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Comparative Study on Job

The Creative Artists Support

Highlights

Sports Designing New Ways

Environment to Promote Creativity

Discovering Thoughts, Inventing Future

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The Creative Artists Support Group: A Therapeutic Environment to Promote Creativity and Mental Health

By Elliot Benjamin

Abstract- In a study with N = 204 participants, artists (painters) demonstrated significantly higher levels of the trait of Engagement with Beauty than non-artists (medium effect size). Artists also showed significantly higher levels of trait Happiness than non-artists (small effect size). There appear to be no published studies comparing artists' and non-artists' levels of the trait of Engagement with Beauty nor trait Happiness. There was no difference in levels of engaging with moral beauty between artists and non-artists; but artists scored significantly higher on engagement with natural beauty (medium effect size), and engagement with artistic beauty (large effect size). The correlations between Engagement with Beauty and trait Happiness, and with Openness, were both positive and significant. However, artists showed no relationship between Openness and Happiness, whereas nonartists did; and the correlation between Engagement with Beauty and Happiness remained significant when controlling
for Openness.

Keywords: creative artists support group, person-centered psychotherapy, group facilitation, auto ethnographic research.

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The Creative Artists Support Group: A Therapeutic Environment to Promote Creativity and Mental Health

Elliot Benjamin

Abstract- In this article, a variety of what the author refers to as creative artists support groups are described. The descriptions illustrate a great deal of divergence in terms of structure and range of group leadership or facilitation, ranging from virtually leaderless groups modeled along the lines of the structure of 12-step support groups, to groups led by a trained psychotherapist who directs the group with a series of structured therapeutic techniques, to a Rogerian person-centered facilitator who gently guides the group with little or no structure whatsoever. Furthermore, person-centered group facilitators of creative artists support groups may adhere to the basic ingredients of Rogerian person-centered psychotherapy by relating to the essence of the person, but may do so in a flexible way that allows for occasional active interventions. Utilizing auto ethnographic research, inclusive of a description of the author's motivation in writing this article, illustrations are given of some therapeutic interactions from the author's own creative artists support group to demonstrate this kind of flexibility in the facilitation of a person-centered creative artists support group. It is concluded that a common foundational ingredient in all the creative artists support groups described in this article is the dual focus on creativity and mental health.

Keywords: creative artists support group, person-centered psychotherapy, group facilitation, auto ethnographic research.

Personal Motivation for Writing this Article

What does it mean to be a successful creative artist? In my previous work I have defined the "successful creative artist" in a twofold manner as follows:

> A person who has received the respect and acknowledgment of his or work by a community of his or her peers or society-at-large and also who is considered both psychologically and ethical to be a "well adjusted" member of his or her society and the greater world. (Benjamin, 2008, p. 64).

Working with my definition of the successful creative artist and using humanistic psychology co-founder Abraham Maslow's (1962) ideas about self-actualization as the creative fulfillment of a human being's deepest life aspirations, I formulated what I referred to as The Artistic Theory of Psychology, with the following three basic components:

1. The successful creative resonates with the highest levels of Maslow's hierarchy of human potential.
2. There are some people labeled as mentally ill who have the potential of becoming successful creative artists.
3. A sensitive, understanding, and supportive educational environment may be conducive to enabling a mentally disturbed person with creative artistic potential to significantly develop and actualize this potential in life. (Benjamin, 2008, p. 66)

It is the third component in my Artistic Theory of Psychology, which revolves around a "sensitive, understanding, and supportive educational environment," that is the basic motivation that led me to periodically offer creative artists support groups in my rural Maine community for a number of years.

However, my creative artists support groups were open to any person interested in the creative arts, regardless of how mentally disturbed or healthy they may have been. And I perceived myself as both a facilitator and a participant in my groups, as I have been on a life-long quest to become a successful creative artist (in my above definition), which has also been true for my son Jeremy (Benjamin, 2013).

For virtually my whole life I have been immersed in three creative artistic disciplines: mathematics, music, and philosophy/psychology, and for the past decade my son Jeremy has been immersed in his creative artistic disciplines of acting and writing. I described how both myself and Jeremy have experienced being creative artists, in my semi-autobiographical book *The Creative Artist, Mental Disturbance, and Mental Health*, as follows:

> For many years, functioning in day-to-day reality was a severe test and trial for me. My values interests, and needs were very often remote from those around me. I required myself to learn new things every day, and to make this a priority in my life, and this is still true for me today. My ability to learn in this way is at its peak in the early morning hours, which for a number of years put me in severe confrontation with our society's most common form of work: the 9 to 5 job. . . . And my son Jeremy, who is now 35 years old, after graduating college 12 years ago initially faced this very same kind of conflict that I faced when I was his age. . . . I have always known that my son

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> Jeremy had a similar kind of artistic personality in his deepest core to the kind of artistic personality that I have, which was always especially evident from his self-immersion in writing, and Jeremy's captivating ongoing struggling actor story of keeping his creative artistic dreams alive is vividly described through his journal writings in Part 4. Why has it always been so very difficult for me to compromise myself—and why has this same difficulty reappeared in my son?. But what was this combined beauty and beast in me that defied my own practical welfare in pursuit of a few kernels of wisdom? And what is it in my son Jeremy that has propelled him into all the unbelievable drama, antics, and continuous turmoil and ups and down of his current life as an aspiring and struggling actor? I contend that for both me and Jeremy, it was—and is—our "artistic natures," artistic natures that were always very much there, but ones that have finally emerged into our society—for both of us." (Benjamin, 2013, 30-32)

Thus my own lifelong experiences as an aspiring creative artist, accentuated by the related experiences of my son the past decade, is the basic motivation that has kept me persistently dedicated to offer creative artists support groups to my local Belfast, Maine community. I have previously described my concerns about the lack of support for creative artists in our society, as well as the benefits of a supportive educational environment to aspiring creative artists, as follows:

If our educational system were more humanistic ally oriented, I believe there would be tremendously more creative artists practicing their art successfully in my full definition of the successful creative artist. It appears that the personal sensitivity and understanding available in a supportive educational environment toward a person who is artistically inclined can have a significant effect upon a person developing her or his artistic potential in life. . . . Creative artists know their mission in life; it is to be who they truly are in the depths of their deepest being, and to express their natural creativity through their chosen artistic mediums. Hopefully creative artists will receive enough nurturing support from people to help get them through their necessary battle with society and "Reality"—the forces of our mundane everyday life, and to emerge with a creative product valued by others, and a relatively healthy and balanced personality that satisfies the "well adjusted" part of my definition of the successful creative artist and mental health. (Benjamin, 2013, p. 37)

I. Introduction

Creative artists support groups arise in various contexts and circumstances, with various names and modes of facilitation of the groups, ranging from leaderless groups modeled after the format of 12-Step self-help groups, to groups facilitated by licensed psychotherapists. However, the underlying common theme of what I will refer to as creative artists support groups is the promotion of both creativity and mental health, which is very much at the core of the creative artists support group that I have facilitated in my local Maine community for the past 4 years (Benjamin, 2014a, 2015a).

Eric Maisel gave an illustrative description of the need for what he refers to as an artist support group:

> Even though artists need their solitude and tend to think of themselves as introverts, they also crave the community of other artists, want interactions with like-minded souls, and need a "place to go" that functions as a cross between a salon and a support group. Yet such places have historically rarely existed and continue to only rarely exist. . . . Artist support groups are very much needed. They can help with isolation and loneliness and can serve as a place, maybe the only place in an artist's life, where everyday challenges like marketplace difficulties, creative blocks and problems with mood can get aired. (Maisel, 2012, p. 1)

Rivkah Lapidus also described the problem of the isolation of artists and their feeling a lack of connection to a community, and described commonly brought-up issues in support groups for artists as including "mental blocks to starting, or completing, an artwork, anxiety about exhibition, making time to make art and seeing themselves as artists in a positive light" (Grant, 2011, p. 1).

A somewhat different perspective on the plight of the creative artist can be seen from licensed social worker Lou Storey in his description of what he refers to as an art expression group:

> Not all that long ago in our culture, creative pursuits were more commonplace. People kept personal journals, painted watercolor studies of their gardens, sketched while on vacation, and repurposed [*sic*] objects like spools and used bottles into toys or functional items. Social gatherings could include playing musical instruments or singing around a piano with friends and family. These self-generated arts, often born of necessity and limited access to more formal or professional products, was part of our cultural fabric. Today, what was formerly self-generated is now experienced as highly accessible commodities—consumer goods, packaged and highly processed for our passive consumption, but not our active participation. As we begin to compare our efforts to these polished products, we may feel that we come up short. But is this evaluation fair, or is it one-dimensional, focusing on the final product alone while ignoring the value of all

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that the journey of creativity can offer? (Storey, 2014, p. 2)

And yet another perspective of the most important aspect of a support group for creative artists was given by David Burkus:

> Amidst the flywheel of being always "on" and thus always a target for criticism, it can be really tempting to shut down and shut up entirely. But withdrawing from displaying your work isn't what the world needs. We need your contribution, but you might need a little support. You might need a "Creatives Anonymous" of sorts. While we may or may not require a twelve-step program, almost any creative can benefit from a support group. We need to interact with draw support with others working in our field. We need a place where we can show our work in progress, but in a way where it's generally accepted that whatever we show isn't a finished product and our worth to clients shouldn't be measured by it. . . . Instead of building a platform and showing something off to the whole world at the click of a mouse, many of us need to rebuild a safe place where we can display our work to a small group of trusted colleagues, get feedback, and refine. or abandon as needed. (Burkus, 2016, pp. 1-2).

Chris Lapin succintly summed up the combined creative artist and personal adjustment goals of his creative artists therapy group as follows:

> A group for creative artists offers unique opportunities to process and work on new ideas while learning about your own creative practice. The sharing of personal, lived experiences often helps to enhance vitality and reduce the isolation that is particularly common to those working in creative fields (Lapin, 2016, p. 1)

And finally, the description that I have given of my own creative artists support group reinforces the above combined creative artist and personal adjustment goals:

> The value of the group for its members ranges from support and feedback of members' creative artistic products to sharing stories and conflicts about being successful in one's chosen creative art to listening with caring to a member's frustration and discouragement about not being appreciated for his [or her] art. This creative artists support group continues to serve a function as a safe environment where creative artists can "drop in" to gain support in various ways and continues to be free of charge. (Benjamin, 2015a, p. 3).

II. To Lead or Not To Lead

In 1980 I made the attempt to form a community mental health center, with the focus of combining mental health with the creative arts (Benjamin, 2013). I was working with ex-patients who had recently been released from a mental hospital, and a number of them had been involved with a leaderless mental health group for ex-patients called "On Our Own" (Benjamin, 2013). The idea of a leaderless support group had much appeal to me, but at the same time I resonated with and felt inspired by Carl Rogers' person-centered approach to psychotherapy, which in group settings involved the supportive gentle nourishing role of the group facilitator (Rogers, 1961, 1965, 1973). My internal conflicts between leaderless groups and person-centered facilitated groups came to a head in my confrontation with one prominent and highly eccentric member of On Our Own, which I illustratively described as follows (using the pseudonym Patrick O'Brian):

> But then I made the cardinal sin. I involved my guide and hero of psychology at that time, Carl Rogers. . . to explain how one could be a leader through being a "facilitator." Well, I never would have believed that such a good, innocent word could evoke the storm that it did, for Patrick O'Brian revealed to me all his inner turmoil and fury. All of a sudden I heard the screams and shouts of a wild maniac; I saw the deep green eyes of an ageless, long-haired, bearded man who had gone wild—peeing face-to-face into my own eyes. "Facilitator!" he screamed at me. "You dare to use this word that has destroyed so much in this world. All that has been done to me in the name of 'facilitator' and you say this word to me!". . . . Patrick continued his mounting monologue: "I ate shit in the hospital! Do you hear that—I ate shit! And you dare to tell me you are a facilitator! Well fuck you, man. You're like all the rest of them—and I'll have nothing to do with you or your fucking program." (Benjamin, 2008, pp. 82-83).

However, as it turned out, this dramatic little episode had a happy ending:

> I communicated with Patrick; I reached him. I calmly acknowledged the piercing sorrow of his experiences with psychologists who called themselves facilitators, and I apologized for using a term that upset him so much. Finally, to my utter relief and thankfulness, Patrick seemed to back down from me. He asked someone else to read something, and we all listened to some poetry from another member of the group. . . . As it turned out, there was a satisfying end to my initial encounter with Patrick O'Brian, which occurred five months later, during which time I had no contact with him. One day, out of the clear blue sky, Patrick popped into my office—bare-chested with a flower in his mouth and a book of poetry. I was working with a math student at the time, and Patrick sincerely asked me to continue doing what I was doing,

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politely asking me if it would be alright if he played the piano. This did not seem like the same Patrick O'Brian I had devastatingly remembered; he seemed much calmer and more respectful of my position. I felt both comfortable and excited by his presence, and I sincerely appreciated his invitation to me to just be myself. . . . After my math client left, I braced myself for anything, and Patrick and I rapped as he told me how he had been in a very intensive place five months ago when he erupted about the word "facilitator," and I told him that he had made me think a lot about my ideas. (Benjamin, 2013, pp. 83-85).

Now, 36 years later, I do not have any more internal conflicts about being a group facilitator, at least not in my group facilitation of a creative artists support group for the past 4 years (Benjamin, 2014a, 2015a). Furthermore, it appears that the presence of a group facilitator in creative artists support groups, as opposed to leaderless groups modeled after 12-Step support groups, is an important inclusion that could make the difference between a group effectively thriving and a group that is short-lived and fails to accomplish what it set out to do:

> Some leaderless groups, like writing critique groups and *Artist Way* study groups, [see Cameron, 1992] work well, though even there one person usually does the organizing, serves as the driving force and operates as the de facto leader. Occasionally leaderless support groups modeled on the 12-Step program and going by the name of Artists Anonymous. are formed, but these are hard to find and usually vanish quickly. As a rule, leaderless support groups are unlikely to create themselves out of thin air and unlikely to survive if they do come into existence. Groups of this sort tend to need a trained facilitator. (Maisel, 2012, p. 1).

The role of a trained group facilitator of a creative artists support group can be crucial when psychological issues develop in group members, which may frequently occur:

> Groups that are led are safer, more focused, get to the issues and translate the underlying issues more clearly than groups that are leaderless. Some members worry about revealing personal details—that individuals may go off on tangents that are extraneous to the group and that hostility may arise within the group dynamic. I try to monitor the safety of the group and keep people focused on why we all came together in the first placeOr they think, "I didn't do anything important this week," and they don't show up, but that's when they really should show up. (Grant, 2011, pp. 3-4).

However, there are a number of required skills needed to effectively facilitate a creative artists support group that includes personal therapeutic sharing:

> A support group is like a small ideal community, growing and nurturing individuals and the common good. Using creative forms of inquiry and expression in a support group facilitates personal and collective growth and development by mirroring the integrative engagement people have in day to day living. We explore our world using touch, hearing, visual cues, taking time to consider and rearrange, noticing how situations and others influence our thoughts and how we perceive and experience our place in that world. The intricate ways we communicate and navigate are in fact our natural tendency. The use of creative arts as a form of exploration and inquiry in a facilitated support group is making our usual everyday processes more overt and considered in group process. (Bradborn, 2010, p. 5)

It also is the case that the degree of facilitation vs active leadership can be quite variable in a creative artists support group, as can be seen from the following description of an art expression group led by a licensed social worker:

> After many years of responding individually to the insecurities involved in art making, I began to see a repeating pattern to these behaviors and some consistent themes emerging, as well, in my response. Examining this pattern revealed a set of underlying principles from which I drew up a simple list of statements that addressed those areas of uncertainty and self-doubt. I call that list the "Creativity Pledge." At the introductory group session, I will ask the new members, "What are your feeling about making art?" This immediately elicits an enthusiastic response of negative self-deprecating statements. These declarations are so predictable that I have with me a pre-prepared set of file cards, and as each statement is made, I hold up the corresponding card, the text of which is a perfect match to what was just said. The group responds with delight, as if I am a magician doing a fancy card trick. There is no magic to my act, but rather, recognition of the degree to which the general population has been disenfranchised from their own artistic creativity. I then distribute a one-page handout of the Creativity Pledge. . . . As we begin to read the Creativity Pledge, I raise my hand, as is done when making a pledge, and ask the members to do so as well. This elicits some chuckles. Anything that lightens the mood is welcome in the group. The pledge offers each group member license to abandon the self-defeating, apologetic, and judgmental dialogue-tapes and instead focus on simply enjoying the opportunity to exercise some creative energy, play with color and materials, and explore possibilities. (Storey, 2012, pp. 2-3).

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As can be seen from the above sample descriptions, creative artists support groups have a wide range of leader/facilitator/leaderless options in forming the group. From my own experience, I am most comfortable with the person-centered (Rogers, 1961, 1965, 1973) group facilitator way of formulating and developing a creative artists support group (Benjamin, 2014a, 2015a). A number of years ago I tried out having creative artists support group participants, including myself, read inspirational passages from Julia Cameron's (1992) book *The Artist's Way*, as well as inspirational passages from some other books. However, although this was certainly a stimulating structure and helped generate interesting personal discussions about the participants' creative artistic processes, this was not the way that resonated most deeply with how I wanted to be working. In my present creative artists support group, the only materials that I, or anyone else in the group, have brought in to share are our own artistic creations (Benjamin, 2014a, 2015a). I facilitate the group sharing, making sure that each person (including myself) describes what we have been working on—or not working on—in our creative artistic pursuits since our last meeting. Frequently the creative/artistic sharing of the group participants enters personal territory, and I am well aware of how important it is that I have had 11) training and some experience in counseling when this occurs.

