

THE EFFECTIVENESS OF HOLISTIC HEALTH COUNSELING BASED ON SELF REGULATION IN IMPROVING PSYCHOLOGICAL WELL BEING OF UNIVERSITY STUDENTS

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Abstract

Students must adapt to academic life including facing academic pressure, peer pressure, and unhealthy physical conditions due to physical and mental fatigue in doing various academic tasks. In addition, they must also adapt to non-academic life which is characterized by technological developments that are increasingly sophisticated and dominated by cyberspace in gadgets. All of those has the potential to make them physically, mentally, and socially unwell, which in turn makes them unhappy (has a low state of psychological well-being) in the lecture phase. The purpose of this study was to determine the effectiveness of holistic health counseling based on self regulation in improving psychological well being of students in universities. Thirty students in Semarang-Indonesia who scored low on Ryff's Psychological Well Being Scale participated in this study. An experiment using randomized pretest-posttest comparison group design was performed for a total of 41 days. The experimental group was given a holistic health counseling intervention based on self-regulation. Meanwhile, the control group was given effective physical health interventions and study habits. The Mann-Whitney U test was performed to compare the effectiveness of the experimental and control groups. The results showed that the intervention in the experimental group was more effective in increasing psychological well being of students compared to the control group. The results of this study are useful to be an alternative in helping students in Semarang - Indonesia in improving their psychological well being.

Keywords: Psychological well being; holistic counseling; university students.

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INTRODUCTION

When students go to college there is a change in routine compared to when they were not in college yet. Students must adapt to campus life, including facing peer pressure, academic pressure, eating late because of a busy class schedule, lack of sleep as they have to do various tasks from lecturers, unhealthy physical condition due to physical and mental fatigue (Ball & Bax, 2002). Besides that in non-academic life, students are faced with extraordinary technological developments and the dominance of gadgets (Cairns, Massfeller, & Deeth, 2010). All of those has the potential to make them have physical, mental and social problems altogether.

Services for university students in Semarang (Central Java-Indonesia) are generally carried out separately between several issues. If they are physically ill, then the students go to the polyclinic. When they have mental and social problems, they will get counseling services. Besides that, counseling services are generally provided individually, in the form of curative measures with no follow-up so that only a few students are helped. Students who come to get counseling services also already have problems and cannot solve it their own. Moreover, the progress after counseling is not even monitored.

In fact, individuals, in this case are students, must be understood as multidimensional beings that are not separated between physical-mental-social and when they have problems they need to be assisted with a multidimensional / comprehensive (physical-mental-social) approach as well. Physical, mental, social elements cannot be separated. Likewise, the counseling services provided are not sufficient until insight is reached but it requires help to form new behavior (Corey, 2013). Students need to be given guidance to be able to conduct self-regulation. Students need to be guided to determine what goal setting they want to achieve, make strategies in achieving the set goal setting, monitor the

implementation of strategies in achieving the goal setting, and evaluate planning and implementation to plan the next stage of follow up. Thus, what is known cognitively can be realized in concrete behavior through habituation from day to day. Ideally, those university students should be given interventions in the form of knowledge and habituation with psychoeducation methods that can equip them before meeting potential problems. At the age of transition from late adolescence to early adulthood, the atmosphere of peer oriented is still thick, so the type of group counseling is more appropriate than individual counseling. The opportunity to share and strengthen one another makes all input from others acceptable comfortably and without feeling patronized.

Thus, psychoeducation counseling models, group counseling services, and follow-up monitoring that need to focus on holistic health based on self-regulation can be developed so that as many students as possible can be helped to have a healthy holistic lifestyle before having physical-mental-social problems. This is in line with research findings (Sampson, 2013) that the tutorial counseling guidance service model is effective for university students. Directive guidance and counseling services direct students to solving problems they have and can be continuously effective in helping students solve their problems. Meanwhile, (Mcneaney & Gross, 2009) found that structured group counseling is effective for students in seeking exchange of ideas, teaching one another, and achieving insight on an ongoing basis until adaptive behavior changes occur. (Yohardini, Bariyyah, & Susanti, 2017) stated that group counseling is the process of providing assistance to counselees through a group atmosphere that allows each member to actively participate and share experiences in efforts to develop the insights, attitudes, and skills needed in personal development. By providing holistic health counseling services based on self-regulation, it is expected that a healthy lifestyle will be formed so that physical, mental, and

social problems can be minimized until the students can happily go through the lecture phase (high levels of psychological well being).

