


MAP OF EMOTIONS AND ACHIEVEMENTS: STUDY OF CLINICAL UTILITY <https://doi.org/10.56238/sevened2024.037-215>**Isabel dos Santos¹, Ana Costa² and Edgar Martins Mesquita³.****ABSTRACT**

Background: Factors such as fun, freedom, pleasure, satisfaction, self-growth, and happiness are promoters of good mental health. The individual constantly seeks to foster their self-growth and, consequently, promote their happiness. **Objectives:** This study aimed to explore the clinical utility of a therapeutic tool, dubbed "Map of Emotions and Achievements", developed from scratch by the corresponding author, addressing the concepts of self-growth and happiness, as well as the inherent possibility of the human being to overcome, change and grow. **Methods:** A sample of 110 individuals, aged between 18 and 74 years ($M = 41.33$; $SD = 15.32$), a sociodemographic questionnaire, the instrument "*Échelle de Mesure des Manifestations du Bien-Être Psychologique*" and a semi-structured interview were applied, with the aim of understanding the clinical usefulness of the Map of Emotions and Achievements. **Results:** The results clearly demonstrate that the tool is beneficial and clinically effective, since the scores obtained at the second moment of evaluation (after using the tool) were higher than the first moment, regardless of the gender and age of the participant. **Discussion:** Promising results were found in terms of mental health, which emphasizes the importance of the concepts of self-growth and happiness. The data presented indicate that this technique is efficient in consolidating the therapeutic relationship and self-growth.

Keywords: Self-growth. Achievements. Emotions. Happiness. Autonomy.

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INTRODUCTION

"Everyone has an inalienable right to life, liberty and the pursuit of happiness." (Lunt, 2004)

The search for happiness is the driving force that drives the human species in its trajectory through the world (Graziano, 2005). Feeling happy is fundamental to the human experience and most people are at least mildly happy most of the time (Diener & Diener, 1996).

Happiness refers to a positive component of mental well-being, so it is generally defined as an objective state of mind, characterized by pleasure and contentment, which reflect the subject's general subjective well-being (Veenhoven, 2010). It is assumed to be a basic emotion, characterized by a positive emotional state, with feelings of well-being and pleasure associated with the perception of success and a coherent and lucid understanding of the moment (Ferraz et al., 2007). Happiness can also be defined as: "*the sum of pleasures and pains*", and for this reason, it is currently conceived as "*the global appreciation of life as a whole*" (Veenhoven, 2000).

It is important to note that there are several factors that can be related to the presence/absence of happiness, such as psychological balance, moral integrity, self-esteem, gender, age, professional, family and financial situation, and health condition (Brim, 2018).

Happiness can be divided into two views: hedonic (pleasant feelings and favorable judgments) and eudaimonic (that which is virtuous, morally correct, true to the individual, meaningful, and/or growth-producing) (Ryan & Deci, 2001; Ryff & Singer, 2008). Additionally, this concept involves several constructs, such as subjective well-being (feelings of joy and pleasure), eudaimonic well-being (sense of meaning and purpose in life) and evaluative well-being (satisfaction with life) (Steptoe, 2019). It is found that happiness also encompasses three components, that is, the most positive affect, the least negative affect, and satisfaction with life (Lyubomirsky et al., 2005). Each of these components represents an important building block of happiness, so the first two are considered emotional, reflecting more affective or hedonic aspects of happiness (Gruber et al., 2011). While the third is mainly cognitive and is based on circumstantial evaluations of current and past life (Gruber et al., 2011).

According to common sense, a happy man is one who is satisfied with his life. Thus, it can be said that happiness involves a large number of satisfactions and requires the satisfaction of many important desires. However, this emotion varies from individual to individual, since different people have different groups of desires (Kekes, 1982).

Due to the great importance of happiness, there are numerous studies that highlight the benefits of this emotion in terms of health. The existing literature (e.g., Koopmans et al., 2010) concluded that higher levels of happiness are related to lower mortality and morbidity.

In turn, growth encompasses a number of more specific and conceptually overlapping coding categories in the literature that enhance promoting outcomes, including positive self-transformation (Pals, 2006), intrinsic and integrative growth (Bauer et al., 2005), meaning-making (McLean & Thorne, 2003), and integrative meaning (Blagov & Singer, 2004). In this sense, self-growth translates into the desire to become the best version of oneself, every day, representing a timeless, lifelong search to improve one's own performance, through formal and informal approaches (e.g., processes and practices that involve self-reflection, evaluation and establishment of a life plan with personal and/or professional growth goals). In addition, self-growth requires the incorporation of specific and decisive actions and processes towards the desired growth results, so it needs a long-lasting practice that compels numerous behaviors, actions, and firm activities. Since all individuals are different, self-growth varies according to life goals, and context, and can be liberating and challenging (Jain et al., 2015).

