

## **EFFECTIVENESS OF THERAPY REALITY, POSITIVE ATTITUDE AND MIXED MODEL ON INCREASING HAPPINESS OF BLIND CHILDREN MOTHERS**

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### **Abstract**

The present study compares effectiveness of therapy reality, positive attitude and mixed model through group method on increasing happiness of mothers with blind children in Tehran in 2012-2013 educational year. Method: the present study is a quasi-experimental research with pre-test post-test and control group. Participants include 60 mothers of blind children in Tehran selected with purposive sampling based on their score in Oxford happiness questionnaire (score less than the mean) distributed randomly in four groups including three experiment and one control group. Covariance was used to analyse the data. Results: comparing with control group, therapy reality, positive attitude and mixed method meaningfully increased happiness of the mothers ( $P < 0.05$ ). In other words, not a difference was observed comparing reality therapy and positive attitude regarding their influence on happiness. Conclusion: mixed method was more effective on increasing the mothers' happiness than reality therapy and positive thinking.

**Keywords:** therapy reality, positive thinking, mixed method, happiness, mothers having blind children

### **Introduction**

Family is a social system where disorder in one of the members will impair the whole system. This impaired system intensifies the disorders related to the members and emergence of new problems. In this approach, disability of one of the children has negative effect on all of the members and their function in especially the mothers (Hardman, translated by Alizadeh, 2010). Frustration and non-fulfilled dreams put pressures on parents causing disturbing the balance and comfort of the family. Also it causes tension and mental pressure for parents and other members putting a negative effect on their mental health, compatibility and welfare leading disappointment and personal and familial seclusion. The problems and tensions of families with blind children include: the problems of accepting blind child, the weariness caused by caring and nursing, leisure time of parents, financial problems and medical issues, educational and rehabilitation problems (Owtarinia, 2005).

Mothers have more pressure than fathers because they have the duty of growing and rearing the children. Also for a mother that does various planning during 9 months of expectation, it is natural for her to be shocked and feel anger and aggression. Mothers are familiar closely with the dangers that may threaten their disabled child. So they face with problems such as accepting the blind child, accepting the reality, disappointment and depression which decrease the level of mental health, happiness and hopefulness of these mothers (Keshavarz, 2012). The results of Hanarmand (2001), Lajvardi (1993), Narimani (2008), Ahmadi (1999), Malekpour (1998), Halliday (2010) and Troster (2009) showed that there is a difference between mental health of

mothers with disable child and mothers with normal child and mothers with disable child had more mean of mental disorder, phobia, aggression and psychosis.

There are different methods to cure and solve the mentioned problems that in the present study the closest method is reality therapy, positive attitude and mixed method. Reality therapy is used because the main emphasis of this approach is on accepting the reality, attending to basic needs and recognizing different defeat and success identities (Shafeiabadi, 2010). The results of Shaeabani (2005), Musavi (2002), Peterson (2009) and Kuo showed that training reality therapy increased compatibility, satisfaction of perceived needs, hopefulness and reduction of women's stress. Positive attitude is used because it attends to positive parts of the life emphasizing also on beliefs, understanding and thought effects on performance (Seligman, 2005). The results of Kazemian (2010), Asadollahi (2005), Tracy (2008) and Bannink (2008) showed that regarding the aspects of positive attitude increased the positive attitude and positive thinking of female students. Also Lee et al (2010) and Alberto and Joyner (2010) showed that training positive attitude increases mental health, hopefulness, self-efficacy, self-esteem and stress reduction of women. So because the main problem of these mothers is related to accepting the reality, cognitive thoughts and lack of attention to positive aspects, using both of the approaches is necessary and needed (Troster, 2009). Each of these methods has positive and negative aspects which are mentioned. Regarding that the main problem of mothers with blind child is accepting the reality, disappointment, ultra-attention to their child's needs and lacking of attention to their own necessary needs, these mothers are entrapped in defeat identity and depression (Kakavand, 2007).

Regarding the positive aspects of reality therapy on concepts such as accepting the reality, noting to basic need, accepting the responsibility of the behaviour and its evaluation can help to blind child mother to increase their hopefulness, mental health and happiness (1999). In addition to positive aspects of this approach, it has some negative points like not attending to beliefs, thoughts, feelings and generally cognitive aspects, positive and bracing mental capabilities and (Lee and Cohen, 2010). However a part of the problem of these mothers is cognitive aspects, thoughts and beliefs. Through positive thinking and positive attitude they can use all of bracing and positive mental aspects in life not to surrender against mind-made negative factors and disappointing feelings derived from hardness of relationship with humans and facing with nature (Ahmadi, 1999). Ebadi and Faqihi (2011) in a study titled "investigation of positive attitude training efficiency in increasing the hope of Ahwaz widows emphasizing on Qur'an" showed that positive attitude training increased their hopefulness. Khodayarifard (2008) in a study titled "positive attitude training as a part of therapy methods based on religious teachings on Rajeishar prisoners" showed that positive attitude training had meaningful relationship with all aspects of sub-components of general health except for obsessive compulsion, personal relationships, phobia and psychosis. Regarding the positive mentioned aspects of this approach, it has some negative points like accepting the reality, noting to basic needs and behaviour evaluation (Carson, 2006). Regarding that both approaches have negative and positive points, can it be imagined that there is a mixed method to fill the gaps and weaknesses of this group?

