

EFFECTIVENESS OF COMBINATIVE PSYCHOTHERAPY APPROACH (REALITY THERAPY AND POSITIVISM) TO INCREASE WELFARE AND TIRELESSNESS OF MOTHERS WHO HAVE BLIND CHILD IN TEHRAN

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Abstract:

Aim: this research with the aim of studying effectiveness of combinative Psychotherapy (reality Therapy and Positivism) to increase the welfare and tirelessness of mothers (who have blind child) in Tehran city.

Method: in the frame of one semi experimental planning pretest- post test together with evidence group, research testable (30 mothers who have blind child) that selected in form of purposeful sampling and according to their grade in the Oxford Welfare Inquiry and Kubasa Tirelessness(grade below average). And were placed in the simple random form in two groups (each group was 15 members), one experimental group and other control group. The combinative Psychotherapy (reality Therapy and positivism) performed based on standard guidance letter for testable in 10 sessions and the evidence group of prospect list, didn't received any treatment, research data were collected with assistance of Oxford Welfare Inquiry and Kubasa Tirelessness inquiry. To data analysis, Covariance Analysis test was used.

Discovered : in order to error measure (individual Differences) in welfare of meaning full level ($P=0.001$) earned, is less than error 0.05, so we can say combinative Psychotherapy (positivism and reality therapy) has effect on welfare of mothers (who have blind child). On the other hand, ate showed that in order to error measure (individual differences) earned in tirelessness meaning full level ($P=0.001$) is less than error 0.05, so we can say that Combinative Psychotherapy (Positivism and Reality Therapy) has an effect on the increase of tirelessness of mothers (who have blind child).

Conclusion: Combinative Psychotherapy (reality treatment and positivism) cause to increase welfare and tirelessness of mothers who have blind child.

Key words: Combinative Psychotherapy, Reality Therapy, Positivism, Tirelessness, Welfare

Introduction

Psychology of exceptional children is a branch of psychology discipline. It includes definitions of all the issues in relation to the exceptional children which involve bright children, mentally retarded children, blind or low vision, deaf or hard of hearing children, and children with speech disabilities, motor disabilities. In addition, it includes all the definitions and literatures on prevention, recognition and education of these children (Bozorgian 1999). This definition has been presented by American Medicine Association in 1934 which is today accepted by the American Foundation for the blind. Baragah believed that visionary problems include three parts involving blind, low vision and children with vision disorders in field of view (Kauffmann, 1998, translated into Farsi by Maher, 2010; 36).

Many studies have been carried out at late 1970s in which the stressing events in life have been considered as the revealing factors for emerging diseases and physical and psychological syndrome (Kubassa, 1979). A belief for occurrence of stress syndrome in the family is to have a blind child. Family is a social system which could be totally disordered if one of its members experiences a disorder. This disorder system can create severe disorders in relation to its members while it can create new problems. Thus, disability of a child can influence negatively on all the family members and its different functions while also affecting the individual members of the family especially the parents and the mothers with the highest level of influence. (Khanzadeh, 2011). Those parents who hug their children unexpectedly will experience anxiety and stress together with feelings mixed with disbelief and not accepting this reality. Therefore, guides and advices by the parents seem necessary. Thus, if they cannot accept this situation they will suffer from dissatisfaction, frustration, failure and insolvency and negative emotions and feelings which can severely affect performance compatibility (Verdi, 2002)

This disability can be associated with psychological outcomes and various behaviors for the blind individuals and other family members. Blind people need special attention and education since their birth to the end of their life. They care about the current and future financial status of their children and this can stress them (Khanzadeh 2011). In such situation, the mothers are under more pressures because they are responsible for their children's growth and training. So, we should help them increase their resistance, tolerance and their hardiness against the problems. Therefore, the term "hardiness" is used for the individuals who are more resistant against the psychological pressures and they are less prone to the diseases (Abrahamson, 2000). These people feel more self control in their lives, they feel more belonged to what they perform and they welcome new ideas and changes (Hardett 2009). Thus, hardiness creates a special internal attitude which affects individuals' fighting styles for life problems and it make the individual regard the stressors through reality based viewpoints (Kubasa, 1999) the above mentioned discussions about pressure and stress of the mothers with blind children indicate the importance and necessity of adopting guidelines for intervention and increasing happiness and hardiness in those mothers. This issue is going to be studied through the current research. Although the items of mothers' happiness and hardiness have been discussed in the system of exceptional children's education, this issue hasn't been studied with its sufficient outlook. The researcher of the current research has tried her best to find a study on the effectiveness of educating guidelines for increasing happiness and hardiness in mothers with blind children but no results were obtained. This can indicate the importance and necessity of the current research.

