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Social Not Solo Exercises



"United we stand, divided we fall."

Introduction

The school of 'Positive psychology' is a new and evolving strand of psychology. In its intervention techniques, it incorporates contemporary methods of therapy with more traditional ones and focuses both on solo positivity and the positivity that can come from social interaction. This is perhaps due to cultural shifts in the scope of social activities, from, historically, having to seek out social interaction from which to derive social satisfaction, to now being able to sit, alone, at a computer screen, communicating with hundreds of others.

Traditionally, positivity through social contact has been sought in active forms; making a commitment to another, finding one's own religious community, or participating in social activities such as sports. **Orden and Bradburn (1968)** found strong support for a positive relationship between marriage and happiness, and **Smith et al. (2003)** that religious interaction can be a buffer against suffering from depression. More recently, however, Positive psychology studies such as **Seligman (2002)** have shown that as viable an improvement in 'happiness' can be gained

through solo, internet therapy.

Practically, it has been demonstrated that both solo and individual pursuits can have a huge influence on behaviour. Studies as far back as [Allport \(1954\)](#) have demonstrated that a social group can pressure decisions. Yet, defining what counts as social interaction, compared with solo action with others around, and therefore what exactly the effect of others is, is a complex process. Thus, when it comes to clinical therapies, there are many options open to suit the needs of the individual, from solo exercises to therapy in the presence of others, to group interaction therapies.

What exactly the effects are of solo vs social exercises in terms of individual positivity are still hugely debated. One of the focuses has been to examine the satisfaction of those who spend their leisure time alone or with others. For example, one of the huge benefits of exercise has been suggested to be in its social participation ([Stephoe and Butler, 1996](#)), but even solo running seems to be mood improving ([Salmon, 2001](#)). There seem, therefore to be benefits to be gained from activities of both the individual and social kind.

History and Culture
Theories
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Overall, social interaction is incredibly important to our well-being and it has been shown time and time again that there are positive benefits for both mental and physical health to be gained from it. The health of premature infants is improved by touch ([Dieter et al., 2003](#); [Diego et al., 2008](#)), participation in group sport has been part of human behaviour for thousands of years, and self-help groups have been proven effective in helping people work through problems such as alcoholism and weight problems ([Hoffman & Clarke, 1992](#); [Dansinger et al., 2005](#)). Although individual exercises such as internet therapy have been proven effective ([Salmon, 2001](#)), group activities such as religious services can also lead to an increased sense of both happiness and social connectedness ([Ferris, 2002](#)), and the more a person engages in social activity, the more their life satisfaction increases. [Baumeister and Leary \(1995\)](#) suggested that as humans we feel a need to belong, which is supported by the positive benefits gained by an individual when participating in social exercises.

Key papers evaluating the effects of social positive psychology

Cohen, S., & Hoberman, H. M. (2006). Positive Events and Social Supports as Buffers of Life Change Stress1. *Journal of applied social psychology, 13*(2), 99-125.

- This is an extremely worthwhile explanation of how social interaction and support can help one to maintain a positive outlook. Particularly focuses on times of stress.

Shinn, M., Lehmann, S., & Wong, N. W. (2010). Social interaction and social support. *Journal of Social Issues, 40*(4), 55-76.

-This paper tries to look at both the positive and negative implications of social support and interaction.

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Clinical Applications

Clinical Applications

Social action can be viewed as a form of positive intervention which aims to increase positive feelings and has been shown to have several applications throughout clinical treatment. Its uses vary from face-to-face support groups, online help forums facilitating computer based interaction and organizations which offer group activities to those in treatment.

In solo action rehabilitation some of the more well-known exercises are “Three Good Things” (TGT) and “Best Future Self” (BFS). The TGT exercises require people to write down three good things which happened in their day and the cause of these things. The BFS exercise requires patients to write down how they imagine their lives in the future had it all gone as they planned. These exercises nurture the individual's ability for positive self reflection and have been shown to decrease depression (Krentzman, 2012).

