



The effectiveness of reality therapy on happiness, life expectancy, pervasive anxiety among drug addicts

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Abstract

The aim of this study was to determine the effectiveness of "reality therapy on happiness, life expectancy and pervasive anxiety among drug addicts". The study population included 150 addicts referring to addiction clinic in the city of Rasht, among which 102 people whose scores on the questionnaires (happiness, life expectancy, anxiety) were above the cut-off point which 20 people were randomly selected and assigned to experimental and control groups. The research design was experimental and pretest and posttest with control group. After random selection of the experimental and control groups, first for both groups, pre-test was carried out, then the experimental intervention (Reality Therapy) were presented to the experimental group and post-test was taken after therapy sessions. The results of data analysis has shown with multivariate covariance method (MANCOVA) that the hypotheses are confirmed.

Keywords: *treatment of Cognitive Therapy-Based Mindfulness, happiness, life expectancy, anxiety, drug addicts.*



Introduction

Reality Therapy is a form of psychotherapy in order to increase accountability and internal control as well as accepting the realities of the world around us. Reality Therapy is not something that should be a monopoly of a handful of specialists with higher education. It is essential knowledge for universal access, because its principles and rules forms successful and satisfying foundation of social life, everywhere and anytime (Glaser, 2003).

Happiness refers to the everyday general good feeling. Positive affect is happiness and daily rejuvenation that is often associated with pleasant experiences such as walking in the park on a sunny day, getting an unexpected gift or good news, listening to music, or making progress in a work. People find it difficult to explain why they feel well. If they are quite insisted on, they say things generally go well. On the other hand, researchers know what conditions makes people feel well and the conditions create so positive affect that they are unaware of their happiness (Rio, 2005 cited from Seyyed Mohammad, p. 342).

The human mind is linked by the hope and the loss of hope is meant to destroy the spirit. Hope and life expectancy is the most important motivations of human life and causes the psychological mood of the person is strengthened and is the cause of difficult jobs. Making positive changes in one's life, a pleasant living environment for him/her, creating and reinforcing linkages between individual and styles of hope and life expectancy is of utmost importance. Having hope and life expectancy makes it extremely easy to be tough and boost morale. In other words, one should have motivation for each action and having hope increases the likelihood of success, most notably more difficult things. Hope is the roots of our life. Therefore, we should not overlook this important element and strengthen it from the appropriate ways. One of the things that leads people's high hope and life expectancy is emotional and friendly relations with others that put meaninglessness of human life aside and create a sense of inner peace and spiritual balance. The fact that people have hope for a brighter future will have a good feeling and happy mood and causes his/her pleasure and creates the motivation for working and efforts and forces them to correct activities in life. Hope is the source of entrepreneurial passion and joy in life (Massoudi, 138).



Mental and physical symptoms that are now sorted as anxiety disorders, has long been identified as one of the major human disorders. However, large-scale industrial statistics and clinical experiences, at least in western countries caused that specialists called the twentieth century as the "age of anxiety" (Kaplan and Sadvk. 1, 2007).

Anxiety has increasingly been taken into account both in terms of suffering the sufferers tolerate and in terms of the disease burden on the nation's health resources. One of the new areas in Psychopathology, especially the war so far, is the territory of anxiety disorders. The fourth revised edition of the Diagnostic and Statistical Manual of Mental Disorders (,) DSM.IV.TR, its all mental disorders, anxiety disorders are probably the most common (Sadouk and Kaplan, 2007). The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (,) DSM.IV.TR defined generalized anxiety disorder as intense anxiety and worrying about several events or activities that last at least six months. It is difficult to control anxiety and physical symptoms such as muscle tension, stimulation, difficulty in sleeping and irritability are associated with it. Anxiety is not focused on other disorder and is not appeared to be just in a mood disorder. It is difficult to control anxiety, mentally discomforting and make challenges in important parts of human life (Sadouk and Kaplan, 2007).

Research Hypotheses

Main hypothesis:

Reality Therapy is effective on happiness, life expectancy and pervasive anxiety in drug addicts.

Sub-hypotheses:

1. Reality Therapy is effective on happiness among drug addicts.
2. Reality Therapy is effective on life expectancy among drug addicts.
3. Reality Therapy is effective on pervasive anxiety among drug addicts.

Research Method

Research design



This study is a pilot study. Research design is pretest-posttest with control group that is composed of two groups, and both groups are tested twice. First measurement was done with pretest and the second measurement was done after applying the independent variable for the experimental group with a post-test on both experimental and control groups. To form experimental and control groups using random sampling, half of the subjects is replaced in the first group and half of the subjects in the second group is replaced. Using random sampling, the two groups were similar to each other and measuring the dependent variable for both of them is done in a time and under given conditions.