Combined psychotherapy which includes two approaches of reality therapy and positivism has been used in the research. In reality therapy, accepting reality, responsibility, moral justification on correct or incorrect affairs. In addition, as identity is equal to personality and the mothers mostly feel frustration, depression and failure, the therapist will help them with respect to the therapeutically principles of reality therapy. In the first stage, they need to accept the reality of life although it is painful. In the next stage, they need to accept the responsibility of their behaviors in order to help themselves with obtaining their successful identities because irresponsible behaviors and declining the reality can create depression and anxiety. This method can help mothers for reducing anxiety and depression (Clog, 2008).

Instead of paying attention to human disabilities and weaknesses, positive psychology concentrates on such abilities as living joyful, enjoyment, problem solving power and optimism. Thus, positive psychology is intended to discover those methods that individuals can apply for feeling more joy and pleasure in order to express their altruism and play more vital role in creating family, job and social settings. Therefore, optimistic attitude, thought, behavior and performance are stressed in positive psychology. In order to manage a positive life, the first is

that the individual should know his or her thoughts, emotions and beliefs. With respect to studies on cognitive deviations, bias thoughts and cognitive distortions, they can recognize their unreasonable thoughts and cognitive errors. Training on fighting negative thoughts, emotions and beliefs can be effective for these mothers. Training on rethinking for the thoughts, checking out the realities, changes in mental images, introduction with self belief and self talk, catching thoughts, not using should and should not and evaluation of the attitudes can be helpful (Carson 2006). Having blind children, these mothers may consider the problems in their lives as very prominent while they may not notice other positive features in their lives. Most of the times, they feel frustration and failure, so positivism can be helpful to these families. It should be noted that although no research has been yet done on combined psychotherapy (positive psychology and reality therapy); separate researches have been carried out on both of these subjects. The findings of the research indicated that these two approaches can increase happiness and hardiness. With studying the students and sportsmen, Clog(2008) and Peterson(2009) concluded that using reality therapy can increase victory and dynamics in a team together with increasing self concept in the students. The findings of researches done on PTSD, Schizophrenic patients and disabled individuals by Barns (2007), Prinzola(2009), Lawrence(2004) and Kim(2005), it was indicated that reality therapy can reduce rumination, increasing will power, decision making and self esteem. As Aghayi (2010) indicated, reality therapy can increase hope, health mind and fertility and hopeful individuals enjoy a higher level of health mind. In addition, the findings of the researches on prisoners and widows indicated that training positivism can increase life expectancy and healthy mind. Also, the results obtained by Khodayrifard(2008) and Ebadi and Faghihi(2011) could be mentioned. Other investigations indicated that teaching positivism can increase mind health, hope, self efficacy, self esteem and depression reduction. The results obtained by Lee et al (2010) and Alberto and Joiter(2010) could also be noted. In addition, the results of researches done by Vanrolen et al (2007) and Movahed (2004) showed that there is a meaningful relationship between hope, positivism and healthy mind. Also, other researches indicated that happy individuals are extroverted, hard and optimist while having higher self esteem and internal control locus. Conversely, unhappy people tend to have higher level of obsessive compulsive disorder (OCD). Sligmann(2005) and Dinner (2005) could be mentioned. Whiteman(2007), Lee(2005), Crawlle(2003), Bohel(2008), Clark(2007), Bulton(2009), Bolter(2006), Jafari(2007), Mikaeli(2011) and Samani(2009) showed that there is a meaningful positive relationship between hardiness, compatibility and healthy mind and hardiness is the best predictor of healthy mind. Therefore, those individuals who have a higher level of healthy mind are capable of finding meaning and objective in their lives. In addition, investigations indicated that there is a meaningful directive relationship between hardiness and happiness and hard people enjoy a higher level of happiness. Khosraviani(2011), Nikkhoo(2008), Kazemi(2011) and Palahang(2008) could also be mentioned. Given the fact that no researches has been reported about the effects of combined psychotherapy on for increases in happiness and hardiness of mothers with blind children and with respect to the above mentioned cases, the researcher of the current research tends to use combined psychotherapy for increasing happiness and hardiness of mothers with blind children. Therefore, the current research is mainly intended to study the efficiency of training combined psychotherapy in increasing happiness and hardiness of mothers with blind children.