Self-growth can be defined as any interpretation of a past experience, which somehow moves a person toward experiences and mindsets that enhance positive self-development and quality of life by increasing clarity of identity, sense of purpose, self-efficacy, self-knowledge, meaningful connections with others, or well-being (Vallerand & Rapaport, 2017).

Additionally, reference authors (e.g., Maslow, 1967) argue that self-growth is the ideal of human development, which involves the transformation of challenges into opportunities. Therefore, self-growth requires much greater advances in a person's current self-concept, such as openness to more innovative ways of moving towards their ideal self, being characterized by different criteria and different types of perception and states of consciousness (Jain et al., 2020).

OBJECTIVES

Based on the constructs addressed, it was essential to verify the usefulness of the "Map of Emotions and Achievements" (MEC). This therapeutic tool, developed from scratch by the first author, is a map of self-assessment and self-growth, which allows an effective understanding of the psychological processes inherent to each individual. Therefore, through the MEC, the patient shares crucial information about their love life, personal fulfillment, self-esteem and confidence, independence and autonomy, current professional

and/or problematic situation, fears, fears, dreams, habits, harmful memories, perspectives, ideas, physical health, hobbies and new learning. That said, the present study aimed to understand the clinical utility of a therapeutic tool, called ECM, addressing self-growth and self-knowledge.

METHODS

PARTICIPANTS

Participants were recruited through a convenience sample. These represent patients who, voluntarily and spontaneously, sought the clinical services of the corresponding author (psychotherapist). During the study, no refusal and/or dropout was identified by the participants, as they answered the instruments collaboratively. The present data derive from the clinical process carried out by the psychotherapist, with the due authorization of the participants and with due respect for the therapeutic relationship. The sample included 110 adults, aged between 18 and 74 years ($M = 41.33$, $SD = 15.32$).

INSTRUMENTS

Based on the objectives, a sociodemographic questionnaire, a semi-structured interview was used to understand the functionality and individual experience of the patients, the MEC and the Portuguese version of the *Échelle de Mesure des Manifestations du Bien-Être Psychologique*.

Map of Emotions and Achievements

The Map of Emotions and Achievements (MEC) came about when the corresponding author, on a visit to Moscow's metro stations, realized that, despite not understanding the Cyrillic alphabet, being without a mobile phone and the immensity of the metro, lines and intersecting stations, she could roam freely through the most beautiful stations, due to the layout of the lines and their map (see figure 1). The map of this metro has a circular line (i.e., brown line), which intercepts all the others (e.g., red line, green line, purple line), functioning, in a way, as a safe place, since it allows a permanent return to the meeting point, in case the person gets lost. This therapeutic technique emerged in analogy to this map, due to the fact that, sometimes, individuals, due to fear, habituation, accommodation, automatic thoughts of devaluation and not feeling able to explore other paths, remain for years in the same "station". In other words, sometimes, individuals, faced with a certain disconcerting life situation that hinders personal development, decide to stay, repeating a painful "routine" daily, in a single "station", not exploring the other lines, afraid of the

unknown and feeling comfort for the situation in which they find themselves. Therefore, in a clinical context, it is intended that the patient prepares a "map" (see figure 2), in order to organize himself mentally and explore his abilities, learning to get out of his (un)comfort zone. This technique can be applied to any population and allows the constant re-elaboration and re-editing, by the individual, in order to adjust his "map" to his reality and his needs.

Scale for Measuring Manifestations of Psychological Well-Being

Échelle de Mesure des Manifestations du Bien-Être Psychologique (ÉMMBEP; Massé et al., 1998; Portuguese version by Monteiro et al., 2012) is an instrument that aims to assess psychological well-being and consists of 25 items, distributed in six dimensions: self-esteem, balance, social involvement, sociability, control of oneself and events, and happiness (Massé et al., 1998). Responses are scored using a 5-point *Likert* scale, ranging from 1 ("*never*") to 5 ("*almost always*") (Massé et al., 1998). The higher the score obtained, the greater the psychological well-being perceived by the individual (Massé et al., 1998). According to the original study, the internal consistency for the total scale is around $\alpha = .93$, and the subscales have alpha values ranging from .71 to .85 (Massé et al., 1998).

