Willpower provides the energy and determination to persist in the pursuit of personally important goals, while waypower is the confidence that gives direction to desired goals and provides alternatives when obstacles are encountered. According to Snyder and Lopez (2005), hope "helps clients in conceptualizing clearer goals, producing several pathways to attainment, summoning the mental energy to maintain pursuit, and reframing insurmountable obstacles as challenges to be overcome" (p. 54).

15.2.1.6 Open-mindedness

In their stories, the participants mentioned that they entered the EAP with an open mind. Being open-minded enabled them to take a neutral stance with no preconceived ideas, when entering the EAP, that would have impacted on their EAP perception. They entered the EAP with a willingness to experience, acknowledge and communicate their feelings, thoughts and behaviours. They were open-minded because they were "thinking things through and examining them from all sides" (Snyder & Lopez, 2007, p. 60). Being open-minded meant following instructions, advice, and recommendations as provided by their EAP practitioner. Their open-mindedness resulted in them benefiting from the EAP as they were non-judgemental and non-critical but not passive at the same time.

15.2.1.7 Optimism

Segerstrom et, al., (1998) describe optimism as a general expectation that the outcome will be positive. Optimistic people believe that they can achieve their planned goals, and are confident in their abilities to do so. Even when faced by difficulties and challenges they still believe that they will overcome those challenges, persevere in their efforts and achieve their set goals (Baumgardner & Crothers, 2009). In this study, the participants mentioned in their stories that at

the time of consulting the EAP they were optimistic that they will achieve their health goal. Optimism became their source of motivation and also provided them with strength to stay in EAP treatment till adequate mental health was achieved.

15.2.1.8 Commitment

"Commitment refers to our degree of determination, responsibility and willingness to persevere over time in the face of obstacles that may threaten goal achievement" (Baumgardner & Crothers, 2009, p. 159). Commitment is a state of being dedicated to a cause (Oxford Dictionary, 2009), even when one is confronted by obstacles. In this study, the participants indicated in their stories that they were committed to achieving their planned health goals hence they benefited from the EAP process. They cited commitment as a source of resilience that enhanced the success of the EAP, even when things were challenging.

15.2.1.9 Courage

Courage is a positive personal trait and a human strength that has been found to serve as a buffer against mental illness. It is also a strength that is significant in the treatment and prevention of mental illness (Snyder & Lopez, 2005). Foster and Lloyd (2007) state that courage is one of the six core virtues (wisdom, courage, humanity, justice, temperance and transcendence) of positive psychology that is important in strength-based development and in the production of positive outcomes. Courage motivates individuals to commence and maintain their journey to goal achievement.

15.2.1.10 Persistence

Persistence is defined by the VIA classification system as "finishing what one starts, persisting in a course of action in spite of obstacles" (Snyder & Lopez, 2007, p. 60). Persistence emerged as a theme that provided the participants, with staying power even when the experience became

challenging. In their stories, the participants indicated that they persisted because they wanted to get better. They persisted because they got insight into their problems and therefore believed that they would overcome their adversities.

15.2.1.11 Accepting oneself

Self-acceptance is the ability to accept oneself the way one is, whether one has obvious weaknesses, faults, or disabilities. Self-acceptance, irrespective of one's nature, indicates a strong self-concept, which plays a vital role in processing information, regulating emotion, and motivating behaviour related to the self (Baumgardner & Crothers, 2009). Participants in this study indicated in their stories that self-acceptance paved the way for them being able to achieve their health goals, which were psychological health and effective functioning.

15.2.1.12 Negative emotions

The presence of strong negative emotions in individuals has been associated with mild emotional disturbances at best and severe mental illness at worst. "For example, major depressive disorder is characterised by a deficit of positive emotion and/or surplus of negative emotions" (Gross & Levenson, 1997, p. 95). Thus, it's been argued that strong negative emotions harbouring in individuals are likely to impair adequate psychological functioning, because they narrow the focus of our thoughts and range of possible action (Baumgardner & Crothers, 2009).