Method

The current research uses a research design comprising a pretest and post test with a control group in which an experimental group and a control group existed. The statistical community of the research included mothers of blind students in specialized exceptional school in Tehran who were studying at 2012-2013. The age range was 25 to 36 years old and education level included

guidance school to bachelor degrees because the individuals who had a lower level of happiness and hardiness were recognized since times ago. Thus, an objective directed sample which was ready to cooperate in the research were selected and those individuals with lower hardiness and happiness were selected among the sample. To do so, a list of schools for blind students (Shahid Mohebi, Narjes, Dr. Khazaeli) was prepared. Among them, a school (Shahid Mohebi) was randomly selected. Totally, 160 mothers of the blind students were put in the early sample. Then, 85 questionnaires of hardiness by Kubasa and Oxford's questionnaire of happiness were given to the mothers through coordinating with the principals. Those mothers who got scores lower than medium level in both of these two tests were considered as appropriate by using screening for participation in the group.

In order to gather data, the following tools were used: a- Oxford's happiness questionnaire, b- Scale of measuring personal viewpoints which was made by Kubasa(1979).

Having randomly replaced the subjects in two groups and with determining the pretest scores of the groups by Oxford's happiness questionnaire and Kubasa's hardiness questionnaire, an intervention directed consultation which was based on combined psychotherapy was carried out for the experimental group for 10 sessions of 120 minutes and the control group was waiting for therapy. It needs to be defined that in the last session of group consultation, the subjects completed the questionnaire again. Having gathered the required data, the descriptive statistic methods (mean, SD, Change range) and inferential statistics (co variance analysis and Scheffe's test) were used.

Findings

With respect to a hypothesis in the research which is contended as the increased level of happiness in combined psychotherapy is more than that of the control group and given the fact that the errors(individual differences) obtained for happiness (P- 0/001) meaningfulness level was lower than 0/05. It can be concluded that combined psychotherapy can increase happiness of mothers with blind children and zero hypothesis of the research is rejected with a 0/95 percents confidence. The amount of this influence is 0/93 percents and it could be said that 93 percents of the total variances were the scores of happiness by the differences between the control and experimentation groups. Also, statistic power is 1. In the other words, I am a hundred percents sure that the error type 1 doesn't exist. Therefore, combined psychotherapy increases happiness of mothers with blind children which has been shown in table 15. In relation to a hypothesis which contended that the increase in mothers' hardiness in combined therapy group is more than the control group and with the fact that the errors obtained in hardiness with a meaningfulness level (p-0/001) is lower than 0/05 error, it could be said that combined psychotherapy can increase mothers' hardiness and the zero hypothesis is rejected with a confidence of 0/95 percents. The amount of this effect is 0/96 percents and it could be said that 96 percents of the total variances is the score for hardiness by the differences between the control and experimental groups. In addition, the statistic power is 1. In the other word, I am a hundred percents sure the first type error will not occur. Therefore, the results indicated that combined psycho therapy can increase hardiness of the mothers with blind children. The results of this analysis have been provided in table 1.