Contrastingly, the sharing of experiences with peers is the key element of social action. Sharing helps patients regain a form of normality in life and dispel myths which may manifest further in solitary rehabilitation. This type of action features extensively in cancer support groups or organisations such as Alcoholics Anonymous which allows patients to speak openly of their concerns about their situation. Research suggests support group sessions significantly reduce depression amongst cancer patients (Coreil & Behan, 1999), a condition which occurs in 15-25% of those diagnosed with cancer.

Social action can also be used for treatment in more private circumstances. Males who suffer from testicular cancer prefer smaller groups or even dyadic support groups which have been shown to significantly reduce rates of depression in comparison to others who choose solitary rehabilitation (Weber et al. 2007). Online support groups provide further anonymity which is said to be beneficial for people who are anxious or alone.



Other organizations which utilize social action to help rehabilitate is Weight Watchers. Ahern and colleagues (2011) found that partaking in 12 sessions of a Weight Watcher's class reduced members weight by >5%. When compared with self-help programs, Weight Watcher's was shown to be significantly more effective. This form of action can be seen as a motivational exercise which brings together individuals with similar weight loss goals and uses the group solidarity as means of regulating behaviour. By making people identify themselves with the group, their likelihood of defecting upon the regime is lowered.

History and Culture

History and Culture

Group communication

Throughout history humans have enjoyed the company of other humans. Modern humans are thought to have evolved some 200,000 years ago (Scientific American, 2005) and have always lived in groups. We can all attest to the fact that we tend to feel happiest when we're in social situations and engaging with others and always

have, we are a social species and our moods are bettered by conversing with others (Diener & Seligman, 2002). It's not only in our past that humans have felt the need for communication to increase happiness. Modern technology has had a huge impact on the way in which we socialise. The World Wide Web was invented by Timothy John Berners-Lee, and in 1990 it went live. This was to change the way we communicate forever.



Before the emergence websites like 'Myspace' or 'Facebook', in order to contact people they had to be called individually but that has now all changed. We can now start 'groups' on the internet so that many people can be reached and engage in conversation all at once which allows for the feelings of inclusion and the increasing of happiness, and even something as simple as instant messaging has been found to decrease stress levels in adolescents (Dolev-Cohen & Barak, 2013). Cultural differences have been found in these online communities, in that 'groups' that can be created on these site were more important to, particularly people from the UK, than to American's (Vasalou et al., 2010). Not only is it with our peers that we can now engage electronically but we can even engage in group or single therapy sessions online. There are many forums out there which means people struggling with the same issues in their lives can communicate and work together to help each other through their problems.



Culturally, there are huge differences in the way we interact with other individuals. Even from a very early age, it is possible to see that there are cultural differences in social interaction (Farver et al., 1995). We all know well that cultures differ greatly on the collectivist-individualistic scale, with places like Europe and the United States of America being individualistic and Japan and China being much more collectivist but how does this affect the way we interact socially to increase our sense of well-being? When motivating staff in their workplace, a store in Texas had its employees tell themselves they were beautiful every morning into a mirror. In comparison, in a Japanese store in New Jersey, employees were old to hold hands with a fellow employee and tell them that they were beautiful (Markus & Kitayama, 1991). This suggests that in order to increase well-being, different cultures have different ways of increasing well-being: individualistic cultures tend to need to make themselves feel good however collectivist cultures tend to work for the good of the group and make each other feel good.



