

The Effectiveness of Group Hope Therapy Training on Psychological Well-Being and Resilience in Divorced Women

Parvin Abbasi (1)
 Fatemeh Mahmoodi (2)
 Arash Ziapour (3)
 Fatemeh Dehghan (1)
 Elham Parvane (1)

(1) Department of Nursing, Faculty of Nursing and Midwifery, Kermanshah University of Medical Sciences, Kermanshah, Iran

(2) Tehran Medical Sciences Branch, Islamic Azad University, Tehran, Iran

(3) Students Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran

Corresponding author:

Elham Parvane

Department of Nursing, Faculty of Nursing and Midwifery,
 Kermanshah University of Medical Sciences, Kermanshah, Iran.

Email: elham.parvane@yahoo.com

Abstract

Introduction: Divorce is a factor in the breakdown of the most fundamental part of society, the family and one of the most important losses of the family. The purpose of this study was to investigate the effectiveness of group training based on the hope therapy approach on psychological well-being and resilience in divorced women.

Methods: The present study was semi-experimental with pre-test-post-test design and control group. The statistical population of the study consisted of all divorced women covered by the welfare center of Gilan Gharb Town in 2015. 30 people were selected by available method. They were randomly assigned to two experiment and control groups after completing the psychological well-being and resilience questionnaires and the required grade for entering the research. The tools used in this study were psychological well-being (Reef, 1980) and the resilience (Connor-Widowson, 2003) questionnaires. The experimental group received 8 hope therapy sessions. Multivariate covariance analysis was used to analyze the data.

Findings: Data analysis showed that hope therapy was effective in increasing psychological well-being and resilience in divorced women ($p < 0.001$).

Conclusion: Educational intervention based on the approach of hope therapy can be used as an effective intervention in increasing the psychological well-being and the resilience in divorced women.

Key words: Group hope therapy, Psychological Well-Being, Resilience, Divorced Women

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Introduction

Considering that close relationships and marriages are the source of happiness and satisfaction for most people, the breakdown of this relationship can be one of the most stressful events in life (1). Divorce is a factor in the breakdown of the most fundamental part of society, the family, and one of the major losses of family life (2). Divorce is a stressful phenomenon and increases the vulnerability of individuals, especially women, to physical and mental illness (3). Society and the family, on one hand, and the economic needs, on the other hand, intensify these problems (4). Many studies, have highlighted some negative consequences of divorce in divorced women, such as mental stress, mental health, depression and psychological burnout (5, 6). Divorce can also be seen as a multi-dimensional phenomenon that is associated with numerous issues in the field of health and well-being of people in the community (7).

One of the important issues in divorced women is the absolute status of psychological health or, in other words, their psychological well-being. Psychological well-being is one of the important concepts in the field of quality of life and the positive psychology approach. Psychological well-being refers to a sense of health that includes full awareness of integrity in all aspects of the individual (8). According to Ryff (1995), welfare is multidimensional and includes aspects such as self-esteem, individual growth, the purpose of life, positive relationships with others, environmental domination (the ability to effectively manage a person's life and their surrounding world) and the sense of autonomy (9, 10). He regards psychological well-being as a quest for perfection in order to realize a person's potentials. In this perspective, well-being means the attempt to transcend and promote that manifests in the realization of an individual's talents and abilities (11). Researchers have shown that individuals who report high levels of well-being, consider themselves to be intergenerational sources of transferring the important social skills (12). Also, people with a higher psychological well-being have the ability of compliance with problems more than those who do not have this advantage (13, 14).

Another issue of psychology that has attracted the attention of researchers in the field of positive psychology in recent decades is resilience which refers to a human's ability to adapt to diseases, and the pain and suffering caused by stresses and stressful factors in the life (15, 16). In fact, resilience is referred to as the dynamic process of positive conformation with bitter and unpleasant experiences (17). A resilient person can innovatively and flexible think about solving the problem. Resilient people show degrees of health and independence, they can convey their opinions to others and believe in their ability to change their environment (18). They are more likely to show positive emotions in the face of emotional events (19). One of the newest therapies in the field of psychology is positive hope therapy. Hope therapy, according to Omid Snyder's theory and the ideas derived from cognitive-behavioral therapy is solution-based therapy and narrative therapy (20). It

helps people to pursue their goals and identify the paths to achieve goals and barriers and tackle barriers to achieve the goal. In fact, hope is the key to find a solution to the problems in difficult life situations (21).

