

THE COMPARISON OF EFFECTIVENESS OF REALITY THERAPY, POSITIVE LOOKING AND INTEGRATED MODEL ON INCREASE OF MOTHERS HARDINESS (WHO HAVE BLIND CHILDREN) OF TEHRAN CITY

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Abstract

The goal of present research is the comparison of effectiveness of reality therapy, positive looking and integrated model (reality therapy and positive looking) on increase of mother's hardiness (who have blind children). The statistical society is mothers (who have blind children) of Tehran city. 60 persons of research sample were selected according to purposeful sampling and their score at Kobasa hardiness questionnaire (score less than average) and they were replaced randomly at four groups of 15members (three test group and one control group). Research method is semi-experimental and for data analysis, we have used covariance analysis test. The results show that all of them are effective on mother s' hardiness (who have blind children). At comparison between these methods, positive looking on increase of mother s' hardiness (who have blind children) was more effective than integrated psychical therapy.

Keywords: reality therapy, positive looking, integrated psychical therapy, hardiness

Introduction

psychology of exceptional children is branch of psychology defined all problems of related to exceptional children from spectrum of gifted children to metal retarded children, blind children and having problem of seeing children, deaf and having problem of hearing children, motor disability children, mental disability and all affaires related prevention, cognition and education of these children (Kafman, 1988, quoting from Maher,2008). At the end of seventy decade, a lot of studies have been done that stressed events of life have been considered as determining factor of emergence of ill and physical and psychological symptoms (kobasa, 1979).A ready ground for emergence of family stress symptoms is related to have blind child. Family is a social system that disturbance in every part of memberships will disturb whole system and disturbed system will lead to intensify disturbance related to membership and emergence of new problems. With this attitude, disability one of children have negative effect on whole members of family and its various functions ,on one by one member of family especially mothers, parents who hug blind child unexpectedly will be face stress combined with emotions of doubt and rejection of reality(Shojaii,2010).

Frustration and lack of reaching to their dreams will pressurize parents that will disturb the balance of family and it will create mental stress on family and its members and effect negatively on their healthiness, adaptation and welfare. It will lead to lack of hope and personal and family isolation, this stress show itself as various symptoms at parents (Otari Nia, 2008). Some parents show good adaptation and some show stress symptoms and lack of adaptation. It seems that personality difference is important factor that leads to different reactions in front of stressing factors, so we should help them to increase their resistance amount and hardiness against problems. The term of hardiness referred to persons who are more resistant against mental pressures and in the comparison of most of people are less ready to be patient (Abramson, 2000). These persons usually feel more control on their life, like what they do and they are more recipient of new ideas (Hrdt, 2009). So, hardiness creates new internal attitude that will effect on the persons confrontation way with their life problems and make situation that person pay attention stressing factors in more realistic way (Kobasa, 1999). For hardiness increase, we can use different methods such as reality therapy, positive psychology and integrated psychology model (reality therapy and positive looking), because of these points, researcher at the present research has used all of them for helping to solve the problems of mothers (who have blind children). At reality therapy method, we insist on accept of reality, accept responsibility and ethical judgment about correct and fault affairs. Also at this view, identity is equal with personality; most of these mothers feel lack of hope, depression and defeat, healer should help them according to principles of reality therapy. At the first level, they should accept the bitter reality and at the next stage learn with accept of their behavior responsibility help themselves to gain successful identity. So, they should know that responsible to meet their needs and to gain successful identity and only with their attempts for learning of suitable behaviors, they can reach to success and feel of valuable person (Sommers, 2009). So, Counselor helps to patient to evaluate his behavior and understand they can meet their life main needs such as needs to be happy and entertainment and to gain successful identity, try to increase their hardiness and resistance against problems. So, they should set program to meet their needs (Peterson, 2006). Positive psychology has focused instead of pay attention a lot to disabilities and limitations of human beings on abilities of human beings such as live happily, enjoy problem-solving ability and optimism. So, the purpose of positive psychology is discovering of approaches that persons feel more enjoyment and optimistic view, express their altruistic view and show more prominent role in social, family and job environments. So, in Positive psychology, we insist on optimistic attitude, thoughts and behaviors and for having more positive life, the first step is to know your emotions, thoughts and beliefs. At this method, according to study about cognitive deviations, they can recognize their illogical thoughts and cognitive errors. Teachings can be effective for these mothers to fight against negative thoughts, emotions and beliefs. Teachings can be helpful to rethinking of thoughts, inspection of realities, and change of mental reality, familiarity with self-confidence and self-expression, thoughts catching, don't using should or shouldn't words and attitudes evaluation (Karson, 2006). These parents because of having blind children, they exaggerate about the problems, pay attention less to positive parts of their life and most of the time, they feel lack of hope. With using of this method, mothers can use all parts of their hopeful mental capabilities for resistance against mental negative factors and unhelpful emotions which emanates from difficult communications