Figure 1-3 pretest and posttest design with control group

	Posttest	Dependent variable	Pretest	Random selection
Experimental group	T ₂	X ₁	T ₁	R
Control group	T ₂	-	T ₁	R

Statistical population

Statistical population includes 150 drug addicts admitted for treatment to addiction clinic in Rasht.

Sample and sampling method

This study is a pilot study. Research design is a pretest-posttest design with control group that is composed of two groups, and both groups are tested twice. In this study, 150 addicts on the basis of sample size were selected and based on Morgan Table, 102 students were selected and questionnaires (happiness, life expectancy, anxiety) are given to them. After the initial screening, 20 persons of those whose scores on tests were above the cut-off point and higher than normal which were selected randomly in two 10-persons of experimental and control groups. Reality therapy in the treatment group received eight sessions of 2 hours. The control group undergo no treatment. After 8 weeks of treatment, the entire test groups and a control group completed the questionnaire (happiness, life expectancy, anxiety)



and required information are extracted and were analyzed through SPSS statistical program.

Data Collection Tool

Oxford Happiness Questionnaire

Oxford Happiness Questionnaire has 29 articles that one's happiness is measured. Theoretical foundation of this questionnaire is Argyle and Crossland's definition of happiness (To provide an operational definition of happiness, they considered it a structure composed of three important parts: The frequency and degree of positive affect, the average level of satisfaction during a period and not having negative emotion. This test was made in 1989 by Michael Argyle and based on Beck Depression Inventory ((BDI, 1976). 21 words of this questionnaire are taken from BDI and was reversed which eleven questions have been added to cover other aspects of mental health. Like Beck Depression Inventory, each item of Happiness Inventory has four options that participants have to choose one of them according to their current status. Nowadays, this test is widely used in research related to happiness.

Reliability and validity of the Oxford Happiness Inventory

Reliability

Argyle and colleagues reported reliability of Oxford Inventory as 0.90 using Cronbach's alpha coefficient and its retest reliability during seven weeks as 0.78.

Validity

In the study done by Argyle and colleagues, concurrent validity of this inventory was calculated as 0.43 using their friend's evaluation about them. Since the happiness has three components: positive affect, satisfaction and the lack of negative affect, correlation of this questionnaire using Bradburn's positive affect scale (0.32), with Argyle life satisfaction index (0.57) and the Beck Depression Inventory (0.52), respectively.

Life Expectancy Questionnaire



Life expectancy can be simply defined as average years of life expected of a person in one country to be. Life expectancy questionnaire consists of 33 articles which subjects respond based on the Likert scale (completely, almost, never). 99 is the maximum score in this test, the higher a person receives a score, the greater will be life expectancy.

Reliability and validity of life expectancy

Internal consistency: Cronbach's alpha coefficient was used to assess the internal consistency. Based on the results of alpha coefficients for the total sample, female and male subjects, it is 0.92, 0.94 and 0.89, respectively.

Retest reliability: To assess the validity of the test-retest after 4 to 6 weeks, it is given 95 females and 91 male subjects who were involved in the first stage. The mean and standard deviation of male and female subjects and subjects in the retest stage include: 39/31 = X (8/15 = SD), = X (26/19 = SD) 35/24, X= 16/30 (22/19 = SD). Correlation coefficients between subjects' scores on the test and re-test for all male and female subjects were $r=0.79$, $r=0.80$ and $r=0.82$. Norms score of testing samples (N=450) was calculated as percentage ranks and by comparing the scores of male and female participants by T test, it is concluded that female subjects' results were more higher than male subjects' results.

Beck Anxiety Inventory

Beck Anxiety Inventory (BAI) was built by Aaron T. Beck to feel the need for a tool that can sometimes distinguish between convergent validity, distinguish depression and anxiety. Such tool can be useful for clinical research purposes and it has a particular privilege among other self-report instruments that have failed to adequately distinguish between anxiety and depression. This scale consists of 21 items, each one describe a common symptom of anxiety. String together the score. By the 63's the total score of the domain. The subjects are asked to specify to what extent, based on a 4-point scale that ranges from 0-3, caused one's anger and hurt in the past months. Items' scores are added together. Total number has been from the range of 0-63.

