

Multilevel Facilitating to Solving Perceived Psychosocial Problems in the Community

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Abstrak

Multilevel helping (MLH) yang bertujuan untuk mengelola permasalahan-permasalahan psikososial dalam komunitas belum pernah dikaji secara empiris walaupun telah digunakan secara substansial pasca bencana alam. Dalam studi ini, MLH diubah menjadi Multilevel Facilitating (MLF) karena metode ini akan digunakan dalam kondisi normal. Istilah fasilitasi sendiri memiliki konotasi: pemberdayaan antar anggota dalam kelompok. Tujuan penelitian ini adalah untuk mendukung bukti bahwa MLF efektif untuk ditransfer kepada komunitas dalam memecahkan masalah psikososial. Tiga kelompok komunitas berpartisipasi dalam studi ini. Kelompok pertama adalah kader wanita dalam lembaga masyarakat yang bertujuan untuk meningkatkan kualitas hidup masyarakat di daerah. Kelompok kedua adalah anggota Puskesmas yang aktif dalam “dusun siaga” bagi wanita hamil. Kelompok ketiga adalah polisi yang mengajarkan bawahannya untuk memfasilitasi keterampilan empatik dalam pelayanannya kepada masyarakat. Desain penelitian yang digunakan dalam studi ini adalah eksperimen quasi, sedangkan pengukuran dilakukan pra dan pasca perlakuan tanpa adanya kelompok kontrol. Data observasi selama proses transfer disajikan dalam bentuk grafik serial waktu. Hasil menunjukkan bahwa MLF efektif untuk digunakan oleh semua kelompok, utamanya bagi peserta yang berkomitmen untuk mengembangkan diri menggunakan metode yang pernah dipelajari selama lokakarya/pelatihan di masing-masing kelompok. Berdasarkan observasi, keterampilan dalam menggunakan MLF berkembang dalam semua kelompok selama proses transfer metode. Studi ini merekomendasikan kepada ketiga kelompok yang memiliki keterampilan dalam MLF agar tetap menggunakan dan mentransfer metode kepada kelompok berikutnya sehingga efek multiplikasi akan menjadi besar.

Kata kunci : multilevel helping, multilevel facilitating, komunitas

Clinical psychology has so many theories, concepts, methods, and techniques to be applied to serve not only in the organismic level, but also in the larger system like the community and organizations. This proposed study is also an effort to

transfer the original group psychotherapy (see Yalom, 1998) into more structured group processes using lay people to facilitate growth in the community (see Prawitasari, 2007).

Rather than just focusing on the individual needs only, so many that clinical psychology can take part of the psychosocial growth in the community. Thus far,

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Yogyakarta is also the site for developing and experimenting with the new method that is to be implemented in this study.

To prevent from further psychosocial problems that might affect people's well-being, Multilevel Facilitating (MLF) was introduced to the community. This method derived from Multilevel Helping (MLH) that had been applied during natural disasters in Aceh since 2004 and in Bantul since 2006 (see Prawitasari, 2007). It has never been studied empirically, yet it has been used frequently in the crisis times, specifically after natural disasters. MLF is to be created to suit the needs of people in relatively normal condition like everyday life stress, supporting pregnant women by their own spouses, and creating empathic caring services to the police (see Prawitasari, in press).

Psychosocial problems are usually related to distress. Some recent studies (Van Rhenen, Blonk, Schaufeli, Frank, & van Dijk, 2007) found that individual with high stress level showed missing the work because of somatic complaining compared to low level of perceived daily stress. Other studies (Groth, 2007, Mori, Nakashima, Yamazaki, & Kurita, 2002), related to gender and multitasking phenomenon among women, found that they were prone to experiencing stress than men. It is so obvious that women need knowledge about their daily stress related to their multitasking activities and the skill to overcome the burden. They can help each other to lessen their perceived misery.