Touch

We've all been told again and again about Harlow's monkeys and how the orphaned primates would go to the wire mother surrogate for milk but as soon as it was frightened, ran straight for the 'cuddly' fuzzy mother, and that those were not given access to the fuzzy mother did not develop mentally as well as those who did have access (Harlow & Zimmerman, 1959). This need for contact is, and always has been just as strong. We know that in the past we lived together in groups in caves and would have bonded by grooming and touching. Touch is incredibly important to human beings and as such, now has an entire science devoted to it known as 'touch science'. Touch activities such as massage therapy (MT), reflexology and even hugging are incredibly important for humans both physically

and mentally throughout our lives (Gallace and Spence, 2010; Field et al., 2004). MT is used in premature infants and can improve weight gain and sleep patterns (Dieter et al., 2003; Diego et al., 2008) and for older children it can help to alleviate the symptoms of ADHD, asthma and decrease aggression (Field et al., 1997; Diego et al., 2002) and has many positive benefits for adults too. Although there are other explanations as to why MT works, one outstanding theory is that it is the 'interpersonal attention' that one receives from the massager (Messer & Wampold, 2002).

Something as simple as hugging and kissing one's partner can decrease cortisol levels and blood pressure, increase oxytocin release and activates certain proteins which promote health and well-being (Grewen et al., 2003; 2005; Light et al., 2005; Matsunaga et al., 2009).



Sex

It's a fairly obvious statement that one generally gains pleasure from engaging in sexual intercourse with one's partner but we are one of only 3 species (us, bonobos and dolphins) that actually engage in sex for reasons other than procreation (Martin, 2009). In fact, it has been suggested that people have sex for one of 237 reasons (Meston & Buss, 2007)! Some of these apparently include a need to feel power; to alleviate boredom; to feel a connection with their partner; to express love, and many more. The first person to really study the psychology of sex was Alfred Kinsey who conducted one of the first, studies into sexual psychology (Kinsey et al., 1953). 18,500 individuals were interviewed and it was found that sexual practices in the US, whilst prudent on the outside, were far more 'varied and rampant' than anticipated.

There are many benefits from engaging in sex. Physically, it can lead to better physical shape, a decrease in blood pressure, lower risk of prostate cancer, an increase in the functionality of one's immune system and can even lengthen one's lifespan (Janssen & Everaed, 1993; Davey Smith et al., 1997; Brody et al., 2000; Bancroft et al., 2003; Brody, 2006, 2010). Sex also has many psychological benefits. The release of oxytocin that comes following orgasm causes feelings of relaxation, a decrease in anxiety and a sense of connection to your partner along with increased self-esteem and confidence, self-development and growth, and an overall increase in general quality of life (Janessen & Everaed, 1993; Meston &

Buss, 2007; Bancroft et al., 2003).



One study by **Ubillos and colleagues (2000)** found that there are cultural differences in sexual activities. Over all cultures studied, men reported higher sexual activity levels and are more likely to engage in extra-marital relationships, and women are more likely to arrive into a marriage as a virgin. Higher levels of sexual activity were found in colder climates and in developed countries compared to undeveloped countries. It was postulated that this was perhaps due to the increased amount of free time, more privacy and better health though perhaps, considering the positive benefits of sexual activity, the better health is partly down to participation in sex.



Meditation and Yoga

Meditation has been around for thousands of years and is heavily rooted in religion. It began in the east with written records being placed at about 1500 BC. Judaism, Buddhism, Christianity and other religions all employ variations of the practice but all aim for the same sensation of peace and connection with the world. It became popular in the west in the 1970s, is practised by many all over the world, and has become a topic of study for many intellectuals who have found that there are many health benefits to be gained from participating in meditation. **Specca and colleagues (2000)** found that cancer patients who engaged in an hour and a half meditation group for 7 weeks plus home practice on their own and were found, compared to controls, to have suffered less depression, lower anxiety, less emotional irritability and less cognitive dysfunction. Overall they were shown to have 65% less mood disturbance and 31% stress symptoms. This finding has been replicated in many studies, showing that meditation can alleviate clinical and non-clinical issues, even in so much as mediating levels of melatonin produced by the pineal gland leading to changes in the progression rate of prostate cancer (**Grossman et al., 2004; Coker, 1999**). Meditation can also be used for psychological disorders such as phobias and stress and can be used for relaxation, decreasing anxiety, systematic de-sensitisation, releasing repressed memories and so on (**Hussain & Bhushan, 2010**).