Reliability and validity of the Beck Anxiety Inventory

To access information about psychometric properties of Beck Anxiety Inventory (BAI), this questionnaire along with the Beck Depression Inventory (BDI) and



SCL-90-R on 470 outpatients with a variety of mental disorders was carried out (Beck, Stinoraniri 1993). BAI had high internal consistency ($.92$:alpha) and significantly had more consistency with anxiety subscales of SCL-90) R ($.81 / .: r$ than the depression subscale) SCL-90-R ($.62 / .: r$. The BAI were significantly correlated with the BDI ($.61.: r$). The study also showed that the mean BAI 141 outpatient (30%) have mood disorders and 86 outpatients 18% / 3 had anxiety disorder from an average of 243 outpatients (51% / 7) with a variety of other disorders. In a cross-cultural research that was conducted in 2004 by Contreras et al., BDI and BAI on 2703 Caucasian American students and 1110 Latino students was conducted. On any tool, exploratory factor analysis along main axis rotation that were separately applied on the two ethnic groups, similar operating structures between the two groups was observed. The coefficients of internal consistency had a good reliability, so that all alphas were higher than 0.82. Exploratory factor analysis with principal axis rotation on each of the two ethnic groups were conducted separately, which showed similar factor structures between the two groups. As the coefficients of internal consistency shows, reliability was good so that all alpha was higher than 0.92. The results of another study that was conducted in 2002 by Asmen and colleagues found evidence for the reliability and validity of the Beck Anxiety Inventory.

Data Analysis Method

In order to analyze the data, descriptive and inferential statistics were used. In descriptive statistics, charts - mean and standard deviation and inferential statistics multivariate regression analysis were used to examine the research hypothesis. All statistical analysis software was done by SPSS Software 18.

Research findings

Main hypothesis:

Reality Therapy is effective on happiness, life expectancy and anxiety in drug addicts.

Table 1. Statistical analysis between treatment of reality training and control group on increasing happiness

Changes	Total	Degree of	Squares	F	Significance
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source	squares ss	freedom	mean		level sig
Happiness	591.735	1	591.735	89.591	0.000

Table 2: Statistical analysis between reality training treatment and control group on increasing life expectancy

Changes source	Total squares ss	Degree of freedom	Squares mean	F	Significance level sig
Life expectancy	551.451	1	551.451	14.237	0.004

Table 3. Statistical analysis between reality training treatment and control group on reducing anxiety

Changes source	Total squares ss	Degree of freedom	Squares mean	F	Significance level sig
Pervasive anxiety	271.456	1	271.456	142.296	0.000

According to the results presented in Table 1, as the calculated significance level $f \text{ sig} = 0/000$ and $f = 89/561$ and) $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing happiness. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on happiness is confirmed.

According to the results presented in Table 2, as the calculated significance level $f \text{ sig} = 0/004$ and $f = 14/237$ and) $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing life expectancy. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on life expectancy is confirmed.



According to the results presented in Table 3, as the calculated significance level f sig = 0/000 and $f = 142/696$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in reducing pervasive anxiety. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on pervasive anxiety is confirmed.

Sub-hypothesis 1:

Reality Therapy is effective on the happiness of drug addicts.

Table 1. Statistical analysis between control reality treatment and control group on increasing happiness

Changes source	Total squares ss	Degree of freedom	Squares mean	F	Significance level sig
happiness	591.735	1	591.735	89.561	0.000

According to the results presented in Table 1, as the calculated significance level f sig = 0/000 and $f = 89.561$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing happiness. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on happiness is confirmed.

Sub-hypothesis 2:

Reality Therapy is effective on life expectancy among drug addicts.

Table 2. Statistical analysis between control reality treatment and group control on increasing life expectancy

Changes source	Total squares ss	Degree of freedom	Squares mean	F	Significance level sig
Life expectancy	551.451	1	551.451	14.237	0.004



According to the results presented in Table 2, as the calculated significance level f sig = 0/004 and $f = 14.237$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing life expectancy. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on life expectancy is confirmed.

Sub-hypothesis 3:

Table 3. Statistical analysis between control reality treatment and group control on decreasing pervasive anxiety

Changes source	Total squares ss	Degree of freedom	Squares mean	F	Significance level sig
Pervasive anxiety	271.456	1	271.456	142.296	0.000

According to the results presented in Table 2, as the calculated significance level f sig = 0/000 and $f = 142.696$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in decreasing pervasive anxiety. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on pervasive anxiety is confirmed.

Results and discussion

Explaining main hypotheses:

Reality Therapy is effective on happiness, life expectancy and pervasive anxiety in drug addicts.

According to the results presented in Table 1, as the calculated significance level f sig = 0/000 and $f = 89.561$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing happiness. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on happiness is confirmed.