In my previous creative artists support groups, it was always important to me to feel like I was earning some money facilitating my groups, and consequently I charged a small fee to attend my group meetings, virtually all of which went to pay for the space I was renting, in addition to the cost of printing up flyers. However, even when I reduced my fee from $10 to $5 for a group session, this became an issue and at one point the group decided to try out making the group "leaderless" and hold it in different locations. And as some of the above descriptions have conveyed, this leaderless group did not work, as no one was willing to take charge of all the logistics and arrangements necessary to continue the group—involving things like printing out and putting up flyers, putting in newspaper advertisements for the group meetings, arranging for where the groups will be held, communicating logistics to the group members before each group meeting, etc. In short, it takes a bona fide long-lasting commitment to develop and maintain a successful creative artists support group. As I have described in the first section, I have this commitment,[1] and I have come to terms with not charging any fee to attend my group, as I now consider this to be my own little hobby and I am willing to put in a bit of my own money and time, printing up my flyers and doing the above necessary logistics that is required to keep my group running[2]. Although my group is small and presently meets just one evening for an hour and a half every month, my group is solid as there is a core of members who continue to attend, two of whom have been regularly attending the group since its beginning formation 4 years ago.

In the following section I will describe some of the actual workings that take place in a creative artists support group, with a focus on what participants (including myself) have experienced in my own group.

III. What Goes on in a Creative Artists Support Group

In a similar way to the variety of forms of leadership, or lack of leadership, described above, there is a wide range of activities that take place in a creative artists support group. The following description gives an idea of this wide range of activities:

> At the beginning of every meeting of the Women Artists Support Group, members engage in improvisational theater games, with the remainder of the meetings devoted to writing and sharing what they have written on the subject of isolation, creative blocks or other specific issues. The creativity support group run by. . . begins most sessions with visual relaxation exercises (based on Jungian principles), moving on to round-table discussions of members' "goals in their work and in their process of art making" and occasionally, presentations by individual members of their work that are followed by "feedback loops, which allow the person to articulate and others to make meaning," rather than critiques, "which cause fear.". . . . On the other hand, sit in a circle and talk about the artwork individual members are pursuing (or want to create) and the struggles they have in accomplishing their artistic goals. At Artists' Anonymous. . . there are weekly meetings following a regular pattern that is adapted for artists from the 12-step model of Alcoholics Anonymous and focusing on "gaining control of the creative process." For the first week of the month, members may bring in artwork in progress and receive feedback if they wish. On the second week, members discuss the 12 steps of the program. . . . On subsequent weeks, individual members will describe what has been taking place in their lives creatively, or there may be a topic in which everyone may participate. (Grant, 2011, p. 2).

In the art expression group facilitated by a social worker that was described above (Storey, 2014), the goal is "not to make art, but rather to explore the many facets of how we experience life" (p. 3). In particular, there is a cohesive structure of activities used in this group:

> Art making, art history, group discussions, and contribution are the tools that we use for this exploration. Each week introduces a new theme

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> referencing a recognizable element of art and linking it to aspects of life. The first group begins with the creation of a personal mandala. The Sanskrit word "mandala" translates to "circle" and represents wholeness and connectedness in life, ranging from the micro-sized spinning of atoms and cells to the macro-sized ringing rotations of planets and galaxies. As a group, we examine how our lives navigate within circles of friends, family, and community. A personal mandala can reflect upon and give insight into the many meaningful ways we are connected to our world and offers a compelling first art expression group experience. Other weekly thematic units of the art expression group, linking art to experience, include: Personal World—Personal Boundaries explores landscape painting, examining how artists through the centuries have been creating landscapes that speak to their own personal vision of "a place.". . . . Group members are invited to imagine their own personal place, and to consider how we each art the creators of our own world. (Storey, 2014, p. 3).

In my own creative artists support group (Benjamin, 2014a, 2015a), the structure of my group begins with me facilitating each participant sharing briefly (though sometimes not so briefly) what has transpired for her or him since our last group meeting. This frequently leads our group into stimulating and interesting discussions related to what a particular group member may have expressed. I also leave time for group members to share any creative artistic products they have brought to the group, which has included paintings, photographs, writings, music, and images of a sculpture. In one meeting of my creative artists support group, it was particularly meaningful to me to read an excerpt from an article I was working on related to a talk I was soon giving on humanistic antidotes to social media/ cell phone addiction in the college classroom at an upcoming conference in New York City (Benjamin, 2016).[3] I subsequently incorporated into my article my beneficial experience of reading this excerpt to my creative artists support group, as follows:

> It's just about midnight as I am staying over in Sturbridge, Massachusetts on my way to New York. Last night I read the first few pages of this article, which was my initial 6/21 entry, to my creative artists support group. I received a round of applause, and my reading stimulated some lively discussion about social media addiction. My creative artists support group was very supportive to me, and this helped to boost both my confidence and enthusiasm about giving my conference talk. (Benjamin, 2016, p. 20).

There have been other times that I have read excepts from my writings to my creative artists support group, and it has always been helpful to me, boosting my confidence as a result of the interest and support that I was receiving. Sharing my writings always stimulated animated group discussion of interesting and complicated topics, such as the ethics of revealing or not revealing your writings to who you are writing about, the exploration of the possibility of life after death, and the idea of the "successful" creative artist representing the highest level of human functioning[4]. Some descriptions of how other participants have taken part in my creative artists support group are as follows:[5]

> Linda is a woman in her early 80s, and she has been immersed in various crafts, painting, and photography creative art projects throughout her life. She frequently brings in exhibits of her work to show the group, and she loves to talk about herself, her life, her musician son who is in his early 60s, and to hear about what is going on for everyone else in the group, including myself. (Benjamin, 2014a, p. 144)
>
> At our last few meetings Linda has been particularly taken up with her experiences of synaesthesia, where one sort of sensation, such as hearing sound, produces another sort of sensation such as seeing color. It has been very beneficial to Linda to receive positive feedback from the group about her experiences of synaesthesia, to help her assimilate her experiences in a healthy way and not feel like she is "crazy." She felt motivated to bring in an impressive painting she did many years ago, which she said was a representation of how she experienced synaesthesia. (Benjamin, 2015a, p. 2)

At our first meeting, Mikayla tenuously shared how she virtually never was creative but that she always "knew" that music and poetry were deep inside of her, and that now with her deteriorating illness she was determined to actualize this potential before she becomes completely incapacitated, in whatever time she has left in life. . . . When she did return to the group a few months later, Mikayla was "transformed." She was full of life with a sparkle in her eyes and an energy and excitement that I would not have believed if I had not seen it for myself. Mikayla described how she sang at a friend's wedding, read her poetry at an open mic evening, and submitted her poetry to a poetry contest. This metamorphosis in Mikalya continued to shine during the third group meeting she attended, and it was amazing and inspiring to myself and the other members of our group. It appears that her brief participation in our creative artists support group perhaps served as some kind of catalyst to Mikayla to "self-actualize" herself in an incredible "against all odds" demonstration of human will to overcome adversity. (Benjamin, 2014a, p. 144)[6] .

> I referred to Gordon, without name, as the photographer who answered my question about why he continues his art with the statement "Doing my art is like breathing for me.". . . . He complains that nowadays everyone is a "photographer" with

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their cell phones, and that his work is no longer appreciated. He is trying to get his work shown in more galleries, and was particularly discouraged at a meeting he attended a few months ago, as he had recently experienced the non-appreciative response he received from the judges at an event that he attended. Gordon is in his 60's and feels that he is up against a brick wall, confiding in us that he has been finding excuses to spend less time taking his photographs. . . . How is my creative artists support group being helpful to Gordon?. It is a place where he can vent his feelings and frustrations and disappointment, and feel that he is accepted, understood, and valued. Our group serves as a buffer to the harsh world that Gordon continuously experiences. (Benjamin, 2015a, p. 1).

Steve has long hair and a muscular, youthful appearance and is in his late 40's or early 50's, although he looks at least 10 years younger than he is. He has had a career marketing other people's music, as well as successfully marketing his own commercial rock & roll music, singing and playing guitar, and has written poetry and published some of his poems. But Steve now wants no part of commercial success, and has been immersed in writing what he refers to as a science fiction rock opera for the past 6 years, doing all the voice and instrumentation by himself. He very much appreciates being part of a creative artists support group, and gives valuable feedback to everyone in the group. At our last group meeting Steve played some of his music for the group and I suggested he bring in more of his music for our next meeting, and I believe he will do so. (Benjamin, 2015a, p. 2).

Eleanor is a woman who appears to be in her mid-50s and who published a novel and a few poems about 20 years ago. . . . She says that she values hearing about the experiences of other creative artists and having the opportunity to talk about her own challenges in becoming a successful writer. Eleanor is putting the finishing touches on her novel, which she read excerpts from at one of our meetings. She has sent out inquires to a half-dozen agents, most of whom have ignored her and one of whom has rejected her. But Eleanor continues to be an active and dedicated participant in our creative artists support group, as she always enthusiastically enjoys hearing about and responding to what other people in the group, including myself, share about our experiences in the creative artist realm. To answer my own question about what motivates Eleanor to be as committed to keeping our creative artists support group going as she is, I would say that our group enables Eleanor to keep her creative artist "spark." It enable her to keep her dreams alive, to "percolate" inside of her while her more pragmatic day-to-day life continues on. And I believe that this is a significant part of Eleanor's feeling of well-being and satisfaction with life. (Benjamin, 2014a, p. 143).

And the following is a description that I have given of my own experience of being a participant in my creative artists support group:

For me, I continue to find value from our group as I am embarking on trying to promote my books and articles through my website, as I am now working with a marketing consultant and have initiated my social media periodic presence on facebook. . . . This is no small step for me, and talking in my creative artists support group about my conflicts about being a philosopher and marketing my philosophy is valuable to me, as I feel that the other members of my group very much can relate to this conflict. . . . We had a very dynamic and interesting meeting, which included my sharing about my concerns and conflicts regarding my son's continuing struggling saga and dire financial circumstances as he continues to try to become a successful Hollywood actor being in Hollywood for nearly three and a half years. (Benjamin, 2015a, p. 3).

IV. The Creative Artists Support Group and the Person-Centered Approach to Psychotherapy

As I have described above, the way in which I facilitate my creative artists support group is based upon Carl Rogers' (1961, 1965, 1973) person-centered approach to psychotherapy, which is at the cornerstone of humanistic psychology (Schneider, Pierson, & Bugental (2015). However, there are currently various interpretations of what the essential ingredients of Rogers' person-centered approach to therapy truly are. At the 2016 World Association of Person-centered & Experiential Psychotherapy and Counseling (WAPCEPC) conference that I attended and gave a talk at,[3] this became evident with the prominent inclusion of a keynote address given by Motivational Interviewing founder William Miller, as well as workshops by two other Motivational Interviewing authors: Chris Wagner and Alan Zuckoff (Miller & Rollnick, 2013; Wagner & Ingersoll, 2013; Zuckoff, 2015). In addition, there was a keynote address given by Jobst Finke, who advocated for the inclusion of labeling in accordance with the diagnostic categories of the DSM-V, as an option that could be consistent with person-centered therapy. Thus there was a strong current at this internationally attended person-centered conference to significantly extend the meaning of Rogers' person-centered therapy to allow for a more concrete, structured, active therapist approach that is evident in Motivational Interviewing (Miller & Rollnick, 2013), as well as for an acceptance of the labeling diagnostic categories of the DSM V, which has in many ways been considered the antithesis of

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humanistic psychology (Schneider, Pierson, & Bugental (2015).

Thus it is important to focus upon what are the essential ingredients of Rogers' person-centered approach to therapy, and how these essential ingredients relate to what goes on in a creative artists support group. If we go back to the essence of what Rogers was talking about, clearly the person-centered approach to therapy revolves around the concentration on and respect for the unique individual person, in a genuine, caring, relationship with the therapist that is noted for the therapist showing "unconditional positive regard" for the client (Rogers, 1961, 1965). As I learned about Motivational Interviewing, and the extension of diagnostic labels to person-centered therapy as described by Finke at the 2016 WAPCEPC conference, I understood that these basic Rogerian ingredients of person-centered therapy could remain intact with these modifications. What changed was the completely "non-directive" approach that Rogers (1956, 1961) is noted for, as well as the common understanding in humanistic psychology that diagnostic labels and the DSM-V are antithetical to the respect and dignity of the individual person (Schneider, Pierson, & Bugental (2015). Much care was taken in the presentations given to justify these modifications to demonstrate that the basic premises of person-centered therapy did not have to be violated by these changes, at least not in the humanistic way described by these presenters. Rather, it was argued that allowing for more flexibility in Rogers' initial conceptualization of person-centered therapy was a way that had the potential to preserve the essence of what Rogers advocated for, in our society's current managed care, short-term therapy dominant focus.

In regard to applying this more extended model of person-centered therapy to the creative artists support group, I believe that the evaluation of how much the essence of person-centered therapy is made use of in the facilitation of the group (assuming there is a group facilitator) is not necessarily a reflection of how non-directive the group facilitator is, but rather a reflection of the facilitator's appreciation and respect for the group participants, and the genuine empathic relationship between the participants and the facilitator. It is very difficult to evaluate the level of inclusion of this more extended model of person-centered therapy to creative artists support groups from external descriptions of the group. However, through a qualitative inquiry auto ethnographic approach to research (Chang, 2008; Ellis, 2009; Holman Jones, Adams, & Ellis, 2013), one can make use of one's own experiences as a group facilitator of a creative artists support group to give such an account. It is in this context that I will describe interactions that I had with two participants at some of my creative artists support group meetings.

I will refer to one of these participant with the pseudonym of David, who had come to our meeting in July, 2016 for the first time. David proceeded to introduce himself by disclosing that he was "instructed" to come to our meeting by his occupational therapist, who told him that it would be 20) beneficial to him to start working on some kind of structured art project. Apparently David had many projects that he would start, but soon would become scattered and never complete anything that he had begun working on. He had the state of mind, stimulated by what his occupational therapist strongly conveyed to him, that he needed to choose an artistic project and stick with it until he completed it. However, the problem for David was that there was not any artistic project that he felt strongly attracted to, and he conveyed to the group that he thought he just needed to choose something, no matter what it was, for the purpose of sticking to it.

As David was talking, I knew that I felt disturbed by his perspective of how to choose an artistic project to work on. I thought about Julia Cameron's (1992) perspective of creative art related to spirituality, of Gordon's statement that "doing my art is like breathing for me," of Eleanor's dedication to continuing to try to get her novel published, of Steve working on his rock opera for 6 years, of my son Jeremy's quest to become a successful actor and writer,[7] and of my own lifelong pursuit of being an "artistic philosopher" (Benjamin, 2013). I knew that I needed to introduce my own perspective on what David was saying, and that this would not be a traditional Rogerian "non-directive" way of facilitating my group. But I listened to my deeper voice and conveyed to David, as gently as I was able to, my perspective about creative art being a reflection of the "deep self" aspirations of the creative artist, and was related to a sense of spirituality. I suggested to him that he not pressure himself to choose an artistic project just for the sake of completing something that he started working on, but rather that he spend some slow time with himself, such as in meditation, and try to get in touch with what speaks to him in a deep self kind of way.

As it turned out, I made a strong impression on David, and he thanked me and said that I gave him something different to consider in a way that he had not thought of before. It was soon after this in our meeting that I read my article excerpt that I described above, which helped prepare me for my talk on humanistic antidotes to social media/cell phone addiction at the July, 2016 WAPCEPC conference.[3] 21).

My whole group, and especially David, enthusiastically appreciated my reading, and I think this cemented the impression that I had made on him about the importance of choosing an artistic activity to work on that speaks to one's deep self. Thus I believe that I very much related to David's "real" self in a way that is consistent with the essence of Rogers' (1961, 1965) person-centered therapy, and this became more evident to me as I learned about some of the current

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modifications of person-centered therapy at the WAPCEPC conference, as I have described above.

At a subsequent creative artists support group meeting, the interaction I will describe was between myself and the photographer Gordon. Gordon gave his initial sharing of what had been happening for him by conveying that he had been depressed, and had done very little photography the past few months. He proceeded to describe his dark outlook on life, how he would sleep late in the mornings and have difficulty doing anything or going anywhere, how he would drive up and down one of the local routes just to have something to occupy himself with, how he takes anti-depressants to get through the day, and how all his money is going into repairing his car and he has no money left over for his needed photography supplies. When our discussion turned into spirituality and the possibility of life after death, Gordon in no uncertain terms described his somber atheist beliefs and "humorously" conveyed how his daughter told him that he would die in his car and that she would "square" him or "cube" him.

To put Gordon's bleak sharing in some perspective, this came about right after Linda had shared that she had lost her motivation to do any more creative artwork the past few months, was having a hard time being part of a group for seniors near where she lived that dwelled on the depressing practical aspects of dying, and I noticed that she had not brought in any creative artist projects that she was working on, which was very unusual for her. The regular group members Eleanor and Steve were not there, and there was only one other person in the group, aside from myself, and this other person was new to the group. To make matters worse, my 12-year-old cat who I had a strong bond with for many years, had died that morning, and it was all I could do just to bring myself to the group, as I was trying to fight off my own depression. I was very much missing Steve not being there, as he always had an upbeat stimulating effect on the group, which I felt was very much needed at this time.