LITERATURE REVIEW

Psychological Well Being (PWB) of the University Students

PWB is defined as psychological well-being. Furthermore, psychological well-being can mean prosperity, safety, security, happy life, psychological prosperity, and high quality of life. It is not only described as a condition in which there is no mental disorder in the individual, but how the individual is aware of the psychological resources that exist within them and is able to apply it (Ryff, 2014);(Noviasari,& Dariyo, 2016). In addition, Fitri & Noor(2017); Ryff, & Keyes (1995);(Weiss & Westerhof 2016)mentioned PWB as an individual condition that has high mental function, feels happiness, and can optimize their potential. Other researchers named Dodge, Daly, Huyton& Sanders, (2012); Wati(2015)mentioned PWB is identical with life satisfaction and fulfillment of daily needs.

According to Ryff (dalam Weiss & Westerhof, 2016)PWB is a state of development of the individual's real potential that is characterized by characteristics that can respect themselves positively including awareness of personal limitations (self acceptance), be able to build and maintain a good and warm relationship with others (positive relationship with others), be able to create the context of the surrounding environment so that it can satisfy the needs and desires of the individuals to contribute to their social environment (environmental mastery), be able to build individual strength and personal freedom (autonomy), have lifelong learning dynamics and continue to develop personal ability (personal growth), and have a life purpose that unites the business and challenges faced (purpose in life).Ryff (2014)said that PWB is an individual's potential to realize a meaningful life and be able to face challenges in life. In the meantime, other writers named Ryan& Deci(2001)added that PWB includes behavioral expressions that are objectively true. This is evident in the behavior of high-minded life and able to contribute to the wider community.Dodge, et. al (2012); Chasanah, Mulawarman, & Murtadho, (2011)stated that PWB is not just a feeling of pleasure but a feeling of satisfaction because an individual is able to develop themselves to the fullest and contribute to society.This feeling of satisfaction is felt relatively stable because individuals continue to struggle dynamically to maintain these feelings. Meanwhile, Anwar (2015)mentioned that PWB gave positive happy feelings which came from the overall quality of their life.

PWB of students is the psychological well-being of individuals who are studying in universities. It is not only described as a condition in which there is no mental disorder but also there is awareness of psychological resources within themselves and being able to apply it. There is a feeling of happiness, satisfaction, and virtuous.This is characterized by the characteristics of being able to respect themselves positively including awareness of personal limitations (self-acceptance), being able to build and maintain good and warm relationships with others (positive relationship with others), being able to create a context of the surrounding environment so that it can satisfy the individual's needs and own desire to contribute to the social environment (environmental mastery), being able to build individual strength and personal freedom (autonomy), having lifelong learning dynamics and continuing to develop personal growth (personal growth), and having life goals that unites business and challenges faced (purpose in life).

Holistic Health Counseling Based on Self-Regulation (KKHBSR)

Holistic health counseling based on self-regulation is a counseling approach to help based on self-potential and counselee strength to improve lifestyle through self-regulation

methods (Witmer, &Sweeney, 1992). This counseling focuses on the formation of a lifestyle that can lead the counselee to a better life. Counselors have a commitment to help improve the ability and function of the counselee's self to reach the highest level of all dimensions in them, not on treatment/overcoming disorders (Granello, 2013)

KKHBSR departs from the concept of views on humans that individuals are motivated by dynamics in social relations. The formation of an individual's life is determined in the first six years. Everything that an individual experiences in the first six years of his life along with an individual's interpretation of that experience affects the next life.Nevertheless, it remains open to the possibility of changing the way of life because individuals make choices and are responsible for their life choices. Individuals care about the meaning of life, and strive hard to succeed and achieve a perfect life.Individuals set life goals that will be achieved. In essence, experiences in childhood, striving for perfection, and people around the individual are factors that influence the development of individual life (Schwartz, &Waldo, 2003)

Inferiority is a natural feeling owned by individuals. This feeling can be a trigger for individuals to fight for self-perfection (superiority). Thus the individual must overcome their feelings of inferiority and strive to promote self-development in a higher direction. Individuals are influenced by people around them. On one hand they are determined by the surrounding environment but on the other hand the individuals determine their social environment (reeducating and reshaping society)(Myers, 1991);(Bilqis, & Taufiq, 2017).