The research done by Ong, Edwards & Bergemen (2006), Snyder & Tsukasa (2005) confirms the relationship between hope and psychological well-being. The research done by Lotfi Kashani, Vaziri and Zain al-Abedini (2013) has shown the efficacy of group hope therapy for reducing psychological distress in women with breast cancer. Bailey & Snayder (2007) stated that the level of hope is related to psychological well-being and happiness (22-25). The results of Khosroshahi and Hashemi Nosrat-Abad (2011) research also showed that there is a positive and significant relationship between hope and resilience with psychological well-being. The predictor variables can predict the changes in students' psychological well-being. Based on these data, those with high expectations and resilience, have a high psychological well-being (13). Barg, Snaider and Holtman (2008) in their research showed that hopeful intervention including skills training with the goal of increasing the coping with pain and raising the threshold of pain, has led to an increase in hope among women and increased pain tolerance among all participants (26). According to the research done, divorced women have more vulnerability compared to divorced men (27). Given that the problem of women's psychological health will endanger a large part of the mental health of a person, family and society, therefore there is a need for extensive research in order to find solutions for this problem. Also, this study aims to examine the effect of hope therapy on psychological well-being and the resilience of divorced women due to the increasing divorce rate and its associated problems, especially for divorced women.

Methodology

The present study was semi-experimental with pre-test-post-test design and control group. The statistical population in this study was all divorced women who are covered by the welfare center of Gilan Gharb in 2015. They volunteered to participate in the study after the researchers called for a therapeutic course to enhance their psychological ability. In the first stage, 45 divorced women declared their readiness to study; 30 were selected in a sampling method with these conditions: getting lower scores in tests of psychological well-being and resilience, having criteria including no acute psychological disorders after one year of divorce, satisfaction to participate in research, lack of psychological counseling out of treatment sessions. They were randomly assigned to experiment and control groups. It was explained to the participants that the Hope Therapy Program was proposed for increasing their psychological well-being and resilience as well as for doing a research. In this way, the subject of informed and written satisfaction was raised and all participants entered the study with complete satisfaction.

In the present study, after determining the sample, a psychological well-being questionnaire and resilience questionnaire were provided to divorced women as a

pre-test. In the next stage, the experimental group participated in 8 sessions of 90 minutes in the Hope Therapy program, while the control group received no intervention. After completion of training sessions, post-test

was performed for the two groups. The therapy program was designed and implemented based on Snyder's research and packages (2000). The therapy program of the sessions was as follows:

Table 1: Summaries of group session of hope therapy

Sessions	Objectives of each session
First Session	The structure of the sessions including the introduction of members, the expression of the rules of the group and the introduction of the objectives of the curriculum based on hope theory
Second Session	Explain how to increase hope and its necessity
Third Session	Define the story of each participant's lifestyle by themselves
Forth Session	The explanation of each story based on the two main components of hope theory and re-formatting of stories
Fifth Session	Introducing a list of current events and important aspects of life with the aim of encouraging participants' hope
Sixth Session	Encouraging individuals to select the right goals and designing the appropriate goals with the aim of encouraging participants' hope
Seventh Session	The introduction of proper paths characteristics and requesting members to select appropriate strategies to achieve their goals
Eighth Session	The introduction of strategies for creating and maintaining an agent, including asking members to address self-positive thoughts and mental imagery to achieve their goals, as well as the use of hopeful thinking every day

Research Tools

Psychology of the questionnaire: a short form of Refahi's psychology scale, which he designed in 1980, was used for the measurement of the cognitive risk of well-being. This questionnaire was prepared to evaluate six aspects of psychological well-being. The original form has 120 questions, but in later reviews, shorter forms with 84.54.18 questions have also been suggested. The short form of Reef Psychological Well-being Questionnaire has 18 questions and consists of six aspects (each aspect has three questions). The correlation of the short form of Reef psychological well-being questionnaire with the main scale ranged from 0.7 to 0.89 (9). In the research done by Khanjani et al (2014), Cronbach's alpha method was used to calculate the reliability, with a coefficient of reliability equal to 0.73 and for factors 0.67, 0.72, 0.65, 0.75, respectively. In this questionnaire, the answer to each of 18 questions is determined on a six-level spectrum (from totally opposite to fully agree). People in this questionnaire attain a score from 18 to 108(28).