with other human being and confrontation with nature (Nimen, translated by Sanaii, 2001). Also at integrated psychology, we have used techniques and principles of both of them. Researches show that teaching of reality therapy in the group approach helps to increase hope, happiness and hardiness. Klug (2008) and Peterson (2009) have resulted from study on athletes and students that usage of reality therapy leads to increase of team victory and dynamism and increase of students' self-image. The research results of Barness (2007), Pernzlau (2009), Lawrence (2004), Kim (2005) show on the PTSD, schizophrenia patients and disable persons that reality therapy lead to less rumination, increase of will power, take decision and self-esteem. The research results on the prisoners and widows show that teaching of positive psychology has increased their hope to life and mental healthiness that we can point to the research results of Khodayari Fard (2007), Abadi and Faghihi (2010).

In the studies, Lee and his colleagues (2010), Alberto and Joyner (2010), Vandervelden and his colleagues (2007), Wong and Lim (2008), Ho and his colleagues (2009), Movahed (2003) show that there is meaningful and direct relations between positive looking, self-esteem, self-effectiveness, mental healthiness, optimism and happiness and increase of hopefulness and positive looking can increase mental healthiness and self-look after. Researches results show that extrovert, optimistic, happy and tough persons have high self-esteem and they have internal control center. In contrast, unhappy persons tend to high level of neurosis, we can point to Seligman (2005), Diener (2007), also, (2008), Klark (2007), Bolton (2009), Bolter (2006), Jafari (2006), Mikaili (2010) and Samani (2007), show that there was positive and meaningful relation between hardiness and adaptation and mental healthiness and hardiness was best predictor of mental healthiness. So, persons who had high mental healthiness, they were able to find meaning and purpose in their life. Results have shown there is direct relation between hardiness and higher rate of happiness that for example we can point to Khosroyani (2010), Nikkho (2007), Kazemi (2010), Palahang (2007).

According to this point that up now; there wasn't any research about comparative effect between these three approaches about mothers' hardiness (who have blind children), researcher wanted to use all of these methods for increase of mothers' hardiness. Also, researcher compared these methods for understanding of effect rate of these methods and selection of best method for solution of increase mothers' hardiness problem (who have blind children). The main purpose of this research is comparison of effectiveness of teaching of reality therapy, positive- looking and integrated psychology (reality therapy, positive- looking) on increase mothers' hardiness problem (who has blind children). For gaining this purpose, we have designed following hypotheses.

Research hypotheses

- 1- The rate of increase mothers' hardiness problem (who has blind children) is more at the reality therapy group more than control group.
- 2- The rate of increase mothers' hardiness problem (who has blind children) is more at the positive looking therapy group more than control group.

- 3- The rate of increase mothers' hardiness problem (who have blind children) is more at the integrated psychology (reality therapy, positive looking) group more than control group.
- 4- There is meaningful difference between reality therapy and positive looking method in increase mothers' hardiness problem (who has blind children).
- 5- There is meaningful difference between reality therapy and integrated psychology method in increase mothers' hardiness problem (who has blind children).
- 6- There is meaningful difference between positive looking and integrated psychology (reality therapy, positive looking) method in increase mothers' hardiness problem (who has blind children).

Research method:

The design of present research was involving pretest and post-test with control group that we have two test groups and one control group.

Society, statistical sample, sampling method

The study Society at this research is involving mothers who have blind children at specific schools of blinds of Tehran city at 2011-2012 education years. The range of age was 25-36 and education level was from cycle to bachelor degree.