Individuals must be understood as a whole rather than partial (part by part) in their entire lives. All dimensions in their life are interrelated. This way of thinking will determine the dynamics of affection. Furthermore, cognition and affection will influence behavior.The holistic system in their life is always related to their social life (family, culture, school, work). In their life, individuals have a subjective life orientation (phenomenological). Understanding the way individuals perceive their subjective reality including perceptions, thoughts, feelings, values, beliefs in their subjective experiences can make them better understand their behavior.

Confidence will guide individuals in coordinating the reality of life and give meaning to each experience they encounter. This dynamic is called lifestyle or road map of life. Lifestyle can be said as an individual's perception of themselves, others, and the world, including the characteristics of ways of thinking, the dynamics of feelings, behavior, and efforts to achieve long-term goals.

In general, KKHBSR is carried out in group counseling using psychoeducation method which is a combination of education and psychotherapy (Granello, 2013). Psychoeducation is an effective intervention method because it provides an opportunity for cognitive readiness by providing new understanding and information (Saputra, Sugiharto & Sutoyo, 2020).This method provides an opportunity for all group members to discuss the material presented, the problems they have, make decisions, and manifest them in real behavior (Pambudi, Mulawarman, & Japar, 2019); (Pertiwi, Wibowo,& Purwanto, 2020). Furthermore,Suranata, (2019)in his research, found that psychoeducation methods are effective for forming healthy lifestyles. Meanwhile, Soebiantoro (2017)found that psychoeducation methods are effective for improving mental health. Corey(2012)mentioned there are 4 stages in group counseling that must be passed, namely: (1) the orientation stage; (2) transition stage; (3) working stage; and (4) termination stage. The application to KKHBSR is described in the explanation below.

Orientation stage. In this phase, preparations for group formation are carried out. The counselor shows warmth, trust and empathy for the counselee to create a conducive situation for group counseling to be carried out. In this phase the counselor also conveys (1) the purpose of holding group counseling; (2) norms that must be followed in group counseling which includes sharing and caring among group members, group dynamics that must be maintained, for example, not allowing some counselees to talk a lot while others are just silent, mutually growing mutual understanding between members, fostering mutual trust and mutual acceptance between counselees in the group; (3) raising the hope that the group has the power to conduct self-reflective loops so that group members can understand the problem more clearly and comprehensively; (4) counseling procedures to be passed; (5) matching group process with counselee needs; (6) a statement describing the group counselor's education, training and qualifications; (7) information about psychological risks in group activities; (8) knowledge of the limitations of confidentiality in groups; (9) an explanation of the services that can be provided in group activities; (10) assistance from group counselors in developing personal goals of the counselee; (11) a clear understanding of the division of responsibilities between group counselors and counselees within the group; and (12) discussion about the rights and obligations of the counselee in the group (Corey, 2012).

The transition phase is called the exploration stage. In the implementation, self-exploration activities are inserted through case studies with song media because student life has a significant correlation with song. Sausser, & Waller (2006); Putri, (2016) mentioned that the song is an audio media that stimulates the sense of hearing to be further digested in the process of cognition. Singing creates a sense of pleasure in understanding the material presented. Through song media, the aim is to give the counselee the opportunity to evaluate experiences based on five aspects of wellness (holistic soundness) namely creative, coping, social, essential, physical and re-interpreting for a better future through songs. Counselors must understand the subjective world of the counselee to be able to help them understand their current lifestyle in the dynamics of thought patterns, set life goals, parataxic interpersonal distortion (social perceptions accompanied by unreal fantasy) (Schwartz & Waldo, 2003)

The activity stage (working stage) is called the intervention stage. At this stage several activities are carried out in the form of: (1) delivery of material on the importance of improving psychological well-being for students through holistic health counseling based on self regulation; (2) conducting a self-assessment by filling in a holistic health inventory and conducting self-scoring and teleoanalytic analysis to be able to know the status of wellness and the causes of the lifestyle that is currently owned; (3) determining goal setting (1 aspect of wellness that has the lowest score); (4) designing activities that will be carried out to achieve the goal setting (designing a wellness plan), making corrections or re-interpreting the parataxic interpersonal distortion; (5) sharing and caring experience during carrying out planned activities.