But as Gordon continued to talk about how depressed he was and how meaningless life was, and I could feel the somber atmosphere that was overtaking the whole group, including myself, something started to snap inside of me. I remembered back to how enthusiastically Gordon used to talk about his old-fashioned way of doing photography, and how he would occasionally bring in his photographs to share with the group. I found myself becoming quite active in conveying to him how he used to be in a much better state of mind when he was doing his photography, and I asked him to try to find creative ways to get back to doing this. This had the effect of transforming our discussion into practical ways of going about this for Gordon, which resulted in Gordon explaining to us why these ways would not work. He could try to make his kitchen into a darkroom but there was very little space there, it would take him a very long time to do this, he would feel like it was the end of the world if he made a mistake and ruined his photographs, he did not have the equipment or the money to buy what he needs to develop his films, photography galleries are not interested in his nude photographs, which is what he most wants to be doing, etc.

Finally the new person in the group made the constructive suggestion that Gordon could put his nude photographs together into a book, and I could see that this had some kind of a stimulating effect on him. Gordon acknowledged that he could do this but said that he did not know anything about how to self-publish books. At this point I conveyed to Gordon that if he were to do this then other people in the group, such as Steve, would likely be able to give him constructive advice about how to publish his book, and I asked if he would be willing to bring in some of his photographs to our next meeting. Then I asked Linda to do the same, as well as the new person, which they both agreed to, and I conveyed that I would bring in more of my writings and would be willing to get back to trying to arrange our group to meet monthly, as I told them that the group has gradually been meeting less frequently, mostly every other month, and it has been 3 months since our last meeting. The group ended in a much more positive atmosphere and on a much more positive note, and I realized that the essential therapeutic ingredient of my creative artists support group was for us to continue to work on and share our creative artist projects with each other. Without this, all the Rogerian non-directive listening in the world would not lift Gordon out of his depression.

However, at our next creative artists support group meeting, I was disappointed to see that Gordon appeared to be in even worse spirits, as his depression had increased, in spite of the large amount of medication he was taking to combat it, and it was all he could do to even get himself out of bed, much less do any more of his photography. The advice being given to him took the form of going to social events at senior citizen centers, and I felt like I needed to intervene and change the course of what was being suggested to Gordon. I did my best to bring the discussion back to suggestions for ways that Gordon could get back to his photography, as I reminded him and everyone else how this was so fundamental to Gordon's mental health. A very practical suggestion was given to Gordon by one of the group participants to contact a specific person who had a darkroom that perhaps Gordon could make arrangements with to gain the use of the darkroom. We left the group on a rather precarious note, and I was troubled and concerned about Gordon, and wondered if I was qualified to be facilitating my group with the extent of Gordon's psychological problems.

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But as it turned out, I was amazed to see Gordon in totally transformed spirits at our next meeting, as he did contact the person with the darkroom and was able to make arrangements to use the darkroom and get back to his photography. His depression had largely lifted, in spite of various practical challenges he was facing with his photography, and the whole atmosphere of our group was completely changed form the previous meeting. Linda brought in some of her artwork again; someone attended our group for the second time, who had been there 9 months earlier, and brought in his miniature paintings that stimulated much discussion; and Steve brought in more of his music for us to listen to, and we had a very stimulating upbeat group meeting.

In retrospect, this flexibility of sometimes choosing to be a more active group facilitator in my creative artists support group, depending upon what is transpiring with an individual group participant, is a way that I have not infrequently chosen in some of my creative artists support group meetings, both in my current group and in previous groups that I have facilitated. However, I always felt that the essence of my approach was based upon the core ingredients of Rogers' person-centered therapy, and therefore it was especially gratifying to me to learn that my own flexibility was very much in alignment with current trends in extending Rogerian person-centered therapy.

V. Conclusion

From the above descriptions of the varieties of groups that I have referred to as creative artists support groups, it can be seen that there are striking differences in regard to the extent of group leadership or facilitation, as well as the amount of structure in the group. Creative artists support groups may be virtually leaderless and resemble the structure of 12-step support groups, may be led by a trained psychotherapist who directs the group with a series of structured therapeutic techniques, or may be guided by a person-centered Rogerian facilitator who gently guides the group with very little or no structure whatsoever. Furthermore, as I have illustrated with some descriptions of my therapeutic interactions in my own creative artists support group, a person-centered group facilitator may gently guide the group along the lines formulated by Carl Rogers in terms of relating to the essence of the person, but may do so in a flexible way that allows for occasional direct active interventions. This kind of flexibility in person-centered psychotherapy is consistent with the current trends in the field, as can be seen from some of the keynote talks at the recent World Association of Person-Centered and Experiential Psychotherapy and Counseling conference.

However, a common foundational ingredient in all the creative artists support groups described in this article is the dual focus on enhancing creativity while supporting mental health. This dual focus is directly related to my twofold definition of the "successful creative artist," as well as being directly related to the third component of my Artistic Theory of Psychology, as I described in the first section of this article. This combined creativity/mental health focus in a supportive therapeutic environment appears to be highly beneficial to creative artists, and I believe warrants more extensive research into what actually transpires in the varieties of groups that I refer to as creative artists support groups.

Notes

1) For more information about my own creative artist background experiences, see the personal descriptions of my creative artistic lifelong passions in Benjamin, 2013.
2) I have been fortunate to be able to use a conference room free of charge in my local library to hold my creative artists support group meetings, as part of my non-profit corporation Natural Dimension Learning Center.
3) The conference referred to is the July, 2016 World Association of Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC) conference; see www.pce-world.org
4) See Ellis, 2007, and Benjamin, 2008, 2013, 2014b, 2015b.
5) The names given for the participants in my creative artists support group are the pseudonyms used in Benjamin, 2014a, 2015a.
6) See Abraham Maslow's formulation of self-actualization in Maslow, 1962
7) See illustrative accounts of my son Jeremy's quest to become a successful actor and writer in Benjamin, 2013, 2014c.

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Comparative Study on Job Satisfaction among Health Workers in Public and Private Sector Hospitals at South-West Shoa Zone, Oromia Regional State, Ethiopia

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Abstract- Job satisfaction among health workers become high on the agenda as it has been the driving force on quality of work, productivity, patients' satisfaction and organizational performance. Employees' job satisfaction is sector dependent and inconsistent findings were reported in public and private sectors hospitals. Thus, the objective of this study was to examine the level of job satisfaction among health workers of private and public sector hospitals in South-West Shoa Zone, Oromia Regional State. Comparative cross-sectional survey was conducted on 220 healthcare workers who were selected based on stratified sampling method. The stratification is based on fields of profession. Spector's self-administered Job Satisfaction Scale was used to collect data on job satisfaction. Descriptive statistics such as mean and standard deviation; and inferential statistics including independent sample t-test, one way ANOVA followed by Bonferroni post-hoc analysis were used. Pearson Correlation was also computed to determine the association between overall job satisfactions with facets of job satisfaction. The result of this study indicated that the mean score of overall job satisfaction in private sector hospital (M = 3.29, SD =.56) was found to be higher than those in public sector hospital (M = 2.94, SD = .41). The Independent sample t-test also revealed statistically signifi.

Keywords: job satisfaction, health workers, public and private sector hospitals.

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Comparative Study on Job Satisfaction among Health Workers in Public and Private Sector Hospitals at South-West Shoa Zone, Oromia Regional State, Ethiopia

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Abstract - Job satisfaction among health workers become high on the agenda as it has been the driving force on quality of work, productivity, patients' satisfaction and organizational performance. Employees' job satisfaction is sector dependent and inconsistent findings were reported in public and private sectors hospitals. Thus, the objective of this study was to examine the level of job satisfaction among health workers of private and public sector hospitals in South-West Shoa Zone, Oromia Regional State. Comparative cross-sectional survey was conducted on 220 healthcare workers who were selected based on stratified sampling method. The stratification is based on fields of profession. Spector's self-administered Job Satisfaction Scale was used to collect data on job satisfaction. Descriptive statistics such as mean and standard deviation; and inferential statistics including independent sample t-test, one way ANOVA followed by Bonferroni post-hoc analysis were used. Pearson Correlation was also computed to determine the association between overall job satisfactions with facets of job satisfaction. The result of this study indicated that the mean score of overall job satisfaction in private sector hospital (M = 3.29, SD =.56) was found to be higher than those in public sector hospital (M = 2.94, SD = .41). The Independent sample t-test also revealed statistically significant difference on the level of overall job satisfaction between health workers at private and public sector hospital, t (219) = 5.292, p = .000. Regarding profession, the mean score of overall job satisfaction of Physicians was found to be 3.35 with SD of .54; Health officers (M= 3.48, SD= .63); Nurses (M=2.94, SD= .41); Midwifes (M=3.07, SD=.36); Lab technicians (M=2.70, SD=.09); Anesthesia expert (M=3.02, SD=.53); and others (M= 3.02, SD= .48). ANOVA further revealed the statistically significant differences on job satisfaction across fields of profession F (6, 214) = 7.430, p = .001. Moreover,the post-hoc analysis using Bonferroni showed Health officers are significantly more satisfied than all the other fields of profession except for the Physicians and Lab Technicians. Table 20 also indicates high level of dissatisfaction between Anesthesia experts and some fields of profession as indicated by the large mean difference between Anesthesia experts and Health Officers (mean difference was -.77429); and Anesthesia experts and Physicians (mean difference was -.65379). High level of dissatisfaction between Nurse and some fields of professions was also obtained by large mean difference between Nurses and Health Officers (mean difference was -.53304); and Nurses and Physicians (mean difference was -.41253). Multiple regression analysis revealed a statistically significant moderate positive relationship between overall job satisfaction and nine facets of job satisfaction ($p < .05$), which indicates that increases in dimension of satisfaction correspond to increases in the overall job satisfaction.

Conclusion: The level of job satisfaction among health workers in public and private sector at South-West Shoa Zone was moderate in general though private health workers had a better job satisfaction. The study findings could provide decision makers with valuable insights on the various components of job satisfaction for future intervention aimed at enhancing job satisfaction of health workers.

Keywords: job satisfaction, health workers, public and private sector hospitals.

I. Introduction

Ethiopia has made commendable progress in scaling up the health status of its population in the last one and half decades. However, the health services still need some improvement, and the shortage of healthcare workers is still well documented (1). Different factors could be responsible for the shortage of health work force in Ethiopia. One factor could be lack of job satisfaction. With this respect, the findings from the Second Wave of a Cohort Study of Young Doctors and Nurses of Ethiopia indicated job dissatisfaction is one of the factors that lead to international migration of health workers (2).

Job satisfaction is an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and less efficient care (3); its absence often leads to exhaustion and reduced organizational commitment (4); is also considered a strong predictor of overall individual well-being (5); and a good predictor of intentions or decisions of employees to leave a job (6).

As many research findings indicated, employees' job satisfaction is sector dependent and inconsistent findings were reported in public and private sectors hospitals. With this regard, the finding obtained from a comparative study in Punjab showed that employees in private sector feel that their jobs are more comfortable and satisfaction level is quite

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high as compared to employees working in the public hospitals (7). Similarly, a research done in Turkish Health care staffs have found out that the job satisfaction level in private hospitals were higher compared to public hospitals (8). On the other hand, a study have revealed that the government healthcare workers were significantly more satisfied with their job than private counterparts (9). Still there is also a study that indicates no statistically significant difference on job satisfaction between government and private sector employees (10).

However, after a review of the literature specific to health workers' job satisfaction, the researchers realized that most of the studies were done in developed countries while little research outputs found in developing countries including Ethiopia. Even if there were some local research on job satisfaction, they failed to address differences of job satisfaction in government and privates sector and among different professionals. Moreover, they emphasize on the overall level of job satisfaction rather than the various facet of the job satisfaction. These are serious gap as they failed to provide adequate information for the two sectors and various professionals and also failed to indicate the extent of the various facets of job satisfaction which ultimately affects the intervention process aimed at enhancing job satisfaction.

This research, therefore, tried to address the above mentioned gaps. Thus, the general objective this research were to find out the overall job satisfaction and the extents of the various facets of job satisfaction among health workers of public and private sector hospitals in South-West Shoa Zone , Oromia Regional State.

II. Methods and Materials

Comparative cross-sectional survey was carried out from February 8 to March 6, 2015 among 220 health workers at public and private sector hospitals in South-West Shoa Zone, Oromia Regional State. There are only two hospitals in the South-West Shoa zone which: *Tullu Bollo* public hospital and St. Luke private hospital. The total population of the present study was 271 health workers, of which 187 health workers from St. Luke private hospital and the rest 84 were from *Tullu Bollo* public hospital. Accordingly, 232 health workers were the participants of the study using Cochran method of sample size determination method. In order to draw the representative sample, proportionate stratified sampling technique was applied. The stratification was based on fields of profession, which was Physician, Health Officer, Midwifery, Nurses, Lab technician, Anesthesia Expert, and Other which includes psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector.

In order to collect data on job satisfaction, Job Satisfaction Scale (JSS) developed by Spector (1997) was used. The JSS allows the researchers to find out not only whether people are satisfied with their jobs but also, more importantly, which parts of the job facets is related to job satisfaction. Further, previous research has indicated that the JSS has high psychometric properties for example providing assurance that the data would be valid and reliable (11).

The JSS contained 19 negatively and 17 positively worded items in which the respondents rate their level of agreement on 6 point scale ranging from 1 (disagree very much) to 6 (agree very much). A mean item response (after reverse scoring the negatively-worded items) of four or more represents satisfaction, whereas mean responses of three or less represents dissatisfaction. Mean scores between three and four was moderate.

The data collected through JSS were analyzed with SPSS version 20 on the basis of their relevance for answering the research questions intended. Accordingly, descriptive statistical measures such as mean score were used for the sake of explaining the general pattern of job satisfaction. Independent sample T-test and one way ANOVA were also used in this study. Bonferroni Post-hoc test were used to explain what means were exactly significant when the statistically significant difference were obtained. Bonferroni test able to control Type-I error or fluctuation of alpha resulted from difference in sample size between comparative groups.

Ethical clearance and approval to conduct this research was obtained from the Research and Post-Graduate Program Coordinator, College of Education and Behavioral Sciences, Jimma University. After getting permission from the administration, objectives of the study were clearly explained to the participants and oral informed consent was obtained. Confidentiality and anonymity were ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so.

III. Results

The purpose of this study was to examine job satisfaction among health workers of public and private sector hospitals at South-West Shoa Zone, Oromia Regional State. This chapter presents the results of the study based on the empirical analysis of the data collected from the research participants with respect to basic research questions. In addition, both descriptive and inferences on the data analysis are presented.

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a) Sample characteristics

i. *Response rate*

In order to answer the aforementioned research questions, this comparative cross-sectional study was conducted at South-West Shoa Zone among health workers of public and private sector hospitals. The total population of the study was 271 health workers where 184 and 87 were taken from private and public sector hospital respectively. From this total population, 232 samples (156 health workers from private and 76 health workers from public sector hospitals) were drawn using a standard formula developed by Kurtz (1983). A total of 232 health workers were provided the self-administered questionnaire.

A total of 232 questionnaires were distributed. 157 questionnaires were distributed to the private sector health workers and the other 75 questionnaires were distributed to the health workers in government sector hospital. Among the 232 questionnaires distributed, 220 completed questionnaires were returned, resulting in an overall response rate of 94.83%. Within these 220 questionnaires, 148 questionnaires were from private sector health workers, with a response rate of 94.27%; 72 questionnaires were from public hospital health workers, with a response rate of 96%. The overall response rate and the response rates of the two specific sectors of health workers are very much satisfactory.

ii. *Description of general characteristics of respondents'*

The study solicited information from participants based on their sex, age, sector, experience, fields of profession and level of education. In aggregate, the study attracted a total of 220 respondents of which 148 (67%) were from private and 72 (33%) were from public sector hospitals. In terms of sex distribution, female health workers are made up 114 (51.82 %) while male health workers constituted 106 (48.18%). Slightly more than half of the participants 113 (51.36 %) were in the age group of less than 30 years, followed by the age group 30-40 were 75 (34.10 %), and 14.54 % above 40 years of age. The holders of at least first degree accounted for 92 (41.82 %), diploma accounts 91 (41.36%), and about 100 (45.45 %) of the respondents have a work experience of five and less, followed by 6-10 years of service 81 (36.81 %) and above 10 years, respectively.

Regarding profession, it is clear that from both sector most of the respondents in the sample were Nurses 81 (36.81%) mostly due to the large number of nurses in both government and private sector hospitals, 30 (13.63%) were physicians, 39 (17.72%) were Others, which includes psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector; 27 (12.72%) were midwifes, 21 (9.54%) were health officers, 11 (5%) were lab technicians and anesthesia expert each.

Table 3: Socio-demographic characteristics of the respondents under the study (N=220).

Demographic variables	Public Hospital		Private Hospital		Total	
	F	%	F	%	F	%
Sex						
Male	33	15	73	33.18	106	48.18
Female	39	17.72	75	34.10	114	51.82
Total	72	32.72	148	67.28	220	100
Age						
<30 years	30	13.63	83	37.73	113	51.36
30 – 40 years	35	15.91	40	18.19	75	34.10
Above 40 years	7	3.18	25	11.36	32	14.54
Total	72	32.72	148	67.28	220	100
Level of Education						
Diploma	31	14.09	60	27.27	91	41.36
Bsc. Degree	30	13.64	62	28.18	92	41.82
Above Bsc. Degree	11	5.00	26	11.82	37	16.82
Total	72	32.72	148	67.28	220	100
Service year						
5 year and less	33	15.00	67	40.45	100	45.45
6 – 10 years	28	12.72	53	24.09	81	36.81
Above 10 years	11	5.00	28	12.727	39	17.72
Total	72	32.72	148	67.28	220	100
Profession						
Physicians	12	5.45	18	8.18	30	13.63
Health Officer	9	4.09	12	5.45	21	9.54
Nurses (Bsc. & Diploma)	27	12.27	54	24.54	81	36.81
Midwifes	11	5.00	16	7.27	27	12.27

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Lab technicians	-	-	11	5.00	11	5.00
Anesthesia Expert	-	-	11	5.00	11	5.00
Others	13	5.90	26	11.82	39	17.72
Total	72	32.72	148	67.28	220	100

***-Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).*

b) Health workers' Job satisfaction

Table 4 shows job satisfaction mean scores for the nine JSS facets and total satisfaction for the healthcare workers. As shown in table 4, the mean of overall job satisfaction among health workers was found to be *3.05* with the standard deviation of *.90*, which can be interpreted as moderate level of satisfaction. Co-workers, nature of work, contingent reward, communication had a moderate mean value of *3.89 (SD=.90), 3.52 (SD=.77), 3.21 (SD=.67), 3.10 (SD=.54)* respectively which can be interpreted that health workers were moderately satisfied with co-workers relationship, nature of work, contingent reward and communication. They were lowly agree with pay (*M=2.78, SD=.88*), promotion (*M=2.59, SD=.87*), supervision (*M=2.78, SD= .78*), fringe benefits (*M=2.94, SD= .69*), operating procedures (*M=2.61, SD= .92*), which interpreted as low satisfaction.

