University of California Grant Research Study (2003)

Reprinted from "Research at the Hoffman Institute," by Ron Meister, Ph.D., Administrative Research Director. © 2004 by the Hoffman Institute Foundation

In the summer of 1999, the preliminary research proposal was designed and submitted by **Drs. Michael R. Levenson and Carolyn M. Aldwin**, two widely published researchers at the University of California at Davis, to the Human Subjects Committee at the University of California at Davis. Grant funds were received by the UCD Regents. The green light was given to proceed with the research and the first confidential mailing of future participants and control groups was sent out. The sample pool of subjects included 142 individuals who were enrolled to participate in the Hoffman Process, and a control group of 95 individuals who were interested in taking the Hoffman Process but had no plans to participate in the near future. Finally, 99 agreed to be in the study, and 47 agreed to be the controls. The last data were gathered in October of 2002. The analysis of the data was complete by the spring of 2003 and Drs. Aldwin and Levenson presented their research findings at the following professional conferences during that year: The Society for Research in Adult Development, The Western Psychological Conference, and the American Psychological Association National Convention. A submission for publication of the study in a peer-reviewed journal has been made.

What Were the Researchers Interested in Measuring?

The researchers measured three categories of variables:
(1) negative affect; (2) positive affect; and (3) health and well-being.

1. **Negative affect** measures included testing and reports on Depression, Anxiety, Interpersonal Sensitivity, Hostility, and Obsessive-Compulsive.
2. **Positive affect** measures included testing on Empathy, Forgiveness, Emotional Intelligence, Mastery, Religious Experience, and Life Satisfaction.
3. **Health and well-being** measures included testing of Physical Health Variables, Childhood Stress, and reports of Physical and Emotional Abuse.

What Psychological Tests Were Used to Examine Negative Affect, Positive Affect, and Health and Well-Being?

The Beck Depression Inventory (BDI, Beck, 1967; Beck, Steer & Brown, 1996) was used to help determine the level or severity of depressive reports. This tool is one of the most utilized research and clinical tools to assess depression in the United States today. The Brief Symptom Inventory (BSI, Derogatis & Meliseratos, 1983) was used to assess psychological symptoms including depression, anxiety, obsessive-compulsive, interpersonal sensitivity, and hostility. The Fantasy-Empathy Scale (Stotland et al., 1978) is a well-known scale to assess empathy. The Forgiveness Scale (Wade, 1989) was used to determine how easily respondents were able to allow faults and flaws in real life examples to adversely affect their judgment. The Emotional Intelligence Scale (Schutte et al., 1998) assesses the subject's understanding of their own emotions and those of others. The Mastery Scale (Ryff & Heincke, 1983) was used to determine an individual's sense of control. The Religious Experiences Scale (Hills & Argyle, 1998) measures spiritual experience, and is a non-denominational measure. The test items focus on the frequency of specified affective and cognitive states. Andrews & Withey, (1978) developed a test for Life Satisfaction, with specific life domains and relationships including children, jobs, marriage, friends, coworkers, parents, and administered to the participants. It included measures of Physical and Emotional Functioning. Energy / Vitality, Mental Health and Social Functioning were assessed. The Childhood Experiences Scale (CES; Aldwin, Cupertino, Levenson, & Spiro 1998a,b) is a retrospective assessment instrument that probes for information on relationships, traumatic events, discipline, and achievement from ages 0 to 19.

What Kind of Analysis Was Used to Determine the Results of the Study?

Without giving extensive details of the analysis used in this study, we may say that the investigators used current and appropriate analytic methods for these data. Repeated measures MANOVAs, Mauchley's test of sphericity, and the Huynh-Feldt F. were computed. A more detailed description of the analysis can be found in the original publication.

How Well Do Participants Do in the Short Term?

For the negative affect measures, prior to the Hoffman Quadrinity Process, half of the participants were mildly to moderately depressed, **After the Process, none of the participants were depressed, not even mildly. Negative affect symptoms such as depression, anxiety, hostility, obsessive-compulsive as well as interpersonal sensitivity decreased with statistical significance.** The effect changes ranged from 1.45 SD to ranges near the 1.0 SD marker for negative affect symptoms.

Positive affect measures increased with statistical significance. **Participants of the HQP reported increases in life satisfaction, mastery, empathy, forgiveness, forgiveness, emotional intelligence, and spiritual experience.** The effect changes ranged from .30 SD for empathy to .83 SD for forgiveness.
All six of the general health and well-being variables also improved with statistical significance. **Respondents reported better physical, emotional and social functioning, and their ratings of their physical health, mental health, and energy increased significantly.** Mental health effect changes showed the highest increase. The effect change size ranged from (1.23) to (.30).

How Well Did the participants Do One Year After the Process?

In terms of **negative affect**, the majority of the improvements remained after one year. Depression reports rose but the initial improvements remained at a statistically significant level. Nine of the 54, or 17% of the participants, reported a mild to moderate level of depression. In the control group, 31.2% showed mild to moderate depression. Reductions in anxiety, interpersonal sensitivity, and obsessive-compulsive subscales remained statistically significant after one year. After one year, the hostility and somaticization subscales still showed reductions, but did not show statistical significance.

Positive affect measures remained statistically significant after one year. The largest improvement was seen for emotional intelligence in the first testing, which continued over the course of one year. Other positive affect measures such as life satisfaction, empathy, and spirituality showed a continue increase at lower levels.