Termination stage is the closing stage carried out at the time that is considered appropriate. The termination of group counseling activities is considered appropriate if done when the counselee's goals in the group per individual and group goals have been achieved and new behaviors have been practiced in daily life outside the group environment (Gerald Corey, 2012).

Counseling techniques include active listening and responding, giving empathy, reframing, self-talk, encouragement, problem solving, behavior charts, self-disclosure used in KKHBSR. The counselor acts as a motivator, teacher, facilitator and mediator. Meanwhile, the counselees in following KKHBSR: (a) are motivated to form a healthy lifestyle voluntarily to increase his

PWB; (b) obtain information about the correlation between KKHBSR and PWB; (c) get the opportunity to conduct in-depth self-exploration by analyzing the various data obtained (teleoanalytic) and determine which aspects of wellness will be improved; (d) get the opportunity to practice forming a holistic healthy lifestyle and support one another in groups. Developing self regulation with the stages of forethought-monitoring-evaluation continuously increases PWB.

The self-regulation-based health counseling model (KKHBSR) has several values that make it beneficial when applied to university students. The benefits that can be obtained are as follows:

1. Students are given development counseling services about holistic health so they can maintain overall health including social-mental social. This is possible because in the counseling process, students are guided to have a holistic healthy lifestyle (physically-mentally-socially healthy) by managing themselves (self-regulation) through stages of: (a) forethought (determining goal setting, making strategies to achieve goal setting); (b) monitoring (carrying out all the predetermined plans); and (c) evaluation (making evaluations of plans and activities to carry out plans in order to get more in-line plans with one's own potential)
2. In the process of providing counseling assistance, students are also helped to realize that factors of cognition, affection, and conation (ways of thinking determine emotional dynamics patterns, then ways of thinking and emotional dynamics determine real behavior) which play a role in understanding the source of problems and finding solutions to problems. In the counseling process, students are helped to think positively to have positive emotions and ultimately be able to behave positively for physical and mental health for themselves and others
3. The techniques used in KKHBSR are relatively easy to do by all personnel involved in the counseling service unit at the college. With a short training, all techniques will be understood and simulated and ready to be applied in helping students with various potential problems.

RESEARCH METHODOLOGY

This research was a quantitative study using quasi-experimental design with randomized pretest-posttest comparison group design and was supported by qualitative research, especially focus group discussions (FGD). In this design, the research sample was divided into two groups, namely the experimental group and the control group. Both groups were given Ryff's Psychological Well Being Scale which was adapted into Indonesian to measure PWB before being given the intervention as a pretest. After that, the groups were given an intervention in the form of implementing a holistic health model based on self regulation, which in the experimental group was 9 sessions. Each counseling session had four stages: stage 1: orientation; stage 2: exploration; stage 3: intervention; stage 4: termination. The control group was given a form of intervention that was used in general (intervention as usual) with the delivery "physical health and effective learning habits" materials in 4 sessions. After the guided intervention was completed given for 30 days, it was followed by a posttest. Eleven days after the intervention was given, it was continued with the follow up. At the posttest and follow-up the counselee was asked to fill out Ryff's Psychological Well Being Scale which had been adapted into Indonesian to measure whether there was an increase in PWB.

Thirty students from semester 3 in Semarang-Indonesia who had low scores on the completion of Ryff's Psychological Well Being Scale that had been adapted into Indonesian participated in this study. Then the students were divided into two groups randomly

which were equivalent between the experimental group and the control group.

The measuring instruments used in this study were the first, Ryff's Psychological Well Being Scale which was developed by (Ryff, 2014) Ryff and had been adapted into Indonesian. This instrument had a total of 42 items. It was made up 6 dimensions, namely (1) self-acceptance; (2) positive relationships with other people; (3) autonomy; (4) environmental control; (5) life goals; (6) personal development. Each dimension had 7 items with variations of favorable and unfavorable statements. Alternative answers contained 6 choices of answers, namely Strongly Agree (SS), Agree (S), Somewhat Agree (US), Somewhat Disagree (ATS), Disagree (TS) and Strongly Disagree (STS). The reliability of Ryff's Psychological Well Being Scale was 0.853, while the validity of the measuring instrument was 0.304 - 0.580 (Ryff, 2014); (Ansari, Labeeb, Moseley, Kotb, & El-Houfy, 2017) The second was The Wheel of Wellness of Lifestyle inventory developed by (Myers & Sweneey, 2008) which had been adapted into Indonesian. This measuring instrument has a total of 185 favorable statements. It was formed from five dimensions namely physical, essential, coping, social, creative. There are five alternative answer choices namely Almost Never (HTP); Sometimes (KK); (3) Frequently (S); (4) Very Often (SS); (5) Almost Always (HS). The reliability of this measuring instrument was 0.939 and its validity was 0.74-

