THE INFLUENCE OF EXISTENTIAL GROUP COUNSELLING ON THE PURPOSE IN LIFE, SELF-ESTEEM AND ALCOHOL OUTCOME EXPECTANCIES OF UNDER-GRADUATE STUDENTS

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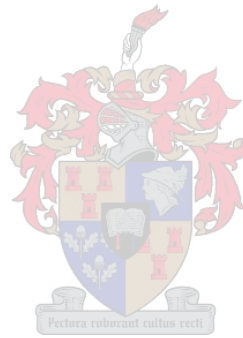
April 2006

DECLARATION

I, the undersigned, do hereby declare that the work contained in this thesis is my original work and has not been previously submitted, either wholly or partially, at any other university for the purpose of obtaining a degree.

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ABSTRACT

The main ail of this intervention study was to investigate and measure quantitatively the influence of existential group counselling on undergraduate students' level of meaning and purpose in life, self-esteem and alcohol outcome expectancies.

A quantitative research approach was adopted using a pre-test post-test design with an equivalent control group in order to ascertain whether there were any significant differences between the experimental group ($n = 21$) and the control group ($n = 21$). The independent variable was existential group counseling and the dependent variables were the undergraduate students' subjective level of meaning and purpose in life, self-esteem and alcohol outcome expectancies. Forty-two subjects were randomly assigned to either an experimental or control group. Quantitative data was collected using: Purpose in Life test (Crumbaugh & Maholick, 1964), the Self-Esteem Scale (Rosenberg, 1965) and the Alcohol Outcome Expectancy Scale (Leigh and Stacy, 1993). The methods of data analysis were the application of both independent and dependent sample t-tests.

The dependent sample t-test results indicated a significant improvement of meaning and purpose in life ($t = 3.85$, $p < 0.01$) and alcohol outcome expectancies ($t = 4.11$, $p < 0.01$). The subjective level of self-esteem also shows an increase, though not significantly ($t = 4.65$, $p > 0.05$). Independent samples t-test results also indicated a significant improvement of meaning and purpose in life ($t = 12.82$, $p < 0.01$) as well as alcohol outcome expectancies ($t = 9.57$, $p < 0.01$).

The study concluded that existential group counselling had a significant effect on undergraduate students' level of meaning and purpose in life, as well as on alcohol outcome expectancies.

OPSOMMING

Die hoof doelstelling van hierdie intervensie studie was om kwantitatief vas te stel wat die moontlike invloed van existensiële ontmoetingsgroepe is op die belewing van doel in die lewe, self-agting en alkohol-uitkomsverwagtings van voorgraadse studente.

'n Voor-en na-toets navorsingsontwerp met 'n ekwivalente kontrolegroep is gebruik om vas te stel of daar enige beduidende verskil tussen die eksperimentelegroep ($n = 21$) en die kontrolegroep ($n = 21$) voorgekom het. Die onafhanklike veranderlike was die eksistensiële intervensie en die afhanklike veranderlikes was die voorgraadse studente se subjektiewe belewenis van doel in die lewe, self-agting en alkohol-uitkomsteverwagtings. 'n Totaal van 42 subjekte is ewekansig toegedeel aan 'n eksperimentele-en kontrolegroep. Kwantitatiewe data is versamel deur gebruik te maak van die Purpose in Life test (Crumbaugh & Maholick, 1964) die Self-Esteem Scale (Rosenberg, 1965) en die Alcohol Outcome Expectancy Scale (Leigh & Stacy, 1993). Die data is met t-toetse verwerk.

Die resultate van die afhanklike steekproef t-toets het getoon dat daar 'n betekenisvolle verskil van sin en betekenis in die lewe ($t = 3.85$, $p < 0.01$) en alkohol-uitkomsteverwagtings voorgekom het ($t = 4.11$, $p < 0.01$). Onafhanklike steekproef t-toets resultate het ook 'n betekenisvolle verskil van sin en betekenis in die lewe ($t = 12.82$, $p < 0.01$) en alkohol-uitkomsteverwagtings ($t = 9.57$, $p < 0.01$) gelewer. Die gemiddelde self-agting het nie betekenisvol verander nie ($t = 4.65$, $p > 0.05$).

Volgens hierdie studie kan eksistensiële ontmoetingsgroepe met sukses gebruik word om voorgraadse studente se sin in die lewe en alkohol-uitkomsteverwagtings te beïnvloed.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION AND MOTIVATION

1.1 INTRODUCTION AND MOTIVATION

Psychology is faced with the challenge of making itself more relevant to the context people live in today. The only way it can make a difference to people's lives is if it is relevant (Larson, 2002). We live in a world that is in many ways characterised by emotional emptiness and meaninglessness. This emptiness manifests itself in a variety of ways, including aggression, low self-esteem, addiction, depression (Fabry, 1988; Frankl, 1984) and suicide (Schnyder, Ladislav, Kathrin, & Konrad, 1999). The most common symptoms associated with depression are feelings of worthlessness and emotional emptiness (Toros, Bilgin, Bugdayci, Sasmaz, Kurt, & Camdeviren, 2005). This emotional emptiness is also one of the fundamental aspects underlying borderline personality disorder (Levy, Meehan, Weber, Reynoso & Clarkin, 2005) and anorexia (Winston, 2005). The emotional emptiness and quest to find meaning in life are universal and as important to people living in third world countries as it is to those living in first world countries (Frankl, 1969; Gordon, 2000).

Existential group counselling's aim is to help people find meaning and fulfilment in life, through the exploration of the present life and values of each group member, the confronting of their inner emotions and values and by motivating them to take personal responsibility for their own lives and choices. This is done in order to help the group members to achieve the mutual goal of exploring their present life and values, promote self-direction, autonomy and responsibility towards oneself and others and to make people aware of their choices in an attempt to develop a meaningful, integrated and fulfilling existence.

Existential group counselling has proved itself to be a reliable and helpful tool to assist people faced with a variety of challenges, including economic hardships, depression, borderline personality disorder and Post-Traumatic Stress Disorder, assisting them in coping and in living normal lives again. Parthasarthi, Durgamba, and Murthy (2004) highlight the effectiveness of existential counselling services with families affected by economic hardships. Existential counselling and co-counselling

are suggested to overcome their hardship and to come to grips with the difficulties that they face.

Existential group counselling has also been successfully used to treat adolescent depression. Because of the seriousness of adolescent depression, it is important that effective treatment be delivered quickly and efficiently to those teenagers suffering from major depressive disorders. By assisting adolescents to discover meaning in their lives, their depression levels are significantly reduced (Blair, 2004).

Rodrigues (2004) reported a case study with a patient called Gustav, a male suffering with Borderline personality disorder. It is reported that Gustav took almost no medication, except those for a chronic depressive crisis and debilitating anxiety. The case study shows that a logotherapeutic approach to the client with borderline personality disorder may afford practitioners with an excellent opportunity to obtain, at least temporarily, positive results in its treatment.

In a report, Gilmartin and Southwick (2004), describe the use of logotherapy for the treatment of a combat veteran suffering with chronic Post-Traumatic Stress Disorder. The case of Jim, a 54-year-old Vietnam veteran suffering with PTSD, is described. He joined a weekly meaning-focused Community Service group. Four core existential issues that veterans with combat related PTSD often face and which conventional therapies alone do not adequately address, include the following: a severely skewed external locus of control, a foreshortened sense of future, guilt, survivor guilt, and loss of meaning.

Another challenge facing modern society is related to alcohol. The incidence of alcoholism and alcohol related problems are on the increase. This problem is especially common, though not limited to, the South African youth (Perry, 1997). A survey of alcohol use in South Africa revealed high levels of risky drinking and alcohol related problems among South Africans. The highest levels of drinking was reported by white men, followed by white women and coloured men. (71%, 51% and 45% respectively.) When researchers screened for alcohol problems, they found that 28% of men and 10% of women rated high on the CAGE questionnaire, indicating high risk drinking behaviour (Parry, 2005). Adolescent substance use is a growing

public health concern in Mexico (Floyd, Latimer, Vasquez & O'Brien, 2005) and in the United States of America (Eshlerman, Hughes, McGonagle, Nelson, Kesler, & Zhao, 1994). Research (cited in Kaplan & Sadock, 2003) indicates that the incidence of alcohol use and abuse among adolescents is on the increase. Poelen, Scholte, Engels, Boomsma, and Willemsen, (2005) presented an overview of Dutch studies on the prevalence of alcohol use among adolescents and young adults aged 12–30 years in the Netherlands. The study suggests that males exceeded females on all aspects of alcohol use and a significant increase in the frequency and quantity of drinking among 12–15-year-old adolescents during the 1990s. Similarly, 21–25-year-old females drank more frequently, consumed more drinks per week, had more experience with lifetime drunkenness and was drunk more often in 2000 than in 1993.

Research suggests that alcohol use and abuse can be related to a lack of meaning and purpose in life (Frankl, 1969; Gregoire, 1995; Butler, Kent, Constantine, & Madonna, 2005). Yalom (1980) suggested the need to encourage people to engage with others as a way to find meaning. Similarly, Corey (1990), believes that people can discover themselves by sharing their existential concerns with other people in the group.

There are a growing body of research, which indicates that self-esteem is necessary for overall wellness (Branden, 1994; Plummer, 2001) and self-actualisation (Allport, 1961; Rogers, 1980). It has also been shown that self-esteem facilitates learning at school and university (Bednar, Peterson, & Wells, 1991). It is clear that self-esteem has potential to elevate people to higher levels. For this reason it is important to look at ways how to increase self-esteem levels in people.

Some research suggests that existential counselling can help to increase the level of self-esteem. In an attempt to analyse the relation between a meaningful existence, personality factors and subjectively perceived self-esteem, the results revealed that the level of self-esteem positively correlated with the level of existential wellness (Stempelová & Cmáriková, 2004). Ungar (1997) describes the use of existential encounter groups in working with clients from various backgrounds presenting symptoms such as depression and low self-esteem. The author followed a 4-step approach and successfully increased the clients' self-esteem.

According to the researcher it is of importance that the need for interventions to assist people to fill the emotional emptiness and find meaning and purpose in their lives be met, and by doing that, helping people to grow personally, raise their self-esteem and lower their overall alcohol intake.

In summary, for psychology to have a real impact in the modern world and to be of help to people, it needs to address the issues of the day. One challenge facing many people today is filling the emotional emptiness, which can manifest itself in many ways including alcohol use and abuse and low self-esteem, with meaning and purpose. It is important to investigate whether existential group counselling can help to effectively meet the challenges of modern living by addressing the challenges presented by a lack of meaning and purpose in life, alcohol abuse and low self-esteem. The main goal of the study is to measure the influence of existential counselling groups on the levels of purpose in life, self-esteem and alcohol outcome expectancies of under-graduate students.
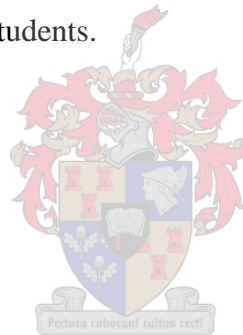
CHAPTER 2

LITERATURE REVIEW

The literature review is presented under two subheadings, namely the theoretical foundation and supporting research findings.

2.1 THEORETICAL FOUNDATION

The philosophical foundation will present the first principals of existential groups. The theoretical basis will focus mainly on the existential theory and practise of Victor Frankl.

2.1.1 Philosophical basis of existential group counselling

Copleston (2002) notes that it becomes very difficult to find any set of clearly defined propositions or theses that will serve to precisely mark off the philosophy of existentialism from all other existential and phenomenological forms of philosophy. This is because there are considerable differences between the various philosophies that are customarily classed as existentialist philosophies. This view is supported by Waugh (2004) who writes that though there are common elements in the writings of existential thinkers, the specific tenets vary from writer to writer.

Copleston (2002) believes that it might be possible to derive some general considerations that may serve to indicate the spirit and general inspiration of the philosophical movement. The word 'existence' comes from the Latin root '*existere*', meaning literally "to emerge and stand out". It has to do with something becoming more substantial than what it is in the present. It is the kind of existence only enjoyed by human beings (Shantall, 2003). Human beings, in contrast to animals, have the ability to reflect on their existence and to take a stance towards it. We can weigh up our lives, choose what we want to do with it and why. Humans are always in a process of becoming. The existentialist's picture of the human being is a being in constant striving, marked by radical freedom and responsibility (Shantall, 2003). Two important aspects of existentialism are that it stresses the existence of the individual

person as a free agent who is burdened with personal responsibility and whose existence cannot be investigated objectively (Colman, 2001). Supporting this idea, Cooper (1990) writes: "what a person is at any given time, his 'essence', is always a function of what he is on the way to becoming in pursuit of the projects issuing from a reflective concern for his life" (p.3).

Most existentialists believe that humans are born neither good nor evil. They have the freedom to choose. Thus, humans can be what they choose to be. We can be good or evil, however, we remain responsible for our choices (Adams & Balfour, 1988).

From the above it would seem that existentialist philosophy views humans as self-creating and self-transcending individuals. The terms "self-creating" and "self-transcending" imply that what humans become depends largely on their choices, which is a function of their freedom.

Existential encounter groups are based on the existential concepts as introduced by the different existential philosophers through the decades. Some of the most influential existential thinkers, including Heidegger, Jaspers, Sartre and Camus regarded Kierkegaard as their precursor (Gaidenko, 2005). Kierkegaard (cited in De Vos, 1993) accentuated existential anxiety as the subjective experience of an individual to become authentic. Gaidenko (2005) believes that Kierkegaard's book, *Either/Or* is about a reflection on how man is interested in his or her potential to become more. In other words, that which one wants in life and that which one has in life. Kierkegaard (cited in De Vos, 1993) believed that existential anxiety is the ambivalent anxiety that a person experiences because of his or her freedom to make his or her own decisions. According to Kierkegaard this freedom is accompanied by existential anxiety which lies in man's ability to make fundamental choices. Humans only become aware of their own frailty and finiteness ones they are faced with a fundamental choice and the responsibility thereof (Esterhuyse, 1991). Heidegger is well known for his distinction between the concepts of "Dasman" and "Dasein" as well as the transitory nature of being. Man is "thrown" into the world (being in the world) but has to make choices. If his or her choices are authentic they experience the freedom of "Dasein". However, if

his or her choices are based on others' decisions (inauthentic) they fall prey to conformism and become part of "Dasman" (Heidegger, cited in De Vos, 1993).

Sartre, true to the existential tradition, placed a huge emphasis on the meaning of man's existence (Misiak & Sexton, 1973). He believed that humans have to make sense of their own existence and give it meaning (Esterhuyse, 1991).

In summary Kierkegaard, Heidegger and Sartre emphasize freedom of choice, responsibility to be human, existential anxiety and the necessity of meaning in life. These phenomena are also accentuated by Frankl and play an important role in his existential analysis and therapy.

2.1.2 Theoretical foundations of existential group counselling

An existential therapist like Corey (1993) saw the crucial significance of the existential movement for existential counselling, in that it reacts against the tendency to identify counselling with a set of techniques. Based on existential thinking, Corey (1993) saw the basic dimensions (ontological characteristics) of the human condition, including the capacity for self-awareness; freedom and responsibility; creating one's identity and establishing meaningful relationships with other people, the search for meaning, purpose, values and goals; existential anxiety as a condition of living; and awareness of death and non-being. To reach a better understanding of these existential dimensions, a brief overview of Frankl's existential thought is necessary.

Frankl was one of the psychiatrists most influenced by the existential movement. Existential groups are based on several of his existential concepts as highlighted in logotherapy (De Vos, 1993).

2.1.2.1 Logotherapy

Seen as the Third Vennese School besides Freud and Adler, Frankl's work is often referred to as logotherapy or existential analysis (Van Wijk, 1995). Logotherapy deals with the human aspiration for a meaningful existence as well as the frustration thereof in spiritual terms (Tweedie, 1965).