Table 4: Descriptive statistics of overall job satisfaction and particular facets of job satisfaction among health workers (N=220).

Facets of job satisfaction	Mean	SD.	Minimum	Maximum
Pay	2.78	.88	1.00	4.50
Promotion	2.59	.87	1.00	4.50
Supervision	2.78	.78	1.50	4.75
Fringe benefits	2.94	.69	1.25	4.75
Contingent reward	3.21	.67	1.75	4.75
Operating procedures	2.61	.92	1.00	4.50
Co-workers	3.89	.90	2.00	6.00
Nature of work	3.52	.77	1.25	5.75
Communication	3.10	.54	1.75	4.75
Overall Job satisfaction	3.05	.49	2.06	4.86

c) Job satisfaction across sector (public and private)

One of the main objective of this study was to investigate whether or not there is significant difference on the level of job satisfaction between health workers in public and private sector hospitals. As such, the descriptive statistics and Independent Samples T-Test was computed, and results obtained are summarized in Table 5. According to these results, the mean score of overall job satisfaction in private sector hospital (*M=3.29, SD=.56*) was found to be higher than those in public sector hospital (*M=2.94, SD=.41*). In terms of the facets of job satisfaction, analysis result showed that except satisfaction with the nature of work and co-workers relationship the mean score of satisfaction with contingent reward (*M=3.62, SD=.68*), operating conditions (*M=3.20, SD=98*), communication (*M=3.17, SD=.55*), pay (*M=3.11, SD=.82*), Promotion (*M=3.11, SD=1.00*), fringe benefits (*M=3.16, SD=.72*), supervision (*M=3.07, SD=.78*) was found to be high in private sector hospital health workers.

Also Table 5 indicates that there is a statistically significant difference on the level of overall job satisfaction between health workers at private and public sector hospital ($t_{(219)} = 5.292$, $p < 0.05$). More specifically, Independent sample t-test revealed a statistically significant mean difference across sectors on seven facets of job satisfaction, namely pay ($t_{(219)} = 3.957$, $p < 0.05$), promotion ($t_{(219)} = 6.814$, $p < 0.05$), supervision ($t_{(219)} = 3.985$, $p < 0.05$), fringe benefits ($t_{(219)} = 3.387$, $p < 0.05$), co-workers relationship ($t_{(219)} = -5.235$, $p < 0.05$), contingent reward ($t_{(219)} = 6.891$, $p < 0.05$), and operating conditions ($t_{(219)} = 7.536$, $p < 0.05$). However, no statistically significant difference was found regarding the nature of work ($t_{(219)} = -.628$, $p > 0.05$) and communication ($t_{(219)} = 1.577$, $p > 0.05$), between private and public sector hospitals' health workers.

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Table 5: Summary of descriptive analysis and Independent sample T-test of job satisfaction across private and public sector hospital (N=220).

Facets of job satisfaction	Private hospital		Public hospital		t-test for Equality of Means		
	Mean	SD.	Mean	SD.	T	df	p-value
Pay	3.11	.82	2.62	.87	3.957	219	.000
Promotion	3.11	1.00	2.33	.66	6.814	219	.000
Supervision	3.07	.78	2.63	.75	3.985	219	.000
FB	3.16	.72	2.83	.66	3.387	219	.001
CR	3.62	.68	3.01	.58	6.891	219	.000
OC	3.20	.98	2.32	.72	7.536	219	.000
Coworkers	3.46	.83	4.10	.86	-5.235	219	.000
NW	3.47	.69	3.54	.81	-.628	219	.530
Com	3.17	.55	3.05	.53	1.577	219	.116
Overall JS	3.29	.56	2.94	.41	5.292	219	.000

***. Difference is significant at 0.05 alpha levels (2-tailed), p < 0.05*

d) Job satisfaction across fields of professions.

Table 9 indicates some mean score difference were observed between different fields of profession, health officers had better mean score of job satisfaction (*M=3.48, SD=.63*), followed by physicians (*M=3.35, SD=.54*), midwifes (*M=3.07, SD=.36*), others (*M=3.05, SD=.48*), and anesthesia expert (*M=3.02, SD=.53*), respectively. However, low mean score was observed among nurses (*M=2.94, SD=.41*), and lab technicians (*M=2.70, SD=.09*).

Table 7: Descriptive summary of overall job satisfaction across fields of profession among health workers both public and private sector hospitals (N=220).

Variables	Group	N	Mean	SD.	Min	Max
Profession	Physicians	30	3.35	.54	2.25	4.47
	Health officers	21	3.48	.63	2.50	4.86
	Nurses	82	2.94	.41	2.06	3.50
	Midwifes	27	3.07	.36	2.44	3.89
	Lab technicians	11	2.70	.09	3.00	3.19
	Anesthesia expert	11	3.02	.53	2.06	3.44
	Others	39	3.05	.48	2.0	3.89

Analysis of variance (ANOVA) followed by post hoc test was carried out between job designations and overall job satisfaction. The finding from Table 13, indicates that there is statistically significant difference between job satisfaction and the various fields of profession *F(6,214)=7.430, p <.05*.

Since the result was significant, post-hoc analysis by using Bonferroni test was then carried out. The post-hoc test showed significant difference between some fields of professions as shown in Table 14. The findings indicate that among health workers in South-West Shoa Zone Hospitals, the Physicians and Health officers tend to be moderately satisfied than other fields of professions.

The Physicians are significantly more satisfied than all the other job designations except for Health Officers, Lab technicians, and others, which include psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector. The Health officers are significantly more satisfied than all the other fields of profession except for the Physicians and Lab Technicians. Table 14 also indicates high level of dissatisfaction between Anesthesia experts and some fields of profession as indicated by the large mean difference between Anesthesia experts and Health Officers (mean difference -.77429); and Anesthesia experts and Physicians (mean difference -.65379). High level of dissatisfaction between Nurse and some fields of professions was also obtained by large mean difference between Nurses and Health Officers (mean difference -.53304); and Nurses and Physicians (mean difference -.41253).

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Table 13: Summary of the ANOVA to test whether there is a significant difference between different professional groups on measures of job satisfaction of health workers (N-220).

Variables	Group		Sum of square	Df	Mean square	f	Sig.
Profession	Physicians	Between groups	9.396	6	1.566	7.430	.000
	Health officers	Within groups	45.102	214	.211		
	Nurses	Total	54.498	220			
	Midwifes						
	Lab technicians						
	Anesthesia expert						
	Others						

***. Difference is significant at 0.05 alpha levels (2-tailed), p < 0.05*

Table 10: Bonferroni post-hoc test for job satisfaction and fields of profession.

(I)Profession	(J) Profession	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Physicians	Health officer	-.12050	.13062	1.000	-.5221	.2811
	Nurses	.41253*	.09796	.001	.1113	.7137
	Midwifes	.43755*	.12178	.009	.0631	.8120
	Lab technician	.28763	.16182	1.000	-.2099	.7852
	Anesthesia expert	.65379*	.16182	.002	.1562	1.1513
	Others	.33768	.11149	.058	-.0051	.6805
Health off	Physician	.12050	.13062	1.000	-.2811	.5221
	Nurses	.53304*	.11228	.000	.1878	.8783
	Midwifes	.55805*	.13357	.001	.1473	.9688
	Lab technician	.40813	.17087	.373	-.1173	.9335
	Anesthesia expert	.77429*	.17087	.000	.2489	1.2997
	Others	.45818*	.12426	.006	.0761	.8402
Nurses	Physician	-.41253*	.09796	.001	-.7137	-.1113
	Health officer	-.53304*	.11228	.000	-.8783	-.1878
	Midwifes	.02502	.10186	1.000	-.2882	.3382
	Lab technician	-.12491	.14741	1.000	-.5782	.3283
	Anesthesia expert	.24125	.14741	1.000	-.2120	.6945
	Others	-.07486	.08930	1.000	-.3494	.1997
Midwifes	Physician	-.43755*	.12178	.009	-.8120	-.0631
	Health officer	-.55805*	.13357	.001	-.9688	-.1473
	Nurses	-.02502	.10186	1.000	-.3382	.2882
	Lab technician	-.14993	.16421	1.000	-.6548	.3550
	Anesthesia expert	.21624	.16421	1.000	-.2887	.7212
	Others	-.09987	.11493	1.000	-.4533	.2535
Lab tech	Physician	-.28763	.16182	1.000	-.7852	.2099
	Health officer	-.40813	.17087	.373	-.9335	.1173
	Nurses	.12491	.14741	1.000	-.3283	.5782
	Midwifes	.14993	.16421	1.000	-.3550	.6548
	Anesthesia expert	.36616	.19575	1.000	-.2357	.9681
	Others	.05005	.15673	1.000	-.4319	.5320
Anesthesia	Physician	-.65379*	.16182	.002	-1.1513	-.1562
	Health officer	-.77429*	.17087	.000	-1.2997	-.2489
	Nurses	-.24125	.14741	1.000	-.6945	.2120
	Midwifes	-.21624	.16421	1.000	-.7212	.2887
	Lab technician	-.36616	.19575	1.000	-.9681	.2357
	Others	-.31611	.15673	.944	-.7980	.1658
Others	Physician	-.33768	.11149	.058	-.6805	.0051
	Health officer	-.45818*	.12426	.006	-.8402	-.0761
	Nurses	.07486	.08930	1.000	-.1997	.3494
	Midwifes	.09987	.11493	1.000	-.2535	.4533
	Lab technician	-.05005	.15673	1.000	-.5320	.4319
	Anesthesia expert	.31611	.15673	.944	-.1658	.7980

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*. The mean difference is significant at the 0.05 level.
**.Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).*

e) Association of nine facets of job satisfaction with overall satisfaction

Table 13 shows that there is statistically significant moderate positive relationship between overall job satisfaction and nine facets of job satisfaction ($p < .05$), which indicates that increases in dimension of satisfaction correspond to increases in the overall job satisfaction. Correlation result (table.12) shows except nature of work (*r=.208***) and co-worker relationship *(r=.359**),* the rest seven dimensions have a strong association with satisfaction related to the job which is ranges from *.622* to *.733.* Results also shows that fringe benefit *(.733**)* is the most associated dimension with job satisfaction. Where nature of work *(.208**)* is the least associated dimension with overall job satisfaction among health workers. A significant association also found within some dimensions of the job satisfaction.

Table 12: Correlation Matrix for the nine facets of job satisfaction with overall satisfaction (N=220)

		Pay	Pro	Sup	FB	CR	OC	NW	Cow	CO	OJS
Pay	PC	1									
	Sig.(2-tailed)										
Pro	PC	.574**	1								
	Sig.(2-tailed)	.000									
Sup	PC	.328**	.362**	1							
	Sig.(2-tailed)	.000	.000								
FB	PC	.515**	.567**	.563**	1						
	Sig.(2-tailed)	.000	.000	.000							
CR	PC	.480**	.589**	.502**	.575**	1					
	Sig.(2-tailed)	.000	.000	.000	.000						
OP	PC	.378**	.530**	.546**	.437**	.515**	1				
	Sig.(2-tailed)	.000	.000	.000	.000	.000					
Cow	PC	.135*	-.190**	-.091	.019	-.054	-.243**	1			
	Sig.(2-tailed)	.044	.005	.177	.776	.426	.000				
NW	PC	.000	-.011	.364**	.081	.142*	-.042	.346**	1		
	Sig.(2-tailed)	.998	.876	.000	.230	.034	.535	.000			
CO	PC	.342**	.352**	.403**	.516**	.420**	.234**	.212**	.241**	1	
	Sig.(2-tailed)	.000	.000	.000	.000	.000	.000	.001	.000		
OJS	PC	.682**	.693**	.705**	.733**	.732**	.622**	.208**	.359**	.638**	1
	Sig.(2-tailed)	.000	.000	.000	.000	.000	.000	.002	.000	.000	

** Correlation is significant at the 0.05 level (2-tailed).*
*** Correlation is significant at the 0.01 level (2-tailed).*
*** PC=Pearson Correlation, Pro=Promotion, Sup=Supervisor, FB=Fringe benefits, CR=Contingent reward, OP=Operating procedures, Cow=Co-workers, NW=Nature of work, CO=Communication, OJS=Overall Job satisfaction.*

IV. Discussion

This is a comparative cross-sectional study that aimed at comparing job satisfaction between private and public sector hospital health workers in South-West Shoa Zone, Oromia Regional State. This section presents the results of the statistical analysis in relation to the previous research and literature.

The findings of this study show that health workers working in hospitals at South-West Shoa Zone were moderately satisfied with their job. Interestingly, this finding is similar to that of several other studies conducted on job satisfaction among health workers in Kigali University Teaching Hispital (D'amour, 2012), Malaysia (Roslan, et al, 2014), Iran (Ali-Mohammed, 2004), Rwanda (Nkomeje, 2008).

Of the factors that were investigated in this study, satisfactions with 'co-workers', supervision, 'nature of work', 'contingent reward' and 'communication' had the moderate mean satisfaction rate. However, the mean score of satisfaction with operating conditions pay and promotion showed low level of satisfactions.

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Similarly, Jahrami et al. (2011) reported that health workers in psychiatric hospitals in Bahrain were moderately satisfied with their job. Regarding facets, their finding have found out that health workers had better level of job satisfaction with regard to nature of work, supervision, co-workers and communications as compared to other dimensions of job satisfaction such as pay, promotion, fringe benefits, contingent reward and operating conditions. As this study revealed, the most important factors for health workers' job satisfaction were co-worker relationship and nature of work. Health workers in this survey saw that the tasks and duties of helping others were the major sources of satisfaction.

Dissatisfaction with regard to salaries in this study finding seems to be a common issue that is also evident in a very recent study conducted in West Shoa Zone, Ethiopia (Mengistu & Bali, 2015). Again, this result is partly similar with the result obtained in Bahrain (Jahrami et al., 2011).

With regard to sector differences, the present study indicate that the health workers in private sector feel that their jobs are more comfortable and satisfaction level is quite high as compared to employees working in the public hospitals. In line with these results, consistent findings were obtained. For example, Rana (2014) reported that in Punjab private sector health workers were more satisfied than public sector health workers. Likewise, Pala, et al (2008) also reported that a significant difference in job satisfaction in which private hospitals workers were having higher job satisfaction levels compared to public hospitals. Contrary to this study, Rao & Malik (2012) found out that government healthcare workers are more satisfied with their job as compared to private health workers.

With regard to facets of job satisfaction in the two sectors , the finding of this study divulge that the health workers who were worked in private sector hospital had comparatively better satisfaction than those in public hospital in all dimension of job satisfaction except satisfaction with co-workers. This result partially inconsistent with the result reported by Pillay (2008) which reported private sector health workers were dissatisfied with pay and promotion while health workers from public sector were moderately satisfied with such facets of job satisfaction.

Generally, a statistically significant differences between private and public sector hospital healthcare workers and were obtained for the overall job satisfaction scores and for seven out of the nine dimensions; the only exception was the dimension of nature of work and communication.

Several previous researches suggest that job satisfaction can be influenced by a variety of factors such as personal variables like fields of profession. In line with this, the findings of this study indicated a statistically significant difference on job satisfaction between different fields of profession. Thus, physicians and health officers were significantly more satisfied as compared to other fields of professions. The difference that exists in this study on job satisfaction among fields of profession were similar with the study in Serbia by Aleksandra (2007) which reported a significant difference on job satisfaction between health workers with varied fields of profession, in which physicians were most satisfied with their job than Nurses.

Similar findings were also reported by Roslan et al (2014) indicates in Malaysia Physicians were found to be significantly more satisfied than other fields of profession. The result of present study also agrees with Alemishet, et al. (2011), have found out that nurses were less satisfied than physicians and other fields of professions.

V. Conclusion

This study examined the level of job satisfaction among health workers of government and private hospitals at South-West Shoa Zone, Oromia Regional State. The findings of this study can provide the basis for further research so that valuable insight can be taken in identifying factors to focus on in order to improve job satisfaction. However, the present study has some limitations. First, the cross-sectional study design did not allow determination of the causal relationships among variables. Second, even with the high level of participation in this study, there is a possibility that responses of individuals who did not participate may have differed in some manner from those who did in fact participate. Lastly, the conclusions of this study cannot be generalized to all health workers across Ethiopia, as the different environment and circumstances prevailing in other hospitals may impact on job satisfaction. In spite of these limitations, the following conclusions are drawn on the basis of results obtained:

The level of job satisfaction among health workers in hospitals at South-West Shoa Zone was moderate in general. Regarding facets, they were moderately satisfied with contingent reward, co-worker relationship nature of work, and communication in their workplace. However, they are dissatisfied with the rest six facets of job satisfaction, namely pay, promotion, supervision, fringe benefits, and operating condition. If health workers are not satisfied with their job the tendency to turnover would be very high and even if they are in their job they could not deliver quality service.