0.89. Third, interview guides for focus group discussions to find out the effectiveness of KKHBSR in increasing PWB in each session and as a whole were related to (a) general counseling implementation, especially regarding counseling procedures, techniques used, room facilities, food delivery hours; (b) the benefits of counseling for self growth; (c) perceived positive and negative changes; (d) deficiencies that need to be fixed regarding the counseling procedure, techniques used, room facilities, food that needs to be improved for the next session.

Quantitative data that had been collected were analyzed in non-parametric analysis of Mann-Whitney U test. A non-parametric difference test was performed by comparing the mean at the pretest, posttest 1, and follow-up of the experimental and control groups. Meanwhile, qualitative data obtained from the focus group discussion was used to obtain input from all counsees in the experimental group and the control group to evaluate the activities per session in KKHBSR and overall KKHBSR activities.

FINDINGS AND DISCUSSION

The results of testing the hypotheses presented in this section are based on the non-parametric statistical method of analysis from the Mann-Whitney U Test. In summary, the Mann-Whitney U Test results are presented in table 1

Table 1. Analysis Results of Mann-Whitney U Test

Data	Groups	Mann-Whitney U	Z Count	P
Pretest-Posttest	Experiment	0.000	-4.692	0.000
	Control			
Posttest-Follow up	Experiment	0.000	-4.988	0.000
	Control			

Comparison of the experimental group and the control group based on the gain score (pretest and posttest scores) was U Mann-Whitney U = 0.000 with p = 000 (p < 0.01). Thus the results of the calculation were very significant. So the null hypothesis (Ho) was rejected and the alternative hypothesis (Ha) was accepted. Then it can be concluded that there was a very

significant difference between the experimental group and the control group.

Furthermore, qualitative data that was successfully collected by the FGD as a whole counseling session in the experimental and control groups is presented in table 2 and table 3.

Table 2. Information obtained from the FGD as a whole in the Experimental Group

Coding	Obtained Information
Counseling in general	<ol style="list-style-type: none"> Suitable ounseling procedures The technique used can stimulate achieving the goal setting. Room facilities and their contents support the counseling process. Delicious food
Benefits	<ol style="list-style-type: none"> Get to know themselves and others. Better able to manage thoughts and feelings. Better able to live in order. Have a purposeful life. Lebih berdamai dengan hidup.
Perceived Changes	<ol style="list-style-type: none"> More willing to live the life. More productive. Healthier (physical-mental-social). Happier in living the life. Able to be grateful for all that is owned and experienced.
Obvious behavior	<p>Session 1 - 4 Feeling enthusiastic about hearing new information, better understanding themselves, making peace with people who are in conflict with it, busy deciding what activities to do in the next few days</p> <p>Session 5-6: Enthusiastic, confident, cheerful, healthy, finding a healthy lifestyle for the next few days</p> <p>Session 7-9: Enthusiastic, confident, cheerful, sincere, healthy, having found a healthy lifestyle</p>

Shortcomings that need to be fixed	Time management of the KKHBSR session 1,3,4
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Table 3. Information obtained from the FGD as a whole in the Control Group

Coding	Obtained Information
Counseling in general	<ol style="list-style-type: none"> 1. Submission of material in session 1 to session 4 is clear and can increase knowledge. 2. Room facilities and contents support activities 3. Delicious food.
Benefits	<ol style="list-style-type: none"> 1. Adding knowledge that makes learning readiness in universities higher 2. Knowing healthy living patterns and correct learning patterns.
Perceived Changes	<ol style="list-style-type: none"> 1. Adding cognitive knowledge about personal involvement and efforts to maintain physical health in supporting successful learning in college; effective reading; note taking-listening-improving memory skills.
Obvious behavior	Listening passively, not enthusiastic
Shortcomings that need to be fixed	The material received only adds knowledge cognitively but only a small amount of material is applied

Holistic health counseling based on self regulation had been tested on 15 students (experimental group) and compared with general interventions carried out by universities for students during new student orientation (treatment as usual) to 15 other students. (control group).The test results show that the KKHBSR model was more effective in increasing PWB of students than the usual interventions done in universities. The results of difference test between groups at pretest and posttest found that the value of $Z = -4.692$ ($p < 0.01$); and at the posttest and follow-up found that the value of $Z = -4.988$ ($p < 0.01$).