To lessen the daily stress in pregnant women who usually have multitasking activities in their daily life, psychosocial support from their husbands are important. Specifically during pregnancy and after the birth of the baby, women need support from their husbands even more. Study done in Nigeria by Hammed (2008)

indicated that married women who got support from their spouses had healthier mental health than single women. Iskandar (2010) observed, in his practice as gynaecologist, that women who were in labor and tended by their husbands had easy feelings and happiness. These feelings may reduce the pain as the birth path are more relaxed. Less depression and stress related to pregnancy were also observed among women who received support from their spouses (Elsenbruch, Benson, Rucke, Rose, Dudenhausen, Pincus-Knackstedt, Klapp, & Arck, 2007).

Police are supposed to protect and serve the community, yet in reality they become the source of frustration for people who are in needs of their services. People perceive that police are not in their side when they are in trouble related to the law enforcement. They tend to be less serious in handling people's complaints related to the perceived injustice. In health services, one method called CARE (Companion-Assisted Reactive Empathizer), an approach in which health service personnel apply in their services to their patients has been proved effective in improving their services and satisfied the patients. Different experiments have been tried out to gather empirical data that empathy is a core skill to be mastered in patients' care (see Beach, Rosner, Cooper, Duggan, & Shatzer, 2007; Bergeson & Dean, 2006; Day & Smith, 2007). Patient-centered approach seems to improve health care among the providers as their empathetic expressions are perceived positively by their patients. Community-centered approach like Empathic Caring Services (see Prawitasari, in press) will be taught to the police in this study to improve their quality of care in the community.

Searching in the internet on the MLF, there are so many articles discussing the

method. One has been used in the decision making processes in the organization (Sheetaraman, 2006) as a tool in the management system. O'Shea (2008) has developed this method in many different systems, such as in business, news, intelligence gathering, strategic planning etc. Takushima (2009) has also developed technology using this method. De Hertogh, Van Den and Vereecke (2006) has also documented in their working paper that this method was also usefull as managerial tools in the project evaluation.

Multilevel group process had been tried out in the public health centers to improve the third visit for immunization (see Prawitasari, 1998). The core group was 15 health providers in 5 public health centers in Gunungkidul. They were invited to join a course in conducting discussions to improve communication with their community members especially to improve their prescribing behavior and increasing number of the third immunization for imunization among school children. The core group then trained the community members. Three members of the core group trained 15 community members and these 15 community members trained 45 other community members. The total numbers who were involved in this multilevel group processes were $5 \times 45 = 225$ community members. An impressive number in a relatively short period of time to teach people in facilitating their fellow community members. One weakness is that there is no follow up study after this one.

Stress management has also been studied using three methods of relaxation, i.e. deep muscle relaxation, sensory awareness, and yoga (see Prawitasari, 1993). Multilevel Helping has also been published to be used by people who were involved in the relief effort in the natural

disasters areas (see Prawitasari, 2007). This is a manual. It is not based on the empirical study. Empathic Caring Consultation (ECC) will be published soon (in press in Anima). Those studies need to be followed up to provide evidence that macro applied of clinical psychology is well documented and can be used by lay people to improve the quality of life of people in the community.

Groh (2007), Mori, et al. (2002) found that women were prone to stress than men, specifically women who have so many tasks as home makers and bread winners. There is a positive correlation between psychological stress such as depression and stress in the working place. Women who have children are more prone to stress than single women or married women without children. The effect of psychological stress among women affect significant others, like their husbands and children. Chang, D'Surilla, and Samma (2007) suggest that knowledge about stress and its management could solve their daily problems. Bell & D'Zurilla, 2009) also suggest that controlling daily stress may improve well-being.