Because of the lack of study about persons who their hardiness and happiness was at low amount, so, sample statistical society have been selected who had tendency for cooperation and persons who their hardiness were low, they have been selected from mentioned sample. At the first, we gained the list of blinds school of Tehran city (Shahid Mohebi, Narjes and KHazaeli). At general, we placed 160 mothers' persons at the first list. Then, we gave 85 versions of Kobasa hardiness questionnaire and Oxford happiness questionnaire at this school to the mothers (who have blind children) with admission and cooperation of school manager. Mothers who got lower scores at both tests, they were selected as good cases for participation at the group with usage of sieve method. Among these persons, 60 people were selected by chance; they were divided into four groups and are placed at test group and control group randomly. Test group were been taught for two months under teaching of reality therapy, positive looking and integrated psychology and control group were remained in waiting list. For data collection, the following tools were been used.

A) - Scale of inspection of personal views: this measurement was created by Kobasa (1979). This scale has 50 articles and it measures three features of commitment, challenge and control. After reading of every article, person answers one of following options, never correct, some extent correct, almost correct, completely correct to the questions and options receive 0.1, 2, 3 score consecutively. Medi (1990) gained general score of hardihood

of final quotients 70%, 52%, 52%, and 75% in his study after scale factor analysis for psychological hardihood factors, it means commitment, control, fighting .

This test at Iran was translated by GHorbani (1991) and it has been measured from Psychometric features. At the present research, validity of has been studied by Krownbauch

alpha and gained quotients were validity quotients of commitment, control and challenge and total score of hardiness were 70%, 71%, 52% and 68% consecutively.

Operation approach: After the random replacement of persons at three groups and gaining pretest of scores by Kobasa hardiness questionnaire, we have done consultations according reality therapy for first group, consultations according positive looking for second group, consultations according integrated psychology for third group for ten sessions, every session 120 minutes and control group remained waiting. It should be noted that at the last session of group consultation, all persons (include control group) fill similar questionnaire.

A) The summary of therapy sessions was as following:

The first session: familiarity of members with each other, rule expressions and description of affairs operations and related purposes.

The second session: familiarity of members with reality therapy concept and emotional engagement with group members.

The third session: familiarity of members with their identity, identity types and features of successful identity and unsuccessful identity.

The fourth session: familiarity of members with responsibility Acceptance of themselves behaviors and necessity of Acceptance of responsibility in the life. The fifth session: familiarity of members with stress according reality therapy and teaching of relaxation for stress control.

The sixth session: familiarity of members with main and necessary needs of real life, the effect of main needs at the life and their ability at the selection of best approach at attaining of main needs.

The seventh session: familiarity of members with design of problem solution, programming for themselves life.

The eighth session: familiarity of members with commitment way to do the affaires and materializing the plans and programs. The ninth session: familiarity of members with rejection of any excuse about materializing of selected plans and programs. The tenth session: familiarity of members with the effect of punishment to create bad relationships and summary and sum of learning's of group sessions and doing post-test.

B) The summary of sessions of group consultation according to positive looking method

The first session: familiarity of members with each other, rule expressions and description of affairs operations and related purposes.

The second session: familiarity of members with positive thinking concept, awareness of positive tendency and recognition of positive thinking signals.

The third session: familiarity of members with thoughts, emotions and beliefs recognition, fighting with negative thoughts, emotions.

The fourth session: familiarity of members for rethinking about thoughts, reality inspections and document cases related to thoughts.

The fifth session: familiarity of members for changing of mental image, positive mental imagination and lack of jealousy. The sixth session: familiarity of members with self-expression, lack of usage of words "should" or "shouldn't" and creation of self-confidence. The seventh session: familiarity of members for creation of positive beliefs, Test of beliefs, attitudes evaluation and optimism creation. The eighth session: familiarity of members for memories recovery, self-esteem boost, thinking about messages and creation of happy atmosphere. The ninth session: familiarity of members with "Ankarkeh" method, programming for good day and have good communications with others. The tenth session: familiarity of members for healthiness preservation, effect of it at positive tendency, preservation of positive behaviors and summary and sum of learning's of group sessions and doing post-test.