PROCEDURES

After the design of the research and in order to achieve the expected objectives (i.e., to determine the effectiveness and usefulness of the ECM), a sociodemographic questionnaire was administered, as well as a brief presentation about the research that was intended to be developed. Next, ÉMMBEP was applied as a constituent part of current practice in the clinical pathway. Subsequently, the ECM was presented and administered, and the participants who agreed to use this method are patients of the corresponding author and did so spontaneously. Nevertheless, and as in all techniques and/or consultations, the idea that non-participation or withdrawal during the process was completely free was emphasized, since the objective was only to provide the patient with more tools, not having any binding character. The technique was presented and explained individually, and the participants were instructed to create an "emotional meter"/"quality of life meter". Then, a semi-structured interview was given in order to obtain *feedback* on this new technique, and later the ÉMMBEP was *readministered* so that it was possible to understand the impact of the MEC. This process lasted about 3 to 6 months, which was considered the time needed for the patients to complete the MEC and, respectively, the cynical path. The purpose of the reassessment was to understand and listen to the clinical

evolution of the participants. It is reinforced that the present study is in accordance with the ethical principles of scientific research defined by the Order of Portuguese Psychologists and the *American Psychological Association*, with regard to the conduct of studies in human beings. In addition, the principles of the Helsinki Declaration have all been respected.

STATISTICAL ANALYSIS

Data analysis was conducted using the *Statistical Package for the Social Sciences* (SPSS; Corporation, 2013), version 26.0. In the characterization of the sample, absolute (n) and relative (%) frequencies were used for categorical variables and means (M) and standard deviations (SD) for continuous variables, after observation of the histograms and calculation of the asymmetry coefficient, framed in the interval $[-1, 1]$.

Cronbach's alpha was used to evaluate internal consistency, considering $\alpha > .70$ as the cut-off point. The comparison of the dimensions of the EMMBEP between the first and second time was made with *repeated measures* ANOVAs (*MR ANOVAs*), adjusted for age and gender. The assumptions evaluated in *the MR ANOVAs* were the normality in the distribution of the residuals, with the *Kolmogorov-Smirnov* test, observation of the histogram, and also the homogeneity of variances with the *Mauchly* sphericity test. All assumptions were confirmed, and there is no need to resort to p-value *corrections*. The level of significance considered for rejection of the null hypothesis was 5%.

RESULTS

The participants were mostly female and single or married/in a de facto union. It is noteworthy that, in its majority, the individuals were employed and with a socioeconomic status of medium or higher character (see table 1).

Table 2 shows the results of the internal consistency of the six dimensions of the EMMBEP, and it is possible to confirm, through these, the good psychometric properties of the scale. Table 3 shows the results of the ÉMMBEP dimensions at moments one and two, after using the MEC. The scores of all dimensions were higher at the second evaluation moment, with statistically significant results and effect sizes greater than 0.14 (high), except in the control of self and events, where the effect size was 0.10 (moderate). The results also show that the dimension with the highest score was self-esteem, which means that the ECM presents itself as a beneficial therapeutic technique for different individuals.

Finally, it is important to highlight some of the quotes made by the participants in the semi-structured interviews: "I thought it did me good, that it helped me to fix my head"; "I thought it helped me to see without fear that I always have a return"; "I was able to realize

that there is always a way to go back"; "No matter how much I lose, I still have health"; "If my boss fires me, patience, I still have two hands"; "I got divorced and thought the world was going to end, but then I reflected that I am grateful because I have two children, I am healthy, I have two legs".

DISCUSSION

The human being's search for happiness is an old philosophical theme, revealing a perennial truth about individuals, the species and different societies (Easterlin, 2011), with man being inherently creative and possessing a natural tendency towards self-healing, self-actualization and self-growth (Stewart, 1979).

In psychology, the concept of happiness has been widely studied, taking into account different personal characteristics and aspects of positive functioning (Horbal, 2012), such as self-growth. In this sense, happiness translates into an emotional state, in which the person feels inner contentment with the circumstances of life, fulfillment, and meaning of fulfillment (Gulyas, 2010). Self-growth is defined as the desire to become the best version of oneself, every day, representing a timeless lifelong pursuit (Jain et al., 2015). Thus, if all the conditions for self-growth are met and a person uses them correctly, then there is a reason for positive emotions and judgment of life, close to the ideal, which is assumed as a backdrop for the improvement of the quality of life (Horbal, 2012).