Elsenbruch, et.al. (2007) found that support from the husbands during 4-12 weeks of pregnancy affected health status of the new born babies. High psychosocial support from husbands resulting in much better health condition of the babies than low support. It was also found that psychosocial support fromt husbands may lessen pregnant women's depression (Elsenbruch et al., 2007; Gurung, Dunkell-Schetter & Collins, 2005). Specifically for anxious father who would also affect thei wives' mental health, Field, Hernandez-Reif, Figueiredo, Deeds, Contogeorgos, and Ascencio (2006) found that paternal depression tended to correlate with high depression among their wives. It is

suggested by these researchers that the involvement of husbands, such as offering massage or finding information for the pregnancies, may eventually managing their own anxiety and depression, and thus improved their wives well-being.

Usually psychological studies relied heavily on the subjects' self-report regarding the subject matters of the study. Recently, however, the advancement of neuroscience studies found objective measures of the brain activities while the subjects engage in specific tasks. One study done by Decety and Jackson (2006) found that functional model of empathy has positive affect in social-cognitive interaction in human relations. This study shows that there is social neuroscience evidence that the model is effective in changing people's perception toward one another. This result provides an objective evidence that empathy is needed in improved human relation, and thus Empathic Caring Services (ECS) might improve the quality of services among the police.

MLF skills have been documented by several studies. The skills are useful in many different systems. DeHertogh et al. (2006) has documented multi-level approach to program objective. The method has been used to bridge between strategy and implementation. Prendiville (2008) has also developed facilitation skills to overcome poverty. In technology multilevel approach has also been implemented (Takushima et al., 2009). Fritzen and Bassard (2010) has developed multi-level assessment for the poor. From those studies, it is obvious that multi-level approach is very desirable specifically for a large country like Indonesia. The reach out effects will be extended than if single trial is to be used. It is hypothesized then, that MLF skills is transferrable from the

core groups to the downliners in each group consisted of women active in the community organization, health personnel, and the police.

The purpose of this study is to provide an evidence that MLF in three different community groups is effective to solving psychosocial problems in the area to be studied. MLF is relatively simple method to be taught to managing perceived psychosocial problems (daily stress, less empathic spouse, and police's less empathic services) in the community. Using the method, community members will then train their fellow neighbors and police that the multiplication effects will be enormous. Macro applied of clinical psychology will be well documented.

Method

Subjects of this study were core groups consisted of nine women, six health personnel men, and nine police officers. These core groups taught $(9 \times 3) + (6 \times 3) + (9 \times 3) = 72$ down-liners in the community. Each three persons in the core group facilitated the downliners as primary facilitator, co-facilitator, and observer.

The variables

Independent variable in this study was training workshop on MLF skills.

Dependent variables in this study were MLF skills, knowledge of stress management, supporting skills, and empathic caring services.

Research Procedure started with communicating the intention of the proposed study to the community members, i.e. mothers groups who joined community organization aiming at improving the quality of life of the members, health center personnel and male community members who were active in health promotion,

and the police. They were asked to join the training workshop in MLF.

Design used was quasi pre-post experimental design without control group. Survey for the feasibility of the study was done two weeks before the intervention main day by the use of observation, in-depth interview, and Focus Group Discussion (FGD). These data were used as baseline data. Pre-test on the facilitating skills, stress management, supporting skills, and empathic caring services were conducted as pre test before the workshops started.

Training workshops on MLF skills were conducted in July and August 2010 by the principal investigator and her team for each group. The core groups then taught their down-liners in the same months. The pre and post measures were the same on MLF skills, stress management knowledge, supporting skills, and empathic caring services knowledge.

During the workshop the main facilitator, co-facilitator, and observer showed how to model the method to the participants. Each role complimented one another and could be replaced from one to another in the implementation of MLF to the downliners. The term was just used to express roles in the method. It was not necessarily fixed to one person for each role. At one time when the facilitator forgot to facilitate the group to the right direction, the co-facilitator would take over the group, and the observer would remind them if some procedures of MLF were lacking using notes to be sent to the facilitator and co-facilitator.

Post test with the same procedure were conducted one day after the workshop and continued by the same procedure as the baseline data for two weeks and to become the source of feedback for the core groups before they conducted the workshops for their down-liners. The pro-

cedure was then to be repeated by the core groups under the supervision of the team for each group.