Table1- A summary of the calculations for the effects between the subjects

source	group						error	
Dependent variables	Rate of freedom	Mean squares	F	Meaningfulness level	Effect level	Statistic Power	Rate of freedom	Mean squares
happiness	1	8859.72	380.91	0.001	0.93	1	26	23.25
hardiness	1	13139.14	805.43	0.001	0.96	1	26	16.31

Discussion

With respect to the above mean, SD, the scores of the groups pretest or posttest of the dependent variables, a relatively clear image of the groups' status could be obtained before and after treatment intervention. One of the hypotheses in the research contends that combined psychotherapy can increase meaningfully the happiness of mothers with blind children as compared to the control group. The results indicated that combined psychotherapy can increase happiness in mothers with blind children. Based on the results, it could be said that those mothers who attended the group sessions of the combined psychotherapy experienced increased happiness. It should also be mentioned that although a combined approach hasn't yet been adopted for researches while the combined approach is combined of reality therapy and positive psychology, the researches on the effects of teaching reality theory and positive psychology for increasing happiness have been carried out which will be provided through the following. Peterson(2009), Karkhanechi(2010), Prinzola(2009), Lawrence(2004) and Kim(2005) showed that teaching reality therapy can increase self concept, self esteem, will power, decision making, compatibility with stress and mental health together with happiness of PTSD, schizophrenic and disabled patients in the school and university students. In addition, Lo(2007) and Aghayi(2010) showed that reality therapy can increase the perceived needs, especially happiness and entertainment in high school students while also increasing hope, mental health and fertility rate in women. Other investigations indicated that there is a relationship between personality and emotional intelligence and happiness. A personality profile of happy individuals differs from that of the unhappy individuals. Therefore, happy individuals are extrovert, hard, optimist and with more self esteem. The researches carried out by Nikjoo (2008) and Dinner could be noted. Also, khodayrifard(2008), Ebadi and Faghihi(2011), Kazemi(2011), Asdollahi(2009) and Banink(2008) have studied the efficiency of teaching happiness and positivism on the prisoners, school and university students, teachers and women and found that positivism increased their public health and hope. Additionally, the findings in the researches done by Lee et al (2010), Alberto and Joiner(2010) Vandrolen et al(2007), Wang and Lim(2008), Hu et al(2009) and Movahed(2004) showed that there is a meaningful direct relationship among hope, positivism, self esteem, self efficacy, mental health and self care and increased hope and positivism can increase mental health and self care. Therefore, as the results of the researches showed, reality therapy and positivism can increase happiness and hardiness. Then, combined approach can increase happiness of mothers with blind children. Therefore, the results from the above mentioned researches match to the current research. In order to define this hypothesis, it could be said that both of these approaches are used. These mothers don't consider their basic needs because of their blind children and not accepting the reality since they are more involved in their children's problems so that they have forgotten their special needs. Thus, dissatisfaction of their needs and accepting the reality has made them depressed. Hence, these mothers should accept the reality and consider their basic needs including the needs to happiness and entertainment in order to prevent depression and frustration. Therefore, they are responsible for satisfaction of their needs and reaching success. They can reach the identity of success and satisfaction of their needs through efforts and learning good behaviors. Consequently, they can increase their happiness level. In addition, we can help mothers consider their abilities as managing a happy life, materialization of their potential capabilities, enjoyment, the ability to solve the problems and

optimism instead of making worse their small problems while disregarding other aspects of their lives together with much more attention to their inabilities. In this method (combined psychotherapy), the techniques in both of these two therapy methods (reality therapy: principles of reality therapy, joke, asking questions and facing, positivism: fighting negative thoughts, changing mental images, rethinking about the beliefs and.....) have been used and we can help mothers increase their happiness.

The other hypothesis in the current research contends that combined group psychotherapy can significantly increase mothers' hardiness as compared to the control group. The results indicated that combined psychotherapy can increase hardiness. Based on the findings, it can be said that the mothers who participated group combined psychotherapy increased their hardiness. It should also be mentioned that although no researches based on combined psychotherapy have yet been done, several researches have been carried out on the effects of reality therapy and positivism on increased hardiness because of the nature of the combined psychotherapy which includes both approaches of reality therapy and positivism. These researches include the following:

Having used reality therapy on the sportsmen and sportswomen, Clog (2008) concluded that reality therapy increased team's victory and dynamism. This result could be arisen from the effects of this method on increased hardiness and efforts by the sportsmen or sportswomen. It made them try more. In addition, the results from the researches done by Whiteman(2007), Lee(2005), Crawli(2003), Bohel(2008), Clark(2007), Bolton(2009), Bolter(2006), Jafari(2007), Mikaeli(2011), Samani(2008) showed that there is a positive meaningful relationship between mental health, compatibility and hardiness and hardiness is the best predictor of mental health. Hence, those individuals who enjoy a higher mental health are capable of finding meaning and goal in their lives and they are also more powerful than those with lower hardiness. In addition, the results from the investigations indicated that hardiness is considered as mediator personality feature which can regulate the effects of other environmental and psychological variables. Also, it can reduce individuals' tensions.