C) The summary of sessions of group consultation according to integrated psychology (reality therapy, positive looking):

The first session: familiarity of members with each other, rule expressions and description of affairs operations and related purposes. The second session: familiarity of members with themselves identity, the features of successful and unsuccessful identity and familiarity with love concept and feeling to be valuable person (cognition of two main needs) The third session: familiarity and recognition of members with thought, emotions and beliefs, responsibility acceptance of themselves behaviors and recognition of importance (responsibility acceptance) at their life. The fourth session: familiarity of members with stress according to reality therapy, understanding the reason of behaviors falsehood and ethical judgment about correctness or falsehood of behavior. The fifth session: familiarity of members for rethinking about thoughts, reality inspection, to be realistic and changing of mental images. The sixth session: familiarity of members pay attention to current behaviors, insist on the present time and the lack usage of words "should" or "shouldn't". The seventh session: familiarity of members with designing for memories recovery, creation of positive beliefs and beliefs test. The eighth session: familiarity of members' commitment approach for materializing selected plans and programs and programming for a good day. The ninth session: familiarity of members with rejection of any excuse about materializing of selected plans and programs and the effect of punishment to create bad relationships with others. The tenth session: familiarity of members with healthiness preservation and effect of it at positive tendency, preservation of positive behaviors and summary, and sum of learning's of group sessions. Data analysis method:

At this research after necessary data collections, we have used the descriptive statistical method (average, standard of deviation and change of range) and inferential statistics (covariance analysis).

A) Descriptive findings:

The first table: description of hardiness scores of three test groups and control group at stage pretest-posttest

standard of deviation	average	number	index	variables	groups
4/04	19/40	15	Reality therapy	happiness	Pretest
4/41	21/8	15	Positive looking	happiness	
4/86	20/66	15	control	happiness	
6/91	26/26	15	Reality therapy	hardiness	
3/66	17/66	15	Positive looking	hardiness	posttest
3/4	28/54	15	control	hardiness	
4/67	40/40	15	Reality therapy	happiness	
3/31	48	15	Positive looking	happiness	
5/01	18/86	15	control	happiness	
4/09	41/31	15	Reality therapy	hardiness	
2/27	61/93	15	Positive looking	hardiness	
4/74	20/32	15	control	hardiness	

According to gained results, average of persons hardiness score at reality therapy group have been reported at pretest stage 26/26 with standard deviation of 6/91, at positive looking group 17/66 with standard deviation of 3/66 and at integrated psychology group 28/7 with standard deviation of 5/5 and at the control group with average of 28/54 with standard deviation of 3/4. Average of persons hardiness score at reality therapy group have been reported at posttest stage 41/31 with standard deviation of 4/09, at positive looking group 61/93 with standard deviation of 2/27, at integrated psychology group 64/38 with standard deviation of 3/79, also at the control group with average of 20/32 with standard deviation of 4/74.

B) Inferential findings:

Table two: the summary of computations of effects among persons

error					group		source	
Square averag	Degree of	Statistica l ability	Effec t rate	Level of meaningfulnes	F	Square mean	Degree of	Dependen t variables

e freedom				s	freedom			
16/23	26	1	%87	%001	178/78	2902/43	1	happiness
18/68	26	1	%86	%001	162/28	3032/78	1	hardiness

At the table, the summary of computations of effects among persons with degree of freedom (1, 26) has been presented by usage of above table; the first hypothesis of test research is as below:

First hypothesis: The increase rate of hardiness (mothers who have blind children) is more at the reality group therapy than control group. With considering the error rate (individual differences) at hardiness (mothers who have blind children), the resulted meaningfulness level ($p=0.001$) is less than 0.05 error rate. So, we can say that reality therapy effects on increase of mothers (who have blind children) hardiness. Research null hypothesis will be rejected with 95 validity. The effect rate is 86%, so, it can be told that 86% of whole variance (individual differences) the scores of hardiness rate is related to the differences between test and control groups, also, the statistical power is one. In another words, there is no any the first kind error with 100 probability.

Table3: the summary of effects computations between persons

error				group				source
Square mean	Degree of freedom	Statistical power	Effect rate	Level of meaningfulness	F	Square mean	Degree of freedom	Dependent variables
17/83	26	1	%75	%001	78/63	1402/68	1	happiness
11/26	26	1	%93	%001	401/43	4520/3	1	hardiness

At the table3, the summary of computations of effects among persons with degree of freedom (1, 26) has been presented by usage of above table; the second hypotheses of test research are as below:

Second hypothesis: the rate of hardiness of mothers (who have blind children) is more at the positive looking group than control group.