Two techniques that can be used in the process of Logotherapy are dereflection and paradoxical intention, coupled with the Socratic dialogue. In dereflection group members are encouraged to reach out towards someone or something other than themselves. In this process they are directed away from their own problems. Through paradoxical intention the group members are helped to distance themselves from their problems. They take up the position of an outsider looking into their own lives. In this process they gain much needed perspective. Both these processes utilise the unique human ability to self-transcend and self-detach.

The term Socratic dialogue comes from the philosopher, Socrates. He believed that a teacher should do more than only inject knowledge into the hearts and minds of students. The actual role of the teacher is to cause disequilibrium. That is, the teacher should involve each student in provocative questioning and challenging of the status quo. By doing this the Logotherapist aims to arouse an awareness of meaning in the mind of the client (Shantall, 2003).

2.1.2.2 The Will to Meaning

According to Frankl (1965), humans are, in their essence, spiritual beings. This spiritual dimension gives rise to the will towards meaning. The self-transcendent quality of spirituality has also been seen as the main motivation of personality (Frankl, 1969). The deepest quest in all of our lives is for meaning. To simply exist is not enough (Shantall, 2003).

It is this will to meaning that creates an inner tension and causes people to ask questions such as "why am I here?" or "where do I fit in, in life?" This inner tension should be seen in a positive light since it motivates people to find meaning and direction in life (Frankl, 1969). It is this spiritual ability to seek meaning in life that enables us to transcend ourselves.

Frankl (1969) also believed that humans are free to choose and to take the responsibility for their choices. Though humans have genetically inherited

dispositions and are influenced by the environment that they live in, they are not fully controlled by any of these.

Frankl (1969) notes that this will to find meaning can be frustrated. The knowledge that we are free could give rise to existential anxiety (Frankl, 1969). De Vos (1993) defines existential anxiety as the anxiety that a person experiences because of his or her freedom to make his or her own decisions and to take responsibility for them. According to Frankl people become too scared to make their own choices and decisions. They much rather prefer to conform to other people and, in the process, do not experience authentic meaning in their lives. For Frankl (1969) conforming is to avoid existential anxiety that accompany authentic decision making. This neglecting of the human potential to find meaning in life is called existential frustration and could lead to an existential vacuum.

2.1.2.3 Existential Vacuum

Existential vacuum refers to the sense that life has lost all meaning and now seems worthless (Frankl 1967). It refers to a feeling of emptiness and isolation inside the spiritual dimension of a person (Corsini, 2002). It is almost as if man stops dreaming, as if he or she feels that there is no higher cause to live or work for.
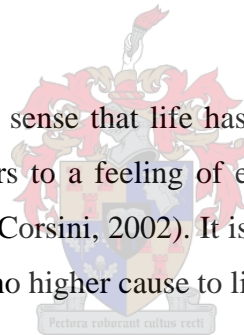
Since humans have no meaning and do not know what they want or ought to do, he or she conforms to the wishes and dreams of other people (Frankl, 1969). This results in a feeling that life has no meaning and it can manifest itself in the form of passivity and boredom.

According to Frankl (1969), the existential vacuum may also contribute to "Sunday neurosis." The term "Sunday neurosis" refers to a form of depression that afflicts people when they become aware of the lack of meaning in their lives after the rush of the week is over and they are left with the void within themselves. During the course of the week people are not aware of the existential vacuum within themselves. This is because the working person's attention is focused on the work that he or she has to do, but nevertheless doubt the meaningfulness thereof. As soon as the rush of the week is over, people become aware of their inner void inside them. This phenomenon

sometimes applies to people who were recently pensioned as well as to the aging (Frankl, 1969).

2.1.2.4 Existential neurosis

The existential vacuum may result in a type of neurosis, referred to as existential neurosis. Existential neurosis refers to the inability to perceive meaning in life as expressed in feelings of emptiness, alienation, futility and aimlessness. (Corsini, 2002). Frankl calls this neurosis the "noögenic" neurosis or existential neurosis. Existential neurosis means that the intentional ability to attach meaning to life is impaired. According to Frankl the noögenic (intentional) part of a human's behaviour is integrated in the spiritual dimension of man. Since the spiritual dimension of such an individual experiences an inability to find meaning, the noögenic neurosis has its origin in the spiritual dimension, and not in the psychological dimension of human existence. Thus, logotherapy, which is a type of therapy that enters the spiritual dimension of human existence, is required for the healing of such an individual.

2.1.2.5 The Meaning of Life

According to Frankl (1984) there is no inherent meaning to one's existence per se (Bauman & Waldo, 1998; May, 1979). There is no single overriding meaning in life. Meaning in life differs from situation to situation and from person to person (Frankl, 1969). Meaning in life is not static; it changes over time. We should not ask what the meaning of life is, but rather what the specific meaning of a person's life is at a specific point in time. It is life itself that asks questions of man. Life confronts man to act.

Baird (1985) believes that meaning and purpose in life is not found or discovered, but made or created. Each person is responsible for the creation of his or her own meaning in life. Meaning can be spoken, unspoken, or even inexpressible. Yet it is a conscious choice. The development of meaning must be authentic and should serve to aid in the understanding of life experience (Frankl, 1984; Krueger & Hanna, 1997).

2.1.2.6 Finding meaning in life

Frankl believed that life could have meaning both in favourable times, as well as in trying times (Frankl, 1967). Both beauty and pain could inspire meaning. Humans can give meaning to their lives by realising what he called values. He proposed three values namely creative, experiential, and attitudinal values. These values will be considered separately (Frankl, 1965).

The first value by which humans can give meaning to their lives is by realising what Frankl (1965) called creative values. These values can be realised through contributing to life (Frankl, 1965). In this regard, Shantall (2003) points out that any creative contribution that we make allows us to feel meaningfully part of life. The caring for elderly parents or the writing of a book can be a creative expression of meaning.

Humans can also give meaning to their lives by realising experiential values. This can be done by "experiencing the good, the true, and the beautiful, or by knowing one single human being in all his uniqueness" (Frankl, 1965, p.xiii). These values call upon us to have appreciation and commitment. According to Frankl (1965), the greatest of these is the ability to love someone. Love can fill us with limitless devotion and arouse feelings of deep caring and responsibility.

Frankl points out that even in times of great distress or suffering, where both creative and experiential values are unattainable, humans can still bring meaning to their lives. This can be done by way of the attitude which the person displays in the face of unavoidable suffering, or as Frankl puts it, "the way he faces his fate" (Frankl, 1965, p.xiii). Frankl (1965) calls this value the attitudinal value and considers this value as the highest of all the values.

2.1.2.7 The Meaning of Death

To Frankl (1965), death is unavoidable, and our finiteness must in itself constitute something that gives meaning to our existence. Corey (1990) also believes that death is instrumental to the discovering of meaning in life. Death should not steal meaning from humans - it should contribute towards meaning in life (Frankl, 1965).

To Frankl, the realisation that we are transitory helps us to grasp life. It can help us to make complete use of all the chances that come our way. If we were to be immortals, we would have all the time in the world to do what we want to do. Thus, we would be able to postpone everything we ever wanted to do until a later date, even forever. Eventually, nothing will happen.

2.1.2.8 The Meaning of Love

Love represents the coming to a relationship with another person as a spiritual being (Frankl, 1984). For Frankl, "love is living the experience of another person in all his or her uniqueness and singularity" (Frankl, 1965, p.132). Love is an area in life where meaning in life can be found, through the realising of experiential values. Without having to do anything, almost "by grace, so to speak" (Frankl, 1965, p.132), a person obtains that fulfilment which is found in the realisation of his uniqueness and singularity. The person, who is being loved, becomes indispensable and irreplaceable to the one who loves him or her. According to Frankl, there appears to be two ways to validate the uniqueness and singularity of the self. The first way is by actively realising creative values. The second way by which humans can give meaning to their lives is more passive. It is by being loved by another person.
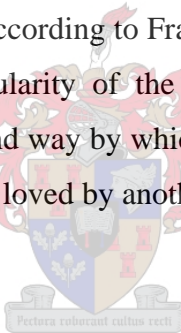
2.1.2.9 The Meaning of Work

Any type of work can have meaning. The type of work you do is less important than the way in which you do your work. According to Frankl (1969) the value that work has is related to the service it renders to the community and not to the type of work. Thus, the value of work is more than the individual actions that are performed during a working day. Put differently, the value of work is the total value it holds for the community.

2.1.2.10 The Meaning of Suffering

Logotherapy places particular emphasis on the inevitability of suffering (Lantz & Gregoire, 2000). According to Frankl (1986), the greatest problem facing the person that is suffering, is the absence of meaning in times of suffering. Yet, whenever man is confronted with unavoidable suffering, he or she is still able to find meaning in suffering. According to Frankl (1965), unavoidable suffering asks of us to shape fate

by achieving or realising creative values. From this, it would seem that the attitude that we take towards suffering is especially important. Frankl (1984) points out that by accepting the challenge to suffer bravely, life can begin to have meaning. When meaning is added to suffering, suffering ceases to be suffering in some way (Frankl, 1984).

While on Robin Island, Nelson Mandela wrote the following words in a letter referring to his imprisonment: "What I need to do is worthwhile" (Sampson, 1999, p.309). Later, he noted that the struggle is his life. This is what sustained him on Robin Island. This is what made him carry on while in captivity (Sampson, 1999). Though the years on Robin Island certainly were not at all a pleasurable time for him at all, the knowledge that his suffering had meaning sustained him.

2.1.3 Existential group counselling

Since the conception of counselling groups, at the end of the Second World War, counselling groups have increased in variety to meet the specific needs of a diverse clientele. There are almost no limits to the type of groups that exist today (Corey, 1990). Statt (2003) provides a very simple definition of what group counselling is. According to him, "group counselling is psychotherapy involving several people at the same time." (p.71). Similarly, Corsini (2002) defines it as the collective treatment of psychological problems in groups consisting of two or more members. Existential counselling refers to a form of counselling that emphasises the exploration of present life and values. Its aims to work towards the development of a meaningful, integrated existence (Corsini, 2002). It can include a variety of techniques in psychotherapy, which are loosely based on the philosophies of phenomenology and existentialism (Coleman, 2001).

The aim of existential group counselling is to relieve the manifestations of a common condition, namely a lack of meaning and fulfilment in life, through the exploration of the present life and values of each group member, the confronting of their inner emotions and values and by motivating them to take personal responsibility for their own lives and choices. This is done in order to help the group members to achieve the mutual goal of exploring their present life and values, promote self-direction,

autonomy and responsibility towards themselves and others and to make people aware of their choices in an attempt to develop a meaningful, integrated and fulfilling existence (Corey, 1993).

Yalom (1980) suggested the need to encourage people to engage with others as a way to find meaning. By using existential questioning (an open-ended question strategy), constructs such as meaninglessness, death, isolation and freedom can be explored in groups. Similarly, Corey (1990), believes that people can discover themselves by sharing their existential concerns with members of the group.

2.1.4 Composition of existential counselling groups

2.1.4.1 Group Leader

According to Corey and Schneider-Corey (1987) and Lieberman, Miles and Yalom (1973), the group leader plays both a direct and indirect role in the group process. Not only does the group leader attempt to change members directly by personal interaction with each individual group member, the group leader also has a social engineering function in which he or she indirectly contributes to group change by helping to construct a group atmosphere which is an effective agent of change.

However, Page, Campbell, and Deborah (1994) report that group leaders often underestimate the role of indirectly influencing the group. This is problematic since research suggests that indirect intervention by the leader has a greater impact on group members' learning than direct interventions (Page, Campbell, & Deborah, 1994).

For the above mentioned reason it is important for group leaders to realise that their primary task as group leaders is to create an environment that facilitates learning and not to try and teach the group by themselves in an authoritative manner. Group leaders need to realise that people learn from other people, including the group leader and not exclusively from the group leader himself. According to Page et al. (1994), the four basic functions to be fulfilled by a leader are emotional stimulation of the group, caring for the group, meaning attribution and executive functioning within the group. These functions are empirically supported by research (Page, et al., 1994).

The emotional stimulation of the group refers to leadership behaviour that emphasises the revealing of feelings, and the challenging and confrontation of personal values, beliefs and attitudes. According to Shantall (2003) this function is especially important in existential groups.

The caring of the group and meaning attribution are the second and third functions of the leader. Caring involves the offering of friendship, love and affection as well as encouragement, praise and support to the group as a whole. These functions are closely linked to unconditional acceptance, warmth and genuineness as accentuated by Rogers (1980).

Meaning attribution refers to cognitive sense-making behaviour by providing concepts to interpret, explain, and understand situations. Williams and Fabry (1982) describe a similar function, which they call mirroring. Mirroring refers to the existential group leader pointing out what is happening in the group and thereby helping the group to tie together disconnected statements. This can help facilitate the group's interpretation process and meaning attribution. Research suggests that both the caring of the group in a warm, genuine, and authentic way, and meaning attribution are especially beneficial to the group (Corey & Schneider-Corey, 1987).

In the final instance, executive functions refers to the setting of rules, limits or goals for the group. It also includes time management, inviting or eliciting a response from the group, as well as interceding when necessary. This is closely related to the thoughts of Williams and Fabry (1982). According to them, the existential leader's functions include the structuring of time and contributions by group members, as well as encouraging the group members to participate and to change.

Concerning the responsibility of the group leader, Corey and Schneider-Corey (1987), are of the opinion that the group leader is responsible for what happens to the group members. That is because the group leader is in a position of power and thus has the responsibility to "harness, for better or for worse, powerful group forces" (Lieberman, et al., 1973, p.437).

2.1.4.2 Group size

Corey and Schneider-Corey (1987) suggest that a number of seven or eight members are ideal for existential groups. The typical group has six to eight group members (Yalom, 1983). This number is supported by Kelly-Garnett (1989), who believes that it will enhance the overall functioning of the group and the level of satisfaction for each group member.

However, groups are not limited to this size, since there are many factors that have an influence on the size of the group. According to Corey (1990), the group's size also depends on the average age of group members, the purpose of the group, the experience of the group leader or therapist and the type of problems explored by the group. Another factor that can influence the group size is whether it is an open group or a closed group. An open group is a type of group that allows for new members to join and old members to exit the group at any point in time. Thus, the group members change on a continued basis. In contrast, a closed group begins and ends with the same group members present (Yalom, 1975).

2.1.4.3 Setting

Lautamo, Kottorp and Salminen (2005) stress the importance of conducting group sessions in a quiet room that is both comfortable as well as private. The less distracting the physical surroundings, the more energy and attention can be devoted to the group meeting. This will help group members to focus better on the group activities which could also increase the effectiveness of the group

2.1.4.4 Duration and frequency of group sessions

Lautamo, Kottorp and Salminen (2005) and Yalom (1983) suggest that the typical group meet once or twice a week for approximately sixty to ninety minutes. He also points out that group sessions should not become too long since members can become weary, repetitious, and inefficient.

Lautamo, Kottorp and Salminen (2005) stress the importance that each of the meetings should commence and end promptly at the times agreed upon in the group. Not only is punctuality professional, but it also relieves a group member who has other commitments scheduled after group meetings end.

2.1.4.5 Duration of existential group counselling

Though there might be great variation in the duration of therapy groups, Williams and Corey (1990) note that the optimal duration for existential groups is eight weeks in succession.

2.1.4.6 The use of structured exercises

When making use of a structured exercise, the group leader needs to specify the methods to be used to all the group members, or only the selected few who will work on a specific topic. This can be done when the group leader asks group members to pick a partner and share with the partner what they fear most, what they like most or what they like least.

Lieberman, et al. (1973) distinguishes between five types of structured exercises, namely group nonverbal exercises, verbal group exercises, individual exercises, group on individual exercise and psychodrama.

Group nonverbal exercises, refers to exercises where the whole group is asked to act out something without talking. A verbal group exercise is the opposite and can include exercises where group members are divided into subgroups who then give each other feedback.
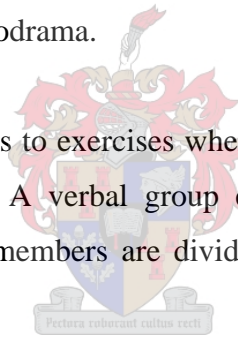
Individual exercises are activities directed to only one or two group members. Group on individual exercises are activities in which the whole group interacts with one group member regarding a certain issue. Psychodrama refers to activities in which the group leader sets up a role-playing scene involving two or more people.