Resilience Scale: This scale has been developed by Connor and Davidson (2003)(29). This scale has 25 items that are scored on a Likert scale from zero (completely false) to four (always true). The minimum score of the subject's resilience on this scale is zero and the maximum score is 100. This scale has been standardized in Iran by Mohammadi (2005)(30). He performed this scale on 248 people and achieved 89% reliability using the internal consistency of Cronbach's alpha. The reliability and

resilience of the Persian version of the Resilience Scale have been reviewed and approved in the preliminary studies of normal and patient samples (31). In the research done by Samani, Jokar and Sahragard (2007), Cronbach's alpha coefficient was 0.87 for the reliability of this test(32). The data were analyzed using descriptive statistics (such as mean and standard deviation) and analyzed by multivariate covariance analysis and using SPSS application version 19.

Findings

Multivariate analysis of covariance was used to analyze the data and to control the effect of pre-test and post-test. One of the hypotheses of multivariate covariance analysis is to examine the homogeneity of the regression line slope. Statistics F of homogeneity of pre-test and post-test regression slope for variables of psychological well-being and resilience are not significant in two experiment and control groups (Psychological well-being, $F=2.50$, $P<0.10$, resilience 1.96 , $P<0/16$). Therefore, the pre-test and post-test regression slope in the two groups is equal and the hypothesis of regression slope equivalence is established. Levine homogeneity variance test was used In order to check variance homogeneity of two groups in the post-test stage. Levine test was not statistically significant for any of studied variables, psychological well-being ($F = 0.55$ and $P = 0.46$) and resiliency ($F = 1.86$ and $P = 0.18$). Therefore, the hypothesis of variances homogeneity was not rejected. Another factor is the linear relationship between variables. There is a linear relationship between synchronous

variable (pre-test scores of psychological well-being) and dependent variable (post-test score for psychological well-being) with linear coefficient of 0.21. Also, there is a linear relationship between the synchronous variable (pre-test resilience score) and the dependent variable (post-test resilience score) with linear coefficient of 0.66. Therefore,

the hypothesis of the linearity of relationship between variables was also met. Kolmogorov-Smirnov test was used to determine distribution of population (Normality of the data). The level $P > 0.05$ was a measure for distribution of society. Given the establishing multivariate covariance analysis hypotheses, the use of this test was allowed.

Findings

Table 2: Mean and standard deviation of psychological well-being and resilience scores of experiment and control groups in pre-test and post-test stages

variables	Statistical Indices	Experiment group		Control group	
		Pre-test	Post-test	Pre-test	Post-test
Psychology well-being	Mean	56.33	46.66	57.06	57.46
	Standard deviation	2.12	2.16	2.31	3.68
resilience	Mean	48.40	58.33	49.26	49.13
	Standard deviation	1.35	3.41	1.53	1.68

Table 2 shows the mean and standard deviation of psychological well-being and resilience scores in both pre-test and post-test stages of two experiment and control groups. As it can be seen, the experiment group scores in the post-test has increased compared to the pre-test. The mean and standard deviation of experimental group age were respectively 35.53 and 8.40, and the mean and standard deviation of the control group were respectively 33.87 and 7.93. Findings show that there is a significant difference between the experiment and control groups ($p < 0.001$) in terms of dependent variables (Table 3). On this basis, it can be stated that there is a significant difference between the two groups in at least one of the dependent variables (psychological well-being and resilience). One-way covariance analysis in Monova's text was conducted on the dependent variables to examine the difference point (Table 4).