With considering the error rate (individual differences) at hardiness, the resulted meaningfulness level ($p=0.001$) is less than 0.05 error rate. So, we can say that positive looking psychology effects on increase of mothers (who have blind children) hardiness. Research null hypothesis will be rejected with 95 validity. The effect rate is 93%, so, it can be told that 93% of whole variance (individual differences) the scores of hardiness rate is related to the differences between test and control groups, also, the statistical power is one. In another words, there is no any the first kind error with 100 probability.

Table15: the summary of effects computations between persons

error		group						source
Square mean	Degree of freedom	Statistical power	Effect rate	Meaningfulness level	F	Square mean	Degree of freedom	Dependent variables
23/25	26	1	%93	%001	380/91	8859/72	1	happiness
16/31	26	1	%96	%001	805/43	13139/14	1	hardiness

At the table15, the summary of computations of effects among persons with degree of freedom (1, 26) has been presented by usage of above table; the third hypothesis of test research is as below:

Third hypothesis: the increase rate of hardiness of mothers (who have blind children) at integrated psychology (reality therapy and positive looking) is more than control group. With considering the error rate (individual differences) at hardiness, the resulted meaningfulness level ($p=0.001$) is less than 0.05 error rate. So, we can say that integrated psychology (reality therapy and positive looking) effects on increase of mothers (who have blind children) hardiness. Research null hypothesis will be rejected with 95% validity. The effect rate is 96%, so, it can be told that 96% of whole variance (individual differences) the scores of hardiness rate is related to the differences between test and control groups, also, the statistical power is one. In another words, there is no any the first kind error with 100% probability. Now, we have used the Scheffe post hoc test for studying of comparative differences of groups.

Table21: the results of the Scheffe test for the comparison of Subtractive averages of posttest-pretest of hardiness at three test groups and control group.

control	integrated	Positive looking	reality therapy	groups' averages	
-8	35	44	15	15	reality therapy
0.001	0.001	0.001	---	44	Positive looking
0.001	0.01	---	0.001	35	integrated
0.001	---	0.01	0.001	-8	control
---	0.001	0.001	0.001		

According to results of the Scheffe test, hypotheses are as below:

Fourth hypothesis: there is difference between reality therapy method and positive looking on increase of mothers (who have children) hardiness.

There is meaningful statistical difference ($p=0.001$) between hardiness average of reality therapy group and positive looking group and according to meaningfulness level is less than 0.05 error, null hypothesis will be rejected with 95% validity. According to observed Subtractive averages, it can be said that at the group under positive looking therapy, difference of averages at posttest and pretest stage is more than difference at reality therapy group. In another words, positive looking effectiveness on the hardiness of mothers (who have blind children) is more than reality therapy.

Fifth hypothesis: there is difference between integrated psychology (positive looking psychology and reality therapy) and reality therapy on increase of mothers (who have children) hardiness.

There is meaningful statistical difference ($p=0.001$) between hardiness average of reality therapy group and integrated group (positive looking psychology and reality therapy) and according to meaningfulness level is less than 0.05 error, null hypothesis will be rejected with 95% validity. According to observed Subtractive averages, it can be said that at the group under integrated psychology (positive looking psychology and reality therapy), difference of averages at posttest and pretest stage is more than difference at reality therapy group. In another words, integrated psychology (positive looking psychology and reality therapy) effectiveness on the hardiness of mothers (who have blind children) is more than reality therapy.

Sixth hypothesis: there is difference between integrated psychology (positive looking psychology and reality therapy) and positive looking psychology on increase of mothers (who have children) hardiness.

There is meaningful statistical difference ($p=0.001$) between hardiness average of and integrated group (positive looking psychology and reality therapy) and according to meaningfulness level is less than 0.05 error, null hypothesis will be rejected with 95% validity. According to observed Subtractive averages, it can be said that at the group under positive looking psychology, difference of averages at posttest and pretest stage is more than difference at integrated group (positive looking psychology and reality therapy). In another words, effectiveness of positive looking psychology on the hardiness of mothers (who have blind children) is more than integrated psychology (positive looking psychology and reality therapy).