Data analysis used nonparametric method since the number of the subjects were small. The pre and post test were compared using the Wilcoxon sign-ranked test to show the significance level of the method being taught. Time series graphs were presented to show the trend of the improvement of the facilitating skills of the core groups. Qualitative data were analyzed using content analysis to support the quantitative data. The combination of qualitative and quantitative data would complete the picture of the effort of finding the evidence that MLF was effective to be taught to the the core group and their downliners.

Results

Core group of women in the community did not show substantial improvement on their stress management knowledge. There was no significant effect, when using the conventional $p < 0.05$, on stress management knowledge before and after the workshop among women in the community joining the women organization aiming at improving the well being in the community as shown in Table 1.

There were nine women in the core group. Figure 1 showed a slightly different on the stress management knowledge during the pre and post test among the women in the community, specifically in two places GT and KG. No improvement at all in KR. This is why overall there was no significant different between pre and post test in the core group since almost all participants had high knowledge about stress management in their daily lives. From the observation during the process of transferring MLF, women in KR showed

Table 1
Pre and post test on Stress Management Knowledge

Test Statistics ^b	
Z	-1.923 ^a
Asymp. Sig. (2-tailed)	.054

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

their skills in facilitating interactions among the participants. They used the support group method in providing psychosocial assistance to their fellow women. Their stress management knowledge,

however, did not improve at all since they were more concentrating to facilitate the process of interactions than the content. The purpose of providing support group among themselves were more important than the knowledge of stress management.

The facilitation skills of the core group improved substantially. Figure 2 showed the improvement of their skills before and after the workshop and during the time they transferred their skill to their downliners based on the observations done by the team. All women showed their confidence in facilitating their downliners.

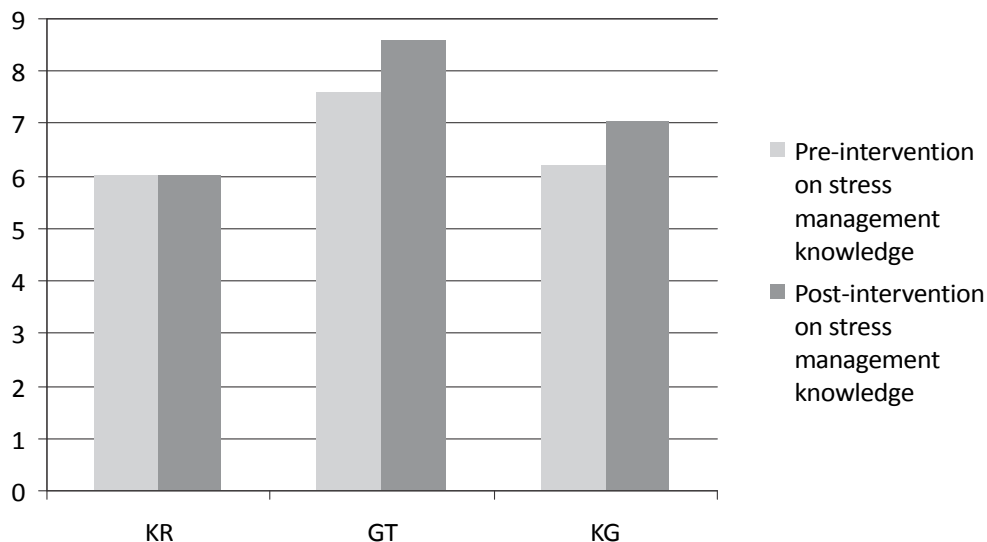


Figure 1. Comparison of stress management knowledge among women in the core group before and after the intervention.