For more on the history and techniques and meditation meetups see the links:

http://www.project-meditation.org/wim/history_of_meditation.html

<http://meditation.meetup.com/>

One form of meditation is Yoga. It is a very old form of meditation and depictions of yoga poses have been found in seals dating back to the 3rd millennium BC. The term 'yoga' first appeared around 400 BC, in the Hindu scripture Katha Upanishad where it was defined as 'the steady control of the senses, which along with cessation of mental activity, leading to the supreme state'. Somewhere around 200 BC-500 CE, coherent philosophical yoga systems began to emerge as the philosophical schools of Jainism, Buddhism and Hinduism took form. The oldest surviving texts describing the discipline of yoga (Buddhist Pali canons) are from around 29-17 BC. Yoga, like meditation originated in the East and it wasn't until around the 19th century that yoga really came to the attention of those in the West. In the 1890s, Swami Vivekananda, the first Hindu teacher to advocate yoga to western audiences, toured the United States and Europe.

Western yoga is typically associated with Hatha yoga and its postures or as a form of exercise. Western interest in Hindu spirituality reached its peak in the 1960s, where many new Neo-Hindu schools came into being, followed by a second 'yoga boom' in the 1980s. In the 1980s Dean Ornish made the connection between yoga and heart-health and advocated yoga as a purely physical exercise-related activity. Since 2001, the number of people practicing yoga in the US has risen from 4 million to 20 million in 2011.

For more information on the history and practising try these links:

<http://www.yogajournal.com/>

<http://www.swamij.com/history-yoga.htm>

<http://www.tm.org/meditation-techniques>



Sports

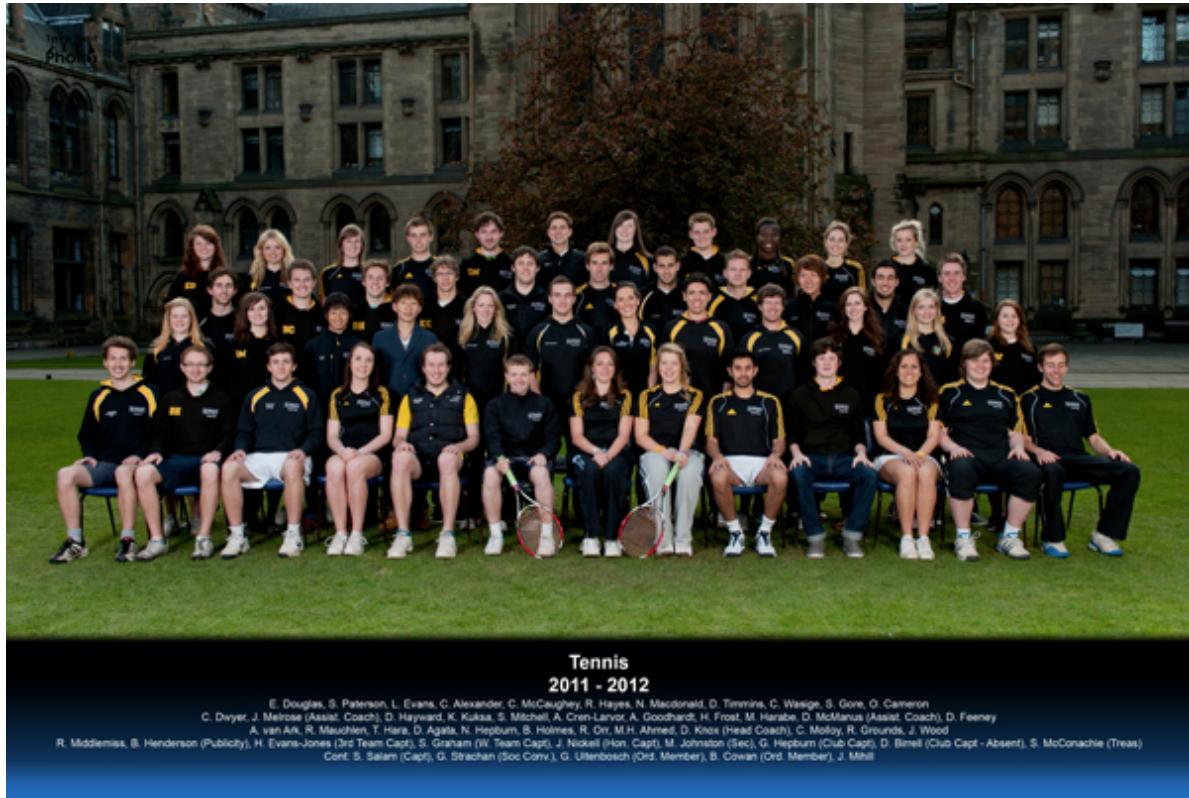
Another activity many individuals engage in to increase happiness is sports. It is almost impossible to put a time stamp on when people started engaging in group sports. Javelin and arrow type objects used in hunting have been found in Sibudu Cave in South Africa and have been dated at around 64,000 years old (Gill, 2010) and the ancient Sumerian civilisation show further evidence of early sports such as wrestling from around 300BC.