Discussion and Conclusion

In this paper, we have attempted to investigate and compare the influence of three approaches of reality therapy, positive thinking and integrated psychotherapy (reality therapy and positive thinking) on increasing the hardiness of mothers (with blind child). Therefore, as in the research findings part, the hypotheses related to the purpose were placed, in the following, the results of these hypotheses have been explained as below.

First hypothesis: the rate of increase in mothers' hardiness (with blind child) in reality therapy group is more than that in the control group.

The results showed that the reality therapy is effective on increase in mothers' hardiness (with blind child), these findings are generally consistent with previous. In a research, Kellogg (2008) by using reality therapy approach on athletes concluded that the Reality

therapy leads to increasing the success and dynamics of the team, and this result can be due to the impact of this approach on increasing hardiness and athletes efforts that cause they make more effort. Also the results of Veinman (2007), Lee (2005), Crawley (2003), Bohel (2008), Clark (2007), Bolton (2009), Bolter (2006), Jafari (2007), Michaeili (2011) and Samani (2008) researches, showed that There is a positive and significant correlation between hardiness, adaptability and mental health and the hardiness has been the best predictor of mental health. Therefore, peoples who have high mental health are able to find meaning and purpose of their lives and are stronger than another group peoples who have low levels of hardiness. In explaining these findings, we can say that in reality therapy, the main emphasis is on accepting reality, accepting responsibility and the present time. Therefore, the consultant helps the clients to assess their behavior, and see whether they are useful and practical and plan a Realistic program for doing better behaviors. Therefore, to achieve their goals, they must be committed to doing that plan. Therefore, the mothers (with blind child) should be hard working and hardiness regarding to the problems they have, so they achieve to their purposes and needs including happiness and joy. Researches have shown that, the hardiness is considered as a variable or a mediator characteristic that can mediate the impacts of other psychological and environmental variables and is capable of reducing stress on people and the hardiness is the best predictor of mental health; among these researches, we can refer to the results of Asgharinejad (2009), Zakyn (2008) and Carson (2006).

Second hypothesis: the rate of increase in mothers' hardiness (with blind child) in positive thinking psychology group is more than that in the control group.

Results showed that the positive thinking has been led to the increasing of hardiness in mothers (with blind child). Based on the obtained results, we can say that the mothers, who participated in positive thinking therapy group sessions, have increased hardiness. Hardiness is one of the most important topics in positivism psychology. New researches show a binding not only between hardiness and disease, but also between hardiness and lifetime and even is the best predictor of mental health. Therefore, Seligman (2005), performed a study on 10 percent of the happiest peoples between college students, and the results showed that the most important features of these peoples, are hardiness, optimism and having a strong, rich and social fulfilling life. So there is a significant positive correlation between the happiness (optimism and hardiness) with these characteristics. Therefore, the result of this study is consistent with author findings. Also the results of Kazemian Studies (2010), Taylor and Brown (2007), Terrace (2008), Terenzo Pinto (2009) showed that addressing positive aspects and optimism, has been led to increasing optimism, positive thinking, mental health and their resistance against problems. the results of the present research, are also consistent with the findings of Zare (2004), Zakyn and et. al (2008), Brooks (2007) and Matis (2005) who have shown that hardiness that is considered as a variable or a mediator characteristic, can reduces people's stress and leads to increasing consistency, happiness and mental health.

Therefore, according to the fact that the author' findings are consistent with previous research results, it can be concluded that the positive thinking can increase the hardiness of mothers (with blind child). Positive thinking psychology are focused on human capabilities such as living happy, pleasure, power of problem solving and optimism rather than excessive focus on human incapacabilities and weaknesses. in other words the purpose is not

to denying stressful, unpleasant and negative aspects of life or misrepresenting these aspects, but the purpose is that Human can deals with his failures in an optimistic manner and reinforces the optimism, hardiness and diligently in different ways (Asgharinejad, 2008).

Third hypothesis: the rate of increase in mothers' hardiness (with blind child) in integrated psychotherapy (positive thinking and reality therapy) group is more than that in the control group.

The results showed that the integrated psychotherapy has been led to increase the hardiness of mothers (with blind child). Based on the obtained results, we can say that the mothers who participated in integrated psychotherapy group sessions increased their hardiness.