There has been much debate about the question of whether to use structured exercises in groups or whether it might be better if the group had no structure. This debate has centred on the advantages and disadvantages of structured exercises. What then are these advantages and disadvantages in a group setting? According to Lieberman, et al. (1973), one advantage of structured exercises is that a group leader can dictate what will be done in a specific block of time. Thus, structured exercises can give the group leader a sense of control in the group.

Corey and Schneider-Corey (1987, p.131) quote research which seems to suggest that structure, in the initial phases of a group meeting, when the goals of the group session are made clear, may facilitate the development of cohesion between group members and also increase the willingness of group members to give each other feedback. There may also be some disadvantages in having a structured group. Yalom (1983) and Argyris (1967) are outspoken critics of the use of structured exercises as a solution to an existential problem. According to them, structured exercises contribute toward an unproductive learning climate.

Thus, it would seem that there are both advantages and disadvantages to structured exercises. With this in mind, where do we go from here? Corey and Schneider-Corey (1987) note that the question is not whether a group leader should provide structure to a group, but rather what degree of structure should be provided. Yalom (1983) summarised his solution to this problem by stating that the group leader must structure the group in such a way that the advantages are maximised and the disadvantages are minimised. By this he means that "the leader must structure the group in a fashion that facilitates each patient's autonomous functioning" (Yalom, 1983, p.125).
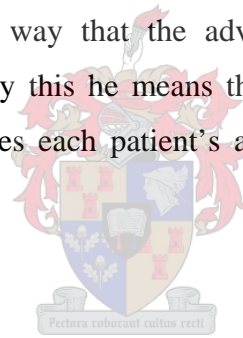
2.1.5 Self-esteem

Different conceptualisations of self-esteem were formed over the years, which have caused some confusion as to what the term actually refers to. It is for this reason that it is important to look at some conceptualisations of what self-esteem is. Statt (2003) has a very simplistic idea of what self-esteem is, believing that it refers to how much a person likes himself or herself. This definition is perhaps too simplistic since it is very vague and does not really teach us anything about self-esteem. Each person probably has some aspects of the self that he or she likes, and other aspects that are less favoured. In an attempt to provide a better definition of self-esteem, Corsini (2002) refers to self-esteem as "an attitude of self-acceptance, self-approval, and self-respect" (p.877).

Branden (1994) notes that self-esteem is "the experience that we are appropriate to life and to the requirements of life" (Branden, 1994, p.4). According to him it implies confidence in our ability to think about and cope with the basic challenges of life.

Self-esteem is about having pride in one's own self, but it also means something more: the ability to maintain a positive view of one's self. A healthy self-esteem gives us courage to carry on trying new things, even where we have failed at previously, to strive when we have not yet reached our full potential and to take on new challenges. These characteristics are essential for all forms of learning (Sparrow, 2005).

From these definitions it would seem that self-esteem refers to an overall attitude of self-worth and us having confidence in our right to be successful, worthy and deserving of happiness.

The self and self-image form the very essence of self-esteem (Sparrow, 2005). Rogers (1961) refers to the self as a construct of how the person sees himself or herself. The self-concept tends to remain relatively stable over time (Rogers, 1961). According to Plummer (2001) low self-esteem can have an immensely negative impact on people. According to her, people with low self-esteem have self-limiting beliefs. The self-limiting beliefs then become self-fulfilling prophecies (Plummer, 2001).

2.1.5.1 The development of self-esteem

Consensus is emerging about the way self-esteem develops across the lifespan. According to Robins and Trzesniewski (2005), self-esteem is relatively high in childhood, drops during adolescence, particularly for girls, rises gradually throughout adulthood, and then declines sharply in old age. Despite these general age differences, individuals tend to maintain their ordering relative to one another: Individuals who have relatively high self-esteem at one point in time tend to have relatively high self-esteem years later. The overall level of stability is comparable to that found for other personality characteristics (Robins & Trzesniewski, 2005).

Rogers (1961) notes that the way one thinks of the self depends largely on evaluations by significant others. This model is known as the affective model of self-esteem development. This model assumes that self-esteem is formed early in life and is the product of relational and temperamental factors. Ones formed, it becomes difficult to change (Brown, Dutton & Cook, 2001). Especially early in life, the child will rely heavily on the significant people in his or her life to show love and approval. These significant others can include parents, grandparents, guardians and teachers. Both the

verbal and non-verbal messages that the child receives play an important part in the development of self-esteem.

When we communicate, we communicate with our whole being. The words we use while communicating only make up a small part of the message that we send to the other person. Our facial expression, body posture and gestures play an important role in communication. If the verbal message that we send is inconsistent with the message we send through body language, a child will tend to believe the body language rather than the spoken words. (Plummer, 2001).

In his or her development the child will start to internalise the messages he or she received from the significant others earlier in life. If he or she interpreted the messages primarily positive, the child will be able to internalise these feelings of self-worth and rely less on others and the environment for approval and confirmation. The opposite is also true. If the child interpreted these early experiences primarily as negative the child will internalise these feelings of worthlessness (Rogers, 1961; Plummer, 2001). Behaviour is always in concordance with the self-concept. When one evaluates the self in a favourable manner, one will be more self-assured in every day life tasks (Rogers, 1961). Thus, the building of self-esteem begins at birth with unconditional love and regard (Sparrow, 2005).

Global self-esteem is most commonly used to refer to the way people feel about themselves. Many psychologists call this form of self-esteem, global self-esteem or trait self-esteem, as it is relatively enduring, both across time and situations. Finally, self-esteem is also used to refer to rather momentary emotional states, particularly those that arise from a positive or negative outcome. This is what people mean when they speak of experiences that bolster their self-esteem or threaten their self-esteem. For example, a person might say her self-esteem was high after getting a promotion, or a person might say his self-esteem lowered after a divorce. This is called feelings of self-worth. (Brown, et al., 2001). According to Brown, Dutton and Cook (2001) feelings of self-worth rise and fall in response to particular outcomes, but global self-esteem, or self-love, is enduring and remains constant over time.

2.1.6 Alcohol outcome expectancies

Colman (2001) defines alcohol abuse as a form of substance abuse that is specifically associated with the drinking of alcohol to such a degree that it causes serious problems in functioning at home, school or work. Alcohol abuse is a form of substance abuse in which alcoholic beverages are consumed in larger quantities and more frequently than is considered to be healthy, typical or normal (Corsini, 2002). Alcohol misuse refers to the regular intoxication outside the social context and which is socially unacceptable. Alcohol dependence refers to a history of alcohol abuse, which coincides with the development of tolerance and withdrawal.

There is huge concern about the use and abuse of alcohol in South Africa. Currently, South Africa is rated among the countries with the highest alcohol consumption rate in the world. Between 7% to 15% of the population can be diagnosed as alcoholics. The availability of alcohol in our culture coupled with the lack of control over the distribution of alcohol together with extreme poverty are viewed as some of the major factors which facilitate the use, and abuse of alcohol (Pienaar, 2000).

The term alcohol outcome expectancy is defined as the expected social and personal consequence of substance use (Bandura, 1997). It commonly refers to the drinker's anticipated effects on himself or herself after drinking alcohol (Pastor & Evans, 2003). Alcohol outcome expectancies, therefore, refers to predicted cognitive, behavioural, and affective outcomes associated with alcohol consumption. These anticipated effects can be positive or negative. Positive alcohol outcome expectancies include any expectation that the use of alcohol will result in favourable results for the person drinking. A typical positive expectation is that the drinking of alcohol would relieve tension and help in meeting new people. In contrast, negative alcohol outcome expectancies include any expectation that the use of alcohol will give rise to unfavourable outcomes for the person drinking (Goodwin, 1990). Individuals' expectations about the effects of alcohol on their behaviour, mood, or personality may vary under different circumstances in different contexts (Goldman & Darkes, 2004). For example, using a within-subjects design, Wall, McKee, Hinson, and Goldstein (2001) found that college students endorsed greater "positive" alcohol outcome

expectancies, including enhanced sociability, sexuality, tension reduction, and liquid courage, when in an on-campus bar as compared to being in a laboratory setting.

According to Treise et al. (1999), students expect that alcohol will function as a means to an end. Students believe that they will escape the tensions, stemming from both course work and social pressures, by drinking alcohol. It would seem that the expectancies that people have with regard to the outcomes of drinking alcohol have a major influence on their drinking pattern.

For this study it was decided to use alcohol outcome expectancies for analysis because research has shown that they are very closely related to substance use and abuse (Trudeau, Spoth, Lillehoj, Redmond & Wickrama, 2003). Research and reviews of many studies demonstrate that variations in these expectancies are strong correlates of alcohol use, problem drinking, alcoholism and related problem behaviour. Positive alcohol outcome expectancies are associated with higher levels of alcohol use and abuse while negative alcohol outcome expectancies are commonly linked with lower levels of alcohol use and abuse. (Brown, 1985; Goldman, Brown, & Christiansen, 1987; Leigh, 1989; Leigh & Stacy, 1991).

Research has also indicated that alcohol outcome expectancies influence initiation to and the level of substance abuse (Lang & Stritzke, 1993). Some research findings also suggest that expectancies may be important in the maintenance of long term drinking reductions (Connors, Tarbox, & Faillace, 1993). A recent study found that a person with high positive alcohol outcome expectancies would be more likely to drink, when given the opportunity, than someone with high negative alcohol outcome expectancies (Eggleston, Woolaway-Bickel & Schmidt, 2004).

Taken together, these findings indicate that alcohol outcome expectancies may play an important role in the cure as well as the prevention of problem drinking and alcoholism. It may serve as an indicator whether a person's drinking pattern will change or not.

Research has shown that existential interventions may have a positive influence on a wide variety of aspects in life, including promoting health (Whitehead, 2005) and

overall wellness (Ojala, 2005). Researchers (Gregoire, 1995; Kinnier & Metha, 1994; Tsuang, Williams, Simpson & Lyons, 2002) believe that there is a strong relation between the abuse of alcohol and a lack of meaning and purpose in life. Gregoire (1995) found that effective recovery from alcoholism tended to occur when people give their lives a new sense of meaning and purpose. According to research by Tsuang, Williams, Simpson & Lyons (2002), existential well-being is significantly negatively associated with alcohol abuse or dependence. Kinnier and Metha (1994) report similar results. They found a significant negative relation between drug use and meaning and purpose in life. In other words increased drug use is associated with the deterioration of meaning and purpose in life.

According to Frankl (1967), the lack of meaning in life attributes to the phenomenon of suicide and addiction. Several empirical studies (Frankl, 1967; 1969; Van Wijk, 1995) indicate that the lack of meaning in life can be associated with the existential vacuum. These conceptualisations of Frankl is supported by Gregoire (1995) that alcoholism may be one way in which people try to relieve this emptiness and to give meaning to their lives. In summary it seems that the lack of meaning in life can be associated with alcoholism.

2.2 RELEVANT RESEARCH FINDINGS

The following research findings will accentuate the necessity of the study being undertaken.

2.2.1 Meaning and purpose in life

Existential meaning and purpose in life has a strong impact on human behaviour in general (Sarvimäki, & Stenbock-Hult, 2000). The most common symptoms associated with a lack of meaning and purpose in life includes aggression, addiction, depression (Fabry, 1988; Frankl, 1967) and even suicide (Frankl, 1967; Schnyder, Ladislav, Kathrin, & Konrad, 1999). Schnyder et al. (1999) investigated patients, doctors, and nurses who unsuccessfully attempted suicide. The investigation focused on their reasons for attempting suicide as well as their emotional state immediately preceding their suicide attempts. According to this study, patients reported feelings of extreme emotional emptiness prior to the attempt.

In a study on the quality of life during old age, Sarvimäki, and Stenbock-Hult (2000) found a positive correlation between meaning in life, self-esteem and quality of life. Research also found that the higher the existential well-being was among males, the lower the level of anxiety they experience. In females, however, the opposite seems to be true (Sarvimäki, & Stenbock-Hult, 2000).

2.2.2 Alcohol outcome expectancies

Alcohol abuse is currently one of the most problematic behaviours among adolescents worldwide. (Baumeister, Campbell, Krueger & Vohs, 2005). Many Australian young people are in crisis. Reports, mentioning the incidence of early drug-taking behaviours depressive disorders and alcohol abuse, suggest that many of today's young people have lost resilience as well as vital connections to their community (Lowman, 2004). Eshlerman et al. (1994) states that alcohol related disorders in the United States of America are very common, affecting up to 24% of its population at some point in their lifetime.

Perry (1997) warns that this problem is equally common among South African adolescents. He notes that many adolescents regularly engage in binge drinking activities. This problem is not limited to the youth but also extends to the adult population. According to Perry, (1997), many crimes can be related directly or indirectly to alcohol abuse. Research also suggests that alcohol misuse and abuse is an important precipitating factor in domestic violence. In a study conducted in the Cape metropolitan area, it was estimated that up to 67% of acts of domestic violence were alcohol related (Perry, 1997).

A study by Kalichman and Cain (2004) suggests that alcohol expectancies is one of the factors that mediated the use of alcohol. These findings replicate previous research, confirming directional hypotheses and supporting causal conclusions. In their study, Vik, Cellucci, and Ivers (2003) revealed that 22% of the students with a history of adolescent binge drinking had reduced their alcohol consumption while still in college. These results were achieved without treatment. According to the authors, the key factor that contributed to this change was changes in their alcohol outcome expectancies.

According to Frankl (1979), meaning in life can be linked to alcohol abuse. In support of Frankl's view, Long (1995) predicted that it would become ever more difficult for humanity to find meaning and purpose in life as the 21st century unfolded. Ellsworth (1999) and Van Wijk (1995) note that especially adolescents are highly susceptible to feelings of meaninglessness, and that these feelings are a common theme in adolescents' lives. According to Frankl (1979) and Iwundu (1988), this lack of meaning and purpose in life is not limited to first world countries alone. People in developing countries, including African countries, are also experiencing a sense of purposelessness and a lack of meaning. Lack of meaning and purpose is a global problem, spanning across countries and continents. Turning to alcoholism may be one way in which people try to relieve this emptiness and give meaning to their lives. Research found that effective recovery from alcoholism tended to occur when people give their lives a new sense of meaning and purpose (Gregoire, 1995).

Interestingly, research also suggests that there might be a relation between a lack of meaning and purpose in life and the use of narcotics. In their study of the psychological wellbeing of adolescents using narcotics, Kinnier and Metha (1994) found there was an increased prevalence in drug abuse with deterioration in the sense of meaning and purpose in life. Research conducted by Tsuang, Williams, Simpson and Lyons (2002) also suggests that existential well-being is significantly negatively associated with alcohol abuse or dependence. Similarly, Butler, Budman, McGee, Davis, Cornellia and Morey (2005) also acknowledge the importance of existential concerns in the role of recovery from alcohol abuse. In summary it seems that research suggest that restoring meaning and purpose in life could possibly decrease alcohol abuse and drug abuse.

2.2.3 Self-esteem

Numerous research articles suggest that self-esteem is a crucial ingredient in building social and emotional well-being (Plummer, 2001). Self-esteem is generally considered a highly favourable personal attribute. It is even regarded by some as the highest level of human functioning (Allport, 1961). Rogers (1961) notes that a healthy sense of the self is important for self-actualisation. One of the warning signs of a dysfunctional personality is the absence of a healthy sense of self-appreciation (Bednar, Peterson & Wells, 1991).

Research suggests that high levels of self-esteem often correlate with good academic performance (Lawrence, 1996; Lawrence, 2000). Lau and Shaffer (1999) identified five personal attributes that may impact on student success. One of them is a healthy self-esteem, especially with reference to capabilities. A healthy self-esteem is also of value for teachers and school counsellors. Results from research indicated that higher levels of self-esteem generally were associated with lower professional burnout for teachers and school counsellors (Butler, Kent, Constantine & Madonna, 2005). A content analysis identified enjoyment of life, excitement, pride, achievement, satisfaction, a sense of purpose and mutual support as positive expressions of self-esteem (Kenett, 2000).