The Ancient Greeks are where we really start to think about sport as a leisure activity though. The first Olympic games was held in 776BC and what started off as a single running race became an elaborate games including javelin, wrestling, chariot racing and many other sports besides and were celebrated up until 393AD. In the Middle-Ages Europe games such as football began to emerge which in Britain were played around Easter and had origins in fertility and the celebration of spring returning (Encyclopaedia Britannica, 2013).



Despite the full history humans have of engaging in physical activity, and that our bodies have evolved for physical exertion such as hunting and gathering, it is suggested that in modern times, we engage in only one third of the physical activity we did 100 years ago and significantly less than we did 100,000 years ago. In fact, between 2006 and 2007, physical inactivity cost the NHS around £0.9bn (Scarborough et al., 2011) and this cost is rising. This is a peculiar finding considering the positive benefits that are gained by engaging in physical activity and are told to us over and over again. We know that physical exercise is good for our bodies and has been shown to decrease risk of breast cancer (Bernstein et al., 1994), increases immune system function (Silveira et al., 2007), and has even been shown to increase life expectancy. It also has psychological benefits such as increased self-esteem (Tremblay et al., 2000), decreased risk of depression (Babyak et al., 2000), better cognitive function in old age (Boutcher et al., 2001) and an overall increase in general well-being. It has even been found that you don't have to have been engaging in physical activity for your whole life and that a late start will still allow you to reap the benefits such as longer healthy life (Camacho et al., 1991).

Community activity also leads to an increase in well-being. Engaging in group physical activity leads to a strong sense of identity and a sense of cohesiveness (Fox, 2000) and can help to reach out to those who might otherwise lack social interaction for example the elderly. Community activities not only help the individual and the group but also the entire country's economy. We've already seen that inactivity costs the UK billions and by providing access to group activities we can decrease these costs along with many others besides. Increasing the nation's health would decrease the prevalence and severity of many diseases thus decreasing more costs. School physical education programs have been shown not only to increase the health and mental well-being of the children engaging but have also been found to increase their academic achievement and attention in other areas of their lives (Ratey, 2008). Disappointingly, considering all these benefits, less than 3.8% of students in the USA partake in regular physical education (Lee, 1995).