SCIENTIFIC RESEARCH CENTER

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According to the results presented in Table 2, as the calculated significance level $f_{sig} = 0/004$ and $f = 14.237$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing life expectancy. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on life expectancy is confirmed.

According to the results presented in Table 3, as the calculated significance level $f_{sig} = 0/000$ and $f = 142.696$ and $\{df = (1,9)$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is decreasing pervasive anxiety. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on pervasive anxiety is confirmed. These results are consistent with the findings of research conducted by Aghaie (2009). In his study, he surveyed the effect of reality therapy on increasing the amount of hope and mental health and the fertility rate of women with donation oocyte. His research results show the impact of this method on increasing hope and mental health. The results obtained from the study hypothesis with research is consistent with the done by Kellogg (2006). His study entitled "Application of choice theory and reality therapy to teach athletes" showed that building character and life skills training and providing values that continues throughout life and also the concept of winning in the whole process of life increase team dynamics. If the mentor put aside foreign control as much as possible, players will have much more better choices and accept their responsibilities for their experience. Also the results obtained from the main hypothesis is consistent with the study conducted by Mashayekhi (2009). His study was conducted as The Effect of Reality Therapy counseling in group method on reducing lonely feeling of martyrs' wives at Ahvaz city which the results suggest that this method is effective in reducing loneliness.

Also, the current study of Prinzela (2006) entitled the effect of therapeutic intervention based on choice theory has on overlap on PTSD3 patients. The results of this study showed that therapeutic interventions is effective in reducing rumination among these patients. This research is consistent with the study conducted by Mousavi asl (2009) as the effectiveness of teaching group reality therapy on responsibility-taking and self-esteem of female students in Teacher



Training Center of Hazrat Fatima Zahra (SA), Ahvaz, which showed the reality of treatment increases the accountability and self-esteem.

Explaining sub-hypothesis 1

Reality Therapy is effective on the happiness of drug addicts.

According to the results presented in Table 1, as the calculated significance level $f_{sig} = 0/000$ and $f = 89.561$ and $\{df = (1,9)\}$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing happiness. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on happiness is confirmed.

Khaleghi Abbasabadi (2009) surveyed the effect of accretion of group reality therapy to happiness and mental health of high school girls, which the results showed that this method is effective on increasing happiness and mental health. These findings are also consistent with the findings of the study done by Peterson, Cheng and Kalyns. Patterson - Cheng and Kalyns (1998) surveyed the effects of reality therapy and choice theory on self-concept of university students in Taiwan. They trained 217 students in choice theory and reality therapy counseling group. These interventions aim to help their students to develop and maintain positive self-concept. Results Compared with the control group showed that both strategies is effective on facilitating students' positive self-concept.

Explaining second sub-hypotheses:

Reality Therapy is effective on life expectancy among drug addicts.

According to the results presented in Table 2, as the calculated significance level $f_{sig} = 0/004$ and $f = 14.237$ and $\{df = (1,9)\}$ is smaller than level $p = 0/005$ and due to the significance f calculated, we conclude that teaching reality therapy is effective in increasing life expectancy. Given the significant differences between means with 0/99 confidence, it can be stated that the hypothesis in that teaching reality therapy is effective on life expectancy is confirmed.

The results are coordinated and aligned with the findings of Pasha and Amini (2010). In a research entitled the effects of reality therapy on life expectancy and anxiety of martyr wives of Ahvaz city, they concluded that Reality Therapy is effective on life expectancy and reducing anxiety. This study also coordinated with



the study done by Sadrpoushan (2005) which surveyed the effect of group reality therapy on reducing anxiety in secondary school students which indicted that this method is effective on reducing anxiety. Also, the results achieved is consistent with the study done by Patersa (1981) 9cited from Mousavi Asl, 2009).

In this study entitled the efficacy of changes in behavior and emotional reality therapy on adolescents' behaviors with emotional anomaly, the results showed that both approaches have a positive impact in improving emotional disorders.

Explaining third sub-hypotheses:

Reality Therapy is effective on pervasive anxiety among drug addicts. Results from the main hypothesis of the research is consistent with the study done by Mashayekhi (2009). Results of his study as surveying the effects of reality therapy counseling in group method on reducing lonely feelings of martyrs' wives at Ahvaz city were obtained which the results indicated that this method is effective in reducing loneliness. Also the current study is consistent with the one done by Prinzela (2006) as surveying the effect of therapeutic intervention based on choice theory among PTSD7 patients, which the results of this study showed that therapeutic interventions is effective in reducing rumination among these patients.

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SCIENTIFIC RESEARCH CENTER

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