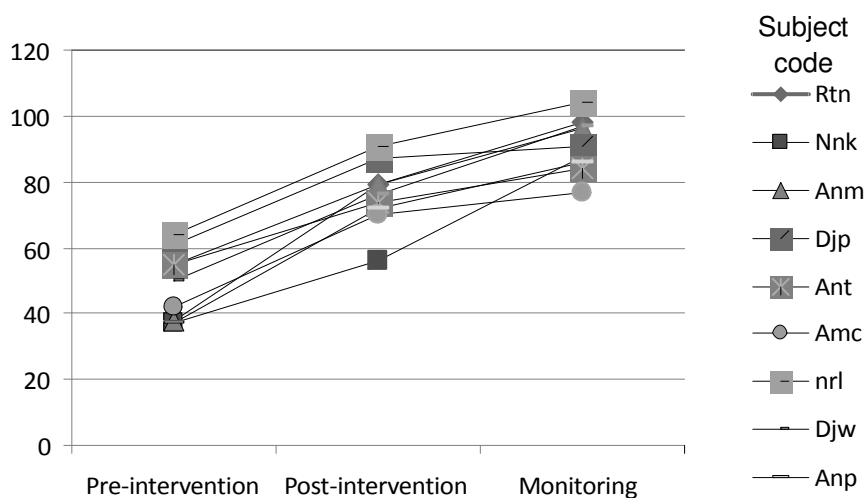


Figure 2. MLF skills among the core group members before, after, and monitoring phase

Table 2 showed that there was no significant difference before and after the workshop on the knowledge of spouse support during pregnancy. From Figure 3, however, three persons in the core group showed slight improvement after the workshop.

Table 2
Pre and post test on Supporting Knowledge

Test Statistics ^b	
Z	-1,897
Asymp. Sig. (2-tailed)	0,058

a. Based on negative ranks

b. Wilcoxon Signed Ranks Test

Figure 4 showed inconclusive results. Right after the workshop the facilitation skills improved substantially and remained the same during the transferred of the skills to the down-liners for four

participants. Two of them returned to the baseline. This phenomenon could happen since they were relatively older and did not have pregnant wives and they did not practice continuously in their new facilitation skills.

For the police, there was no significant difference before and after workshop on their empathic service knowledge as seen in Table 3. Figure 5 showed only three participants gained substantial scores on the empathic caring services. All others remained almost the same. Figure 6 showed improvement of their facilitation skills before and right after the workshop. During the monitoring phase, however, only one participant was available to be observed. This person showed his facilitation skills improved substantially. This is due to the rank order in the police system. One of the team members who is a