Self-Help Groups

Group Psychotherapy was founded by Joseph H. Pratt, Trigant Burrow and Paul Schilder in the first half of the twentieth century and then following WWII, was further developed by Jacob L. Moreno, Samuel Slavson, Hyman Spotnitz, Irvin Yalom, and Lou Ormon. In particular, Yalom's approach, as explained in his text 'The Theory and Practice of Group Therapy' has been influential both in the US and around the globe. His approach is based upon 12 'therapeutic factors' (originally names curative factors but renamed in the 5th edition of the book) and were the consequence of much self-report information gathered from group therapy users. The factors are as follows: Universality, Altruism, Instillation of hope, Imparting information, Corrective recapitulation of the primary family experience, Development of socializing techniques, Imitative behaviour, Cohesiveness, Existential factors, Catharsis, Interpersonal learning, & Self-understanding. It is possible to see from the titles that many of these factors have, at their heart, interpersonal interaction. In the 1940s, Kurt Lewin and Carl Rogers pioneered T-group or training group as a type of psychotherapy. It involved individuals working within a group of others to learn about, and gain insight into themselves and each other through their interactions such as feedback, problem solving and role play.



In the UK, group psychotherapy developed independently. The pioneers in this case were S. H. Foulkes and Wilfred Bion, who in particular, focussed on treating the fatigue suffered by those returning from WWII. Foulkes and Bion realised that by working with patients in groups, transference (“the redirection of attitudes and emotions towards a substitute, such as towards the analyst during therapy” ([Collins English Dictionary](#))) would not only occur between patient and therapist but between members of the group. In particular, Bion’s approach was based on looking at and solving the problems faced by the ‘group’ rather than the ‘individual which was a theory criticised by some but was highly influential in the field and is comparable to Social Therapy ([Holzman & Polk, 1988](#)), developed in the 1970s by Lois Holzman and Fred Newman who also based their theory on ‘building’ the group rather than ‘fixing’ the individual.

Overall, group therapy helps to teach the individuals to integrate and interact with others to help both themselves and each other overcome their issues and to move on into a better future, and works for depression, obesity, somatization disorder and even irritable bowel syndrome ([Kashner et al., 1995](#); [Wollersheim, 1970](#); [McDermut et al., 2001](#); [Wierzbicki, & Bartlett, 1987](#); [Wise et al., 1982](#)). It has proven itself as an effective method time and time again and although individual therapy has also shown its worth, group therapy is a cost effective alternative in many situations, having benefits such as human interaction and support ([McRoberts et al., 1998](#)).



AA and Weight watchers are two well-known self-help groups which have shown to be effective in enabling their members to achieve their goals. The AA was founded in 1935 by Bill Wilson and Dr Robert Smith after the prohibition in the 1930s in the United States. At the time, alcoholism was seen as a disease which was treated by placing sufferers in asylums of treating the patient with substances such as belladonna to engage them in the ‘puke & purge’ treatment to clear their systems. It has been a successful program throughout its history ([Hoffman & Clarke, 1992](#); [Emrick, 2006](#); [Gross, 2010](#)) with one study even finding that increased attendance was associated with increased spirituality ([Kelly et al., 2011](#)). Weightwatchers was founded by Jean Nidetch in 1963 followed by the publishing of her book ‘The Memoir of a Successful Loser the Story of Weight Watchers’ which was the basis for the modern weight watchers program. The well-known ‘points plan’ was developed in the UK by the team headed by Sarah Watson and Marian Way in 1995 and was implemented in the US in 1997. It has shown useful as a weight loss plan ([Dansinger et al., 2005](#)) and especially it’s group aspect as being better than losing weight on one’s own ([Heshka et al., 2003](#)).



History and Culture of Social Exercises

Despite the full history humans have of engaging in physical activity, and that our bodies have evolved for physical exertion such as hunting and gathering, it is suggested that in modern times, we engage in only one third of the physical activity we did 100 years ago and significantly less than we did 100,000 years ago. In fact, between 2006 and 2007, physical inactivity cost the NHS around £0.9bn (Scarborough et al., 2011) and this cost is rising. This is a peculiar finding considering the positive benefits that are gained by engaging in physical activity and are told to us over and over again. We know that physical exercise is good for our bodies and has been shown to decrease risk of breast cancer (Bernstein et al., 1994), increases immune system function (Silveira et al., 2007), and has even been shown to increase life expectancy. It also has psychological benefits such as increased self-esteem (Tremblay et al., 2000), decreased risk of depression (Babyak et al., 2000), better cognitive function in old age (Boutcher et al., 2001) and an overall increase in general well-being. It has even been found that you don't have to have been engaging in physical activity for your whole life and that a late start will still allow you to reap the benefits such as longer healthy life (Camacho et al., 1991).