Some research also suggests that low self-esteem is linked to smoking. Engels, Rutger, Hale, Noom, and De Vries (2005) indicated that higher depressive mood, low self-esteem and low self-efficacy appeared to be related to a higher prevalence of smoking in a cross-sectional analysis. Research by Donnellan, Trzesniewski, Robins, Moffitt and Caspi (2005) explored the link between global self-esteem and externalising problems such as aggression, antisocial behaviour, and delinquency. A positive correlation between low self-esteem and externalising behaviour such as aggression was reported. The relationships amongst stress, self-esteem, and suicidal ideation in adolescents were examined in a group of college students. Multiple regression analysis indicated that both stress and self-esteem were significantly related to suicidal ideation; low self-esteem and stressful life events significantly predicted suicidal ideation (Wilburn & Smith, 2005).

2.2.4 Existential counselling groups

Inner emptiness can also be expressed in different ways, including aggression, addiction and depression (Fabry, 1988). People tend to cope with the existential vacuum by making use of alcohol and other narcotics. Existential intervention programmes addressing the phenomenon of the existential vacuum major goal is to help the individuals finding meaning in life (Gerwood, 1998). Gerwood also found that clients in undergoing existential counselling for substance-related disorders abused these substances less. In a separate study, existential counselling appeared to provide a basis for understanding and intervening with the youth at risk for violent, addictive and aggressive behaviour (Carlson, 2003). Stempelová and Cmáriková

(2004) investigated the mutual relationship between personality factors, existential characteristics and subjectively perceived self-esteem. The study was carried out on a sample of 60 male respondents. Results revealed that a high level of self-esteem positively correlated with a higher level of meaning in life. In summary it seems that existential counselling may have a significant impact on people's way of life.

2.3 OBJECTIVES OF THE STUDY

2.3.1 Main objective

The main objective of this study was to measure the influence of existential counselling groups on the levels of purpose in life, self-esteem and alcohol outcome expectancies of under-graduate students. In order to achieve this, under-graduate students, who received a lower than average score on the Purpose in Life test and who were interested in exploring the area of meaning and purpose in their lives, took part in existential counselling groups.

2.3.2 Specific objectives

The specific objectives for the study included the following:

(1)   Measuring the purpose in life of the experimental and control groups before and after the existential counselling groups to determine whether the intervention had a significant influence on the experimental group's purpose in life.

(2)   Measuring the self-esteem values of the experimental and control groups before and after the existential counselling groups to determine whether the intervention had a significant influence on the experimental group's self-esteem.

(3)   Measuring the alcohol outcome expectancies of the experimental and control groups before and after the existential counselling groups to determine whether the intervention had a significant influence on the experimental group's alcohol outcome expectancies.

2.4 SUMMARY

In summary, existentialist philosophy views humans as self-creating and self-transcending individuals. Existential counselling groups aim to raise an awareness of this and to assist the client to find meaning and purpose in his or her life. If people do not find meaning and purpose in their lives, it can manifest itself in the form of emptiness, futility and aimlessness. By realising creative, experiential, and attitudinal values, people can find meaning and purpose in their lives. Life can have meaning in all circumstances.

The composition of existential counselling groups was then discussed. Based on specific perceptions of the world around us (Frankl, 1979; Long, 1995) and research findings, this study finds it necessary to investigate the effect of existential counselling groups on the level of meaning in life, self-esteem and alcohol outcome expectancies.
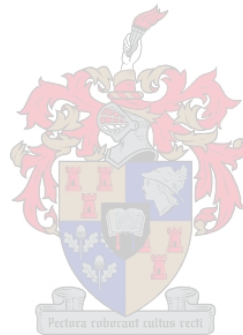
CHAPTER 3

RESEARCH DESIGN AND MEASURING INSTRUMENTS

3.1 RESEARCH DESIGN

3.1.1 Research procedure

According to Brown and Newman (1996), Foster (2001) and Oliver (2003) ethics has a very important role to play in social research. With this in mind, every possible precaution was taken to ensure that this study was conducted in an ethical and humane manner. Since the participants in the study were students at the University of Stellenbosch, permission to conduct the study was first obtained from the Ethical Committee of the University of Stellenbosch.

3.1.2 Enlisting subjects

All the subjects who participated in this study were under-graduate students from the Faculty of Social Sciences at the University of Stellenbosch, South Africa. Afrikaans and English speaking subjects were included. A total of 42 subjects participated in the study.
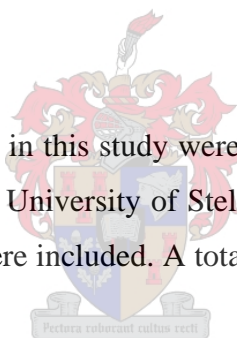
The first step in the enlisting process was the selection of a random sample of 80 students, 40 male and 40 female, from student class lists. The researcher then contacted each student personally and informed him or her about the study, its purpose, and how it would be accomplished. Each student was also informed that participation in the study was voluntary. The students were then asked if they would be willing to participate in the study and meetings were then scheduled with the participants.

At a formal meeting, the tests and procedures of the research were discussed. The students were asked to complete an autobiographical questionnaire, as well as the Purpose in Life test, Self-Esteem Scale and the Alcohol Outcome Expectancy Scale. Every student, however, reserved the right not to complete these questionnaires.

The autobiographical questionnaire contained questions with regard to the name, surname, gender, age, language of preference and contact details of the student.

The researcher then scored all the questionnaires. The average score in the Purpose in Life test was then calculated and used as an arbitrary cut off point. Only students who scored lower than the arbitrary cut off point, indicating a lower than average sense of purpose in life, were considered for participation in the study. They were personally visited by the researcher and asked if they would be interested in attending the existential group counselling sessions.

During this time, and throughout the study, all the details of the students, as well as the scores obtained by them in the questionnaires, remained strictly confidential.

An informed consent form containing an outline of the research was handed to them. The students were informed that they reserved the right not to participate in the study. At their request, the scores they obtained in the different questionnaires were made available to them. The scores of any other student, however, were not disclosed to them.

The first 42 subjects, 21 male and 21 female, who were willing to participate in the study were included in the study. The subjects were then randomly divided into an experimental group or a control group. The experimental group as a whole was divided into three groups of seven participants each.

Each experimental group of seven had their meeting at a different day of the week, Tuesdays, Wednesdays or Thursdays.

3.1.3 Process of group counselling

The researcher, who facilitated the group sessions, was thoroughly trained and supervised by a professional psychologist. The content of the sessions may be summarised as follow:

Session 1: Introduction

Session 2: Finding meaning in life according to Frankl's principles

Session 3: Self-reflection

Session 4: Decision and encounter

Session 6: Encounter

Session 7: Encounter

Session 8: Closure

The first group meeting was an introductory session. At this meeting, the group members were introduced to each other and participants also had a chance to ask questions regarding the nature of the research.

The confidentiality of what was being said was then discussed. In order to protect their privacy, all the participants were asked not to discus any of the research participants with other people outside the group. The researcher would also not be allowed to mention any of the research participants' names in any report or publication, which might result from this study. Coupled to this, each of the research participants was made aware of their right to end their participation in this study.

It was made clear that the effort put into the exercises in order to gain something from the group lay entirely with each individual group member. Though group members were encouraged to commit to open discussion, they were informed that no one would be forced to engage in open discussion. A higher premium was placed on honesty. Individual members were motivated to be honest with themselves regarding the questions raised in the exercises (see Appendix A).

Session two was used to discuss the three values as proposed by Frankl on how meaning and purpose in life can be found: creative values, experiential values and attitudinal values.

According to Crumbaugh (1973), meaning and purpose can only be found after exploring one's present life situation. For this reason, the entire third session was devoted to self-reflection. In this session, the group members were given the chance to answer critical questions regarding their family life, friendships and intimate relationships, occupation or studies, religious life, the strengths in their personality

and the personal challenges they are currently facing. They were given the opportunity to write down the answers to these questions.

This session was followed by another three sessions. Each session was approximately one hour to one and a half hour long. In each of these sessions group members had a chance to share the current situations in their family life, friendships and intimate relationships, occupation or studies, religious life, the strengths in their personality as well as the personal challenges they are currently facing. By sharing these positive and negative experiences that they have had, and in some cases still face, they were given the chance to view them in terms of the three values (creative values, experiential values and attitudinal values) which Frankl proposed. Only there after can meaning be drawn from these experiences.

At the heart of these sessions was the process of Socratic dialogue. The main emphasis in Socratic dialogue is not to force information onto the students, but rather to involve each student in provocative questioning or challenging the status quo. This was done in order to elicit the hidden meanings of each situation in their lives which had been dealt with (Shantall, 2003).

Session eight, the last session, was an opportunity to express what the group had meant to each member. In this session each member of the group could freely tell the rest of the group what their experiences in the group had been.

All exercises had been translated into English and Afrikaans and members received whichever they preferred. Examples of the exercises that were used may be seen in Appendix A.

3.1.4 Experimental controls

Smith (1980) indicates that it is important to have a control group in research. It is equally important that the experimental group and the control group are as similar as possible (Oppenheim, 1992). Thus, all the subjects were equally divided into two groups of 21 subjects each, the control group and the experimental group. Both groups were made up of an equal number of males and females.

Though the control group was, at first, not exposed to the existential group counselling, they were given the same group counselling that the experimental group received as soon as the experimental groups had finished their seven group counselling sessions. This was done in order to give the participants in the control group the same possible advantages which the experimental group had received.

3.1.5 Measuring Instruments

The Purpose in Life test, Self-Esteem Rating Scale and the Alcohol Outcome Expectancies Scale, were used in this study. All the questionnaires were made available in both Afrikaans and English. The subjects had an opportunity to choose the language in which they wanted to complete the questionnaires. Appendix B contains both the English and the Afrikaans versions of the Purpose in Life test, the Self-Esteem Scale and the Alcohol Outcome Expectancies Scale. Permission was asked from the authors to use the questionnaires in this study.

3.1.5.1 The Purpose in Life test

The Purpose in Life (PIL) test was developed and first used by Crumbaugh and Maholick in 1964. The main aim of the PIL is to detect the existential vacuum described by Frankl (Crumbaugh & Henrion, 1988).

The PIL test does not measure the type of meaning experienced, but rather the degree to which meaning and purpose is experienced (Reker & Cousins, 1979). It is quick and easy to complete and most subjects complete the scale in 10 to 15 minutes. The test instructions are easy to understand and to follow. The PIL test has no time limit (Crumbaugh & Henrion, 1988).

Two measures were originally used to evaluate the concurrent or criterion validity of the PIL test: (1) Correlation between PIL scores and the therapists' ratings, and (2) the correlation between PIL scores and ratings by ministers of religion of the degree of purpose and meaning exhibited by their participating parishioners. The relationships were 0.38 and 0.47 respectively (Crumbaugh & Maholick, 1969).

According to Hutzell (1988), a raw score of 113 points, or higher, can be interpreted as a definite indication of a high level of meaning in life. Raw scores between 91 and 113 indicate less meaning in life.

There are many studies (Iwundu, 1988; Reker & Fry, 2003) available in which the Purpose In Life test was used as a measuring instrument. In a study by Tompson, Coker, Krause and Henry (2003), it was found that existential counselling and logo therapeutic approaches were an effective form of therapy to strengthen the level of purpose in life.

3.1.5.2 The Self-Esteem Scale

The Self-Esteem Scale (SES), developed by Rosenberg (1965) to measure global feelings of self-worth or self-acceptance, is a four-point, 10 item Likert rating scale. Higher scores represent higher levels of global self-worth. It does not only indicate problems in self-esteem, but also non-problematic levels in self-esteem.

The SES was designed to save time and increase ease of administration. The respondent is required to respond to statements about the self along a four-point scale (strongly agree, agree, disagree, strongly disagree). Each point on the scale has a different value, resulting in a scale range between 10 and 40.

The SES was initially studied with a sample of 5024 high school juniors and seniors from 10 randomly selected New York State high schools. It has an acceptable internal reliability, with a reported coefficient alpha of 0.87 (Rosenberg, 1965). The SES has a high reliability: test–retest correlations are typically in the range of 0.82 to 0.88 (Blascoviach & Tomaka, 1993).

The SES has been used widely in a broad spectrum of clinical groups for research and outcome purposes (White & Schweitzer, 2000).

Other studies making use of the SES includes Werrij, Mulkens, Hospers and Jansen (2005), who found a relationship between self-esteem and depressive symptoms; Pruessner, Baldwin, Dedovic, Renwick, Mahani, Lord, Meaney, and Lupien, (2005), who found that high self-esteem levels are correlated with internal locus of control

and Martin, Thompson and Chan (2005), who found that the different genders experience self-esteem in different ways.

3.1.5.3 The Alcohol Outcome Expectancies Scale

The Alcohol Outcome Expectancies Scale (AOES) was developed by Leigh and Stacy (1993) to measure alcohol outcome expectancies. Previous research had shown these expectancies to be correlated with drinking behaviour in adolescents and adults. When the subjects' alcohol outcome expectancies are negative, they are associated with less alcohol abuse. However, more positive alcohol outcome expectancies are positively associated with alcohol abuse as well as dependence. The Alcohol Outcome Expectancies Scale has a good internal consistency, with an alpha of 0.86.

Evans and Pastor (2003) state that studies have successfully shown that alcohol outcome expectancies have been positively associated with alcohol abuse as well as dependence. It may also play a role in the prediction, initiation and maintenance of the dysfunctional drinking of alcohol (Leigh, 1989). Thus, it would seem as though this test would be an effective way to measure possible changes in the pattern of drinking behaviours.
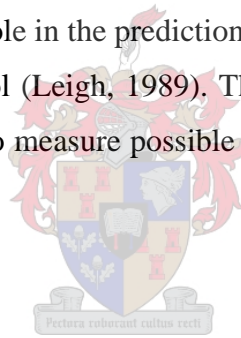
3.1.6 Gathering data

Each of the three tests – the Purpose in Life test, the Self-Esteem Rating Scale and the Alcohol Outcome Expectancies Scale – was completed by each of the subjects in both the experimental groups and the control groups.

A word of caution is required at this point. None of the tests that were used in the study were standardised on a South African population, which should be taken into account when the tests results are interpreted.

A "test-retest" design was used in the study. The experimental groups completed the tests at the introductory sessions and again at the final sessions. At the same time, the control group also had two sessions, corresponding with the time of the experimental groups, where they had an opportunity to complete the tests.

3.1.7 Statistics

In any research it is important to choose the correct statistical technique to analyse the data. Generally there are two genres of tests the researcher needs to choose between, namely parametric and non-parametric statistical tests (Field, 2002).

Rosenthal (2001) believes that researchers should make full use of the "ease of statistical testing" that new technology brings in the form of computerised statistical packages and conduct both the appropriate parametric tests and its non-parametric alternative (p.419). He continues by stating that if similar results are yielded by both the parametric and non-parametric tests, greater confidence is gained in the results (Rosenthal, 2001).

With the above in mind, the decision was made to use a parametric statistical technique to analyse the performance of the two groups in this study and to verify it with a non-parametric statistical test. This decision was made because only some and not all of the data are normally distributed. The small sample size in the study (N=42) also made non-parametric test a favourable choice.

The parametric tests that were used included the dependent samples t-test as well as the independent samples t-test. The non-parametric tests used in this study included the Mann-Whitney U Test and the Wilcoxon Matched-pares Test.

CHAPTER 4

RESULTS

4.1 ANALYSIS OF RESULTS

The results of the study and the statistical inferences from these results are provided in this chapter. The aim of the study was to research whether existential counselling groups had an influence on the experimental groups' purpose in life, alcohol outcome expectancies and self-esteem. Three questionnaires, the Purpose in Life test, the Alcohol Outcome Expectancies Scale and the Self-Esteem Scale were used and analysed using the Independent Samples t-test as well as the Dependent Samples t-test, as was discussed in the previous Chapters.

