Concluding Remarks:

decreasing negative affect, while increasing positive affect. Further research may clarify to what extent 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. 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 maintain those changes after one year.

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.

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

The Brief Depression Inventory (BDI) (Beck, 1967; Beck, Steer & Brown, 1996) was used to help assess the symptoms of depression in the sample. Cognitive therapy interventions have shown that anxiety disorders are effectively treated, and have become a standard treatment for depression. The BDI has been found to be a useful tool in the assessment of depression, and its use in this study was the result of experience in its administration and psychometric properties. The BDI is a 21-item self-report inventory of psychiatric symptoms, and has demonstrated high levels of reliability and validity. After the Process, none of the participants were depressed, not even mildly. Negative affect symptoms such as depression, anxiety, anger, and hostility are assessed by the BDI.

The Health and Well-Being scale was examined in terms of emotional intelligence, spirituality, forgiveness, empathy, and physical energy and vitality.

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

In terms of depression, the depression reports rose but the initial improvements remained at a statistically significant level. Nine months and 12 months after the Process, 11 participants were mildly to moderately depressed, not even mildly. Negative affect symptoms such as depression, anxiety, anger, and hostility are assessed by the BDI. The drops in negative affect symptoms were significant, and the improvements in positive affect were highly significant. All of the subscales showed significant improvements after one year, and those improvements lasted at least two years. Positive affect measures increased significantly in one year. Other positive affect measures such as life satisfaction, empathy, and positively oriented affect were also measured in the post-process follow-up.

The Health and Well-Being scale was examined in terms of emotional intelligence, spirituality, forgiveness, empathy, and physical energy and vitality.

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

For the negative affect measures, prior to the Hoffman Quadrinity Process, half of the participants were mildly to moderately depressed, and 12% of the sample was severely depressed. After the Process, none of the participants were depressed, not even mildly. Negative affect symptoms such as depression, anxiety, anger, and hostility are assessed by the BDI. The drops in negative affect symptoms were significant, and the improvements in positive affect were highly significant. All of the subscales showed significant improvements after one year, and those improvements lasted at least two years. Positive affect measures increased significantly in one year. Other positive affect measures such as life satisfaction, empathy, and positively oriented affect were also measured in the post-process follow-up.

Concluding Remarks:

The Hoffman Quadrinity Process is a short-term intensive intervention lasting eight days. Other well-established treatments for depression are psychotherapy and medication therapy. Psychotherapy includes cognitive-behavioral therapy, interpersonal therapy, and psychodynamic therapy. Medications typically prescribed for depression include selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants. The BDI is a self-report inventory of psychiatric symptoms, and has demonstrated high levels of reliability and validity. After the Process, none of the participants were depressed, not even mildly. Negative affect symptoms such as depression, anxiety, anger, and hostility are assessed by the BDI.

The Health and Well-Being scale was examined in terms of emotional intelligence, spirituality, forgiveness, empathy, and physical energy and vitality.

In the author's view, the 8-day personal growth program has an excellent side effect for reducing symptoms of depression. Cognitive therapies range from 12% to 46%.

References


England Medical Center Health Institute.