Comparatively, the findings of current study showed a significant difference in the level of job satisfaction among health workers in government and private sector. Though private sector hospital's health workers were moderately satisfied with their work but overall the government health workers are poorly satisfied with their work. Further, this study was also found a statistically significant difference among fields of

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profession on job satisfaction. Thus, Physicians and Health Officers are more satisfied than Midwifes, Nurses, Anesthesia expert, Lab technicians and others (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).

VI. Recommendations

The purpose of this section is to lay emphasis on several recommendations drawn from the present study. The aim of these recommendations is to discover new ideas to enhance job satisfaction there by describing factors associated to job satisfaction among healthcare employees at South-West Shoa Zone. Thus, the federal government and administrating bodies of private sector should improve such factors on the way satisfies health workers. Moreover, Since health workers in private and public sector hospitals at South-West Shoa Zone were dissatisfied with their pay, promotion, supervision, fringe benefits, and operating procedures, the government of Ethiopia specifically Ministry of Health and the administrative bodies of the private sector hospital should understand the importance of implementing appropriate salaries, supervision, fringe benefits, operating procedures and fair promotion.

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Identifying Predisposing Causes and Consequences of Child Headed House hold in the Case of Wolaita Sodo Town

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Abstract- The main objective of the study is to explore predisposing factors, attitude and consequences of child headed house hold from both community member and the children perspective. To do so, a quantitative design was employed. Th e study was conducted in purposely selected five places in Wolaita sodo town. The required data were gathered from hundred respondents: fifty child headed house hold children and fifty community members. The main findings of the study show that Poverty, parental death, family conflict and large family size were predisposing factors for being child headed; the child headed house hold children have negative attitude or lower self-esteem towards themselves and Hopelessness, poorness, homelessness, migrates were found to be the consequences of being child headed house hold.

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Identifying Predisposing Causes and Consequences of Child Headed House hold in the Case of Wolaita Sodo Town

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Abstract- The main objective of the study is to explore predisposing factors, attitude and consequences of child headed house hold from both community member and the children perspective. To do so, a quantitative design was employed.

The study was conducted in purposely selected five places in Wolaita sodo town. The required data were gathered from hundred respondents: fifty child headed house hold children and fifty community members. The main findings of the study show that Poverty, parental death, family conflict and large family size were predisposing factors for being child headed; the child headed house hold children have negative attitude or lower self-esteem towards themselves and Hopelessness, poorness, homelessness, migrates were found to be the consequences of being child headed house hold.

I. Background of the Study

Among various rights, a child has the right to be raised in a manner which provides him/her with the best possible development of his/her personality. Regarding such a right, there is a global consensus that this upbringing is (in principle) the primary responsibility of the child's parents. In this regard, a distinction should be made between biological and moral parenthood (UNICEF, 2004). The former refers to the genetic or natural parents via birth while the latter supposes someone who gives care, love and understanding.

Thus, providing care, love and understanding is not restricted only to the biological parent, but can also be achieved by (a form of) foster parenting, adoptive parents, relatives or in a residential institution. This presupposition (i.e the right of a child to receive care by means of either biological or moral parenthood) is found in Principle 6 of the 1959 Declaration and proclaims of child conventional law (UNICEF, 2003).

In spite of this fact, however, Africa in general and Ethiopia in particular is home to millions of children without adequate parental care or access to suitable alternative care. As a result, numerous children are forced to face the responsibility to head the household in early stage.

Previously, child headed households were not common in African continent. This is not since there was no children who lost their parents but because the African traditional of family system provided a sense of belonging, security, social and safety net to support its members at all times (Barnett and Whiteside 2002). The extended family networks had a role to take a care for all children. Consequently, the children who lost their parents were taken and grown by their aunties, uncles and even grandparents even in the worst scenarios as their own children.

Unfortunately, this tradition has been vanished due to different factors: Labour migration, urbanization, westernization and change in economic system. Due to this fact, the traditional safety net can no longer cope and this had led to calls for support from external sources other than the family and individual community (Nelson Mandela children's fund, 2001). In addition, civil wars, poverty, poor agricultural production, diseases (most importantly HIV/AIDS pandemic) and meager resources, the common features of most African countries, have rendered the traditional system incapable of still continuing to serve its people as it did many years ago (Barnett and Whiteside 2002). Due to these and other various reasons, children are being left to fend for themselves from a very early age in life and without a properly functioning welfare system. Because of these, some of the children end up on the streets in urban cities. These children are exposed for many problems like early marriages, poor nutrition and poor health. (UNICEF, 2003).

Other children are also forced to shoulder family responsibility at early age. In recent years, the international community has started to view child-headed households – in which a child has taken over the majority of responsibilities of the main caregiver – as a form of alternative care. The survey indicated; in Sub-Saharan African, nearly 90% of the orphaned children have in the past been cared for by members of the extended family. However, with the rapid increase of orphans, this traditional system of support has been overwhelmed. Therefore, there is a significant rise of child headed households. This is because their relatives have no capability to care for these children when they themselves are languishing in poverty. It is estimated that more than 80% of all child headed households are located in sub-Saharan Africa (UNICEF, 2003).

There are several definitions of child headed households but a more practical definition as noted in a study by Tsegaye (2007) is "a household which is

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headed by a person under 18 years old and who is taking care of the household and other siblings." The children of child headed households are not however necessarily orphans since their ailing parents may live with them but needs care. There could be other adults staying in a child Headed Household .These adults may include old grandparents, disabled uncles/aunts, or even some other adult relatives who are not responsible for the household. Children in child headed households experience hardship in meeting their daily needs. This leads them in leading a distressful life: full of uncertainty and anxiety. Thus, there is a need to create more opportunities accessible to these children and creating enabling environment where they can make better their socio-economic conditions. It is also evident that they need a significant psychological support from the others in their immediate environment, such as teachers, extended family members, church leaders and community leaders (UNICEF, 2003).

Like many other sub-Saharan countries, Ethiopia faces large and growing numbers of child household heads. The study conducted by Tsegaye (2007) particularly indicated there is many children who are exposed to child headed households in South Nation Nationalities of Ethiopia. This experience is common in this region due to various factors.

II. Purpose of the Study

The aim of this study is therefore to investigate factors of child headed households and its practical consequence on their life. The study as a result identified how children become house holder and ascertain how child household heads affected by changed life circumstances

In 2005, Ethiopia had the fourth largest orphan and child house holder population in sub-Saharan Africa. More than five million children aged 17 or younger, more than 6% of the total population, were one-parent or double orphans. Approximately 2.4 million were maternal orphans, 3 million were paternal orphans, and more than 600,000 were child headed householder (TSEGAYE, S. 2008). AIDS-related deaths accounted for 530,000 maternal orphans and 465,000 paternal orphans. Approximately 77,000 households were headed by children. It was also estimated that 18% of all Ethiopian households are caring for at least one orphan (UNAIDS. 2010). Thus, an attempt will be made in this study to investigate factors of child headed households and its consequences on their life.

III. Objective of the Study

a) General objective

The general objective of the study is to investigate factors of child headed households and its psychosocial challenges in their life.

b) Specific objective

The Specific objectives of the study are to:

- ✓ Identify causes of child headed household.
- ✓ Express the consequences of child headed household.

c) Significance of the study

The study is hoped to contribute to social transformation in general and child empowerment in particular. This is because the research strives to enhances pre- prevention of factors of child headed households and minimize the impacts/challenges/ consequences by mobilizing the communities to maintain the indigenous culture of family system which provide a sense of belonging, security, social and safety net to support its members at all times. The study is also expected to generate practicable and doable ideas for preventing child headed household which is becoming a social problem in Ethiopia as well as in Wolaita zone. The strategy of pre-prevention of factors for this social crisis (child headed household) and managing its impacts/challenges/ consequences by indigenous culture is cost effective and ensures social transformation for lower income countries like Ethiopia.

d) Delimitation of the Study

This study will be delimited on children who take the role of parents and take of their sibling and other family members. Moreover though being a child headed household follows so many challenges this study will concentrate on its psychosocial consequences. Lastly the study will also geographically delimited on Wolaita Sodo Town

IV. Methods of the Study

a) Research design

The main objective of this study is to investigate predisposing factors attitude, consequences of child headed household. To achieve this objective, a quantitative design was employed.

b) Research site

The SNNPR (South Nations and Nationalities People Region)is an extremely ethnically diverse region of Ethiopia, inhabited by more than 80 ethnic groups, of which over 45 (or 56 percent) are indigenous to the region (CSA 1996).Wolitasodo town was selected as a general research site since it is the catchment area of WSU (Wolaita Sodo University) and it is seen that there are a number of children who help their siblings in the town. Five places called "BekeleMola, Menaheria, ArogeArada, Geberna and Otena" where many child headed house hold children found were selected purposefully

c) Population, sample selection and size

The target population for this study was children of 8-18 years among child headed households.

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However, community members lived nearby them were also taken as part of the population. In order to select the participants of the study, a non-probability, purposive sampling design was used.

The rational of applying purposive sampling to select participants are to pick participants who are aware of the phenomenon and able to explain their observable fact. Moreover, purposive sampling implies good judgment and acceptable approach. Thus, the researcher can credibly and intentionally include the sample participants who give in-depth information on the investigated issues.

The researchers selected fifty children who are living and working for their survival. Thus, the researchers purposively focused on the children who are struggling to manage their sibling's life financially, socially and psychologically. Moreover, another fifty participants who are nearby the child headed house hold were randomly selected. Thus, all in all one hundred participants were selected as a data source for this study.

d) Data gathering Technique

Questionnaire was employed in gathering the required data. The questionnaire was divided in to four sections. The first section was intended to gather back ground information about the participants of the study. The remaining three sections were focusing on predisposing factors, attitude and consequences of child headed house hold respectively. The questionnaires' item was designed in Amharic version since the majority of the respondents can communicate with this language.

e) Piloting in Developing Data Collection Instruments

Tentative survey questionnaire was made based on reviews and provided for professional to have their comments. Taking the feedback and comments of the experts from different disciplines, the items were further piloted by 20 randomly chosen respondents of child head house hold and community member. Ten were taken from each group.

Moreover, the items were scrutinized by other experts' comments and checked their reliability and validity statistically. Accordingly, to check the reliability of the study's quantitative data instrument, Statistical Package for Social Sciences (SPSS) was also used. It helped the researcher to see the internal consistency. Accordingly, a Cronbach Alpha coefficient greater than 0.795, was computed. This shows valid internal consistency of the items. The content validity was also approved by the expertise's comments

f) Data Collection Process

The data collection of the study was managed efficiently since the paves were crystal clear via piloting process. To manage the data collection process, the researchers had passed three phases.

In the first phase, good rapport was retained with participants of the study. The rapport was established by having services from the child headed house hold and their nearby community members. During this time, the places many child headed house hold found were identified.

In the second phase, the researchers went to the identified places and took the services as it was done in the first phase to maintain the rapport. And it was done successfully. During this phase, twenty data collectors were identified: ten from child headed house hold and ten from community member. Accordingly, the child headed house hold data collectors collected from their friends so do the community members. Each of them collected data from five participants.

At the last stage, so as to make the survey data collectors successful in their duties and generating the necessary data, the collectors were given an orientation how they manage the data collection. They were also paid per paper. The orientation focused on the objectives and contents of the survey questions and the responsibilities of the data collectors. After the orientation, they were requested to read the question-naire and discuss with their mate and ask the researchers any questions if they have had. This helped them to develop a general understanding of the questionnaire. It (the survey's data collection process) was managed in such away.

g) Data Analysis Process

The major concern of structured survey questionnaire was for gathering cross-sectional information on the predisposing factors, attitude and consequences of child headed house hold. To this end, data were gathered and analyzed statistically using SPSS. The data were described in percentile

V. Results and Descriptions

In this section, an attempt is made to describe results obtained from descriptive method of data analysis: frequencies. The Specific objectives of the study were to:

- ✓ Identify causes of child headed household.
- ✓ Express the consequences of child headed household.

In answering the above research questions, as indicated in the commencing part of the chapter, frequency method of data analysis was employed.

a) Causes of child headed household

In this section results found from participants about factors which force children to be headed are presented as follows.

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Table1: Predisposing Factors of Child headed House hold on communities' side

Item	Options						
A child is being child headed household by…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Parental death	N	6	7	3	11	23	50
	%	12	14	6	22	46	100
Poverty	N	3	9	2	24	22	50
	%	6	18	4	28	44	100
HIV/ADIS	N	8	18	7	14	3	50
	%	16	36	14	28	6	100
Family Conflict	N	6	21	2	15	6	50
	%	12	42	4	30	12	100
Migration	N	7	24	2	10	7	50
	%	14	48	4	20	14	100
Natural Disaster	N	11	22	3	9	5	50
	%	22	44	6	18	10	100
Large family size	N	3	10	10	10	17	50
	%	6	20	20	20	34	100
Absence of School	N	9	23	5	8	5	50
	%	18	46	10	16	10	100

To identify the Predisposing causes for being child headed household, the community member were asked to disclose their position via rating their disagreement or agreement as well as their indecisiveness. The predisposing factors proposed in showing their status were parental death; poverty; HIV/ADIS; family conflict; migration; natural disaster; large family size and absence of school.

Accordingly, the majority of respondents (68%) agreed parental death as a predisposing factor for being child headed while only 26% declared their disagreement. Likewise, regarding the other factor, poverty, the highest number of the respondents (72%) agreed about its impact for exposing children for being child headed household while a few respondents (24%) disagreed. In the similar vein, more than half of the respondents (54%) agreed on large family size as a predisposing factor while 26 % of them stood on its contrary.

However, the respondents indicated their disagreement regarding other predisposing factors. As far as HIV/ADIS is concerned, more than half of the participants (52%) noted their disagreement while only 34% agreed. Similarly, 54 % of the respondents dis - agreed with the assumption that family conflict caused child to be child headed household. Regarding, migration, natural disaster and absence of school, as predisposing factors of being child headed household, 62%, 66% and 63% disagreed respectively while 34%, 28% and 26% indicated their agreement in that order.

Based on the above figures, it can be stated that parental death, poverty and large family size lead children to be child headed household. As a result, to reduce the number of child headed household, initiatives on parents' health, income generative activities and reproductive health especially on promoting contraceptive which goes with their health status should be done.

Table 2: Predisposing factors of child headed house hold from the child side

Item	Options						
A child is being child headed household by…		Strongly Disagree	Disagree	Undeci ded	Agree	Strongly Agree	Total
Parental death	N	2	8	2	8	30	50
	%	4	16	4	16	60	100
Poverty	N	1	2	1	3	43	50
	%	2	4	2	6	86	100
HIV/ADIS	N	10	17	8	6	9	50
	%	20	34	16	12	18	100

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Family Conflict	N	5	13	3	15	14	50
	%	10	26	6	30	28	100
Migration	N	11	16	8	7	8	50
	%	22	32	16	14	16	100
Natural Disaster	N	9	24	5	5	7	50
	%	18	48	10	10	14	100
Large family size	N	1	5	2	14	28	50
	%	2	10	4	28	56	100
Absence of School	N	12	27	5	3	3	50
	%	24	54	10	6	6	100

To identify the Predisposing factors for being child headed household, they themselves were asked to disclose their position via rating their disagreement or agreement as well as their indecisiveness. Such data seem very crucial since they are considered as a first hand information, live data. The predisposing factors proposed in showing their status were parental death; poverty; HIV/ADIS; family conflict; migration; natural disaster; large family size and absence of school.

Accordingly, as displayed in Table 4.6., the majority of respondents 86%, 60%, 58% and 56% agreed poverty, parental death, family conflict and large family size as predisposing factors for being child headed respectively. However, the respondents indicated their disagreement regarding other predisposing factors. As far as HIV/ADIS is concerned, more than half of the participants (54%) noted their disagreement. Similarly, 54 % of the respondents disagreed with the assumption that migration caused child to be child headed household. Regarding natural disaster and absence of school as predisposing factors of being child headed household, 66% and 78% disagreed respectively.

The above figures indicated there are both compatibility and incompatibility between child headed household and community member. As far as parental death and poverty, and large family size as pre-disposing factors are concerned, compatibility was proved since both the community members and child headed house hold agreed. Both of them also disagreed on the statement "HIV/ADIS; natural disaster and absence of school are causes for being child headed house hold". To the contrary, incompatibility was found regarding two factors: Family conflict and migration. The child headed house hold children agreed as they are predisposing causes while the community member disagreed.

From this reality, it can be presumed that the child headed house hold children did not disclose the reality for the community member whom they live nearby. This is because, if the community member knew that the child headed house hold children are exposed to this life due to family conflict, they would force the children to re-unite with their family. The children seem fear this coincidence and hide the real predisposing cause for their existing life to the community members.

Based on the above figures and presumption, it can be stated that parental death, family conflict, large family size including family conflict lead children to be child headed household. As a result, to reduce the number of child headed household, initiatives on parents' health; income generative activities, family communication and reproductive health especially on promoting contraceptive which goes with their health status should be done.

b) Consequences of child headed household

In this section results found from participants about consequences of child headed household is presented as follows.