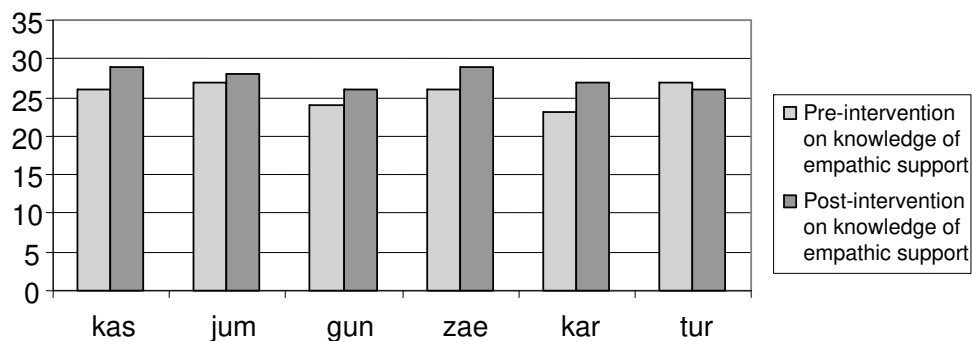


Figure 3. Pre and post intervention on knowledge of empathic support

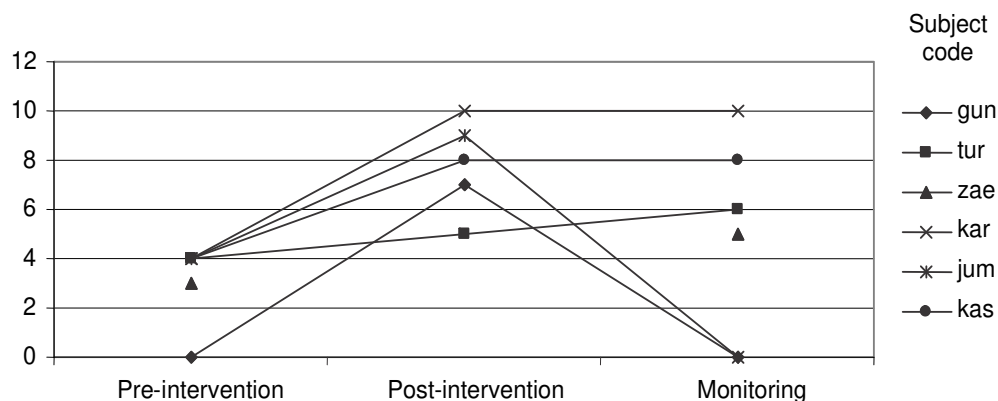


Figure 4. The skill of facilitation pre and post intervention

policeman, could not negotiate with his superior as to choose the participants for the workshop. This is a limitation of the study if the participants are not the ones who really are interested in improving themselves in their services.

Table 3

Pre and post test on Empathic Service Knowledge

Test Statistics ^b	
Z	-1.474 ^a
Asymp. Sig. (2-tailed)	.141

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Discussion

Results showed that there was no significant difference statistically on subject

matters being discussed during the workshop. Some of the participants in the three core groups had already had the knowledge, therefore, it was almost impossible to improve more. The skills of facilitation improved substantially right before and after the intervention. This means that the MLF is effective to be transferred from the researchers to the core group. The core group then were also able to transfer the skills to their down-liners. The multiplication effects of transferring the method is obvious, therefore, the feasibility of extending MLF to other community members is feasible. MLF is also supported empirically in this study even though the subject matters have to be discussed more intensively in the next study.