Therefore, the notion of happiness is based on the idea that the individual is a free and autonomous being, not conditioned by an external force, sovereign of himself and responsible for his personal self-growth, which is one of the final goals of all psychological and psychotherapeutic interventions.

The statistical analysis carried out in this study presented significant values, as it was found that the MEC contributed to the increase of self-growth and happiness, that is, it promoted an increase in the manifestation of psychological well-being, because the values were higher in the second evaluation.

LIMITATIONS

The present research had some limitations, namely, the fact that the form was a bit long, which may have led to some refusals/withdrawals of response or to the bias of the answers provided; the small sample size; the fact that the sample is of convenience, which requires that precautions be taken in relation to the generalisation of the results; and the time required for data collection, which was a very time-consuming process. It is suggested that, in future studies, sampling techniques should be used that allow the generalization of

the results to the population. Despite the obstacles mentioned, it is considered that the present study is very relevant, since it allowed the elaboration of an evaluation, which dictated positive results, when the MEC was used.

CONCLUSION

It is not only physical health that produces general well-being, but also the mental component (Nunes, 2007; Seligman & Csikszentmihaly, 2000). Therefore, happiness and self-growth are positive emotions essential for good mental health. In turn, having high levels of positive emotions translates into: favoring creativity; reduction of symptoms of anxiety and depression; increased personal satisfaction; greater propensity to engage in healthy behaviors; increased social interactions; increased flexible thinking and problem-solving skills; increased ability to deal with negative emotions; greater ability to recover self-esteem after a situation of failure; greater tolerance for frustration; construction and maintenance of personal resources; better brain functioning; producing an anti-inflammatory effect in the body; strengthening intellectual, physical and social resources; correction of weaknesses; proactive approach to aging and/or increasing years with quality of life.

This method aims to contribute to the autonomy, the feeling of freedom and the power of choice of the person. The existing literature (e.g., Deci & Ryan, 2000) denotes that autonomy is one of the essential pillars for intrinsic motivation and well-being (i.e., having the freedom to make choices aligned with one's own interests and values is strongly associated with high levels of happiness and satisfaction with life).

Therefore, the MEC intends to give the patient not only a kind of map for mental organization, but, above all, the permanent capacity for choice, which is considered to promote happiness and well-being (Reis et al., 2000; Ryan et al., 2008). In this individual, emotional, family, professional, cultural, adventurous, creative, parental and, above all, human map, it is intended to emphasize life and the unique and unique path that each individual traces, despite constant change. Thus, it is intended, in this way, to enhance the individual, his autonomy, his capacity for self-reflection and, consequently, his ability to generate new possibilities, paths, decisions and behaviors. MEC translates, therefore, into a very interesting therapeutic potential, since it is effective and pleasurable for its users, and is also an auxiliary tool for the construction of the therapeutic relationship. This is another clinical tool available to patients and professionals.

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AUTHORS' CONTRIBUTION STATEMENT

All authors contributed equally to the present study.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare in relation to this work.

DATA CONFIDENTIALITY

The authors declare that they have followed the protocols regarding the publication of patient data, with regard to confidentiality and informed consent, in force at their workplace.

ETHICAL CONSIDERATIONS

This research follows the ethical principles of scientific research defined by the Order of Portuguese Psychologists and the *American Psychological Association*, regarding the conduct of studies on human beings and respects the principles of the Declaration of Helsinki.