It should be noted that, although so far, no research with integrated approach (reality therapy and positive thinking) has not been performed and reported, but the results of this study in the first and second hypotheses showed that both approaches (reality therapy and positive thinking) increase the hardiness of mothers (with blind child). To explain these findings, we can say that in the integrated method, both approaches are used. In reality therapy, mothers (with blind child) are helped to prevent themselves from getting depressed and sad and mothers with accepting reality and responsibility in life. Because what they need is effective operation and present time planning and the counselor helps the mothers to assess their behavior and plan a realistic program to doing better behavior. Therefore, the counselor in this program helps mothers to increase their hardiness and resistance against difficulties, because the hardiness are considered as a variable or mediator characteristic traits that can mediate the impacts of other psychological and environmental variables and is capable of reducing stress on people so when they learn in this program to be hardiness, so they can consider stressful factors in a realistic manner and assess stressful events in a more positive and more controllable manner. so with the help of principles of Reality Therapy and developing a plan and program to achieve the objectives and demands including satisfaction of basic needs, we can help mothers to be more hardiness and more resistant in front of the problems. With the help of positive thinking, we can also help these mothers to feel more control over their lives and be accepting in front of changes and actions (such as having a bling child)

Hence they can be tough and hardiness against problems. in other words the purpose is not to denying stressful, unpleasant and negative aspects of life or misrepresenting these aspects, but the purpose is that Human can deals with his failures in an optimistic manner and reinforces the optimism, hardiness and diligently in different ways. Therefore, with the help of positive thinking, we can increase the hardiness in mothers (with blind child). So in this practice (integrated psychotherapy) the techniques of both treatment approaches (Reality Therapy: Principles of Reality Therapy, humor, questioning and confrontation; positive thinking: fight against negative thoughts, altering the mental images, rethought about beliefs, etc.) have been used and thus we can help to increase hardiness in mothers (with blind child).

Fourth hypothesis: the effectiveness of reality therapy and positive thinking on and increasing hardiness are different.

The results showed that there is a significant statistical difference between the average hardiness of reality therapy group and positive thinking psychology group and the

effectiveness value of positive thinking on increasing the hardiness of mothers (with blind child) is greater than reality therapy. It Should be noted that although so far no research have not been performed and reported in connection with the comparing investigation of two approaches, then regarding to the fact that the results of this research in the first and second hypotheses (reality therapy and positive thinking) are effective on increasing hardiness of mothers (with blind child) it is shown that both methods (reality therapy and positive thinking) lead to increasing hardiness of mothers (with blind child) and as the results of two methods showed, effectiveness of positive thinking on increasing the hardiness of mothers (with blind child) is more than reality therapy. To explain this issue, one can conclude that one important issue in positivism psychology, which has been considered very much, is hardiness. Kubasa (1988), defined hardiness character as a combination of beliefs about oneself and the world, which consists of three components of commitment, control and defiance and influences on cognitive assessment and people behaviors in response to the stress. Peoples with high hardiness against the peoples with low hardiness, assess the stressful events, as more positive and more controllable. The hardiness peoples are deeply involved in life activities and they overcome on life's difficulties. Hardiness peoples love changes, pressures and discomforts although they are annoying and remind them as growth. These peoples believe that satisfaction is achieved in the light of the continued growth, not in convenience, comfort, safety and everyday life and they struggle to achieve perfection and the life events are less stressful for them (Khosraviani, 2011). Therefore, since one of the important topics of positive thinking, is hardiness and attention of both viewpoints (positive thinking and hardiness) to see the problems and trying to solve them, and also attention to the capabilities, the fact that these two methods are close together, could be the reason of this issue, that the impact of positive thinking on increasing hardiness is more than reality therapy.

The fifth hypothesis: The effectiveness value of reality therapy and integrated psychotherapy (reality therapy and positive thinking), is different on increasing hardiness of mothers (with blind child).

The results of the research showed that the effectiveness value of integrated psychotherapy on increasing hardiness of mothers (with blind child) is more than reality therapy. It should be explained that no research have been reported regarding the comparison between these two approaches. But according to the results of the first and third hypotheses, it is shown that both approaches have impact on increasing the hardiness of mothers (with blind child). To explain this hypothesis, we can say that because the problems of these mothers are very much, so we should help them to be strong against the problems, so what these mothers need are effective performance and real time planning.