Table 1

Results of the Shapiro-Wilk Test of Normality for the Experimental and Control Groups' Purpose in Life, Self-Esteem and Alcohol Outcome Expectancies Tests.

	df	t	p
Pre-test PIL	42	.34	.18
Post-test PIL	42	.01	.04*
Pre-test SES	42	.00	.01**
Post-test SES	42	.10	.49
Pre-test AOES	42	.58	.57
Post-test AOES	42	.05	.37

The Shapiro-Wilk Test is a statistical technique used to objectively find out whether a distribution is normal or not (Field, 2002).

It is clear, when referring to Table 1, that the majority of the results are normally distributed. However, the post-test PIL test and the pre-test SES are not normally distributed. For this reason, both parametric and non-parametric statistical techniques were used to analyse these results. The use of both of these techniques should inspire

greater confidence in the results (Rosenthal, 2001). Table 2 gives a summary of the experimental and control groups' pre-test statistics.

Table 2

The Independent Samples t-Test Results for the Experimental and Control Groups' Pre-Test Compared.

Group	Experimental		Control			
	M	SD	M	SD	t	p
PIL	3.77	0.23	3.81	0.22	11.82	.54
SES	3.24	0.38	3.25	0.35	6.68	.67
AOES	4.20	0.22	4.17	0.19	9.78	.69

No significant differences were found concerning the three questionnaires.

Table 3 shows a summary of the results for the experimental and control groups' post-test scores.
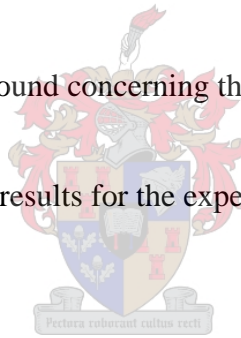
Table 3

The Independent Samples t-Test Results for the Experimental and Control Groups' Post-Test Compared.

Group	Experimental		Control			
	M	SD	M	SD	t	p
PIL	4.67	0.20	3.81	0.22	12.82	.00**
SES	3.64	0.15	3.25	0.35	5.68	.07
AOES	3.68	0.12	4.17	0.19	9.57	.00**

It can be concluded that the experimental and control groups' scores on the Purpose In Life test (t = 12.82, p < 0.01) and the Alcohol Outcome Expectancies Scale (t = 9.57,

p < 0.01) differed significantly from each other. No significant differences between the experimental and control groups' level of self-esteem were found ($t = 5.68$, p > 0.05).

Table 4 shows a summary of the related samples t-test results for the experimental groups' pre-intervention and post-intervention scores.

Table 4

The Dependent Samples t-Test Results for the Experimental Groups' Pre-and Post-Test Results.

Group	Pre-intervention		Post-intervention			
	M	SD	M	SD	t	p
PIL	3.79	0.23	4.67	0.20	3.85	.00**
SES	3.26	0.29	3.64	0.15	4.11	.07
AOES	4.21	0.20	3.68	0.12	4.65	.00**

The experimental groups' pre-test and post-test scores differed significantly for the Purpose In Life test ($t = 3.85$, p < 0.01) and the Alcohol Outcome Expectancies Scale ($t = 4.65$, p < 0.01). No significant differences were found between the experimental groups' pre-test and post-test self-esteem scores as measured by the Self-Esteem Scale ($t = 4.11$, p > 0.05).

Table 5 shows a summary of the dependent samples t-test results for the control groups' pre-and post-tests.

Table 5

The Dependent Samples t-Test Results for the Control Group's Pre-and Post-Test Results.

Group	Pre-intervention		Post-intervention			
	M	SD	M	SD	*t*	p
PIL	3.77	0.23	3.81	0.22	11.85	.55
SES	3.24	0.38	3.25	0.35	6.41	.68
AOES	4.21	0.22	4.17	0.19	9.66	.67

As indicated there were no significant differences between these two groups with regards to the Purpose In Life test, Self-Esteem Scale and the Alcohol Outcome Expectancies Scale.

Table 6 shows a summary of the Mann-Whitney U Test results for the pre-and post-intervention scores.

Table 6

Mann-Whitney Results for the Pre and Post-Intervention Scores.

Group	U	Z	p
PIL	28.44	-5.512	.00**
AOES	26.97	-5.390	.00**
SES	43.47	-4.846	.06

Table 7 shows a summary of the Wilcoxon Test results for the pre-and post-intervention scores

Table 7

Wilcoxon Test Results for the Pre-and Post-Intervention Scores

Group	Z	p
PIL	-4.66	.00**
AOES	-4.031	.00**
SES	-5.657	.07

The results obtained from both the Mann-Whitney U Test and the Wilcoxon Matched-pares Test were similar to the Dependent Samples and Independent Samples t-Tests, providing greater confidence in the reliability of these results. No statistically significant differences were found with regard to the gender, age and language of preference on any of the variables.

CHAPTER 5

DISCUSSION AND CONCLUSION

Existential group counselling had a significant effect on the purpose in life and alcohol outcome expectancies of students. The effect of existential group counselling on self-esteem was insignificant.

The significant effect existential group counselling had on the purpose in life of students is supported by the study of Van Wijk (1995). In her study 42 participants, between the ages of 20 and 25, attended small Logotherapy sharing groups. In her results she also found a significant increase in purpose and meaning in life as measured by the PIL Test. The most common symptoms associated with a lack of meaning and purpose in life includes aggression, addiction, depression (Fabry, 1988; Frankl, 1967) and even suicide (Frankl, 1967; Schnyder et al., 1999). According to a study by Schnyder et al. (1999), hospital patients attempting suicide reported feelings of extreme emotional emptiness immediately prior to attempting suicide.

Gregoire (1995) found that effective recovery from alcoholism tended to occur when people give their lives a new sense of meaning and purpose. The significant effect that existential group counselling had on alcohol outcome expectancies are also supported by other studies. According to Vik, Cellucci, and Ivers (2003), a key factor that contributes to the reduction in the amount of alcohol use are changes in one's alcohol outcome expectancies. Their findings are supported by Kalichman and Cain (2004), whose study suggests that alcohol expectancies may be one of the most important factors which mediated the use of alcohol. Tsuang, Williams, Simpson and Lyons (2002) also suggest that existential well-being is significantly negatively associated with alcohol abuse or dependence. Similarly, research by Butler et al. (2005) acknowledges the importance of existential concerns in the role of recovery from alcohol abuse. These empirical research finding supports Frankl's view that meaning in life can be linked to alcohol abuse (Frankl, 1979). It would appear as if existential meaning and purpose in life do have an effect on drinking patterns.

Though the investigation by Sarvimäki and Stenbock-Hult (2000) found that existential therapy had a significant effect on self-esteem, the current study showed no

significant effect. According to Robins and Trzesniewski (2005), individuals tend to maintain their level of self-esteem relative to one another. Individuals who have relatively high self-esteem at one point in time tend to have relatively high self-esteem years later. Thus, the self-esteem does not change easily, and when it does change, it does not change by much. It is possible that this phenomenon played a role in the results of the current study.

Frankl's philosophy of man, emphasising the self-transcendence quality of man to find meaning in life, seems to be of sincere importance. Therapies incorporating and focusing on the spiritual dimension of the human being seem to have a positive influence on people's existential well being. Not only are they more optimistic and future orientated (Frankl, 1984) but they also show diminishing inappropriate behaviour such as addictions, depression and suicide.

One of the objectives of this study was to see whether existential counselling groups had an influence on the level of meaning in life, as measured by the Purpose in life Test. From the results, it would be safe to conclude that existential counselling groups had an influence on the experimental group's level of purpose in life.

5.1 CRITICAL EVALUATION OF THE STUDY

5.1.1 Limitations of the study

5.1.1.1 Research design

One major flaw in the design of the present study is the lack of longterm data and follow-up tests. Due to time constraints, it was not possible to do a follow-up measurement on the three variables. This study is therefore unable to discuss any long-term effects of the existential counselling sessions on the individual group members. This study only measures short-term effects. Follow-up studies would have to be done to measure the permanence of change.

According to Gazda, (cited in Van Wijk, 1995) the average number of subjects used in studies on group therapy increased from 50 in the 1930's to 1970's, to 62 in later years. Since only 42 subjects were used in this study, the small number of subjects

used could have had an effect on the statistical analysis and results. Though a diverse group of students from different faculties participated in this study, the results from this study cannot be generalised to all university students due to the small sample size. Another area of concern is the lack of black male participants. This too might have confounded the findings in this study since the statistical power was low. In the future, more research is encouraged utilizing bigger sample sizes, as well as equally distributed ethnic groups.

Though the overall self-esteem might stay consistent, it is possible that the feelings of self-worth might have changed. The design of the study is of such a nature that it is impossible to find out whether the feelings of self-worth have changed compared to the levels of global self-esteem. In future studies it might be helpful to design the study in such a way that these changes can be measured.

5.1.1.2 Exercises

Another possible point of criticism is the use of structured exercises. Though Corey (1990) is in favour of the use of structured exercises in existential group counselling, Mullan (1992) is strongly against the use of it. He believes that the group leader should minimise the planned steps. The current study made use of structured exercises, however time was also devoted to spontaneous interaction among the group members.

5.1.1.3 Measuring instruments

Because of its subjective nature, meaning and purpose in life is very difficult to measure quantitatively. It is for this reason why Roffey (1993) believes that existential research should have a phenomenological research design. According to him, no measuring instrument could delve deep enough into man's soul. Opalic (1989), on the other hand, is strongly in favour of the use of standardized psychometric measuring instruments and questionnaires such as the Purpose in Life test.

Though the Purpose In Life test, Alcohol Outcome Expectancies Scale and the Self-Esteem Scale have good reliability, all of these questionnaires were translated to Afrikaans in order to accommodate the Afrikaans-speaking participants. Also, very

little research has been done on using the PIL test in South Africa. Thus, it is likely that these questionnaires may have lost some of their reliability in the process. Similarly, none of the tests that were used in the study were standardised on a South African population, which should be taken into account when the tests are interpreted.

5.1.1.4 Feedback from group members

In general, the feedback received from the group members was positive. Many of the participants indicated that they would have liked the group to continue over a longer period of time. Almost all the group members said that a special bond had formed between them.

5.1.2 Suggestions for future research

Existentialism has much to offer modern man. It is for this reason that research into it should be encouraged. In order to improve research, the following suggestions are made for future research. Future researchers should incorporate long-term follow-up tests in order to explore the long-term effects of the existential counselling sessions on the individual group members. Though changes might have been measured in the Alcohol Outcome Expectancies Scale, it is still unclear how sustainable these changes are. It is also possible that other variables might change over a longer period of time.

The sample size should also be bigger and more effort should be made to include a more diverse sample. By selecting a bigger sample and making the sample more diverse, the statistical power increases, inspiring more confidence in the research findings.

It would also be wise to design the study in such a way that it is possible to measure both global self-esteem and feelings of self-worth. By doing this, the concept of self-esteem can be explored further.

5.2 CONCLUSIONS

Modern society is increasingly facing a lack of meaning and purpose in life. Humans are increasingly ignoring that which distinguishes them from animals - meaning and

purpose. Modern culture seems hesitant to talk of being and meaning (Van Wijk, 1995). As both Ellsworth (1999) and Van Wijk (1995) point out, especially adolescents may be highly susceptible to feelings of meaninglessness and that these feelings are a common theme in adolescents' lives. Iwundu (1988) makes it clear that this challenge is not only faced in developed countries, but also in developing countries, including countries in sub-Sahara Africa.

Any form of psychology has to pay tribute to the noögenic dimension as well as the psyche of man (Frankl, 1973). Psychology has a responsibility to respond to this challenge. It needs to assist people to regain their humanity and assist people in finding new meaning and purpose in their lives.

The existential approach attempts to help people find meaning and purpose in life by broadening their phenomenological field (Norcross, 1987). This study suggests that existential counselling groups have enormous potential to influence the subjective level of meaning and purpose in life of group members, as measured by the Purpose In Life test. From this, it can also be concluded that small existential counselling groups may have a wider application. It may have an important role to play in adressing the serious levels of alcohol abuse among the young generation.

From this research, it would seem that helping people find meaning and purpose in their lives might play an important role in preventing high-risk problem behaviours such as the abuse of alcohol. More research into existential group counselling need to be encouraged. When people come together, who knows what could be created and discovered through the sharing of personal stories of their search for meaning and purpose?

<u>REFERENCES</u>

Adams, G., & Balfour, D. (1988). *Unmasking administrative evil*. California: SAGE Publications.

Allport, G.W. (1961). *Pattern and growth in personality.* New York: Holt, Rinehart & Winston.

Baird, R.M. (1985). Meaning in life: Discovered or created? *Journal of Religion and Health, 24*(2), 117-124.

Bauman, S., & Waldo, M. (1998). Existential theory and mental health counselling: If it were a snake, it would have bitten! *Journal of Mental Health Counseling, 20*, 13-27.

Bednar, R.L., Peterson, S.R., & Wells, M.G. (1991), *Self-esteem: Paradoxes and innovations in clinical theory and practice.* Washington: American Psychological Association.

Bercovitch, H.S. (1995). Self-awareness therapy for prisoners. *International Forum for Logotherapy, 18*(2), 102-108.

Bering, J.M. (2003). Towards a cognitive theory of existential meaning. *New Ideas in Psychology, 21*(2), 101-120.

Blair, R.G. (2004). Helping older adolescents search for meaning in depression. *Journal of Mental Health Counseling, 26*(4), 141-156.

Blascoviach, J., & Tomaka, J. (1993). Measure of self-esteem. In J.P. Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), *Measures of Personality and Social Psychological Attitude* (pp. 115-160). Ann Arbor: Institute for Social Research.

Botvin, E.M., Botvin, G.J., Diaz, Z.T., Epstein, J.A., & Schinke, S.P. (1995). Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: Two-year follow-up results. *Psychology of Addictive Behaviours, 9*(3), 183-194.

Branden, N. (1994). *The six pillars of self-esteem*. New York: Bantam.

Brown, J.D., Dutton, A.D., & Cook, K.E. (2001). From the top down: self-esteem and self-evaluation. *Cognition and Emotion, 15*(5), 615-631.

Brown, R.D., & Newman, D.L. (1996). *Applied ethics to program evaluation*. London: SAGE Publications.

Brown, S., Collinson, D., & Wilkinson, R. (2002). *Biographical dictionary of twentieth-century philosophers.* London: Routledge.

Brown, S.A. (1985). Reinforcement expectancies and alcoholism treatment outcome after a one year follow-up. *Journal of Alcohol Abuse, 46*(1), 304-308.

Butler, S.F., Budman, S.H., McGee, M.D., Davis, M.S., Cornellia, R., & Morey, L.C. (2005). Addiction severity assessment tool: Development of a self-report measure for clients in substance abuse treatment. *Drug and Alcohol Dependence, 22*(2), 112-124.

Butler, S., Kent, R., Constantine, R., & Madonna, T. (2005). Collective Self-Esteem and Burnout in Professional School Counsellors*, Professional School Counseling,* 9(1), 55-63.

Carlson, L.A. (2003). Existential theory: Helping school counsellors attend to youth at risk for violence. *Professional School Counselling, 6*(5), 677-689.

Colman, A.M. (2001). *A dictionary of psychology.* New York: Oxford University Press.

Connors, G.J., Tarbox, A.R., & Faillace, L.A. (1993). Changes in alcohol expectancies and drinking behaviour among treated problem drinkers. *Journal of Studies on Alcohol, 54*(6), 676-683.

Cooper, D.E. (1990). *Existentialism: A reconstruction.* Oxford: Basil Blackwell.

Copleston, F. (2002). *Contemporary philosophy: Studies of logical positivism and existentialism.* London: Continuum.

Corey, G., & Schneider-Corey, M. (1987). *Groups: process and practice.* California: Brooks/Cole Publishing Company.

Corey, G. (1990). *Theory and practice of group counselling.* California: Brooks/Cole Publishing Company.

Corey, G. (1993). *Theory and practice of counselling and psychotherapy.* California: Brooks/Cole Publishing Company.