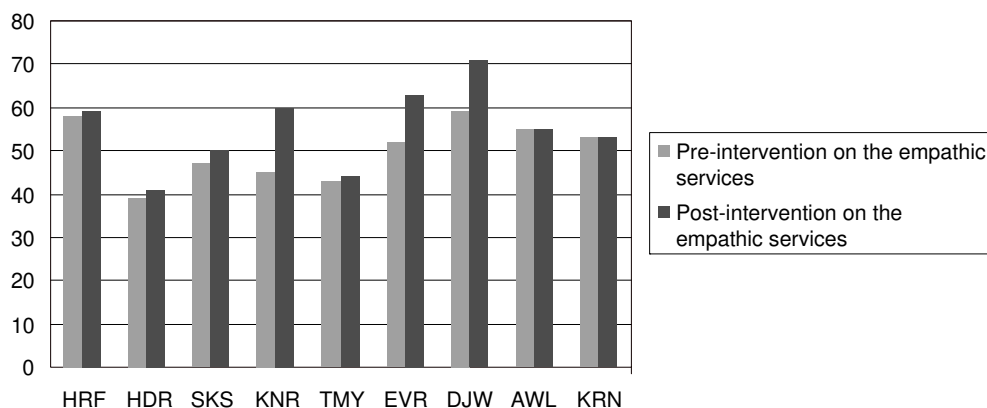


Figure 5. Pre and post intervention on the Empathic Services

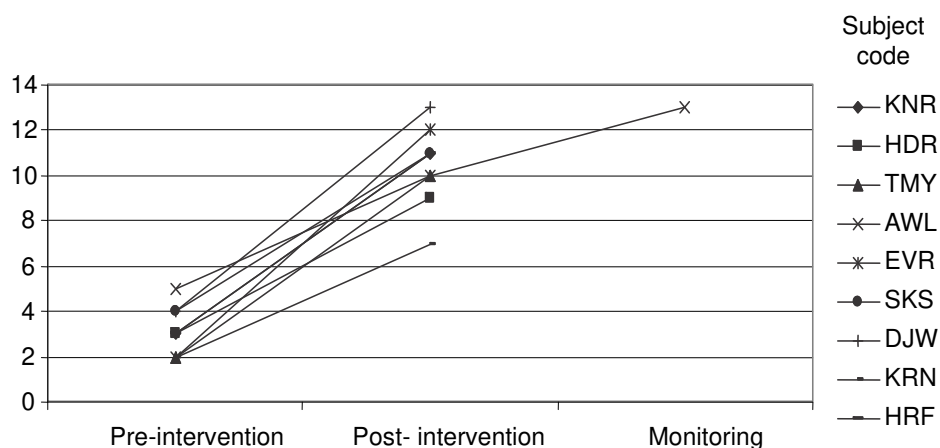


Figure 6. Pre and post intervention on facilitation skills

Based on the results of this study, transfer of facilitation skills from the core group to their down-liners using MLF is possible with several conditions. First, to be consistently improve the skills, there must be monitoring phase available for the downliners. Otherwise, there was no feedback for their flaws in using the skills or they might go back to their baseline skills as seen on the supporting spouse group. Second, MLF would be effective if the participants are genuinely interested in the new method and care for the community. Otherwise, they will be ignorant toward the new method and go back to the baseline. Behavioral change is not simple. It needs continuous support and encouragement. Therefore, reminders from the team is recommended to sometimes observe their practice when facilitating the community members in their daily service. Third, if the subject matter is to become the focus of the training workshop, the time to spend in transferring the knowledge needs to be added. Therefore, the participants will be able to absorb the subject matter and retain it in their memory better. Fourth, modelling from the research team to the core group is effective when it is feedforwarded in the beginning of the workshop and reviewed at the end. The explicit explanation of modelling hopefully will catch the participants' attention early in the beginning of the workshop and retain in their memory at the end.

MLF have been used in several setting like in the development of program objective (De Hertogh et al., 2006) that the method is useful to bridge between strategy and the project implementation. The method has also been feasible to used to develop facilitation skill and to assess in the project to overcome poverty (Friesen & Bassard, 2010; Prendville, 2008). Takushi-

ma et al. (2009) has developed this method in thechnology. This study is line with the effort in using this practical yet important method in developing country like Indonesia as the number of its people is so large and in poor condition.

The effort of the first author to transfer clinical psychology method to be used in the community has been supported in this study similar to other studies done by her before. In 1998 she had successfully transferred multilevel group process from the research team to public health centers personnel to improve the third immunization for school children. The core group also successfully transferred the method to the community members (see Prawitasari, 1998).

Results of this study are inline with transferring Interactional Group Discussion (IGD), that is also based on group psychotherapy, to reduce the unnecessary used of injections in developing countries (see Prawitasari-Hadiyono, Suryawati, Danu, Sunartono, & Santoso, 1996). IGD has been successfully replicated in Cambodia, Pakistan, and Tanzania (see Hutin, 2004). Lately it was also obvious that IGD has been proved effective in managing rational use of injections in the health centers in China (Qing et al., INRUD News, 2008), India (see Bhunia et al., 2010), and Nepal (Kaffle et al., 2010).

Macro applied of clinical psychology has been proven to be effective not only locally, but also globally. Specifically IGD has been effective in improving the rational use of injection in health centers in many developing countries.

Conclusion and Recommendation

MLF skill is transferrable to the women organization in the community, the spouse support group program, and

the police. The method is inconclusive in affecting the stress management knowledge, empathic support knowledge, and empathic caring service knowledge.

It is recommended that subject matters in the workshop be given more time to be discussed that the participants will have enough time to absorb and retain them in their memory. Follow up observations to the core groups needs to be done intensively to give feedback and to sustain their new skills.

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