Community activity also leads to an increase in well-being. Engaging in group physical activity leads to a strong sense of identity and a sense of cohesiveness (Fox, 2000) and can help to reach out to those who might otherwise lack social interaction for example the elderly. Community activities not only help the individual and the group but also the entire country's economy. We've already seen that inactivity costs the UK billions and by providing access to group activities we can decrease these costs along with many others besides. Increasing the nation's health would decrease the prevalence and severity of many diseases thus decreasing more costs. School physical education programs have been shown not only to increase the health and mental well-being of the children engaging but have also been found to increase their academic achievement and attention in other areas of their lives (Ratey, 2008). Disappointingly, considering all these benefits, less than 3.8% of students in the USA partake in regular physical education (Lee, 1995).

Practical Exercises

Practical Exercises

Social action is a term used to describe one's behaviour whilst in the presence of another being or a group of beings. As the human species are social animals, we often find social action in everyday life. From the positive psychology perspective, social action exercises can be used in a variety of ways to aid positive interventions increasing positive feeling and cognition.

This type of action differs from solo action in several ways which are created by the addition of other beings. A number of studies in social psychology support this notion by showing the effect of a group's presence upon an individual's behaviour. For example, **Allport's 1954** study on social facilitation, **Latane & Darley's 1968** research on diffusion of responsibility in groups and **Asch's 1956** line judgement experiment. The above research also highlights that despite varying the level of interaction, a group can still strongly affect the thoughts and feelings of the individual.

To distinguish the different levels of social action, it can be grouped by the headings co-active and interactive exercises. Co-active exercises are actions carried out in the presence of a group yet no interaction with the group takes place e.g. running a marathon in a pack of people. Interactive exercises function through the interaction of the group e.g. a support group for schizophrenics where the aim is rehabilitate through interaction.



Some examples of social action can be found in **Walker's (2010)** research where subjects were asked to identify solo activities and social activities in which they experienced flow. For solo actions the subjects identified cycling, cooking or reading alone whilst they identified social actions as playing football on a team, singing in a choir and ballroom dancing.

For a TED Talk on flow and how to find it please follow the link below.

http://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow.html

Because there is such a wide variety of social action it can be used throughout rehabilitation programs from weight loss, to cancer support and pregnancy classes. It can also be seen in education e.g teaching children to work with one another. In less formal settings, just visiting friends or meeting new groups of people can have

a significant effect upon our outlook and well-being. Walker (2010) found that subjects rated social actions in which they experienced flow as more enjoyable than solo actions in which they experienced flow. The author suggests that in the company of others we have more positive cues for encoding because there are more sources for these cues to originate from thus we recall social actions as more positive.

These findings suggest that despite the benefits of solo action we can increase positive cognition more so by surrounding ourselves with positive people.

Theories

Theories

Marriage and Love



Seligman, one of the leaders in the field of positive psychology, believes that marriage is “robustly related to happiness” and it has been found that married people are generally happier than those that are unmarried Myers and Diener (1996). Marriage and relationships are by definition very much social acts that contribute towards the positive mental health of individuals.

Baumeister and Leary (1995) hypothesised that due to our group species nature we have a need to belong and feel needed and this has led to our need to feel loved. Many studies produced results to confirm this. In a sample of 348 undergraduate students it was found that those who identified as being in love were significantly happier than those who were not. Happiness scores in this sample correlated positively with passionate love, friendship love and relationship

satisfaction (Hendrick and Hendrick 2000). Kim and Hatfield (2004) conducted a cross-cultural study using Hatfield and Rapson's (1993) idea of love types; companionate and passionate love. They found that both types of love are related to subjective well-being in different ways. Life satisfaction was very strongly predicted with companionate love and positive and negative emotion experience was accounted for by passionate love.