Table 3: Consequences of child headed house hold from child side

Item	Options						
Due to my being child headed house hold, I am…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Hopeless	N	7	8	3	18	14	50
	%	14	16	6	36	28	100
Poor	N	3	4	0	4	39	50
	%	6	8	0	8	78	100
HIV Patient	N	15	17	6	4	8	50
	%	30	34	12	8	16	100
`Naughtier	N	15	21	2	5	7	50
	%	30	42	4	10	14	100
Homeless	N	1	18	1	9	21	50

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	%	2	36	2	18	42	100
Migrant	N	0	3	0	17	30	50
	%	0	6	0	34	60	100
Discriminated	N	9	0	1	19	21	50
	%	18	0	2	36	42	100
Illiterate	N	1	28	0	12	9	50
	%	2	56	0	24	18	100

To identify consequences of being child headed household, the child headed household children were asked to indicate their views towards themselves. To this end, the respondents were asked their position: disagreement, indecisiveness or agreement, for the statement " Due to my being child headed house hold, I am hopeless, poor, HIV patient, naughtier, homeless, migrant, discriminated and illiterate".

Almost the majority of the respondents associated their position as a result of being child headed household. Accordingly, 64%, 86%, 60%, 90% and 78% of the respondents agreed they are hopeless, poor, homeless, migrant and discriminated respectively due to being child headed household while 64% and 72% of the respondents disagreed with the association of HIV patient and naughtier respectively with being child headed household.

As of the preceding sections, an attempt was made to indicate the compatibility and incompatibility of community member and child headed household children as far as consequences of being child headed household. Most of the compatibility was did lay on their disagreement on the idea that being child headed household children causes being HIV patient, discriminated and illiterate though they both agreed on the concept being poor is caused by being child headed house hold. Regarding other constructs: hopelessness, migration, homelessness, discrimination, the community members and child headed household children were found incompatible. While the community members disagreed on the idea these constructs were the consequences of being child headed house hold, they children under the position of child headed house hold agreed as the aforementioned constructs are their realities due to their being child headed house hold.

From the above controversies, it is possible to presume that the child headed household children allied almost all the challenges with their being child headed house hold. The challenges might be faced by probably with most of the people who lived in developing countries, like Ethiopia in general and Sodo town in particular.

Table 4: Consequences of Child headed House Hold communities' side

Item	Options						
child headed house hold thought due to their status they are…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Hopeless	N	11	20	3	7	9	50
	%	22	40	6	14	18	100
Poor	N	3	9	7	14	17	50
	%	6	18	14	28	34	100
HIV Patient	N	9	19	9	7	6	50
	%	18	38	18	14	12	100
`Naughtier	N	9	24	7	4	6	50
	%	18	48	14	8	12	100
Homeless	N	9	16	2	9	14	50
	%	18	32	4	18	28	100
Migrant	N	1	11	2	11	25	50
	%	2	22	4	22	50	100
Discriminated	N	5	25	5	4	11	50
	%	10	50	10	8	22	100
Illiterate	N	6	25	5	5	9	50
	%	12	50	10	10	18	100

To identify Communities perceptions about child headed household views towards themselves; the respondents were asked their position for the statement "child headed house hold thought due to their status they are hopeless, poor, HIV patient, naughtier, homeless, migrant, discriminated and illiterate".

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Only 60% of respondents agreed on the statement "child headed house hold thought due to their status they feel as they poor." Regarding other constructs, the community members indicated their disagreement. To described vividly, 52%,56%,66%, 50%, 60% and 62% of the respondents disagreed on the concept hopeless, HIV patient, naughtier, homeless, migrant discriminated and illiterate respectively.

The above data, as of its preceding, indicated the community members' perception about child headed house hold views towards themselves is not appalling to lead terrible life.

VI. Discussions

The main purpose of the study was to investigating predisposing factors and consequences of Child headed House Hold. To this end, specific objectives were designed. The first specific objective and its replica, first research question, were intended to identify the predisposing factors of child headed household. Accordingly, parental death, poverty, large family size and family conflict were found as predisposing factors for being child headed house old. Regarding these, scholars in the field of development psychology, examined the family, economy, and political structure as influencing development into adulthood (Gow, & Desmond, 2002). The scholar stated this to explain how child growth and development is affected by everything in their environment as of the aforementioned predisposing factors: parental death, poverty, large family size and family conflict.

The intention of the third specific objective and its reproduction research question is to identify the consequences of being child headed household. Accordingly, almost all of the child headed households children agreed the prevailing reality, according to them, hopelessness, poorness, homelessness, migrates are caused by their position, being headed house hold children.

Following the death of their parents, children must make the adjustment from being a child to being the head of a household, an adjustment that carries many challenges. According to (Gow, & Desmond, 2002). adjustment, including the feeling of having lost one's childhood and sense of self with the attendant feelings of deprivation; of responsibility towards one's family (younger siblings)and the obligation to take the place of the deceased parents; of being abandoned by extended family members who they feel should be taking responsibility for them; of concern for surviving in the face of economic hardship; of grappling with multiple and competing responsibilities; and of helplessness and uncertainty about personal safety, family disintegration and discipline.

A study of child-headed households in India similarly reported that the adjustment of children into the household head role was very challenging (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006).

Common, among youth (aged 13-24) who headed households in Rwanda Of interest, "heads of household who reported higher levels of depressive symptoms, social isolation, and/or lack of adult support were also more likely to report that children under 5 in the home were showing more signs of socio emotional disruption" (Nkomo's , 2006).

VII. Conclusion

Based on the above results and their descriptions as well as discussions, the following conclusion is drawn:

- Poverty, parental death, family conflict and large family size was identified the predisposing factors for being child headed.
- Hopelessness, poorness, homelessness, migrates were found the consequences of being child headed house hold.

VIII. Recommendation

Based on the findings of the study, the following recommendations are put forwarded.

- Agricultural extension workers in the country side ; micro finance enterprises in town and other non-governmental organizations should teach the parents of child headed house hold in empowering them in income generative activities
- Health extension workers, nurses and other health professionals should provide health education in efficient manner to reduce the mortality of child headed house hold children's parents.
- The health professionals should also provide effective education on the employment of contraceptive
- School teachers and social workers should make reconciliation while family conflict is happened as well as provide counseling for child headed house hold children to enhance their self-esteem and have bright future via acquiring positive attitude towards themselves.
- More research needs to be done on child headed house hold from their parents perspective.

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PERMA-based Perspectives on Sports – Designing New Ways To Support Well-Being In Finnish Junior Ice hockey Players

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Abstract- Ice hockey is a very popular hobby among Finnish boys. However, there are concerns over these young athletes' well-being. In this article, we discuss the offerings of positive psychology to sports. How to use positive and strength-based approaches to enhance well-being and joy of playing among junior ice hockey players? We introduce our ideas based on the development work in collaboration with the Finnish Ice Hockey Association and our earlier research on the theme. Martin Seligman's PERMA theory serves as the theoretical basis of our research. According to the theory, well-being is construct of five elements: positive emotions, engagement, relationships, meaning, and accomplishment, that we operationalize into practices to be used in junior ice hockey. The theoretical review shows that operationalizing the PERMA theory offers a fruitful way of combining the scientific and theoretical expertise with the knowledge about ice hockey (or any sports) in practice. Our goal is to achieve significant results and success stories that do not only tell about success in sports such as ice hockey, but as positive development as players and persons in general.

Keywords: positive psychology, perma, well-being, ice hockey, coaching, Finland, positive development.

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PERMA-based Perspectives on Sports – Designing New Ways To Support Well-Being In Finnish Junior Ice hockey Players

Satu Uusiautti [α], Eliisa Leskisenoja [σ] & Sanna Hyvärinen [ρ]

Abstract- Ice hockey is a very popular hobby among Finnish boys. However, there are concerns over these young athletes' well-being. In this article, we discuss the offerings of positive psychology to sports. How to use positive and strength-based approaches to enhance well-being and joy of playing among junior ice hockey players? We introduce our ideas based on the development work in collaboration with the Finnish Ice Hockey Association and our earlier research on the theme. Martin Seligman's PERMA theory serves as the theoretical basis of our research. According to the theory, well-being is construct of five elements: positive emotions, engagement, relationships, meaning, and accomplishment, that we operationalize into practices to be used in junior ice hockey. The theoretical review shows that operationalizing the PERMA theory offers a fruitful way of combining the scientific and theoretical expertise with the knowledge about ice hockey (or any sports) in practice. Our goal is to achieve significant results and success stories that do not only tell about success in sports such as ice hockey, but as positive development as players and persons in general.

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I. Introduction

Finland is one of the top countries in ice hockey, and the sport is, indeed, the most popular one among the Finns. However, our research group was contacted by junior ice hockey coaches who expressed their concern over Finnish boys' performance-oriented, (too) serious attitudes toward playing, attrition, and other problems showing the malaise among young men. Even though this contact was somewhat surprising to us, we knew that joyless labor in direction of goals in sports had been noted already decades ago to be a feature common to especially boys and men (e.g., Duda, 1988; see also Curran, Hill, Hall, & Jowett, 2015). The basis of our viewpoint lays in positive psychology that offers positive and strength-based approaches to various areas of life and are already somewhat known in sports for example in the USA and Australia (Wu, 2014)—but have not yet found their way in the Finnish coaching culture. In this article, we will introduce our ideas based on the development work in collaboration with the Finnish Ice Hockey Association and our earlier research on the theme (Leskisenoja, 2016; 2017; Leskisenoja & Uusiautti, 2015; 2017; Uusiautti & Määttä, 2014; 2015; Uusiautti, Määttä, & Leskisenoja, 2016).

The relevance of our research does not only emerge from coaches' notions and practical experiences, but also from wide well-being surveys (see e.g., National Institute for Health and Welfare, 2015; OECD, 2016) show that especially the well-being level among boys is continuously worrying. In Finland, the differences in well-being between girls and boys have actually increased meaning that boys perform worse at school, do not engage to education as well as girls, and are in greater danger of dropping out and exclusion. On the other hand, having a sportive hobby gives a better chance to find sources of well-being in life: infrequent participation in sports, a low grades in school sports, and poor school achievements in adolescence are associated with physical inactivity in adulthood (Tammelin et al., 2003). Youth sport participation is connected with several general indicators of development, including identity development, personal exploration, initiative, improved cognitive and physical skills, cultivating social connections, teamwork and social skills (Hansen, Larson, & Dworkin, 2003; see also Lerner, 2009). In addition, socio-economic statuses influence our participation in sports: while low income may prevent participation in costly hobbies, studies have also shown differences in reasons for choosing a hobby (Laakso et al., 2006). Those with low education are more likely to find team spirit, excitement provided by sports, and experiences of success that take place outside the school environment important while those with high education may find health effects the most important reason for sports (Borodulin, 2008).

At the level of junior ice hockey where players are around age 10-13 years old, the lack of well-being oriented training may actually lead to negative development, stress, and for example, decrease in self-esteem (Jewitt, Hall, Hull, & Curran, 2016; Malina, 2010; Merkel, 2013; Patel, Omar, & Terry, 2010; Scanlan, Babkes, & Scanlan, 2005)—which may have far-reaching effects in children's lifespans. On the other hand, the quality and skills of maintaining social relationships in sports should be better noticed because they are one of the most important elements of children's well-being and positive development (Goswami, 2012; Holder & Coleman, 2009). Especially,

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when we think about team sports, such as ice hockey, the social element becomes even more critical: at its best, a team sport can support the development of social skills (Ferguson & Shapiro, 2016; Merkel, 2013), and team spirit, friendships, and membership in a group (Fletcher, Nickerson, & Wright, 2003; Mahoney, Larson, Eccles, & Lord, 2005; Merkel, 2013). Having a sportive hobby prevents exclusion (Roberts, 2004; Saunders, 2008). In addition, organized sports activities include many factors enhancing positive development, such as increased visioning, self-efficacy, and initiative (Murphy & Johnson, 2011). These skills and abilities are important for the future. And yet, the various elements of well-being from a positive psychological perspective are still less studied in the context of junior sports (cf. Wu, 2014).

The purpose of the Finnish Ice Hockey Association is to develop coaching so that it would enhance children and youth's holistic development as persons, athletes, and ice hockey players. The impact of supportive relationships with adults and role models are essential in bringing about positive developmental outcomes (Vella, Oades, & Crowe, 2011). Coaches can have a critical role in facilitating positive athlete outcomes and enhancing strengths, self-esteem, and other personal resources (Fraser-Thomas, Cote, & Deakin, 2005). Currently, coaching applies various methods of physical training and traditional psychological training (e.g., Kunnari, Määttä, & Uusiautti, 2013; Nikupeteri, Uusiautti, & Määttä, 2014). However, knowledge about positive development and well-being is needed. Our purpose is to approach this gap in research. According to our understanding, methods that can enhance the development of well-being skills in leisure activities may well be the best way of helping all children in many ways (Donaldson & Ronan, 2006; Gadermann et al., 2016; Leskisenoja, 2016; Mcmahon et al., 2017). A research-based approach to promote well-being in children outside school environment and inside those contexts that matter to children during their voluntary free-time activities can show a way of influencing a great number of children and make participation in sports more meaningful also to those children who have not find them interesting or valuable to them earlier. In their own hobby environment, children are presumably more interested, open, and receptive to the contents of well-being focused methods and practices than, for example, in schools (see e.g., Barker & Weller, 2003)

We will describe this theoretical approach in greater detail in the next chapter. Then, our purpose is to explore more closely Seligman's (2011) well-being theory called "PERMA" and its possible application in sports. The main question this article will answer is as follow: What are the theoretical prerequisites of enhancing well-being through sports by applying the PERMA theory?

II. Well-Being Based Theoretical Approaches To Sports

Research has showed that positive experiences are connected to success in various areas of life (Cohn & Fredrickson, 2009; Hyvärinen, 2016; Lopez, Teramoto Pedrotti, & Snyder, 2015; Lyubomirsky, Sheldon, & Schkade, 2005; Mahoney et al., 2005; Määttä & Uusiautti, 2012; 2017; Uusiautti & Määttä, 2015), including sports. In order to find physical activities pleasurable and meaningful, people need successes and positive emotions related to their doing. Sport psychology is a field that is especially interested in human behavior in sports and physical exercising (Matikka & Roos-Salmi, 2012; Nikupeteri et al., 2014), and is connected with training psychology, too (e.g., Lintunen et al., 2012; Orlick & Partington, 1988; Silva III, Conroy, & Zizzi, 1999). Training psychology is actually a wider concept, referring to a more holistic process of training including community-, group-, and individual-level solutions of training that support well-being and personality development in sportsmen and -women at all levels of performance (Nikupeteri et al., 2014). Training psychology can also refer to the training of psychological skills that are needed in sports-related mental stress situations (Lintunen et al., 2012).

As physical training, also psychological training happens in daily practices (Weinberg & Gould, 2007). Lintunen et al. (2012) divide psychological training into (1) training that supports mental well-being, (2) teaching of mental skills or techniques, and (3) treatment of mental problems. The ultimate goal is to provide a mental basis for high performances in sports, which is the main difference between training psychology and sport psychology. Matikka (2012) defines that sport psychology is interested in human behavior in sports without the purpose of high achievements (see also Cox, 2012; Driskell, Copper, & Moran, 1994).

However, the elements of positive psychology are just about to come a part of sports and training. Next, we will introduce some of the useful viewpoints that help understanding the basis of positive human behaviors and development in this sense.

First, well-being can be viewed from the perspective of one's agency in volitional doing, self-determination (Wehmeyer, Little, & Sergeant, 2009). Participation in physical training is this kind of area of human agency where the sense of personal empowerment is at the core in terms of "knowing and having what it takes to achieve goals" (Wehmeyer et al., 2009, p. 357). In Ryan and Deci's (2000a; 2000b) well-known self-determination theory, the main basic psychological needs of competence, autonomy, and relatedness occur positively or negatively based on the level of support one receives from one's social context (see also Little et al., 2002). Recent research has added constructs of positive psychology, such as hope and life

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satisfaction, to self-determination research (Wehmeyer et al., 2009). In the field of sports research, self-determination theory is mainly used for exploring the nature of positive motivational states in sports and physical education in schools (e.g., Hagger & Chatzisarantis, 2007; Wang et al., 2002).

Duckworth (2016) has also been interested in what makes people determined and successful in what they are doing. She concluded that high achievers have high levels of passion and perseverance, and created the GRIT theory that illustrates that to be successful, something more than just talent is required (cf. also Lahti, 2014). Sport-specific engagement is related to how "gritty" athletes are (see Larkin, O'Connor, & Williams, 2016).

In addition to determination, passion, perseverance, and talent, success in sports requires athlete engagement, a specific concept describing engagement in sports. Here, the coaches' role can be quite extraordinary, as Curran et al.'s (2015) study showed. They studied how coach behaviors could enhance positive experiences in youth sport by examining relationships between the motivational climate and athlete engagement. Engagement was described with positive states such as confidence, dedication, enthusiasm, and vigor. Positive support for engagement is, therefore, crucial but for those, who strive for perfect performances, athlete engagement can turn into negative spiral leading to, for example, burnout (Jewitt et al., 2016).

In her research, Dweck (2012) identified two distinct ways in which people view their talents and abilities. Individuals with a fixed mindset believe that their talents and abilities are static and fixed – people are born with a certain amount of intelligence or strength, and there is little they can do to change this. In this mindset, athletes may become so concerned with being and looking talented that they never achieve their full potential (Dweck, 2009). In contrast, a growth mindset corresponds with the belief that the talent and abilities can be developed and that effort, practice and instruction are essential components of success (Dweck, 2012). Research has shown that a growth mindset fosters a healthier attitude toward practice and learning, a hunger for feedback, a greater ability to deal adversity and setbacks and better performance and psychological wellness over time (e.g. Dweck, 2012; Golby & Wood, 2016; Rattan, Savani, Chugh, & Dweck, 2015; Yeager et al., 2016). Coaches' mindsets matter as well. A growth mindset coaches present sport skills as acquirable, value passion and effort, foster teamwork and team spirit and present themselves as mentors, not just talent judges (Dweck, 2009). College soccer players who believed that their success was a result of effort and practice performed better over the next season. Athletes who thought that their coaches prized effort and hard work more than natural ability were even more likely to have a superior season (Dweck, 2007).