The Health and Well-Being scales all improved, Five of the seven scales were significantly improved over the year. The most significant increases were in general health and in the energy / vitality scales.

How Do These Results of the HQP Compare to Other Kinds of Interventions?

The results that Levenson, Aldwin and Yancura submitted for publication (2004) are robust and are helpful in coming to conclusions about the efficacy of the Hoffman Process. For example, depression essentially disappears a week after the Process. After one year, **depression is still significantly lower [(17%)] as compared to the control group [(31.2%)]. Other negative symptoms, such as anxiety, interpersonal sensitivity, and obsessive-compulsive symptoms also show significant decreases in the short term and maintain those changes after one year.**

The 17% relapse rate for depression for the HQP participants is low, as compared to other treatment modalities. The researchers cite Gloaguen et al. (1998) as reporting relapse rates for antidepressant therapy ranging from 18% to as high as 82%. Cognitive therapies range from 12% to 46%. Therefore, in this author's view, the 8-day personal growth program has an excellent side effect for alleviating depression. Other unwanted negative symptoms such as anxiety, interpersonal sensitivity, and obsessive-compulsive also show reduced symptomatology.

Importantly, it appears that *the literature does not describe any other programs or interventions that produce stronger and more lasting reductions in unwanted negative symptoms. What makes this study unique is that there are also simultaneous and lasting increases in positive attributes such as emotional intelligence, spirituality, forgiveness, empathy, and physical energy and vitality.*
there is no literature that describes any treatment or intervention that has the combined effect of decreasing negative affect, while increasing positive affect. Further research may clarify to what degree other interventions would have similar results.

Concluding Remarks:

The Hoffman Quadrinity Process is a relatively short-term intervention, taking eight days. When looking at mild to moderate depression, it appears to produce at least as good or better results than other programs, therapies or medications. In addition, positive long-lasting benefits result, including increased emotional intelligence, spirituality, forgiveness, empathy, and physical energy and vitality. These research findings indicate that the overall changes available to a participant are, by any standard, quite remarkable. Upon reflection of this latest research, the Hoffman Process is, in this author's mind, a reasonable choice for the discriminating consumer. Participants of the Process can reasonably expect good results, given this UCD research.

People who are seeking to find a growth program that emphasizes positive affect change, but wonder about its overall helpfulness, may be encouraged to know that increases in forgiveness are associated with better mental and physical health (Worthington et al., 2001). Further study on the Hoffman Quadrinity Process can help determine the relationship between positive changes experienced in the Process and the impact on physical health, effective relationship styles, the ability to self-motivate, and the ability to create and perform optimally.

There is a continuing demand for programs that provide results and for research that demonstrates that they work. Organizations around the globe are experiencing these demands, and are increasingly seeking interventions that are more evidence-based, having research data to support their choices. The discussed research provides such evidence for the Hoffman Quadrinity Process. Such research goes beyond the testimonials of past participants or present advocates, and has a life of its own.

– Ron Meister, Ph.D.

References

Aldwin, C.M., Cupertino, A.P., Levenson, M.R., & Spiro, A. III. (1998a). Childhood experiences and health outcomes in later life. *The Gerontologist (abstract)*, 38, 64.

Aldwin, C.M., Levenson, M.R., Cupertino, A.P., & Spiro, A. III. (August, 1998b). Personality, childhood experiences, and drinking patterns in older men: Findings from the Normative Aging Study. *Proceedings of the Fifth International Conference of Behavioral Medicine, Copenhagen*. p. 82.

Andrews, F.M., & Withey, S.B. (1976). *Social indicators of well-being: Americans' perceptions of life quality.* New York: Plenum Press.

Beck, A.T. (1967). Depression: Clinical, experimental and theoretical aspects. New York: Harper & Row.

Beck, A.T., Steer, R.A., & Brown, G.K. (1996) *BDI-II Manual*. San Antonio: The Psychological Corporation.

Derogatis, L.R. (1983). SCL.-90-R Revised Manual. Baltimore: Johns Hopkins University School of Medicine.

Gloaguen, V., Cottraux, J., Cucherat, M. & Blackburn, I.M. (1998). A meta-analysis of the effects of cognitive therapy in depressed patients. *Journal of Affective Disorders*. 49, 59-72.

Hoffman, B. (1995) *The negative love syndrome*. San Anselmo, CA: Hoffman, Institute.

Ryff, C.D. & Heincke, C.K.E. (1983). Subjective organization of personality in adulthood and aging. *Journal of Personality & Social Psychology*, 44, 807-816.

Schutte, N.S., Malouff, J.M., Hall, L.E., Haggerty, D.J., Cooper, J.T., Golden, C.J.; Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. *Personality & Individual Differences*, 25, 167-177.

Stotland, Matthews, K.E., Sherman, S.E., Hanssom, R.V. & Richardson, B.Z. (1978) *Empathy, fantasy, and helping*. Beverly Hills: Sage.

Wade, S.H. (1989). The development of a scale to measure forgiveness. *Unpublished doctoral dissertation*. Pasadena: Fuller Graduate School of Psychology.

Ware, J.E. (1993). SF-36 *Health Survey Manual: An interpretation guide*. Boston: New England Medical Center Health Institute.