It can be seen that theories of love can account for high levels of happiness of those in relationships whether that is those in marriages or even with close friendships. This knowledge can be used to create practical social exercises to enhance relationships and closeness, which will in turn enhance positive mental health.

Leisure Time

Another common way to pursue happiness is through leisure time, this is something that can be done alone or in a group. Using free time to engage in activities which interest you is a strong predictor of levels of happiness in individuals (Tkach and Lyumbomirsky 2006).

Leisure time can become a considered a solo activity when one reaches a state of flow, this concept was created by Csikszentmihalyi. It is the idea that one can become truly immersed in an activity, in this case a leisure activity, such as painting or even something more active such as running. Flow is regarded as a very positive experience, resulting in a rush of positive emotions after the activity has been completed. Flow can also be experienced as a group in sports as a team, this can result in peak performance and enhances skill acquisition along with the benefits of solo flow. Spending your free time doing activities that you enjoy is beneficial whether you are alone or with others, but there are sometimes added benefits when you are in a team.



Exercise has particularly been found to have a significant positive effect on levels of stress, anxiety and depression (Salmon, 2000), it can improve mood (Rejeski et al., 1995) and has a high likelihood of inducing flow (Csikszentmihalyi, 1990). Plante and colleagues (2001) looked at 136 participants, measuring their levels of stress before exercise, immediately after and a while after exercise. The exercise was carried out alone, with another silent person or with another active person. It was found that exercise with other people is more calming but more tiring due to an increase in exertion by trying to compete. So increased positive psychological effects of exercise can be observed when being active in a group than when alone. This research is in support of many other studies which have found that the psychological benefits of exercise are due, in part, to the social aspects.

The positive mental attributes of social exercise, such as running in a group or

doing sports in a team, come from the social support that is gained from 'feeling a part of something'. As a group species we have a need to feel included and supported and we gain this through social means. This affiliation with others lowers stress and anxiety and increases happiness and life satisfaction.

There are benefits to be gained from leisure time both spent alone and with others. Being alone you can achieve flow which can be extremely satisfying and have a positive effect on mental health. Additionally if flow is achieved in a group, when taking part in sports for example, this satisfaction can be achieved along with other possible benefits. Along with flow there are other mental health benefits when taking part in group exercise, including reduced stress and a feeling of social inclusion.

Religion

Religion can be seen as both a very social or very personal activity. Many studies have found that those who have religious beliefs are happier and less stressed than those who do not, although most research has been carried out on western society (White, 2003; Snoep, 2008; Myers, 2000 for a review). Various aspects of religion can account for this positive effect on mental health of those who participate in it.

From an individual's perspective religion can give meaning to life, we strive to attribute value and purpose to event in our lives and for some religion helps this. Baumeister (1991) defined four needs humans have for meaning that can be related to religion, the first is a purpose, and the second is a need for values, the third a sense of efficacy, and finally a basis for self-worth. All of these things are personal goals that individuals strive for through social means as shown below.

Most religions encourage its members to pursue certain social behaviours which act positively on their mental health. Examples of this include forgiveness, altruism, gratitude and compassion. Although these are all behaviours we exhibit as individuals they involve how we act towards other people which make them social actions. Religion also provides individuals with increased social connectedness and happiness is closely linked with how often a person attends religious services (Ferris 2002). The correlation shows that the more a person engages in their religion on a social level, as well as on a personal level, the more satisfaction and happiness they will gain from it.



Religion affects people positively on an individual level by giving meaning to their life and it is a basic human attribute to strive towards this. However it is hard to have solo aspects of religion without engaging in social ones. Religion encourages its followers to behave in certain ways socially and morally towards others which make them feel good about themselves. Furthermore the feelings of social support and the benefits of this network gained from regularly partaking in religious activity increases happiness and reduces stress and anxiety.



 Moodle Docs for this page