Therefore, the counselor in this program helps mothers to increase their hardiness and resistance against difficulties, because the hardiness are considered as a variable or mediator characteristic traits that can mediate the impacts of other psychological and environmental variables and is capable of reducing stress on people so when they learn in this program to be hardiness, so they can consider stressful factors in a realistic manner and assess stressful events in a more positive and more controllable manner.

So with the help of principles of Reality Therapy and developing a plan and program we can help mothers to be more hardiness and more resistant in front of the difficulties. Also

with the help of Positive thinking, we can also increase hardiness in mothers. Since hardiness is an important issue in positivism psychology, then with the help of Positive thinking, we can also help these mothers to feel more control over their life and be accepting in front of changes and actions (such as having a blind child) and rather than excessive focus on human incapacities and weaknesses, they focused on their capabilities such as power of problem solving and optimism and hence they can be tough and hardiness against problems. In other words the purpose is not to deny stressful, unpleasant and negative aspects of life or misrepresenting these aspects, but the purpose is that Human can deal with his failures in an optimistic manner and reinforces the optimism, hardiness and diligently in different ways. Therefore, with the help of positive thinking, we can increase the hardiness in others (with blind child). So in the integrated method the techniques of both approaches including Reality Therapy (Principles of Reality Therapy, questioning and etc.) and Positive thinking (fight against negative thoughts, altering the mental images, using the language and constructive remarks etc.) have been used for increasing the hardiness in mothers and using both approaches could have more impact for increasing hardiness. Then since the techniques of both approaches are used for increasing the hardiness in mothers (with blind child), so its effect is more than reality therapy.

Sixth hypothesis: There is a difference between the integrated psychotherapy (positive thinking psychology and reality therapy) with positive thinking methods on increasing the hardiness in mothers (with blind child).

The Results showed that the effectiveness value of positive thinking on increasing the hardiness in mothers (with blind child) is more than the integrated psychotherapy. It should be explained that no research regarding the comparison between these two approaches was done or reported. But, according to the results of second and third hypotheses, it is shown that both approaches are effective on increasing the hardiness in mothers (with blind child), but the comparison between the two results, showed that the impact of positive thinking on increasing the hardiness in mothers is more than the integrated psychotherapy. To explain this hypothesis, we can say that the birth and care of a child with vision problem can be problematic for mothers. Because birth of a blind child, demands a new mechanism in the family. These families are often under many mental stresses which cause intense and contrast feelings and reactions and besides that, the family mental health and mother and child relationships are affected. Hence we should help the mothers (with blind child) to reduce the pressures on the family. Some parents show a good consistency and some are undergoing conflict and tension. It seems that the personality differences are major factor, which leads to different responses to stressful factors. This is the important characteristic of hardiness and hope. With the help of this approach, we can help mothers to use their other capabilities to empower them in front of stressful events of life such as having a blind child.

Due to the fact that hardiness is one important topic of positive thinking and these two approaches (positive thinking and hardiness) are in close contact with each other, means in both, attentions are on problem solving and trying to assess the stressful events as and more positive and more controllable and can dominate over the life difficulties. In addition, the mothers can love changes, pressures and discomforts although they are annoying, and remind them as growth. So because the main focus of this approach is on problem-solving,

attention to abilities, effort and resistance against problems, so the impact of positive thinking on increasing the hardiness in mothers, is more than integrated psychotherapy that only some parts of its work, focused on this case.

Research limitations

- According to the fact that the present research is done in Mohebbi blinds School (west of Tehran), so generalizing the results to other blinds schools (Narjes school in north of Tehran and the Dr. Khazaeli school in south of Tehran) should be done with caution.
- The group leader should have training or treatment one or two hours a week, but out of this time, which is a lot of time, should have other trainings such as family, school, friends, media, etc.

Suggestions

According to approving the effectiveness of this approach, using this approach on Fathers (who have blind children) and on other exceptional groups (mothers who have deaf and mentally retarded children) is also recommended.

Due to the lack of research in this field, necessity of attention to developing this study in mothers (who have exceptional children) in an integrated and universal system for researchers is also recommended

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