The following are negative emotions that were reported in the stories to have been present during their EAP consultation. Although being present, they never disturbed or interfered with the EAP process because their impact was either minimal or non-existent. Furthermore, the impact of the emerging positive themes was so overwhelming that any effect the negative emotions had in the participants was either neutralized or totally eliminated. Baumgardner and Crothers (2009) are in agreement with this statement, noting that "positive emotions have physical and mental health-

promoting effects beyond their ability to offset the potentially toxic effects of negative emotions" (p. 39).

(a) Fear

Fear as a negative emotion impacts negatively on our functioning because it decreases creativity and narrows our ability to focus widely. Negative emotions are generally associated with specific actions while positive emotions do not fit very well with this notion. For example, fear is associated with the desire to escape, and when a need to escape arises, our focus will only be on escaping because negative emotions tend to narrow our thoughts and actions which, according to a biological and evolutionary perspective, in crucuial for our physical survival (Baumgardner & Crothers, 2009). Therefore, in this study, fear of the unknown and of being judged emerged as negative emotions the participants felt, but ultimately did not influence the process negatively.

(b) Worry

Worry is described by the Collins Dictionary (2006) for advanced learners as a "state or feeling of anxiety and unhappiness caused by the problems that you have or by thinking about unpleasant that might happen" (p. 1809). Worry is anticipatory, in other words, dreading something that might occur in the future. Mozdzierz et. al (2009) mention that people who experience worry function with the belief that something bad may occur and they need to be prepared for it. In this study, participants reported in their stories that they were at times worried during their EAP consultation that they might be made to feel unwelcome or even rejected by the EAP practitioner. Their worry soon disappeared, and it did not have any negative impact on them or the process because they experienced warmth, unconditional acceptance and love and care. Although present during the initial stages of the EAP, the feeling of worry was never detrimental to the EAP.

(c) Helplessness

Feeling helpless means "feeling out of control" (Mozdzierz et. al. 2009, p. 95). Individuals tend to feel helpless when they feel and think that there is nothing they can do to control the situation or themselves. In this study, the participants mentioned in the stories that there were times during EAP consultation when they felt helpless due to their debilitating symptoms. They did not know what to do. However, their feeling of helplessness did not interfere with their EAP consultations, because they received support and help during their sessions, and their feeling of helplessness gradually decreased and eventually disappeared. Therefore, feeling helpless did not impact negatively on the outcome of the EAP treatment.

Given the themes that emerged in this study, it can be concluded that positive psychological strengths have an ability to undo the effects of negative emotions. Thus, as indicted by the results of this study, the presence of positive psychological strengths is likely to promote health and well-being. According to Baumgardner and Crothers (2009), positive emotions have more general and long-term effects than negative emotions, because they have physical and mental health-promoting effects. Therefore, to facilitate the benefits and success of the EAP it is important to enhance positive psychological strengths and neutralize negative emotions.

(d) Feeling down

One is described as feeling down when there is an experienced loss of energy and interest in pleasurable activities. These are symptoms of depression with an element of anxiety in them (Saddock & Saddock, 2003). In this study, some participants mentioned that at some stage, they felt down because of the problems they were experiencing. However, this did not deter them from continuing with their EAP consultation. The power of their positive strengths overcame their feelings of being down, to an extent that they were no longer troubled by the feeling of being down. These negative emotions ended up not having a detrimental impact on the

participants because of the overwhelming impact of positive psychological strengths that emerged in this study as themes.

15.2.2 Recommendations

The EAP is a system that is designed to promote employee well-being by assisting employees resolve problems that affect them personally and/or their job performance (Du Plessis, 1988). Since it was founded, it has been facing a lot of operational and strategic challenges, such as unacceptable levels of drop-out, unwanted negative outcomes, and unimpressive failure rate. These challenges have led to employers, leadership and management to question its effectiveness with regard to cost savings, productivity payoffs and employee well-being. Therefore, to justify its existence, technical reasons that negatively influence its processes and outcomes have often been bandied around by its advocates as causes of failure, but factors that positively influence, facilitate and promote its success have either been taken for granted or overlooked. The focus has rather been on correcting what is wrong (the negatives) and not on nourishing and strengthening what is right (the positives). This study therefore attempts to highlight positive factors (positive psychological strengths) that play a pivotal role in making EAPs a success.