The researches carried out by the following researchers could be mentioned: Asgharnejad(2009), Zakin(2008), and Carson(2006).

Other investigations indicated that there is a direct relationship between hardiness and happiness and the hard individuals are happier. Khosraviani (2011) and Palahang (2008) did a research titled as the study of the relationship between happiness and hardiness for the girl and boy students and the personnel at MObarakeh Steel company and concluded that there is a direct relationship between hardiness and happiness and hard people are happier. Other new investigations showed that there is a relationship not only between hardiness and disease but also between hardiness and life time and even is the best predictor of mental health. Sligmann(2005) studied 10 percents of the happiest individuals among the college students and the results showed that the most important feature of these individuals was hardiness, optimism and enjoying a powerful life which satisfies their social lives. Thus, there is a direct meaningful relationship between these features (optimism and hardiness). Therefore, the results from the current research match to researcher's findings. Additionally, the results from studies done by Kazemian(2010), Tyler and Brawn(2007), Trami(2008), Tretzo Pinto(2009) which indicated that regarding the positive aspects and optimism can increase optimism, positivism, mental health and their resistance against problems. The results from the current research together with findings from ZAre(2004), Zakin et al(2008), Brox(2007) and Matis(2005) showed that hardiness could be considered as a variable or mediator personality feature which can reduce individuals' stress while it can increase compatibility, happiness and mental health. So, given the fact that the findings from the researcher match to the results from previous researches, it could be concluded that positivism can increase hardiness of mothers with blind children. Thus, in

order to define the above mentioned findings, it could be said that the in the combined psychotherapy, both of the approaches have been used. In reality therapy, the mothers with blind children are helped to manage to prevent depression and sadness because what they need is effective performance and planning in the present time and consultation can help these mothers to evaluate their behaviors and to have better plans for doing better behaviors. Thus, the consuler can help mothers increase their hardiness and resistance against the difficulties because hardiness is considered as a variable of mediator personality which can regulate the effects of other psychological and environmental variables and it's also capable of reducing individual's tension. So, when they learn to be hard they can regard the stressors more really and they can evaluate the stressors more positive and controllable. Then, we can help mothers be more hard and resistant against the difficulties by using reality therapy and creating a plan for reaching the objectives and requests including satisfaction of basic needs. In addition, we can help these mothers control their lives more than before and accept new events including having blind children and concentrate more on their capabilities including the power of problem solving and optimism by using positivism. Consequently, they can be hard against the difficulties. In the other words, the objective is not to ignore such aspects as stress, unhappiness and negative dimensions or ignoring them in lives of these mothers. However, the objective is to make capable these mothers to face their problems optimally while they can boost their optimism, hardiness and perseverance. Thus, we can increase hardiness by using positivism. Then, in this method, the techniques of both the therapy methods (reality therapy: principles of reality therapy, joke, asking question and encounter, positivism: fighting negative thoughts, changing mental images, rethinking about the beliefs) have been applied and consequently we can help increase mothers' hardiness. With respect to research back ground, the results from investigations indicated that reality therapy and positivism can increase happiness and hardiness. Also, the results from the current research showed that combined psychotherapy is a good option and is meaningfully different from non treatment situation (control group) with respect to influences on happiness and hardiness. So, it can be used as a therapy protocol for increasing happiness and hardiness. One of the limitations in this research has been that it was done on mothers which need to be cared when generalizing the findings to the fathers. Additionally, given the fact that the current research has been done Mohebi blind school (western Tehran), generalization of the results to other blind schools (Narjes at northern Tehran, Dr Khazaeli at southern Tehran) should be done cautiously. Shortage of research background on combined psychotherapy is considered as another limitation. It is recommended that combined psycho therapy should be used for increasing happiness and hardiness in other exceptional groups (mothers of deaf and mentally retarded children).

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