The aforementioned theories introduce various positively oriented viewpoints to sports. They analyze the relationship between certain human strengths and characteristics and their performances and development in sports. As we can see, the fundamental idea in these illustrations is how to enhance people's performances in sports, how to make them succeed better and better, and how to achieve top performances. Now, although we realize, too, that sports is about performing and that those who seriously train are mainly interested in how to improve their performances. However, we take a different stand on sports here: by applying a holistic theory of well-being, our purpose is to increase young (and older) people's flourishing—which will include better performances, too, but the main focus is on the balanced development as a person and as an athlete. In the next chapter, we will describe this theoretical approach.

III. How to use Perma in Sports?

Seligman's (2011) well-being theory is about the foundations of human flourishing that can happen in anyone and in any area of life. Thus, it provides a perspective to flourishing in sports without limiting it within the traditional sports psychological approaches or having a goal-centered and performance-oriented focus (see Wu, 2014). This is important to our research because the ultimate purpose is to provide children—through their ice hockey or other sports hobby—with skills of well-being that promote their success not only in sports but other areas of life in a healthy way.

The PERMA theory serves as the theoretical basis of our research among junior ice hockey players and their coaches (see also Leskisenoja, 2016; Uusiautti & Määttä, 2015; Uusiautti, Määttä, & Leskisenoja, 2016). According to the theory, well-being is construct of five elements: positive emotions, engagement, relationships, meaning, and accomplishment.

a) Positive emotions

Participation in sports and physical training can provide people with numerous different positive emotions, such as joy of winning and achieving goals, excitement, or appreciation of excellence in oneself and others (see also Wu, 2014). Positive emotions are associated with broadened cognition, enhanced awareness and the ability to solve problems more effectively. They also undo lingering negative emotions, build resilience and help people to bounce back from negative emotional experiences. (Cohn & Fredrickson, 2009; Fredrickson & Kurtz, 2011.)

Positive emotions form the cornerstone of our well-being, lead us to successes (Lyubomirsky, King, & Diener, 2005), and support our holistic, positive development (Cohn & Fredrickson, 2009; Mahoney et

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al., 2005). They have also a main role in prediction of success in sports (Donaldson & Ronan, 2006; Tabeian, Zaravar, Shokrpour, & Baghooli, 2015). On the other hand, sport participation seems to be an excellent way to experience psychosocial health, well-being and general quality of life (Allender, Cowburn, & Foster, 2006; Fletcher, Nickerson, & Wright, 2003; Merkel, 2013). Positive emotions are also connected to positive relationships and positive atmosphere, which are quite significant for success and thriving in sports (Carr, 2011).

Our purpose is to operationalize Seligman's (2011) PERMA theory into practices to be used in sports, in this case in junior ice hockey. When it comes to positive emotions, the following scientifically measurable practices would be suitable: What went well -practices, gratitude rituals, savoring, three funny things or counting funny things, optimistic attributional styles and thinking, acts of kindness, humoristic spurring before games, smile and laugh -practices, and disputing negative thinking.

b) Engagement

Engagement in sports appears as dedication and concentration, but also the opportunity to use and develop one's strength (Seligman, 2011; Wu, 2014). They are also connected closely with meaning (see later in this article). When doing is pleasurable, it can lead to the total absorption also called as flow (Csikszentmihalyi, 2008). Flow is typically experienced in clearly structured activities in which the level of challenge and skill can be varied and controlled, such as sport. Drane and Barber (2016) noticed that a sports hobby that makes flow experiences possible is important especially in adolescence when engagement to schoolwork might not be that strong or first priority to everyone. Lately, the interest in mindfulness-based interventions has increased in sport psychology. Mindfulness teaches athletes to be present, focusing only on stimuli that immediately affect their performance (Ford, Wyckoff, & Sherlin, 2016), and thus increases engagement.

Engagement as presented in Seligman's (2011) PERMA theory can be operationalized into sports as follows: strengths spotting, mindfulness practices in training and game situations, and breathing practices. The flow theory provides practices such as balancing goals and abilities in training.

c) Relationships

How people perceive themselves and their relationship with their surrounding environment depends on the interaction that takes place in their social environment where they grow and develop (Berscheid, 2002; Carr, 2011). It is not surprising that people who have formed and maintained satisfactory relationships seem to be happier than those who has not succeeded in this (Berscheid, 2002).

Especially in team sports, relationships have an important role. Collaboration and mutual support can have a positive effect on an individual's performance and feelings (Wu, 2014). Team spirit sense of belonging, positive interaction, and mutual spurring can be practiced through various methods. The relationships element of PERMA theory (Seligman, 2011) can be operationalized for example into following practices: caring coaching, acts of kindness, active constructive responding, social events, team building, team rituals, team camps, and team spirit moments. Not only strengthen they team spirit but also provide opportunities to train social and emotional skills (e.g., support, respect, praise, open communication, peer reinforcement, and noticing good in team members).

d) Meaning

People have various reasons for engaging to sports. For some, it provides a way to relax, keep in good shape, or meet friends, for others it is a way of self-fulfillment and can even become a career. Whatever the reason, finding exercising meaningful is crucial for well-being. As we mentioned, signature strengths are a part of our fundamental identity; when using them, we feel being ourselves (Niemiec, 2014). These strengths are positive and teachable (Peterson & Seligman, 2004), and they are considered the sources of satisfactory, happy, and successful life. Many of these, such as hope, perseverance, creativity and zest, provide sport participants a great opportunity to improve performance and enjoyment (Yeager, Fisher, & Shearon, 2011). Salmela (2016; see also Salmela & Uusiautti, 2015) points out how various definitions of human strengths share the view that strengths are positive characteristics that tell about the person's best qualities, and how using these strengths causes emotions of joy and excitement, and sense of meaning (Linley, Willars, & Biswas-Diener, 2010; Rath, 2007; Seligman, 2002).

Meaning can be operationalized into practices that help recognizing strengths and using them: strengths spotting, team shirts of strengths, and identification of the team's shared strengths. In addition, strategies of autonomy-supportive coaching (Conroy & Coatsworth, 2007) may increase the sense of meaning in sports.

e) Accomplishment

In sports, and especially when referring to voluntary leisure activities, achievements may and should not get the priority among young players. In general, however, achieving goals is important to human beings' well-being (Seligman, 2011). In sports, the achievements of small goals rather than long-term pursuit to top scores tend to be more beneficial (e.g., Debois et al., 2012; Gillham & Weiler, 2013). It is crucial to provide young athletes with concrete means of achieving these goals as well as constant personal

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support and feedback about performances (Weinberg & Gould, 2007). Training diaries can be helpful, too (see Cox, 2012).

Accomplishments as the element of well-being in PERMA (Seligman, 2011) can be included in positive training through practices such as goal setting (individual/team; long-term/short term; monitoring; rewarding progress), clear expectations, mindset, grit, perseverance, reliance, self-control, positive feedback, praise, support, and success celebrations.

IV. Discussion: why to use Perma in Sports?

The need for research-based activities to promote well-being is evident (Uusiautti & Määttä, 2014; 2016). According to Martindale, Collings, & Daubney (2005), the closer the different areas of sports—tactical, physical, psychological, etc. training—become intertwined the more likely will they influence positively on the athletes' training. This is an expectation that PERMA-based intervention in sports could meet, also because it pays attention to the sense of meaning in doing. For example, Newman and Crespo (2008) discovered in their research among tennis players that if training was considered personally meaningful, players also found it motivating and engaging. Including elements in sports that make exercising meaningful in many levels is likely to provide young athletes better grounds for success in sports and also other areas in life.

This kind of holistic approach is crucial despite the preliminary understanding that youngsters who actively participate in sports show high levels of well-being, develop as active citizens, and lead healthy lives (Biddle & Asare, 2011; Donaldson & Ronan, 2006; Tammelin et al., 2003). The contact with junior ice hockey coaches proved otherwise and aroused the question of how to make various sports appealing and beneficial to all children, and not just for those are naturally interested in and good at sports, and thus experiencing successes and positive emotions through their sport hobby. Ultimately, the goal should be to make physical activities pleasing, interesting, and available for all children. If PERMA-based methods make sports more appealing, we will take an important step toward meaningful leisure activities.

One of the main questions is then to have positive adult interactions in youth sports, especially from coaches (see also Curran et al., 2015). Without the help of the coach or trainer, well-being skills cannot be learned in the daily training (e.g., Gearity & Murray, 2011)—but to do that, coaches need to have practical knowledge of possible and suitable methods that they can use in their work. Coaches are the keys of successful teaching of well-being skills, and they are also very important people in these youngsters' lives (Alvarez, Balaguer, Castillo, & Duda, 2012; Reinboth, Duda, & Ntoumanis, 2004). In addition, all kinds of interventions necessitate open and reciprocal interaction, planning, and implementation between researchers, coaches, and young athletes, and education about the theoretical foundations of such interventions (Weinberg & Gould, 2007). As Biddle and Asare (2011) point out: "research designs are often weak and effects are small to moderate" (p. 886). This makes collaboration with players and coaches even more crucial if good results are to be achieved.

This theoretical review shows that operationalizing the PERMA theory, requires creativity, innovation, joy, and collaboration—and the ability to see things differently. By combining the scientific and theoretical expertise with the knowledge about ice hockey (or any sports) in practice (see e.g., Hyvärinen, 2016; Leskisenoja, 2016; 2017; Leskisenoja & Uusiautti, 2015; 2017; Uusiautti & Määttä, 2014; 2015; Uusiautti, Määttä, & Leskisenoja, 2016) our goal is to achieve significant results and success stories that do not only tell about success in ice hockey, but as positive development as players and persons in general. Lerner (2009; Lerner, Almerigi, Theokas, & Lerner, 2005; Lerner, Eye, Lerner, Lewin-Bizan, & Bowers, 2010) calls the outcome of such multidimensional positive development in youth as contribution to the young people themselves, and their families, communities, and society. Positive development is an important predictor of active citizenship.

Indeed, our ultimate purpose is to address the concerning fact that boys' success in school and engagement to schoolwork has been decreasing, and already every fifth Finnish young man is outside education and employment (OECD, 2016). To ensure a better future, this negative development has to be stopped (Rask, Määttä, & Uusiautti, 2013; Rask, Uusiautti, & Määttä 2013). By renewing coaching and training practices in ice hockey, we have a chance to enhance well-being in quite large group of children. In addition, the aforementioned viewpoints support the strategy and values of the Finnish Ice Hockey Association: respect, communality, joy of playing, and pursuit of excellence!

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Psychological Consequences Of Terrorism on Students

By Dr. Vismita Paliwal
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Abstract- Terrorism is the part of caste and communal violence which has become a permanent part of our society. Terrorism creates a psychological state of extreme fear and anxiety same as the proportion to the physical damage it causes in terms of loss of life and property. Sensing the gravity of problems arising out of these situations in Kashmir, a study was planned in order to see the level of perceived social support, stress and quality of life among the students of Kashmir in state of Jammu and Kashmir, India by comparing them with the students of Jaipur in the state of Rajasthan, India. The sample of 50 Kashmiri students and 50 Jaipur residing students of the age group of 20-25 years was taken, tests were administered and t-ratiowas applied. Results revealed that there was a significant difference between the level of stress and social support among the migrated Kashmir students and Jaipur residing students. Although there was no significant difference among them in the level of quality of life, but the difference was clearly observed at the mean level. Thus, perceived social support, stress and quality of life were found better in the case of students residing in Jaipur.

Keywords: *kashmir students, jaipur students, social support, perceived stress, quality of life.*

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Dr. Vismita Paliwal

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Keywords: kashmir students, jaipur students, social support, perceived stress, quality of life.

I. Introduction

Human goals are multi-faceted including political motives, regional aspirations, religious superiority, cultural dominance, etc. and magnitude of individual's frustration determines his future course of action for the attainment of these goals. According to frustration-aggression paradigm, inability to tolerate the effects of frustration becomes the potential cause of violent behavior. Such violence, aggression, insurgency and terrorism are the real expressions of non-containment of human behavior, unacceptable to the member of the society or citizens of any country.

Benjamin Netanyahus defined terrorism as, "a deliberate and systematic murder, maiming, and menacing of the innocent to inspire fear for political ends" as innocent people are killed in any conflict or war (Kawilarang, 2004).

Taylor (1994) has noted two basic psychological approaches to understanding terroristsstha that have been commonly used are either the terrorist is viewed mentally ill or as fanatic. Laqueuer (1977) stated that "Terrorists are fanatics and fanaticism frequently makes for cruelty and sadism".

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Terrorism is however not a mindless violence. The terrorist action may be incredibly destructive and evil, but the events are generally very well planned, well-rehearsed, and well executed. Terrorism is often a grandiose display of power and military skill. Terrorism has real goals and definite objectives (Quarles, 2000).

Terrorism creates a psychological state of extreme fear and anxiety same as the proportion to the physical damage it causes in terms of loss of life and property. The causalities as a result of terrorist acts or due to counter terrorist action by security forces is a common talk in Kashmir.

The turmoil in Kashmir started in 1988. For the last 28 years everyone is scared, streets become defeated when it's dark, and except the sound of gun fire here and there, there is deathly silence everywhere. In this state of fear and anxiety, the essential services do not function properly. People see an atmosphere of neglect and decay everywhere. The deepest anxiety among ordinary people arises when they fear a collapse of law and order, and also fear that they and their loved ones are vulnerable to the armed intruder. Thus, they can protect neither their life nor their property. Terrorism works towards a collapse of the social order and terrorists exploit this situation by trying to project them as a better alternative.

The issue of Kashmir has been a contention issues between the two neighbors of South Asia, i.e. India and Pakistan which are responsible for the continued strained relations between these republics since October 1947. Thus, the dispute over Jammu and Kashmir is more than sixty years old. Since then, anger and frustration started taking place giving rise to insurgency and terrorism which also got support of external forces across border.

The possible reason of terrorism lie in different psychosocial factors such as frustration in life, suppression by others, lack of equal opportunities, tendency to dominate, deprivation, poverty, caste hierarchy, lack of wisdom of ruling group, cultural diversities, change in value systems, fundamentalism and revivalism, feelings of insecurity, ethnic identity, lack of social support, increased stress and decreased quality of life etc. are the root causes of such behavior of terrorism.

It may be due to these reasons that the people living in terrorism prone areas as Kashmir are observed

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to lack motivation, feel depressed, are under stressors and lack social support.

Social support is the physical and emotional comfort given by one's family, friends, co-workers and significant others (Cassel, 1976). Many studies have demonstrated that social support acts as a moderating factor in the development of psychological and/or physical disease (such as clinical depression or hypertension) which occur as a result of stressful life events such as terrorism. Thus, social support helps in reducing stress of both the person and the supporter (Brown et al., 2003).

Stress is a biological term which refers to the consequences of the failure of a human or animal to respond appropriately to emotional or physical threats to the organism, whether actual or imagined (Selye, 1956). Social issues can also cause stress, such as struggles with specific or difficult individuals and social defeat, or relationship conflict. Stress may also occur due to profound psychological and emotional trauma, apart from any actual physical harm which has been often experienced by the people witnessing terrorist activities (Glavas and Weinberg, 2006). Thus, stress is found to adversely affect family, work or school life, sleeping and eating habits, general health of people and in total, their quality of life.

Quality of life is an individual's own perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (Oolan et al., 1992).

Huddy and Feldman (2011) studied that after the 9/11 terrorist attacks some Americans who perceived that nation could be at threat from terrorism, felt angry at terrorists. In contrast, Americans who were personally affected by the attacks were more likely to feel anxious about terrorism, and this anxiety translated into less support for overseas military action.

Hence, in this study an attempt has been made to see the condition of social support, perceived stress and quality of life among the people of Kashmir by assessing the Kashmir students who are either affected by or have witnessed the consequences of terrorism and comparing them with the students residing in Jaipur.

II. Objective

The main objective of the study is to assess the level of social support, perceived stress and quality of life among the Kashmir students and compare them with the level of social support, perceived stress and quality of life of students residing in Jaipur.

1. To determine the level of social support among the students of Kashmir and students of Jaipur.
2. To delineate the level of perceived stress among the students of Kashmir and students of Jaipur.
3. To assess the level of quality of life among the students of Kashmir and students of Jaipur.

III. Methodology Hypothesis

1. There will be a significant difference in the level of social support among the students of Kashmir and students of Jaipur.
2. A significant difference in the level of perceived stress among the students of Kashmir and students of Jaipur will be observed.
3. The level of quality of life will differ significantlybetween the students of Kashmir and students of Jaipur.

IV. Variables

1. Kashmiri students
2. Students residing in Jaipur
3. Social support
4. Perceived stress
5. Quality of life

V. Sample Size

The total sample of 50 migrated Kashmir students and 50 students residing in Jaipur were selected on the availability basis.