In this study, positive psychological strengths that emerged as themes have been identified as having contributed in making EAP in the public service a success story. These themes need to be nurtured and strengthened in order for them to make a positive impact on the treatment plan and its outcome.

One of the main recommendations that is often emphasized in the EAP field is that management at all levels should positively ‘support and encourage the programme, supervisors identify and refer troubled employees, trainers need to incorporate EAP training into existing programmes, and employees have to use the programme’ (Du Plessis, 1988, p. 24).

Another recommendation that will make the EAP add more value, is that employers should adopt a coordinated approach with other human resources initiatives, in order to increase the likelihood of removing change barriers and address underlying organizational and work environmental determinants that promote wellness and job performance.

For the EAP to be more effective, a culture that values employees highly and an environment that is enabling and distigmatizes the EAP, so that it is not perceived to be a programme that is primarily caters for those employees that are troubled and cannot manage their problems, should be created.

Based on the data analyses and themes that emerged from the findings of this study, a simple EAP intervention model that is likely to improve the effectiveness and success of the EAP consultation process is recommended (Figure 7). The model describes the significant role played by positive psychological strengths in the achievement of the expected treatment outcome through the strengthening of the positive impact of the EAP interventions and diffusion of the negative impact of negative emotions.

The model further indicates that the enhancement of positive psychological strengths that emerged as themes should be a process that needs to commence at the initial contact between the employee and EAP Practitioner, and continue throughout the EAP process, until the achievement of the desired outcome and when consultation is completed. What the model also highlights is that when negative emotions are identified, at any stage, their negative impact should be neutralized and an attempt to convert them to positive psychological strengths made. Once they are converted to positive psychological strengths, they should be exploited through enhancement to achieve a positive outcome and subsequently making the EAP consultation a success. However, should the negative emotions be overlooked, they are likely to negatively influence the EAP process and this will result in a negative outcome that will make the EAP consultation an ultimate failure.

Conversely, if positive psychological strengths are not exploited and enhanced appropriately, they will be lost during the consultation process and likely convert to negative emotions which may lead to negative outcomes and eventual failure of the EAP consultation process. In short, what the model suggests is that negative emotions should be neutralized, and positive psychological strengths enhanced in order to achieve positive outcomes which should result in a successful EAP intervention.