Table 3: The results of multivariate covariance analysis on the mean of post-test scores of psychological well-being and the resilience of the experiment and control groups

Name of test	value	F	df hypothesis	df error	Significance level	ETA Coefficient	Statistical power
Pillai's Trace	0.87	71.75	2	21	0.001	0.87	1
Wilkes Lambda	0.12	71.75	2	21	0.001	0.87	1
Hotelling's trace	6.83	71.75	2	21	0.001	0.87	1
Roy's largest root	6.83	71.75	2	21	0.001	0.87	1

Table 4: The results of analysis of covariance on the mean of post-test scores of psychological well-being and the resilience of the experiment and control groups

Variables	source of Changes	Sum of squares	Freedom degree	Mean of squares	F	Significance	ETA square	Statistical power
Psychological well-being	Pre-test	20.46	1	20.46	2.35	0.13	0.08	1
	Group	407.97	1	407.97	46.95	0.001	0.63	
Resilience	Pre-test	18.00	1	18.00	2.62	0.11	0.08	1
	Group	641.16	1	641.16	93.54	0.001	0.77	

According to the results of Table 4, one-way analysis of covariance is significant in the variables of psychological well-being ($F = 46$, $P < 0.001$) and resilience ($F = 54/93$ and $P < 0.001$).

The statistical power indicates the adequacy of sample size for analyses. The result is that there is a significant difference between the divorced women who received the hope therapy (the experiment group) and the divorced women who did not receive the hope therapy (control group).

Conclusion

The purpose of this study was to investigate the effectiveness of hope therapy training on psychological well-being and resilience in divorced women. The findings of this study showed that hope therapy training has been effective on the psychological well-being of divorced women. This result is consistent with the research findings of Ong et al. (2006), Snyder and Tsukasa (2005), Bailey & Snyder (2007), Movahedi and Babapour Kheyroldin (2013)(22, 23, 25, 33).

In explaining the effect of hope therapy on the first variable, i.e. psychological well-being, Bailey and Snyder (2007) believe that hope is a positive incentive mode with clear goals for life. The role of hope in life is as a supportive mechanism that promotes the growth and improvement of human quality of life. Increasing the level of hope increases individual positive qualities and sets goals in life; it leads to meaningfulness of life, relaxation, energy and vitality in individuals. Werner (2012) conducted face-to-face interviews with 172 patients with severe psychiatric disorders and found hope causes psychological well-being and as a result, a recovery process(34).

According to Snyder (2000), there are three objective obstructive patterns that make a person susceptible to the disease, including blocking an important goal, selecting goals that are not satisfactory and the general expectation for failure. In hope therapy, it is trying to modify these patterns in the patient. In this regard, they are taught to create more goals and generalize expectations for success through focusing on past successes and not interfere themselves with the past and see life in the present and at the future and thus improve psychological well-being. Hope raises psychological well-being and a sense of value and helps to build social relationships to get more support and thus better mental health(35).

The other finding of the present study indicated that the effect of hope therapy training on increasing the level of resilience in divorce women's. This finding is consistent with the findings of the research done by Berg et al. (2008) that indicated hope increases coping and tolerance of disease-induced pain(26).

In explaining the effect of hope therapy training on the second variable, resilience, it can be stated that since hope therapy as an intervention factor increases the person's ability to cope with the stressful condition of the disease, therefore it increases a person's resilience. Hope, in fact, creates a meaningful state, and gives a means of coping with hardships to a person who is in trouble and difficult situations to achieve the goal and adapt to the conditions. Hopeful people learn from it instead of focusing on bad events and use it in pursuit of future goals (27). Certainly, the main advantage of hope therapy over other psychological therapies, is to create hopeful thinking about life and to overcome the problems and destructive effects of it at different levels of life. People with high levels of hope in their lives, have experienced the same defeat as

others but they have built up a belief that they can compete with challenges and cope with the difficulties and increase their patience.

Anthony, Ong, and Bergman (2006) suggest that hope, by preserving negative emotions at a low level, provides supportive benefits for individuals and leads to a person's adaptive improvement. There is also a dynamic relationship among hope, stress and excitement; in people with high hopes, stresses are reduced. They are released more effectively from emotional problems and as a result their satisfaction increases. In the intervention of hope therapy, the clients are taught to identify important, achievable and measurable goals(36).

One of the study limitations is that the present study was conducted on divorced women in Gilan Gharb Twon and it is better to do other research in other cities of the country to generalize the results of this research. Another limitation of this study is the lack of comparability of this approach with other therapeutic approaches. In this regard, it is suggested that the effect of this approach be compared with other commonly used therapeutic counseling approaches.

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