Corsini, R.J. (2002). *The dictionary of psychology.* London: Brunner/Mazel.

Crumbaugh, J.C. (1973). *Everything to gain: a guide to self-fulfilment through logoanalysis*. Chicago: Nelson Hall Company.

Crumbaugh, J.C., & Henrion, R. (1988). The PIL Test: Administration, interpretation, uses theory and critique. *International Forum for Logotherapy, 11*(2), 76-88.

Crumbaugh, J.C., & Maholick, L.T. (1969). *Manual of instructions for the Purpose in Life Test*. Munster: Psychometric Affiliates.

Davis, M., Kerr, T.S., & Kurpius, R. (2003). Meaning, purpose and relegiosity in at-risk youth : The relationship between anxiety and spirituality. *Journal of Psychology and Theology, 31*(4), 356-365.
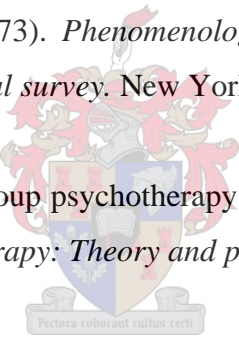
De Vos, H.M. (1993). Fenomenologie en eksistensialisme in die sielkunde. In A.T. Möller (Ed.), *Perspektiewe oor persoonlikheid* (pp. 195-221). Durban: Butterworths.

Donnellan, M.B., Trzesniewski, K.H., Robins, R.W., Moffitt, T.E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behaviour, and delinquency. *Psychological Science, 16*(4), 328-335.

Ecclestone, K., & McGivney, V. (2005). Are adult educators obsessed with developing self-esteem? *Adults Learning, 16*(4), 112-123.

Eggleston, A.M., Woolaway-Bickel, K., & Schmidt, N.B. (2004). Social anxiety and alcohol use: evaluation of the moderating and mediating effects of alcohol expectancies. *Journal of Anxiety Disorders, 18*(1), 33-49.

Ellsworth, J. (1999). Today's adolescent: Addressing existential dread. *Adolescence, 34*(134), 403-409.

Engels, R.C.M.W., Hale, W.W., Noom, M., & De Vries, H. (2005). Self-efficacy and emotional adjustment as precursors of smoking in early adolescence. *Substance Abuse and Misuse, 40*(12), 1883-1893.

Eshlerman, S., Hughes, M., McGonagle, K.A., Nelson, C.B., Kesler, R.C., & Zhao, S. (1994). Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry, 51*, 8-19.

Esterhuyse, W.P. (1991). *Filosofiese mensebeelde.* Unpublished classnotes, University of Stellenbosch.

Evans, S.M., & Pastor, A.D. (2003). Alcohol outcome expectancies and risk for alcohol use problems in women with and without a family history of alcoholism. *Drug and Alcohol Dependence, 70*(2), 201-214.

Fabry, J.B. (1988). Dilemmas of today – Logotherapy proposals. *International Forum for Logotherapy, 11*(1), 5-12.

Fabry, J.B. (1974). Application of logotherapy in small sharing groups. *Journal of Religion and Health, 13*(2), 128-137.

Field, A. (2002). *Discovering statistics using SPSS for Windows.* London: SAGE Publications.

Floyd, L., Latimer, W., Vasquez, M., & O'Brien, M. (2005). Substance use among school-based youths in Northern Mexico. *American Journal on Addictions, 14*(5), 464-470.

Foster, C. (2001). *The ethics of medical research on humans*. Cambridge: Cambridge University Press.

Frankl, V.E. (1965). *The doctor and the soul*. Canada: Random House.

Frankl, V.E. (1967). *Psychotherapy and Existentialism.* New York: Washington Square Press Inc.

Frankl, V.E. (1969). *Man's search for meaning.* New York: Washington Square Press.

Frankl, V.E. (1975). *The unconscious God.* New York: Simon and Schuster.

Frankl, V.E. (1984). *Man's search for meaning.* New York: Washington Square Press.

Gaidenko, P.P. (2005). Kierkegaard and the philosophical-esthetic sources of existentialism. *Russian Studies in Philosophy, 44*(4), 5-33.

Gerwood, R.S. (1998). The existential vacuum treating substance-related disorders. *Psychological Reports, 83*(2), 1394.

Gilmartin, R.M., & Southwick, S. (2004). Combat-related PTSD and logotherapy**.** *International Forum for Logotherapy, 27*(1), 34-38.

Goldman, M.S., Brown, S.A., & Christiansen, B.A. (1987). Expectancy theory: thinking about drinking. In H.T. Blane, & K.E. Leonard (Eds.), *Psychological Theories of Drinking and Alcoholism* (pp. 195-221). New York: Guilford Press.

Goldman, M.S., & Darkes, J. (2004). Alcohol expectancy multiaxial assessment: A memory network-based approach, *Psychological Assessment, 16,* 4–15.

Gordon, L.R. (2000). *Existential Africana: Understanding Africana existential thought.* New York: Routledge.

Gregoire, T.K. (1995). Alcoholism: The quest for transcendence and meaning. *Clinical Social Work Journal, 23*(3), 339-360.

Hjertaas, T. (2004). Adler and Binswanger: Individual psychology and existentialism. *Journal of Individual Psychology, 60*(4), 396-407.

Hutzell, R.R. (1988). A review of the purpose in life test. *The International Forum for Logotherapy, 9*(2), 89-101.

Iwundu, C.O. (1988). Logotherapy and African-oriented therapy. *The International Forum for Logotherapy, 9*(2), 125-129.

Johnson, D.W., & Johnson, F.P. (1982). *Joining together – group theory and group skills.* Englewood Cliffs, New Jersey: Prentice Hall.

Kalichman, A., & Cain, E. (2004). A prospective study of sensation seeking and alcohol use as predictors of sexual risk behaviours among men and women receiving sexually transmitted infection clinic services. *Psychology-of-Addictive-Behaviours, 18*(4), 367-373.

Kaplan, R, & Sadock, B.J. (2003). *Synopsis of psychiatry*. Philadelphia : Lippincott Williams & Wilkins.

Kenett, C.E. (2000*)*. Participation in a creative arts project can foster hope in a hospice day centre. *Palliative Medicine,14*(5), 419-425.

Kinnier, R.T., & Metha, A.T. (1994). Adolescent substance abuse and psychological health. *Journal of Alcohol and Drug Education, 40*(1), 51-57.

Krueger, M. J. J., & Hanna, F. J. (1997). Why adoptees search: An existential treatment perspective. *Journal of Counselling and Development, 75*(3), 195-202.

Kunst, J.L., Bjorck, J.P., & Tan, S.Y. (2000). Reasoning about collisions involving inert objects in 7.5-month-old infants. *Developmental Science, 3*, 47-60.

Lang, A., & Stritzke, W. (1993). Young childeren's knowledge, attitudes, and expectations about alcohol. In M. Galanter (Ed.), *Recent developments on alcoholism* (pp. 73-85). New York: Plenum.

Lantz, J., & Gregoire, T. (2000*).* Existential psychotherapy with Vietnam veteran couples: A twenty-five year report. *Contemporary Family Therapy, 22*, 19-36.

Larson, P.C. (2002). Teaching history and systems from a clinical perspective. *History of Psychology, 5*(3), 249-263.

Lau, V.P., & Shaffer, M.A. (1999). Career success: The effects of personality. *Career Development International, 4(4)*, 225-230.

Lawrence, D. (1996). *Enhancing self-esteem in the classroom*. London: Paul Chapman Publishing.

Lawrence, D. (2000). *Building Self-Esteem with Adult Learners*. London: Paul Chapman Publishing Ltd

Leigh, B.C. (1989). In search of the seven dwarves: issues of measurement and meaning in alcohol expectancy research. *Psychological Bulletin, 105*(2), 361-373.

Leigh, B.C., & Stacy, A.W. (1991). On the scope of alcohol expectancy research: remaining issues of measurement and meaning. *Psychological Bulletin, 110*(1), 147-154.

Leigh, B.C., & Stacy, A.W. (1993). Alcohol outcome expectancies: Scale construction and predictive utility in higher order confirmatory models. *Psychological Assessment, 5*(1), 216-229.

Levy, K.N., Meehan, K.B., Weber, M., Reynoso, J., & Clarkin, J.F. (2005). Attachment and Borderline Personality Disorder: Implications for Psychotherapy. Psychopathology, 38(2), 64-74.

Long, J. (1995). The quest for meaning in the twenty-first century. *The International Forum for Logotherapy, 9*(2), 71-79.

Louw, A. (1994). *A comparative study of sick leave patterns of single quarter- and residents who live at home working at a sawmill and the role played by alcohol*. Unpublished master's thesis, Stellenbosch University.

Lowman, C. (2004). Developing effective evidence-based interventions for adolescents with alcohol use disorders. *Addiction, 99*(2), 1-4.

Maglio, A.S.T., Butterfield, L.D., & Borgen, W.A. (2005). Existential considerations for contemporary career counselling. *Journal-of-Employment-Counseling, 42*(2), 75-92.

Martens, A., Goldenberg, J.L., & Greenberg, J. (2005). A terror management perspective on ageism. *Journal of social issues, 61*(2), 223-239.

Martin, C.R., Thompson, D.R., & Chan, D.S. (2005) Gender differences in self-esteem in Chinese acute coronary syndrome patients. *Clinical Effectiveness in Nursing, 8*(3), 202-204.

May, R. (1979). *Psychology and the human dilemma*. New York: W.W. Norton.

Meyer, J. (2001). *Alcohol use of students at the University of Stellenbosch.* Unpublished master's thesis, Stellenbosch University.

Michaels, M. (2005). Getting Grounded**.** *Chronicle of Philanthropy*, *17*(23), 23.

Misiak, H., & Sexton, V.S. (1973). *Phenomenological, existential and humanistic psychologies: A historical survey.* New York: Grune & Stratten Inc.

Mullan, H. (1978). Existential group psychotherapy. In H. Mullan, & M. Rosenbaum (Eds.), *Group psychotherapy: Theory and practice* (pp. 377-399). New York: The Free Press.

Norcross, J.C. (1987). A rational and empirical analysis of existential psychotherapy. *Journal of Humanistic Psychology*, *27*(1), 41-68.

Ojala, M. (2005). Adolescents' worries about environmental risks: Subjective well-being, values, and existential dimensions. *Journal of Youth Studies, 8*(3), 331-347.

Oliver, P. (2003). *The students guide to research ethics*. Philadelphia: Open University Press.

Oppenheim, A.N. (1992). *Questionnaire design, interviewing and attitude measurement*. London: Pinter Publishers Ltd.

Page, R.C., Campbell, L.W., & Deborah, C. (1994) The role of the leader in therapy groups conducted with illicit drug abusers*: How direct does the leader have to be? Journal of Addictions & Offender Counseling, 14*(2), 1055-3835.

Parry, C.D.H., (2005) Survey finds high levels of risky drinking in South Africa. *The Brown University Digest of Addiction Theory and Application, 24*(8), 5.

Parthasarthi, M.S., Durgamba, V.K., & Murthy, N.S. (2004). Couselling migrant families in southern India. *International Journal for the Advancement of Counselling, 26*(4), 363-367.

Pastor, A.D., & Evans, S.M. (2003). Alcohol outcome expectancies and risk for alcohol use problems in women with and without a family history of alcoholism. *Drug and Alcohol Dependence, 70*(2), 201-214.

Perry, C. (1997). Alcohol, drug abuse and public health. In D. Foster, M. Freeman, & Y. Pillay (Eds.), *Mental health policy issues for South Africa* (pp. 290-315). Cape Town: Edson-Clyde Press.

Pienaar, W.P., (2000). *Outonomie versus sorg in die behandeling van alkohol-afhanklikheid: Etiese perspektiewe*. Unpublished master's thesis. University of Stellenbosch.

Plummer, D. (2001). *Helping children build self-esteem*. London: Jessica Kingsley Publishers Ltd.

Poelen, A.E.P., Scholte, R.H.J., Engels, R.C.M.E., Boomsma, D.I., & Willemsen, G. (2005). Prevalence and trends of alcohol use and misuse among adolescents and young adults in the Netherlands from 1993 to 2000. *Drug and Alcohol Dependence, 79*(3), 413-421.

Pruessner, J.C., Baldwin, M.W., Dedovic, K., Renwick, R., Mahani, N.K., Lord, C., Meaney, M., & Lupien, S. (2005). Self-esteem, locus of control, hipocampal volume, and cortisol regulation in young and old adulthood. *Neuroimage 12*(2), 123-133.

Reker, G.T., & Cousins, J.B. (1979). Factor structure, construct validity and reliability of the Seeking of Noetic Goals and Purpose in Life Test. *Journal of Clinical Psychology, 35*(1), 85-91.

Reker, G.T., & Fry, P.S. (2003) Factor structure and invariance of personal meaning measures in cohorts of younger and older adults. *Personality and Individual Differences, 55*(5), 977-993.

Robins, R.W., & Trzesniewski, K.H. (2005). Self-esteem development across the lifespan. *Current Directions in Psychological Science, 14*(3), 158-162.

Rodrigues, R. (2004). Borderline personality disturbances and logotherapeutic treatment approaches. *International Forum for Logotherapy, 27*(1), 21-27.

Roffey, A.E. (1993). Existentialism in a post-modern world: Meaningful lessons for the counsellor. *Counselling and Values, 37*(3), 129-148.

Rogers, C.R. (1961). *On becoming a person.* Boston: Houghton.

Rogers, C.G. (1980). *A way of being.* Boston: Houghton.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Rosenthal, J.A. (2001). *Statistics and data interpretation for the helping professions.* London: Wadsworth.

Rosnow, R.L., & Rosenthal, R. (1999). *Beginning behavioral research.* New Jersey: Prentice Hall.

Sampson, A. (1999). *Mandela: the authorised biography*. London: Harper Collins Publishers.

Sarvimäki, A., & Stenbock-Hult, B. (2000). Quality of life in old age described as a sense of well-being, meaning and value. *Journal of Advanced Nursing 32*(4), 331-336.

Schnyder, U., Ladislav, L., Kathrin, K., & Konrad, K. (1999). Attempted suicide: Do we understand the patients' reasons? *General Hospital Psychiatry, 21*(1), 62-69.

Shantall, T. (2003). *The quest for destiny.* Johannesburg: UNISA Press.

Smith, P.B. (1980). *Group processes and personal change*. London: Harper & Row Publishers.

Sparrow, J.D. *(2005).* Self-Esteem and how it grows. *Scholastic Parent and Child*, 13(1), 332-339.

Statt, D.A. (2003). *A student's dictionary of psychology.* New York: Psychology Press.

Stempelová, J., & Cmáriková, A. (2004). Personality factors of the big five and self-esteem in existential analysis. *Studia Psychologica, 46*(2), 137-143.

Tompson, N.J., Coker, J., Krause, J.S., & Henry, E. (2003). Purpose in life as a mediator of adjustment after spinal cord injury. *Rehabilitation Psychology, 48*(2), 100-108.

Toros, F., Bilgin, N., Bugdayci, R., Sasmaz, T., Kurt, O., & Camdeviren, H. (2005). Corrigendum to "Prevalence of depression as measured by the CBDI in a predominantly adolescent school population in Turkey". *European-Psychiatry, 20*(2), 196.

Trudeau, L., Spoth, R., Lillehoj, C., Redmond, C., & Wickrama, K.A.S. (2003). Effects of a preventive intervention on adolescent substance use initiation, expectancies, and refusal intentions. *Prevention Science, 4*(2), 109-122.

Tsuang, M.T., Williams, W.M., Simpson, J.C., & Lyons, M.J. (2002). Pilot study of spirituality and mental health in twins. *American Journal of Psychiatry, 159*(3), 486.

Tweedie, D.F. (1965). *Logotherapy and Christian faith.* Michigan: Baker Book House.

Ungar, M. (1997). A four-step model of logotherapy**.** *International Forum for Logotherapy, 20*(2), 113-119.

Van Wijk, G.M. (1995). *The influence of existential group therapy on the purpose in life, values and interpersonal relationships of third year psychology students.* Unpublished master's thesis. University of Stellenbosch.