This shows the advantages of using KKHBSR over conventional interventions. The results of the qualitative data collection through the overall FGD in the experimental group supported the above findings. In general the counselee, after attending KKHBSR for 9 sessions, said that they (1) got more familiar with themselves and others; (2) were better able to manage thoughts and feelings; (3) were better able to live in order; (4) had a purpose in life;(5) were able to make peace with life; (6) sincerely went through life; (7) were more productive; (8) were physical-mental-social healthier; (9) were happier in life; (10) were able to be grateful for all that was owned and felt.The findings in this study were consistent with the results of the study by Hermon, & Hazler(1999)that there was a relationship between the holistic health model and the PWB of students.It was further supported byHernawati(2018)that there was a relationship between wellness and self-regulation with PWB students.This can occur because in the implementation of KKHBSR, the development of self-regulation (self-management) of students was trained by conducting forethought-monitoring-evaluation to have a holistic healthy lifestyle with re-education and re-shapping of creative, coping, social, essential, physical aspects in a variety of academic and non-academic experiences so as to be able to accept themselves as they are, making appropriate coping, establishing social relations with others, taking meaning in life (essential), and paying attention to physical needs.

In the dynamics of achieving PWB, individuals make adjustments to various changes in situations and conditions experienced and make problem solving for various problems encountered and focus on the goals to be achieved (Wulandari, 2016); (Desiningrum, Suminar, &Surjaningrum, 2019); (Alfinuha, Hadi & Sinambela, 2019). This finding was in line with the thoughts by Schwaezer, Diehl, Smith dalam (Hofer, et.al, 2017); Zimmerman(2010)that self-regulation which is a cognitive aspect enables individuals to control themselves, focus on goals,

and be able to resist various arising temptations in achieving holistic health.Furthermore, these findings also supported the results of the study byRosito (2018)who found that self regulation will develop in individuals who have personality conscience and openness. Meanwhile, Hernawati, , Wismanto, & Winarno(2018)found that Semarang people (who were the subjects of this study) generally had personality conscience, agreeableness, openness.

Based on data collection through FGD, it was found that gratitude was conveyed by the subjects. This means that after participating in the KKHBSR intervention, subjects were more able to be grateful for all that was owned and experienced. This finding was strengthened byWood, Froh, & Geraghty, (2010); Ilham, Rusmana& Budiman, (2019)that gratitude enables the individual to realize that they receive a lot of goodness, good appreciation from God, other people and the surrounding environment, so that they can increase their motivation to act well and repay the goodness of God and others.Furthermore,Sansone& Sansone (2010)mentioned that gratitude is the basis for achieving PWB and mental health throughout an individual's life.

In the control group, based on collecting qualitative data through the overall FGD in the control group, the counsees generally said that the provision of health material and study habits: (1) gave them cognitive input; (2) from the material provided only a small amount of material was applied; (3) the material provided did not affect living habits.This finding is in line with thought of(Wellington& Faria, 1996)Wellington & Faria (1996) that it is very possible that there is a difference between attitudes and real behavior. Knowledge that is understood is not necessarily applied in real behavior. So it does not affect existing life habits.

CONCLUSION

The KKHBSR model has proven to be effective in increasing student PWB. The gain score by comparing the pretest and posttest was $Z = -4.692$; $p = 0.000$. The gain score by comparing posttest and follow-up was $Z = -4.988$; $p = 0.000$. Scores obtained from the Mann-Whitney U test results were significantly higher level than the implementation of the intervention in general ($p < 0.01$).The findings obtained by quantitative methods were supported by the results of qualitative data collection through FGD.In general the counselee, after attending KKHBSR for 9 sessions, said that they (1) got more familiar with themselves and others; (2) were better able to manage thoughts and feelings; (3) were better able to live in order; (4) had a purpose in life;(5) were able to make peace with life; (6) sincerely went through

life; (7) were more productive; (8) were physical-mental-social healthier; (9) were happier in life; (10) were able to be grateful for all that was owned and felt.

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