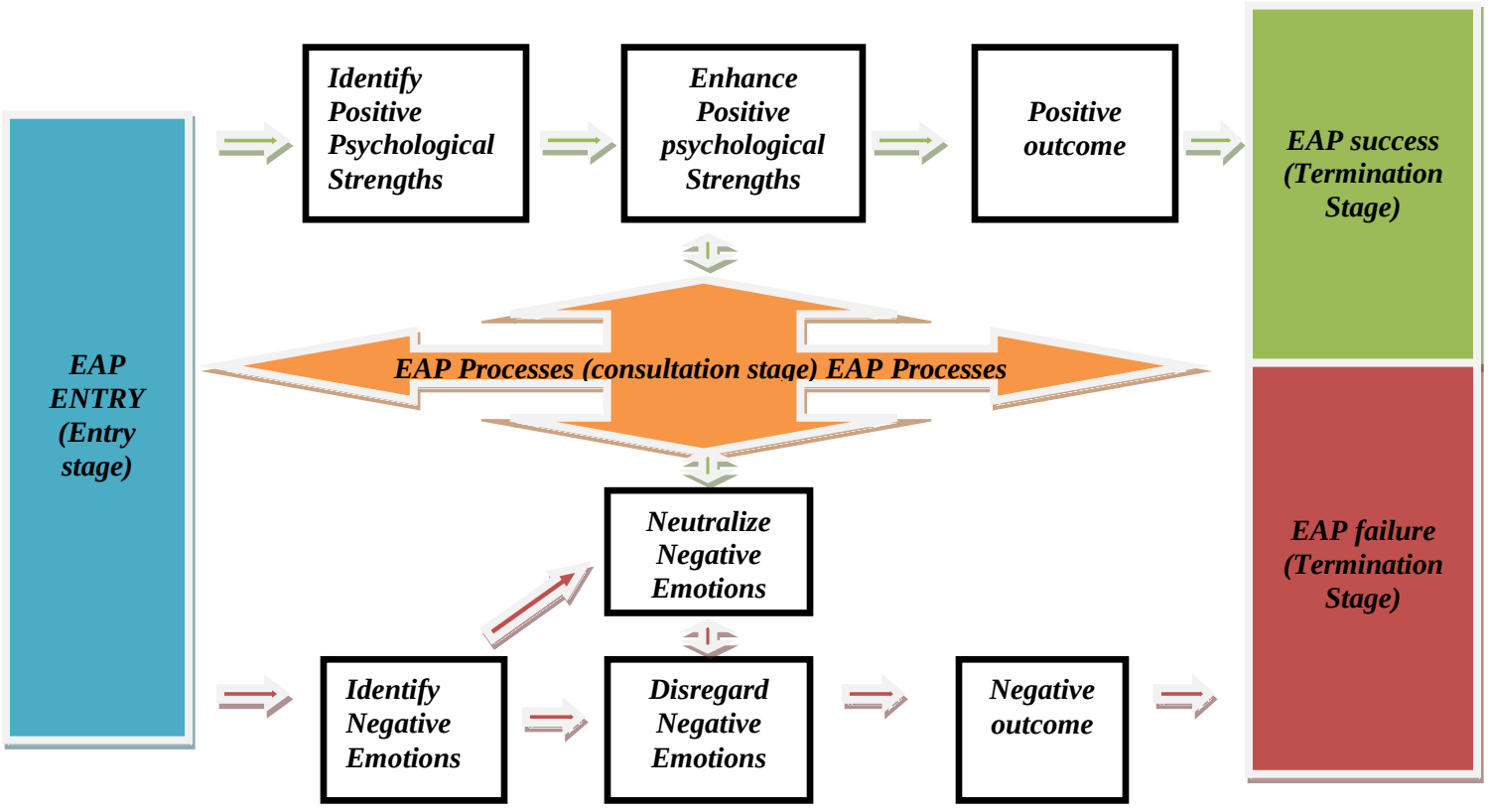

Figure 7. **Recommended EAP intervention model**

The model takes into consideration the fact that employees entering the EAP might be feeling down or stressed. It is therefore important to conduct a proper emotional assessment (through the interview, observations of verbal and non-verbal expressions, and where possible through psychometric assessment) of the employee seeking help before the neutralization of negative emotions and enhancement of positive strengths can commence. What this statement means is that once the negative emotions are identified, the process of neutralization should begin

immediately, and thus enabling enhancement of the above identified positive strengths to kick in immediately. Therefore neutralization and enhancement should run concurrently and as the sessions continue, enhancement should be strengthened in order to overpower any attempt of rising above by the negative emotions.

In order to achieve all the above recommendations, all the relevant stakeholders should show commitment and confidence in the EAP. For instance, employees attending the EAP should show their commitment by signing a contract that binds the employee to attend all the prescribed number of sessions until the process is terminated. Employers, management and supervisors should sign a pledge that will commit them to support the EAP. That is, any sign of commitment will go a long way towards making the EAP a beneficial and successful intervention programme.

15.2.3 Strengths and limitations

The main strength of this study is that it may provide information that will assist organizations that have EAPs to reduce drop-out and failure rate, and to increase the effectiveness and success rates of their EAPs. This study further highlights the fact that it is not all positive psychological strengths which emerged as themes that are needed to make the EAP beneficial and a success to those attending or providing the service. It is therefore clear that in order for some employees to benefit from the EAP a high number of positive psychological strengths need to be enhanced, while for others only a few positive psychological strengths are needed. Furthermore, some positive psychological strengths, such as faith, appeared to be mandatory for the EAP to be a success as they emerged as essential themes in all or most the stories.

Another strength of this study was its ability to provide information that led to the development of a simple EAP intervention model that can be used to influence the success of EAP interventions in the public or any other service.