Vik, P.W., Cellucci, T., & Ivers, H. (2003). Natural reduction of binge drinking among college students. *Addictive behaviours, 28*(4), 643-655.

Wall, A.M., McKee, S.A., Hinson, R.E., & Goldstein, A. (2001). Examining outcome expectancies in laboratory and naturalistic bar settings: A within-subjects experimental analysis. *Psychology of Addictive Behaviors, 15*, 219–226.

Waugh, W.L. (2004). The existentialist public administrator. *International Journal of Organizational Theory and Behaviour, 7*(3), 432-452.

Werrij, Q.M., Mulkens, S., Hospers, H.J., & Jansen, A. (2005). Overweight and obesity: The significance of a depressed mood. *Patient Education and Counseling*, *3*(2), 21-28.

White, C., & Schweitzer, R. (2000). The role of personality in the development and perpetuation of chronic fatigue syndrome, *Journal of Psychosomatic Research 48*(1), 515–524.

Whitehead, D. (2005). Commentary on Lohne V & Severinsson E (2005). Patients' experiences of hope and suffering during the first year following acute spinal cord injury. *Journal of Clinical Nursing, 14*(9), 1155-1156.

Winston, A.P. (2005). Projection, introjection and identity in anorexia nervosa. *British-Journal-of-Psychotherapy, 21*(3), 389-399.

Wilburn, V.R., & Smith, D.E. (2005). Stress, self-esteem, and suicidal ideation in late adolescents. *Adolescence, 40*(157), 33-46.

Williams, D.A., & Fabry, J. (1982). The existential approach: Logotherapy. In G.M. Gazda (Ed.), *Basic approaches to group psychotherapy and group counselling* (pp. 179-221). Illinois: Charles C. Thomas Publisher.

Yalom, I.D. (1983). *Inpatient group psychotherapy.* New York: Basic Books, Inc., Publishers.

Yalom, I.D. (1980). *Existential psychotherapy.* New York: Basic Books.

Yalom, I.D. (1975). *The theory and practice of group therapy.* New York: Basic Books, Inc., Publishers.

Yalom, I.D. (1970). *Theory and practice of group psychotherapy.* New York: Basic Books, Inc., Publishers.

APPENDIX A

1. INTRODUCTION

1.1 Food for thought

Have you ever stopped and wondered why you exist or what the meaning of your life

is. Do you wonder if your life has any meaning at all? Take your time and ponder the

following questions with regard to your life at this point in time:

Am I needed?

Is my life worth something?

Is there someone or something in my life to live for?

Have I something of value to add to the world?
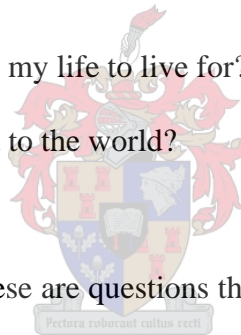
According to Shantall (2003), these are questions that we all, at some time or another,

ask ourselves in the quest to find meaning. To simply exist is not enough. "We want

to experience our own lives as meaningful and worthwhile" (p.3).

1.2 The human disposition

In this section we will take a quick look at the nature of all humans according to the

existentialist's philosophy.

1.2.1 The will to find meaning.

According to Frankl, humans are in their essence spiritual beings. (Frankl, 1969). It is

out of this spiritual dimension that the will to meaning arise. This will to meaning is

seen as the central force of human motivation (Williams & Fabry, 1982). Frankl, (1965) notes that since all humans have this spiritual dimension, all humans also have an inherent will to find meaning in life. It is this ability that enables us to transcend ourselves. Thus, the will to meaning places humans in a position to asses the significance of their own existence. It is also this unique ability that makes us human and separates us from animals (Frankl, 1965).

Frankl (1969) notes that the meaning of life differs from person to person and thus, is unique to every person. It is dynamic; it changes from day to day, and from hour to hour.

Frankl (1969) also believed that a primary life force in all humans is the search for meaning. As such, he devised a form of therapy, known as Logotherapy, which is intended to assist people in finding meaning in their lives. Logotherapy is based on the premise that life can have meaning under all circumstances.
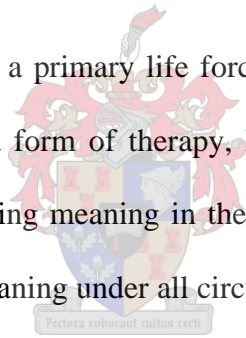
With this life orientation, logotherapy directs our fundamental will to find meaning in life towards realising the unique values embedded not only in the opportunities, joys and challenges of life, but also in its pain and suffering.

1.2.2 Freedom and Responsibility

Do we have the power to change our circumstances or are we the victims of fate? Both existential philosophers and psychologists believe that the human person has been given freedom and responsibility (Shantall, 2003). What does this mean? This means that as humans we are consistently faced with choices in our lives and

consequently have the freedom to choose. Thus, we are not compelled to behave in any particular way. We have the ability to decide which course of action to take in response to life. However, since we choose our actions, we are also held responsible for our choices.

1.3 Finding meaning in life

Now that we have a better understanding of what meaning is we can have a closer look at how we can find meaning in life? According to Frankl (1965), humans can give meaning to their lives by realizing what he calls values. He proposed three values. They are:

Creative values

Experiential values

Attitudinal values

Each of these values will now be discussed separately.

1.3.1 Creative values

The first of the three ways by which humans can give meaning to their lives is by realizing what Frankl (1965) calls creative values. This value can be realised through contributing to life (Frankl, 1965). In this regard, Shantall (2003) points out that any creative contribution that we make allows us to feel meaningfully part of life. When the caring of elderly parents or the writing of a book is a creative expression of responsibility, for example, we can find meaning in it.

1.3.2 Experiential values

But humans can also give meaning to their lives by realizing experiential values. This can be done by "experiencing the good, the true, and the beautiful, or by knowing one single human being in all his uniqueness" (Frankl, 1965, p.xiii). These values call us to appreciation and commitment. According to Frankl (1965), the greatest of these is the ability to love someone. Love can full us with limitless devotion and arouse feelings of deep caring and responsibility.

1.3.3 Attitudinal values

Frankl points out that even in times of great distress or suffering, where both creative and experiential values are unattainable, humans can still bring meaning to their lives. This can be done by the attitude the person takes toward unavoidable suffering, or as Frankl puts it, "the way he faces his fate" (Frankl, 1965, p.xiii). Frankl (1965) calls this value the attitudinal value and considers this value as the highest of all the values.
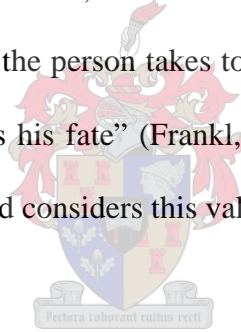
Thus, Frankl believed that life could have meaning both in favourable times as well as in testing times. Both beauty and pain could inspire meaning.

3. SELF-REFLECTION

It is time now for some reflection on your own life. The following exercises are designed to guide you, in a systematic way, to take a closer look at where you currently are with regard to the following spheres of your life.

Your family life

Your friendships and intimate relationships

Your occupation or studies

Your religious life

Strengths in your personality

Personal challenges you are currently facing

3.1 My family life

In the space provided write down the good, the true, and the beautiful you are currently experiencing in your current family life.

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In the space provided write down the unavoidable suffering you are currently experiencing in your current family life.

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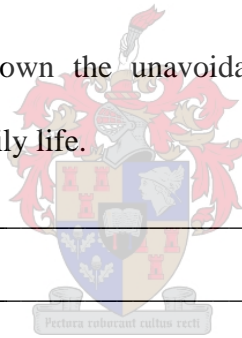
3.2 My friendships and intimate relationships

In the space provided write down the good, the true, and the beautiful you are currently experiencing in your current friendships and intimate relationships.

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In the space provided write down the unavoidable suffering you are currently experiencing in your friendships and intimate relationships.

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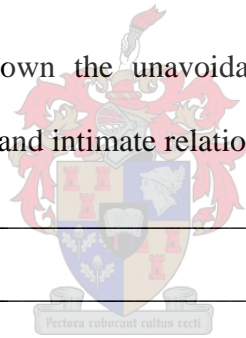
3.3 My occupation or studies

In the space provided write down the good and the beautiful you are currently experiencing in your current occupation or studies.

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In the space provided write down the unavoidable suffering you are currently experiencing in your occupation or studies.

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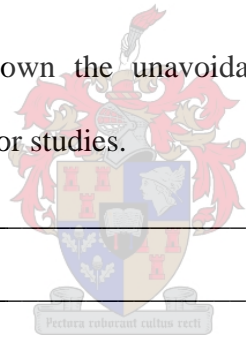
3.4 My religious life

In the space provided write down the good, the true, and the beautiful you are currently experiencing in your religious life.

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In the space provided write down the unavoidable suffering you are currently experiencing in your religious life.

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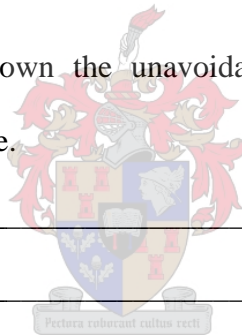
3.5 Strengths in my personality

On the space provided, write your perceived strong points of your personality and abilities. If you think you do not have any, then this is a great place to start thinking about it. Try to list as many as you can.

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3.6 Personal challenges I am currently facing

In the space provided write down the challenges you are currently facing. Try to write down all the challenges you are currently facing in your life. Completing these lists will not always be easy, for they may involve items about which you have strong feelings.

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4. DECISION AND ENCOUNTER

Now that you have explored your life with regards to the joys and challenges you have to contend with, it is time for you to make a choice. That choice revolves around the question what you are about to do with the joys and challenges that you are currently faced with in your life. The temptation is there to hide away in some cosy corner of happiness. The other option is to use both the joys and the challenges to realise creative values, experiential values or attitudinal values and strive towards finding meaning in your life.

Contemplate the following statements by Victor Frankl on finding meaning in life:

We must stop asking what we can expect from life, but rather become aware of what life is expecting of us.

Meaning is not only something emerging from existence but something confronting existence.
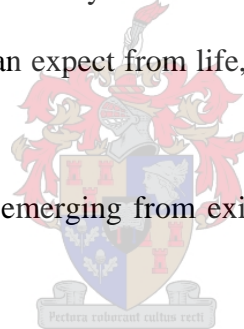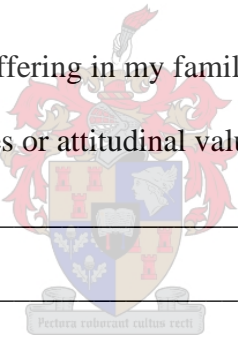
Write your decision in the space provided.

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_____

4.1 My family life

In which way can the good and the beautiful in my family life contribute towards realising creative values, experiential values or attitudinal values?

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In which way can unavoidable suffering in my family life contribute towards realising creative values, experiential values or attitudinal values?

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4.2 My friendships and intimate relationships

In which way can the good and the beautiful in my friendships and intimate relationships contribute towards realising creative values, experiential values or attitudinal values?

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In which way can unavoidable suffering in my friendships and intimate relationships contribute towards realising creative values, experiential values or attitudinal values?

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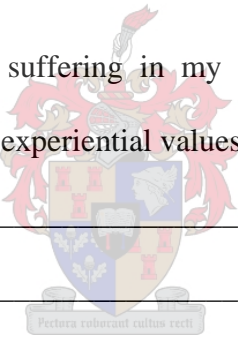
4.3 My occupation or studies

In which way can the good and the beautiful in my occupation or studies contribute towards realising creative values, experiential values or attitudinal values?

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In which way can unavoidable suffering in my occupation or studies contribute towards realising creative values, experiential values or attitudinal values?

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In which way can the good and the beautiful in my occupation or studies contribute towards realising creative values, experiential values or attitudinal values?

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In which way can unavoidable suffering in my occupation or studies contribute towards realising creative values, experiential values or attitudinal values?

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4.4 My religious life

In which way can the good and the beautiful in my religious life contribute towards

realising creative values, experiential values or attitudinal values?

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4.5 Strengths in my personality

In which way can I use my strengths in my personality to contribute towards realising

creative values, experiential values or attitudinal values?

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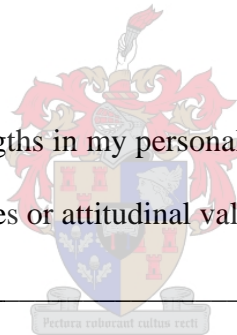
4.6 Personal challenges I am currently facing

In which way can the personal challenges I am currently facing in my life contribute towards realising creative values, experiential values or attitudinal values?

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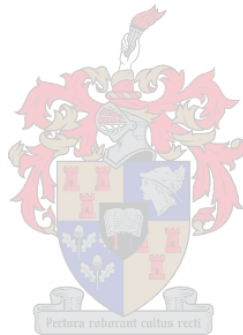
APPENDIX B

Biografiese vraelys/Biografical Questionare

Naam/Name _____

Van/Surname _____

Gender/Geslag _____ Age/Ouderdom _____

Studentenommer/Student number _____

Kontak nommer/Contact Number _____

Eerste taal/First language _____

Woonaddres(opkampus)/Accommodation address (on campus) _____

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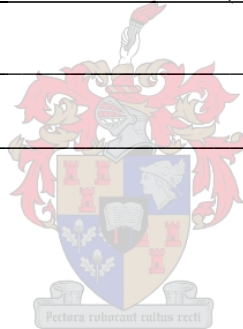
Purpose in Life Test

(PIL)

Instructions:

*For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to the opposite kind of feeling. "Neutral" implies no judgment either way. Try to use this rating as **little** as possible. Your ratings to each statement will remain strictly confidential.*

1. I am usually:

1	2	3	4	5	6	7
completely bored			(neutral)			exuberant, enthusiastic
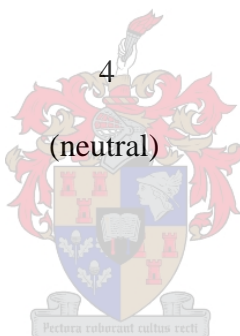
2. Life to me seems:

7	6	5	4	3	2	1
always exciting			(neutral)			completely routine

3. In life I have:

1	2	3	4	5	6	7
no goals or aims at all			(neutral)			very clear goals and aims

4. My personal existence is:

1	2	3	4	5	6	7

utterly meaningless,   (neutral)   very purposeful

   without purpose   and meaningful

5. Every day is:

7	6	5	4	3	2	1

constantly new   (neutral)   exactly

  and different   the same

6. If I could choose, I would:

1	2	3	4	5	6	7

prefer never to   (neutral)   like nine more lives

have been born   just like this one
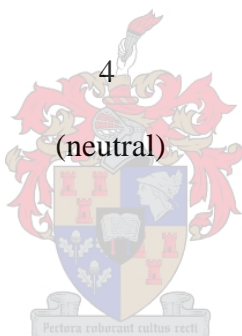
7. After retiring, I would:

7	6	5	4	3	2	1

  do some of the   (neutral)   loaf completely

exciting things I have   the rest

  always wanted to   of my life

8. In achieving life goals I have:

1	2	3	4	5	6	7

   made no   (neutral)   progressed to

progress whatever   complete fulfilment

9. My life is:

1	2	3	4	5	6	7
empty, filled			(neutral)		running over with	
only with despair					exciting good things	

10. If I should die today, I would feel that my life has been:

7	6	5	4	3	2	1
very			(neutral)			completely
worthwhile						worthless

11. In thinking of my life, I:

1	2	3	4	5	6	7
often wonder			(neutral)		always see a reason	
why I exist					for my being here	
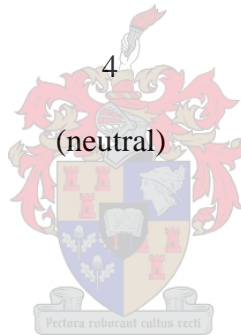
12. As I view the world in relation to my life, the world:

1	2	3	4	5	6	7
completely			(neutral)		fits meaningfully	
confuses me					with my life	