REFERENCES

1. Bauer, J. J., McAdams, D. P., & Sakaeda, A. R. (2005). Interpreting the good life: Growth memories in the lives of mature, happy people. *Journal of Personality and Social Psychology*, 88(1), 203-217.
2. Blagov, P. S., & Singer, J. A. (2004). Four dimensions of self-defining memories (specificity, meaning, content, and affect) and their relationships to self-restraint, distress, and repressive defensiveness. *Journal of Personality*, 72(3), 481-511.
3. Brim, G. (2018). *Ambition: How we manage success and failure throughout our lives*. iUniverse.
4. Corporation, I. (2013). *IBM SPSS statistics for Windows, version 22.0*. Columbia University Earth.
5. Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268.
6. Diener, E., & Diener, C. (1996). Most people are happy. *Psychological Science*, 7(3), 181-185.
7. Easterlin, R. A. (2011). Happiness, growth and the life cycle. *Europe Journal of Psychology*, 7(2), 395-398. Available at: <https://doi.org/10.5964/ejop.v7i2.136>
8. Ferraz, R. B., Tavares, H., & Zilberman, M. L. (2007). Felicidade: Uma revisão. *Archives of Clinical Psychiatry*, 34(5), 234-242. Available at: <https://doi.org/10.1590/S0101-60832007000500005>
9. Graziano, L. D. (2005). *A felicidade revisitada: Um estudo sobre bem-estar subjetivo na visão da Psicologia Positiva [Tese de Doutorado em Psicologia]*. Universidade de São Paulo. Available at: <https://doi.org/10.11606/T.47.2005.tde-23052006-164724>
10. Gruber, J., Mauss, I. B., & Tamir, M. (2011). A dark side of happiness? How, when, and why happiness is not always good. *Perspectives on Psychological Science*, 6(3), 222-233.
11. Gulyas, I. A. (2010). Феномен щастя: аксіопсихологічні аспекти [Phenomenon of happiness: Axio-psychological aspects]. *Проблеми загальної та педагогічної психології [Problems of General and Pedagogical Psychology]*, 12(4).
12. Horbal, I. (2012). Happy and healthy: The hypothesis of correlation between subjective well-being and psychological health and its role in late adulthood. *The Journal of Education, Culture, and Society*, 3(2), 36-48.
13. Jain, C. R., Apple, D. K., & Ellis, W. (2015). What is self-growth. *International Journal of Process Education*, 7(1), 41-52.
14. Jain, C., Apple, D. K., Ellis, W., Leise, C., & Leasure, D. (2020). Bringing self-growth theory to practice using the self-growth methodology. *International Journal of Process Education*, 11(1), 73-100.
15. Kekes, J. (1982). Happiness. *Mind*, 91(363), 358-376.

16. Koopmans, T. A., Geleijnse, J. M., Zitman, F. G., & Giltay, E. J. (2010). Effects of happiness on all-cause mortality during 15 years of follow-up: The Arnhem elderly study. *Journal of Happiness Studies*, 11(1), 113-124.
17. Lunt, A. (2004). The implications for the clinician of adopting a recovery model: The role of choice in assertive treatment. *Psychiatric Rehabilitation Journal*, 28(1), 93-97.
18. Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131(6), 803-855.
19. Maslow, A. H. (1971). *The farther reaches of human nature*. Viking Press.
20. Massé, R., Poulin, C., Dassa, C., Lambert, J., Bélair, S., & Battaglini, M. A. (1998). Élaboration et validation d'un outil de mesure du bien-être psychologique: L'ÉMMBEP. *Canadian Journal of Public Health*, 89(5), 352-357.
21. McLean, K. C., & Thorne, A. (2003). Late adolescents' self-defining memories about relationships. *Developmental Psychology*, 39(4), 635-645. Available at: <https://doi.org/10.1037/0012-1649.39.4.635>
22. Monteiro, S., Tavares, J., & Pereira, A. (2012). Adaptação portuguesa da escala de medida de manifestação de bem-estar psicológico com estudantes universitários EMMBEP. *Psicologia, Saúde e Doenças*, 13(1), 61-77.
23. Nunes, P. (2007). *Psicologia positiva*. Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra.
24. Pals, J. L. (2006). Constructing the "springboard effect": Causal connections, self-making, and growth within the life story. American Psychological Association.
25. Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J., & Ryan, R. M. (2000). Daily well-being: The role of autonomy, competence, and relatedness. *Personality and Social Psychology Bulletin*, 26(4), 419-435.
26. Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141-166.
27. Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies*, 9(1), 139-170.
28. Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13-39.
29. Seligman, M. E., & Csikszentmihalyi, M. (2014). Positive psychology: An introduction. In M. Csikszentmihalyi (Ed.), *Flow and the foundations of positive psychology* (pp. 279-298). Springer.
30. Steptoe, A. (2019). Happiness and health. *Annual Review of Public Health*, 40, 339-359.
31. Stewart, D. (1979). Photo therapy: Theory & practice. *Art Psychotherapy*, 6(1), 41-46.

32. Vallerand, R. J., & Rapaport, M. (2017). The role of passion in adult self-growth and development. In M. L. Wehmeyer et al. (Eds.), *Development of self-determination through the life-course* (pp. 125-143). Springer.
33. Veenhoven, R. (2000). The four qualities of life. *Journal of Happiness Studies*, 1(1), 1-39.
34. Veenhoven, R. (2010). How universal is happiness. In S. Hesketh, A. Kumar, & R. Smith (Eds.), *International differences in wellbeing* (pp. 328-350).