VI. Inclusion Criteria

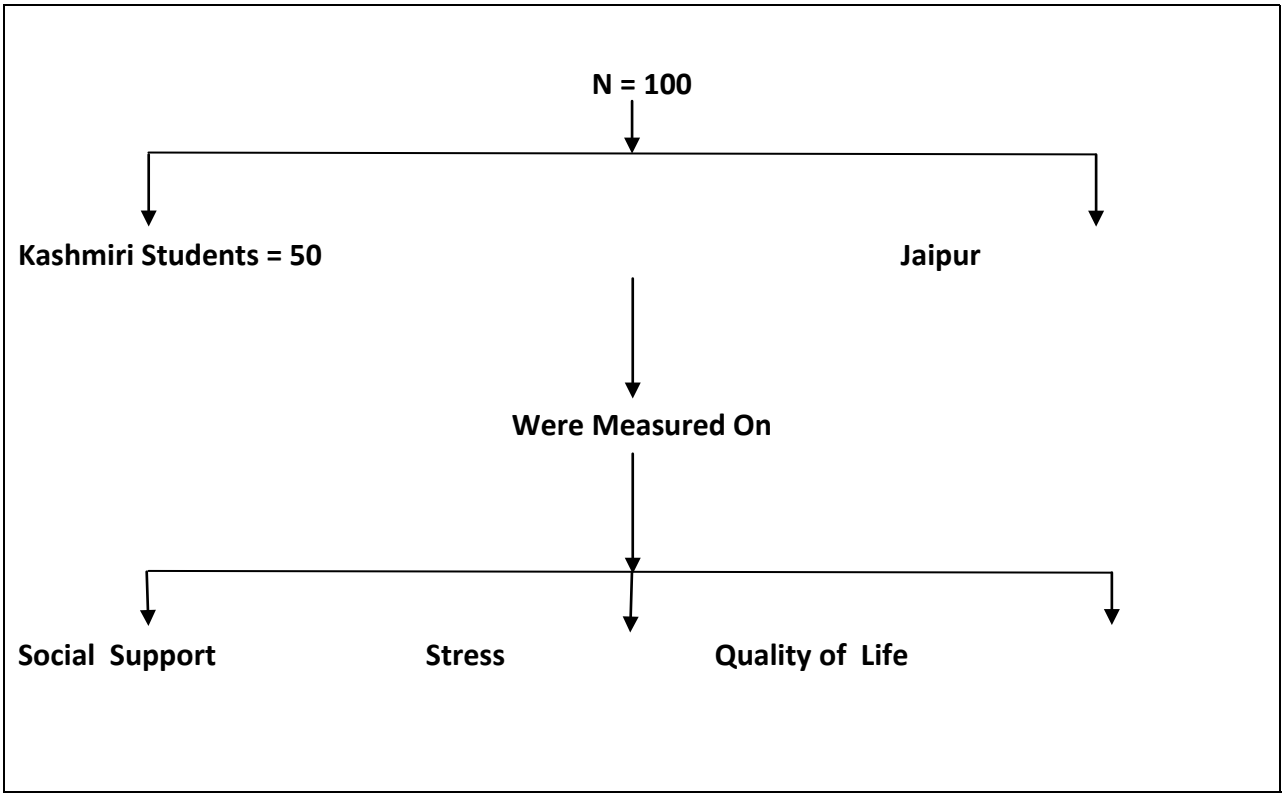
1. Male students between the age group of 20-25 years were selected.
2. Kashmiri students were selected after checking their Identity proofs and taking verbal information about them from the respective colleges where they have studied
3. The detail of the terrorist activities they have witnessed or have been victims of was taken.
4. Those Kashmiri students were selected who have not stayed in Jaipur for more than seven days.
5. Students residing as well as belonging to Jaipur were selected for comparison.
6. Informed consent was taken.

VII. Measurement Devices

1. Social Support Questionnaire (Nehra &Kulhara, 1987)
2. Perceived Stress Scale (Cohen, Karmack & Mermelstein, 1983)
3. WHO – Quality of Life (questionnaire in Hindi) (Saxena, Chandramani& Bhargava, 1998)

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VIII. Research Plan



IX. Procedure

Students of Kashmir and Jaipur according to the sample and inclusion criteria were identified, located and selected for the study. After the respondents were identified, they were contacted on one to one basis and the questionnaires were administered and thus data collection was accomplished. Before administering the questionnaires, verbal consent of the subject was obtained. All the questionnaires were administered one by one in accordance with the instructions on them with the help of the combined response sheet prepared of all the three questionnaires to be administered. Scoring and analysis was done as per requirement

X. Research Design

	Students	
Social Support, Perceived Stress and Quality of Life	Kashmiri students	Students residing in Jaipur

Separate comparison was made of the two groups under study on selected psychosocial variables.

XI. Controls

1. The subject was made to sit comfortably. The environment was made calm and quiet and without any kind of external cues or disturbances.
2. A good rapport was established with the patients and the care givers.
3. No prior knowledge of the tests was given to the subject.
4. Subjects were treated very friendly and patiently so that they could perform the task well.

XII. Statistical Analysis

Mean, SD, t- test, was applied to the data obtained.

XIII. Discussion

The purpose of the study was to assess the level of social support, perceived stress and quality of life among the Kashmiri students who are either affected by or have witnessed the consequences of terrorism and compare them with the level of social support, perceived stress and quality of life of students residing in Jaipur.

The hypothesis which was formulated stated that there will be a significant difference in the level of social support, perceived stress and quality of life among the students of Kashmir and students of Jaipur. The obtained data was put to the t-test, mean and SD. The results obtained are depicted in the following table:

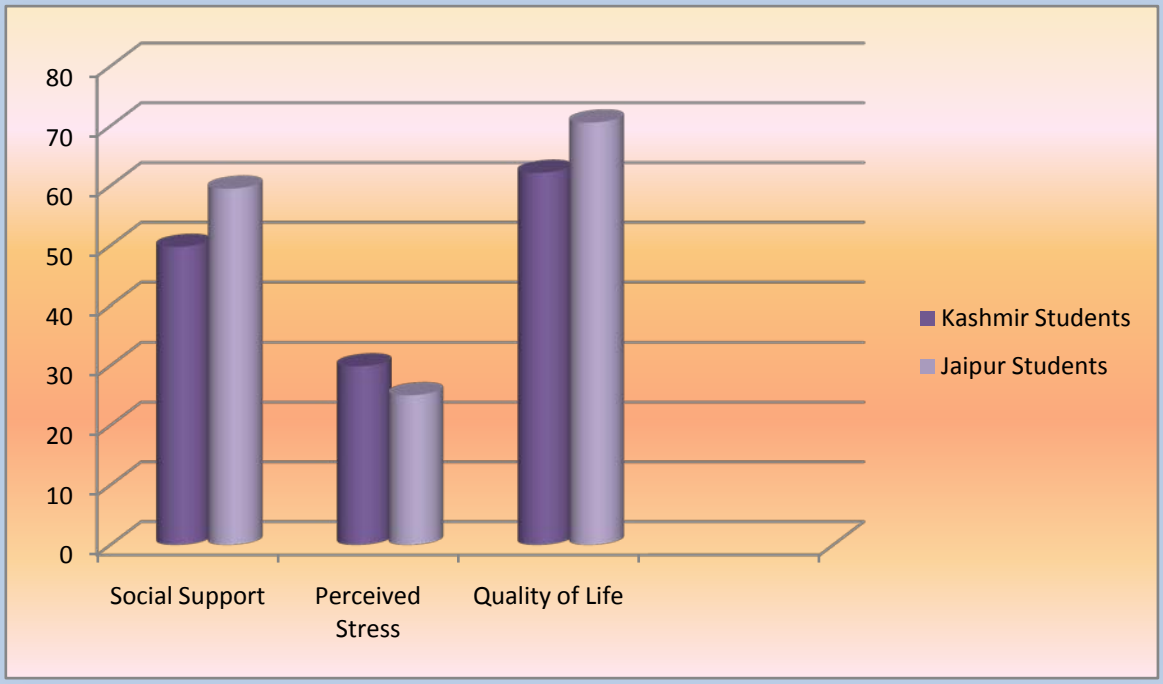
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Result Table 1: Showing Mean, SD, SED, t- ratio and significance level on Social Support, Stress and Quality of Life between students of Kashmir and students of Jaipur.

Test	Criteria	N	Mean	SD	SED	't'
Social support	Kashmiri students	50	49.76	17.02	2.74	3.54*
	Jaipur students	50	59.51	9.09		
Perceived stress	Kashmiri students	50	29.87	14.05	2.26	2.07**
	Jaipur students	50	25.04	8.12		
Quality of life	Kashmiri students	50	62.17	23.15	4.19	2.00**
	Jaipur students	50	70.58	18.22		

**- significant at 0.01 level*
***- significant at 0.05 level*

Graph 1: Depicting difference in mean value on Social Support, Stress and Quality of Life between students of Kashmir and students of Jaipur



The table shown above, indicates the comparison among the two groups namely Kashmiri students (n=50) and students residing in Jaipur (n=50) on the background of social support, perceived stress and quality of life scores.

It may be depicted from the table that students of Kashmir and students of Jaipur differ significantly on the scores of social support as the mean scores obtained of Kashmir group was 49.76 and that of Jaipur group was 59.51, SD was calculated as 17.02 and 9.09 for the two groups respectively. The t- ratio came out to be 2.74 which was significant at 0.01 level.

This shows that the students of Kashmir perceive less support of their families and other people of the society .The main reason of this result may be that these students do not get proper freedom to go out and

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mingle with other people; they remain in an insecure environment which makes them isolated. Terrorism creates a state of mind where anxiety and fear dominate the people's thinking and behavior and people are afraid to talk to others, trust them or make friends. Terrorists have succeeded in creating such a stressful effect in Kashmir for the last fifteen years.

Students of Kashmir and students of Jaipur were also found to differ significantly on the scores of perceived stress as the mean score of Kashmir group was 29.87 (SD=14.05)and mean of Jaipur group is 25.04 (SD=8.12).The t- ratio of the mean scores was calculated as 2.26which was significant at 0.05 level hence proving the hypothesis.

These scores indicate that in the face of escalating tensions created by terrorism and aftershocks and trauma of violent crime, it becomes essential to study the psychological aspects of communities who confront terror incidents and terrorizing environment constantly. High level of perceived stress indicates that the residents of Kashmir feel threats to their security and safety. They long for stability and peace in their homeland.

In the next variable administered, i.e. quality of life, the mean obtained from the data of students of Kashmir and that of students residing in Jaipur came out to be 62.17 and 70.58respectively. The SD calculated from the mean was 23.15 and 18.22 for the two groups respectively. Further, the t-ratio attained (4.19) was found to be significant at 0.05 level which clearly indicated that the quality of life of migrated students from Kashmir is less than that of the students residing in Jaipur. The environment around them provides fewer opportunities for them to care about their own physical and mental health. This situation also leads to lack of presence of essential facilitates, thus, decreasing the people's level of quality of life.

There are few studies conducted, which depict the noxious and delirious impact of terrorism and violence on the psychological well- being of the people. Most of the studies have emphasized the Post Traumatic Stress Disorder of the people who have survived the terrorist attacks. Poor mental health and stress are highlighted in many related studies along with other related psychological abnormalities.

Hoge and Palvin,(2002) studied psychological consequences after terrorist attack which suggest that diagnostic groups showed depression, anxiety , acute and post-traumatic stress disorder, substance use disorder and other behavioral health problems and adjustment reaction in adults.

Conrad and Kevin Greene (2015) mentioned that terrorism not only affects an individual or the society but also affects the political and economic system of that particular country. Therefore, Rizzo et. al (2015) while studying the victims of 9/11 terrorist attacks stated that Humans exposed to war and terrorist attacks are at risk for the development of posttraumatic stress disorder (PTSD) and Virtual reality (VR) delivered exposure therapy for PTSD is currently being used to treat combat and terrorist attack related PTSD with initial reports of positive outcomes. Similarly, Rousseau et. al (2015) who is been conducting a systematic review of 9/11 victims especially children's and young adult's mental health since last 10 years highlighted the broad social consequences of the socio-political transformations associated with the terror context and effect of it on the daily life of the victims. Thus, informal or familial social support plays an important role in reducing stress and enhancing the well-being of the terror attack survivors (Weinberg, 2015).

Therefore, these studies too indicate the psychological state of a person who experiences these traumatic and extremely fearful situations. There is a growing need of developing a peaceful world where everyone can live happily and freely.

XIV. Conclusion

Thus, the present study indicated that the students of Kashmir perceive less social support, quality of life and more stress in comparison with the students residing in Jaipur at a significant level. The residents of Kashmir feel threat to their security and safety. They long for stability and peace in their homeland.

XV. Limitations

1. The sample size may be large in order to generalize the results.
2. Comparisons may be further done on gender and other sociode mographic variable basis.
3. An intervention program or training program may be prepared in order to enhance the significance of the research.
4. More questionnaires in order to assess mental state of victims may be added to go into further details of the research.

XVI. Public Significance Statement

This study gives an idea of the level of improvement required in the direction of enhancing the well-being of people of Kashmir. Awareness programs may be formalized on the basis of the present research conducted. This research opens new vistas for further research.

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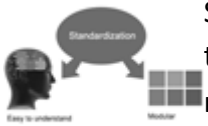


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Author Guidelines:

1. General,

2. Ethical Guidelines,

3. Submission of Manuscripts,

4. Manuscript's Category,

5. Structure and Format of Manuscript,

6. After Acceptance.

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Key points to remember:

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A purpose of organizing a research paper is to let people to interpret your effort selectively. The journal requires the following sections, submitted in the order listed, each section to start on a new page.

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An abstract is a brief distinct paragraph summary of finished work or work in development. In a minute or less a reviewer can be taught the foundation behind the study, common approach to the problem, relevant results, and significant conclusions or new questions.

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- Very for a short time explain the tentative propose and how it skilled the declared objectives.

Approach:

- Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done.
- Sort out your thoughts; manufacture one key point with every section. If you make the four points listed above, you will need a least of four paragraphs.

- Present surroundings information only as desirable in order hold up a situation. The reviewer does not desire to read the whole thing you know about a topic.
- Shape the theory/purpose specifically - do not take a broad view.
- As always, give awareness to spelling, simplicity and correctness of sentences and phrases.

Procedures (Methods and Materials):

This part is supposed to be the easiest to carve if you have good skills. A sound written Procedures segment allows a capable scientist to replacement your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt for the least amount of information that would permit another capable scientist to spare your outcome but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section. When a technique is used that has been well described in another object, mention the specific item describing a way but draw the basic principle while stating the situation. The purpose is to text all particular resources and broad procedures, so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step by step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

- Explain materials individually only if the study is so complex that it saves liberty this way.
- Embrace particular materials, and any tools or provisions that are not frequently found in laboratories.
- Do not take in frequently found.
- If use of a definite type of tools.
- Materials may be reported in a part section or else they may be recognized along with your measures.

Methods:

- Report the method (not particulars of each process that engaged the same methodology)
- Describe the method entirely
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures
- Simplify - details how procedures were completed not how they were exclusively performed on a particular day.
- If well known procedures were used, account the procedure by name, possibly with reference, and that's all.

Approach:

- It is embarrassed or not possible to use vigorous voice when documenting methods with no using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result when script up the methods most authors use third person passive voice.
- Use standard style in this and in every other part of the paper - avoid familiar lists, and use full sentences.

What to keep away from

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings - save it for the argument.
- Leave out information that is immaterial to a third party.

Results:

The principle of a results segment is to present and demonstrate your conclusion. Create this part a entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Carry on to be to the point, by means of statistics and tables, if suitable, to present consequences most efficiently.You must obviously differentiate material that would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matter should not be submitted at all except requested by the instructor.



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Content

- Sum up your conclusion in text and demonstrate them, if suitable, with figures and tables.
- In manuscript, explain each of your consequences, point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation an exacting study.
- Explain results of control experiments and comprise remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or in manuscript form.

What to stay away from

- Do not discuss or infer your outcome, report surroundings information, or try to explain anything.
- Not at all, take in raw data or intermediate calculations in a research manuscript.
- Do not present the similar data more than once.
- Manuscript should complement any figures or tables, not duplicate the identical information.
- Never confuse figures with tables - there is a difference.

Approach

- As forever, use past tense when you submit to your results, and put the whole thing in a reasonable order.
- Put figures and tables, appropriately numbered, in order at the end of the report
- If you desire, you may place your figures and tables properly within the text of your results part.

Figures and tables

- If you put figures and tables at the end of the details, make certain that they are visibly distinguished from any attach appendix materials, such as raw facts
- Despite of position, each figure must be numbered one after the other and complete with subtitle
- In spite of position, each table must be titled, numbered one after the other and complete with heading
- All figure and table must be adequately complete that it could situate on its own, divide from text

Discussion:

The Discussion is expected the trickiest segment to write and describe. A lot of papers submitted for journal are discarded based on problems with the Discussion. There is no head of state for how long a argument should be. Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implication of the study. The purpose here is to offer an understanding of your results and hold up for all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of result should be visibly described. Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved with prospect, and let it drop at that.

- Make a decision if each premise is supported, discarded, or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."
- Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work
- You may propose future guidelines, such as how the experiment might be personalized to accomplish a new idea.
- Give details all of your remarks as much as possible, focus on mechanisms.
- Make a decision if the tentative design sufficiently addressed the theory, and whether or not it was correctly restricted.
- Try to present substitute explanations if sensible alternatives be present.
- One research will not counter an overall question, so maintain the large picture in mind, where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

- When you refer to information, differentiate data generated by your own studies from available information
- Submit to work done by specific persons (including you) in past tense.
- Submit to generally acknowledged facts and main beliefs in present tense.

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Methods and Procedures	Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads	Difficult to comprehend with embarrassed text, too much explanation but completed	Incorrect and unorganized structure with hazy meaning
Result	Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake	Complete and embarrassed text, difficult to comprehend	Irregular format with wrong facts and figures
Discussion	Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited	Wordy, unclear conclusion, spurious	Conclusion is not cited, unorganized, difficult to comprehend
References	Complete and correct format, well organized	Beside the point, Incomplete	Wrong format and structuring

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