13. I am a:

1	2	3	4	5	6	7
very irresponsible			(neutral)		very responsible	
person					person	

14. Concerning man's freedom to make his own choices, I believe man is:

7	6	5	4	3	2	1

absolutely free   (neutral)   completely bound by

to make all   limitations of heredity

life choices   and environment

15. With regard to death, I am:

7	6	5	4	3	2	1

prepared and   (neutral)   unprepared and

unafraid   frightened

16. With regard to suicide, I have:

1	2	3	4	5	6	7

thought of it   (neutral)   never given

seriously as   it a second

a way out   thought
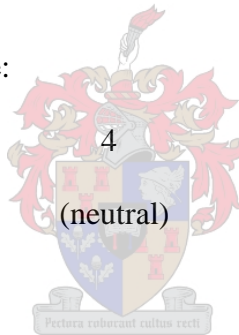
17. I regard my ability to find a meaning, purpose, or mission in life as:

7	6	5	4	3	2	1

very great   (neutral)   practically none

18. My life is:

7	6	5	4	3	2	1

in my hands   (neutral)   out of my hands

and I am in   and controlled by

control of it   external factors

19. Facing my daily tasks is:

7	6	5	4	3	2	1

a source of   (neutral)   a painful

pleasure and   and boring

satisfaction   experience

20. I have discovered:

1	2	3	4	5	6	7

no mission or   (neutral)   clear-cut goals and a

purpose in life   satisfying life purpose

Purpose in Life Test

(PIL)

(Afrikaans)

Instruksies:

*Vir elk van die volgende stellings moet u die getal omkring wat ten opsigte van uself die naaste aan die waarheid is. U sal oplet dat die getalle strek van een uiterste gevoeltoestand tot by die teenoorgestelde gevoeltoestand. "Neutraal" beteken dat u nie seker is nie of dat u nie 'n duidelike oordeel kan vel nie. Probeer om laasgenoemde beoordeling van uself so **min** as moontlik te gebruik. Moenie 'n vraag oorslaan nie, beantwoord elkeen. U antwoorde sal as volkome vertroulik beskou word.*
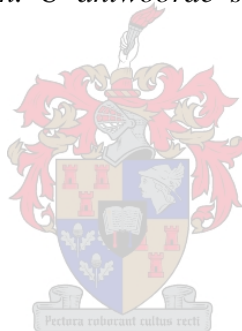
1. Ek is gewoonlik:

1	2	3	4	5	6	7
Uiters verveeld			(neutraal)			entoesiasties, lewenslustig

2. Die lewe is vir my:

7	6	5	4	3	2	1
altyd op-windend			(neutraal)			deurgaans geroetineerd

3. In die lewe het ek:

1	2	3	4	5	6	7
geen doel-			(neutraal)			duidelike
stellings of						doelstellings
vooruitsigte						en vooruit-
nie						sigte

4. My persoonlike bestaan is:

1	2	3	4	5	6	7
uiters be-			(neutraal)			uiters sin- en
tekenisloos,						betekenisvol
sonder enige doel						

5. Elke dag is:

7	6	5	4	3	2	1
deurgaans			(neutraal)			eentonig
opwindend en						
anders						

6. As ek kon kies, sou ek:

1	2	3	4	5	6	7
liewers nie			(neutraal)			graag my lewe
gebore wou						'n paar keer
wees nie						weer wil belewe

7. Nadat ek afgetree het, sou ek:

7	6	5	4	3	2	1

graag die op-

windende dinge

wil doen, wat

ek altyd graag

  wou doen

(neutraal) — onder kolom 4

slegs leeglê — onder kolom 1

8. In die verwesenliking van my lewensdoelstellings:

1	2	3	4	5	6	7

het ek absoluut

geen vordering

  gemaak nie

(neutraal) — onder kolom 4

was ek uiters

suksesvol — onder kolom 7
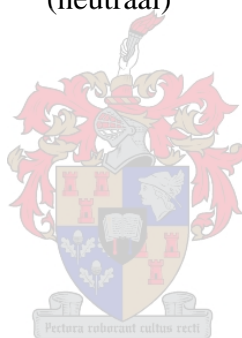
9. My lewe is:

1	2	3	4	5	6	7

leeg, en vol van

  vertwyfeling

(neutraal) — onder kolom 4

gevul met op-

windende sin-

  volle dinge — onder kolom 7

10. As ek vandag sou sterwe, sou ek voel dat my lewe:

7	6	5	4	3	2	1

baie beteke-

nisvol was

(neutraal) — onder kolom 4

heeltemal sin-

loos was — onder kolom 1

11. As ek aan my lewe dink:

1	2	3	4	5	6	7
wonder ek dik-			(neutraal)			sien ek altyd
wels hoekom						'n rede wat my
ek bestaan						bestaan reg-
						verdig

12. As ek die wêreld in terme van my eie lewe interpreteer, is die wêreld:

1	2	3	4	5	6	7
uiters			(neutraal)			in harmonie
verwarrend						met my eie lewe

13. Ek is 'n:

1	2	3	4	5	6	7
uiters onver-			(neutraal)			uiters verant-
antwoordelike						woordelike
persoon						persoon

14. Rakende die mens se vryheid om sy eie keuse te maak, dink ek dat die mens:

7	6	5	4	3	2	1
is absoluut			(neutraal)			volkome gebind
vry om sy eie						is deur invloede
lewenskeuses te maak						van oorerwing
						en omgewing

15. Ten opsigte van die dood is ek:

7	6	5	4	3	2	1
voorbereid en			(neutraal)			onvoorbereid en
nie bang nie						bang

16. Ten opsigte van selfmoord het ek:

1	2	3	4	5	6	7
dit al ernstig oor-			(neutraal)			dit nog nooit
weeg as 'n oplossing						eers 'n gedagte
						gegee nie

17. Ek sien my eie moontlikheid om 'n betekenis, doel of roeping in die lewe te vind as:

7	6	5	4	3	2	1
uiters groot			(neutraal)			uiters skraal

18. My lewe is:

7	6	5	4	3	2	1
in my eie hande			(neutraal)			nie in my eie
en ek is in volle						hande nie en
beheer						word deur ek-
						sterne faktore
						beheer

19. As ek my daaglikse werk in die gesig staar, is dit vir my 'n:

7	6	5	4	3	2	1
bron van plesier			(neutraal)			pynvolle en
en satisfaksie						verveelde
						ervaring

20. Ek het ontdek dat ek:

1	2	3	4	5	6	7
geen roeping			(neutraal)			duidelike doel-
of doel in die						stellings en
lewe het nie						bevredigende
						betekenis in
						die lewe het
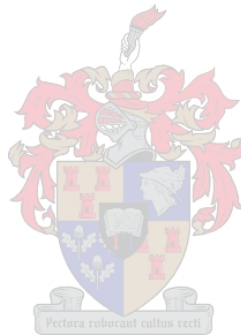
Alcohol Outcome Expectancies Scale

(AOES)

Instructions:

Here is a list of some effects or consequences that some people experience after drinking alcohol. How likely is it that these things happen to you when you drink alcohol? Your ratings to each statement will remain strictly confidential. Please record the number that best describes how drinking alcohol would affect you, using the following scale:

1 = No chance

2 = Very unlikely

3 = Unlikely

4 = Likely

5 = Very likely

6 = Certain to happen
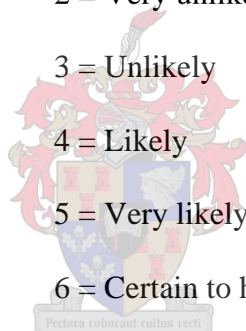
(If you do not drink at all, you can still fill this out: Just answer it according to what you think would happen to you if you did drink.)

1. I am more accepted socially

1	2	3	4	5	6
No chance	Very unlikely	Unlikely	Likely	Very likely	Certain to happen

2. I become less aggressive

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

3. I am less alert

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

4. I feel ashamed of myself

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

5. I enjoy the buzz

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

6. I become clumsy or uncoordinated

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

7. I feel happy

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

8. I get into fights

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

9. I have problems driving

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

10. I have a good time

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

11. I can't concentrate

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

12. I feel guilty

1	2	3	4	5	6
Certain to happen	Very likely	Likely	Unlikely	Very unlikely	No chance

13. I feel sick

1	2	3	4	5	6
Certain to happen	Very likely	Likely	Unlikely	Very unlikely	No chance

14. It is fun

1	2	3	4	5	6
No chance	Very unlikely	Unlikely	Likely	Very likely	Certain to happen

15. I get a hangover

1	2	3	4	5	6
Certain to happen	Very likely	Likely	Unlikely	Very unlikely	No chance

16. I have more desire for sex

1	2	3	4	5	6
No chance	Very unlikely	Unlikely	Likely	Very likely	Certain to happen

17. I feel pleasant physical effects

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

18. I get mean

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

19. I have problems with memory and concentration

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

20. I am more outgoing

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

21. It takes away my negative moods and feelings

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

22. I become more sexually active

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

23. It is easier for me to socialize

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

24. I feel good

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

25. I am more sexually responsive

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

26. I am able to talk more freely

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

27. I feel sad and depressed

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

28. I am friendlier

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

29. I am more sexually assertive

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

30. I feel more social

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

31. I get a headache

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

32. I feel less stressed

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

33. I experience unpleasant physical effects

1	2	3	4	5	6
Certain	Very	Likely	Unlikely	Very	No
to happen	likely			unlikely	chance

34. I am able to take my mind off my problems

1	2	3	4	5	6
No	Very	Unlikely	Likely	Very	Certain
chance	unlikely			likely	to happen

Alcohol Outcome Expectancies Scale

(AOES)

(Afrikaans)

Instruksies:

Hier volg 'n lys van moontlike invloede of gevolge wat sommige mense kan ervaar nadat hulle alkohol gebruik. Hoe waarskynlik is dit dat hierdie invloede en gevolge van toepassing is op jou wanneer jy alkohol gebruik. Skryf asseblief die nommer wat die beste beskryf hoe die gebruik van alkohol jou affekteer, deur van die volgende skaal gebruik te maak. U antwoorde sal as volkome vertroulik beskou word.

1 = Glad nie

2 = Baie onwaarskynlik

3 = Onwaarskynlik

4 = Waarskynlik

5 = Baie waarskynlik

6 = Sekerlik om te gebeur

(As u gladnie alkohol gebruik nie, kan u steeds die vraelys invul: Beantwoord die vrae volgens wat u dink sal gebeur as u alkohol sou gebruik.)

1. Ek is sosiaal meer aanvaarbaar

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

2. Ek word minder aggresief

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

3. Ek is minder latent op wat gebeur

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

4. Ek voel skaam oor my self

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

5. Ek hou van die geselskap

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

6. Ek word lomp en gedisoriënteerd

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

7. Ek voel gelukkig

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

8. Ek raak betrokke by bakleiery

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

9. Ek het probleme om te bestuur

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

10. Ek het 'n lekker tyd

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

11. Ek kan nie konsentreer nie

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

12. Ek voel skuldig

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

13. Ek voel siek

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

14. Dit is lekker

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

15. Ek kry 'n "hangover"

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

16. Ek het 'n groter begeerte vir seks

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

17. Ek voel aangename fisiologiese gebeure

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

18. Ek word gemeen

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

19. Ek het probleme met geheue en konsentrasie *

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

20. Ek is meer uitgaande

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

21. Dit neem my negatiewe gemoed en gevoelens weg

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

22. Ek word meer seksueel aktief

1	2	3	4	5	6
Glad	Baie	Onwaarskynlik	Waarskynlik	Baie	Sekerlik om
nie	onwaarskynlik			waarskynlik	te gebeur

23. Dit is makliker vir my om te sosialiseer

1	2	3	4	5	6
Glad	Baie	Onwaarskynlik	Waarskynlik	Baie	Sekerlik om
nie	onwaarskynlik			waarskynlik	te gebeur

24. Ek voel goed

1	2	3	4	5	6
Glad	Baie	Onwaarskynlik	Waarskynlik	Baie	Sekerlik om
nie	onwaarskynlik			waarskynlik	te gebeur

25. Ek is meer seksueel responsief

1	2	3	4	5	6
Glad	Baie	Onwaarskynlik	Waarskynlik	Baie	Sekerlik om
nie	onwaarskynlik			waarskynlik	te gebeur

26. Ek praat makliker en meer

1	2	3	4	5	6
Glad	Baie	Onwaarskynlik	Waarskynlik	Baie	Sekerlik om
nie	onwaarskynlik			waarskynlik	te gebeur

27. Ek voel hartseer en depresief

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

28. Ek is vriendeliker

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

29. Ek voel meer seksueel assertief

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

30. Ek voel meer sosiaal

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

31. Ek ontwikkel 'n hoofpyn

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

32. Ek voel minder gespanne

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

33. Ek ervaar onaangename fisiologiese gebeure

1	2	3	4	5	6
Sekerlik om te gebeur	Baie waarskynlik	Waarskynlik	Onwaarskynlik	Baie onwaarskynlik	Glad nie

34. Ek kan my gedagtes van my probleme af kry

1	2	3	4	5	6
Glad nie	Baie onwaarskynlik	Onwaarskynlik	Waarskynlik	Baie waarskynlik	Sekerlik om te gebeur

Self-Esteem Scale

(SES)

Instructions:

This questionnaire is designed to measure how you feel about yourself. It is not a test, so there are no right or wrong answers. Your ratings to each statement will remain strictly confidential. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

> 1 = Strongly agree
>
> 2 = Agree
>
> 3 = Disagree
>
> 4 = Strongly disagree

1. I feel that I am a person of worth, at least on an equal basis with others *

1	2	3	4
Strongly	Agree	Disagree	Strongly
Agree			Disagree

2. I feel that I have a number of good qualities *

1	2	3	4
Strongly	Agree	Disagree	Strongly
Agree			Disagree

3. All in all, I am inclined to feel that I am a failure

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

4. I am able to do things as well as most other people *

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5. I feel I do not have much to be proud of

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

6. I take a positive attitude toward myself *

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

7. On the whole, I am satisfied with myself *

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

8. I wish I could have more respect for myself

1	2	3	4
Strongly	Agree	Disagree	Strongly
Agree			Disagree

9. I certainly feel useless at times

1	2	3	4
Strongly	Agree	Disagree	Strongly
Agree			Disagree

10. At times I think I am no good at all

1	2	3	4
Strongly	Agree	Disagree	Strongly
Agree			Disagree

Self-Esteem Scale

(SES)

(Afrikaans)

Instruksies:

Hierdie vraelys is ontwerp om te meet hoe jy voel oor jou self. Dit is nie 'n toets nie en daar is nie 'n regte of 'n verkeerde antwoord nie. *U antwoorde sal as volkome vertroulik beskou word.* Beantwoord asseblief elke item so eerlik en akuraat as moontlik deur by elke item 'n nommer te plaas soos volg:

1 = Stem volkome saam

2 = Stem saam

*3 = Stem **nie** saam **nie***

4 = Stem gladnie saam nie
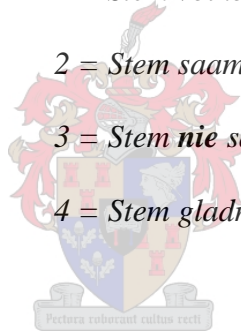
1. Ek voel dat ek 'n mens van waarde is, en minstens op 'n gelyke vlak met ander mense is *

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

2. Ek voel dat ek oor heelwat goeie eienskappe beskik *

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

3. Oor die geheel voel ek dat ek 'n mislukking is

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

4. Ek beskik oor die vermoë om take so goed te verrig soos meeste ander

mense *

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

5. Ek voel dat ek nie baie het waaroor ek trots kan wees nie

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

6. Ek het 'n positiewe houding oor my self *

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

7. Oor die geheel is ek tevrede met my self *

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

8. Ek wens ek het meer respek gehad vir my self

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

9. Ek voel soms ek is nutteloos

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie

10. Soms voel ek dat ek niks werd is nie

1	2	3	4
Stem volkome	Stem	Stem **nie**	Stem gladnie
Saam	Saam	Saam **nie**	Saam nie