An additional possible strength of this study is that the small sample of participants interviewed could, according to Bromely (1986), provide an in-depth description of unique experiences and occurrences, which could be reflective of similar occurrences in some other contexts that might be related or appropriate to the context and/or research findings of a small sample similar to this particular study. A possible limitation of this view is that the results cannot be generalized to a larger population. However, it should be taken into account that the rich and in-depth nature of this type of study does not lend itself to the use of a larger sample (Rapmund, 2000).

Getting employees who benefited from attending the EAP was a minor limitation and also not an easy task, because of the confidential nature of the EAP itself. Employees who participated in this study had to be assured of their anonymity at pre-interviews, mid-interviews and post-interviews in order for them to participate freely and willingly.

One of the limitations of this study is that some of the participants were not very articulate with regard to providing information as envisaged due to their lack of education and descriptive words in their mother tongue regarding the topic of this study. Therefore, the same words were often repeated in different contexts meaning and/or describing different experiences. However, the actual meaning was not lost in translation, interpretation and analysis of the data.

Another limitation is that out of the eight employees who participated in this study seven were females, there was only a single male participant. In terms of gender representation the study was not balanced. Again, in terms of racial representation, only one racial group participated in this study. Finally, the study was also conducted in omly two provinces, with one province providing 87.5% of the participants. The results are thus not necessarily representative of the entire country.

An additional limitation as highlighted by Mabasa (2002) relates to the interviewing method. She indicates that interviews collect data about experiences or events that have already occurred or are not readily available, and therefore the collected data is subject to limitations (or even

exaggerations) of recall, because it is second-order data that is one step removed from the actual occurrence of the situation.

15.2.4 Future Research

Identifying areas for future research is one of the goals of conducting research, particularly a qualitative one. Investigations into issues pertaining to EAP and positive psychology in general need more attention as there are no known combined studies (at the time when this study was conducted) on these areas. Based on the findings and discussions of this study, the following recommendations for future research in the field of positive psychology and EAP are presented:

- Future research could look into using a more diverse and inclusive group in terms of gender and racial representation.
- Future research could investigate the EAP and positive psychological strengths in employees attending EAP in NGOs, parastatals, private sector or any other sector that has EAPs
- An exploration of positive psychological strengths and the EAP from the EAP practitioners' side could broaden and add more information and value to future research.
- Future studies could focus on contrasting successful to unsuccessful EAP practitioners.
- Similar studies could be looked at in other South African provinces not included in this study.
- Future research could focus on the personalities and expertise of the EAP practitioners.
- Similar studies could be conducted in other countries with organizations that have EAPs.
- Future research could focus on researching different outcomes of an EAP run by the same practitioner.
- Future research could focus more on the EAP and impact of negative emotions

15.2.5 Conclusion

This study explored positive psychological strengths that influenced the success of EAP in employees attending EAP in the public service. Given the information obtained in this study, it is hoped that the findings made in this study will be used effectively in the EAP and related field to reduce drop-out rate and improve the impact of EAP positively.

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APPENDIX A

Participant consent form

Participant

I hereby confirm that the interviewer has informed me to my satisfaction about the nature, purpose, and benefits of the research study. The interviewer has also informed me that the interview will be recorded and that I can terminate the interview when I feel uncomfortable. I was also made aware that the names will be changed when findings are reported in order to protect my identity. I therefore participate in this research study willingly.

Name and Surname of participant: ----------

Signature of participant: ----------

Date: ----------

Interviewer

I hereby confirm that I have informed the above participant about the nature, purpose and benefits of the research study. I also acknowledge that the participant is free to terminate the interview at any stage when he/she fells uncomfortable.

Name and Surname of interviewer: ----------

Signature of interviewer: ----------

Date: ----------

APPENDIX B

Basic and structured interview guidelines

Which department are you from?

What type of work do you do in your department?

What is your job title?

When were you born?

How old are you now?

How did you come to know about the EAP?

Were you referred or did you refer yourself to the EAP

Would you like to share with me the reason you decided to consult the EAP?

How would you describe your EAP consultation experience?