So regarding the needs of the society and weak points of these two methods, a mixed method is used in the present study (mixing reality therapy techniques and optimism) to use the strong points of both approaches and obviate their problems. Also it is an eclectic approach and a technical eclecticism due to using both of the approaches (Sharf, Translated by Firuzbakht, 2009).

So regarding that blind children need special attention and help from their birth, the mothers are involved more than the others because they are the main responsible of child growth, training and rearing. Because of this they have exposed to high pressures and stress (Malekpour,

1998). Regarding the importance of considering the happiness of blind child mothers, unfortunately this issue has not been noticed by researcher in exceptional education system of Iran. so to fulfil the goal of the present research on comparison of effectiveness of reality therapy training, positive attitude and the mixed method on increasing the happiness of blind child mothers of Tehran, the following questions are answered:

- 1- Does reality therapy increases happiness of blind children mothers?
- 2- Does positive attitude increases happiness of blind children mothers?
- 3- Does mixed method of happiness increases happiness of blind children mothers?
- 4- Is there a difference between reality therapy and positive attitude in increasing the happiness of blind children mothers?
- 5- Is there a difference between reality therapy and mixed method in increasing the happiness of blind children mothers?
- 6- Is there a difference between positive attitude and mixed method in increasing the happiness of blind children mothers/

### **Research Methodology**

The present study is a quasi-experimental research with pre-test post-test design with control group. The population of the study includes all blind children mothers (N=333) whose children studied in exceptional children schools of Tehran. Mothers' age varied from 25 to 36 and education level from guidance school to bachelor studies. Since those participants with less happiness have not been recognized previously the volunteers were selected through purposive sampling and those with lower happiness were selected among them. First a list of the blind learner schools was provided including Shahid Mohebbi, Narjes and Doctor Khazaeli. One school ( Mohebbi) was selected randomly (N=160). Then 60 mothers with lower happiness level, education level from guidance school to bachelor studies and 25-36 years old were selected randomly distributed in three experiment and one control group (every group including 15 subjects). After random sampling of subjects in control group and experiment ones, the experiment received reality therapy for 10 sessions (2 and half a month, one two-hour session weekly) including providing training package by the researcher based on Glosser theory (Shafieabadi, 2010), training positive attitude providing training package by the researcher based on Singleman theory (Singleman, 2005) and mixed method including providing the training package by the researcher based on positive attitude theory (Singleman, 2005) and Glosser theory (Shafieabadi, 2010). After the end of the period, the happiness level of both groups was tested.

### **Instruments**

Oxford happiness questionnaire: this questionnaire was made by Argil (2001) to evaluate the happiness level and normalized by Alipour and Nourbala (2000). It includes 19 stems with 4 choices which the subject should select one of them corresponding to his/her current state. It has five factors including life satisfaction, self-esteem, objective welfare, mind satisfaction and positive mood. The highest possible score is 87 showing the highest level of happiness and the lowest score is 0 showing life dissatisfaction and depression. The normal score is 40-44. Cronbach alpha reliability of this test came 0.093 and its split half reliability came 0.92 (Alipour and Nourbala, 2000. Asgari, 2008). Ahromian (2011) reported 0.094 Cronbach alpha reliability and 0.089 split-half reliability. In the present study the validity and reliability using Cronbach alpha came 0.095 and 0.088.

Table 1. Group counselling sessions with reality therapy based on Glosser theory (Shafieabadi, 20100

Considerations	Training sessions
The leader familiarize the members and explains rules and regulations and how to do the work	First
making good relation with the members, the leader familiarizes the members with reality therapy concept	Second
After a short review of the previous session and answering the questions, the leader familiarizes the members with his identity and different identities and their success features and explains about the role of defeat identity and its relationship with depression. This session finishes like the previous one.	Third
After a short review of the previous session and answering the questions, the leader familiarizes the members with how to accept their behaviour responsibility and the importance of responsibility taking in life. This session finishes like the former one.	Fourth
The session starts like the previous one. The leader familiarizes the members with reality therapy and teaches them body relaxation to control anxiety. The session finfishes like the former one.	Fifth
The session starts like the previous one. The leader familiarizes the members with basic and effective needs of real life and the effects of basic needs in life and their ability to select the best way for reaching the basic needs. The session finfishes like the former one.	Sixth
The session starts like the previous one. The leader familiarizes the members with how to program problem solving and programming their present life . The session finfishes like the former one.	Seventh
The session starts like the previous one. The leader familiarizes the members with how to commit to perform the plans and programs. The session finfishes like the former one.	Eighth
The session starts like the previous one. The leader familiarizes the members with how not to accept pretext in performing the plans and programs. The session finfishes like the former one.	Ninth
The session starts like the previous one. The leader familiarizes the members with how punishment influences on not making good relationships and provides some explanations of group session learnings. After a short summery of the present session and giving the assignments, the session is finished and the members fill in the questionnaires again.	Tenth

Table2. summary of group counselling sessions with positive attitude approach based on Seligman theory (2005)

Considerations	Sessions
The leader familiarize the members and explains rules and regulations and how to do the work	First
the leader familiarizes the members with positive attitude concept and awareness of positive thinking and its symptoms and explains about thoughts, feeling and its role in behaviour. After a short summary and giving the next session assignment, the session is finished.	Second
After a short review of the previous session and answering the questions, the leader provides more explanation about thought role in behaviour. So the members should note to cases for positive attitude like fighting with negative thoughts. The explanations are provided. This session finishes like the previous one.	Third
The leader provides some strategies to reconsider the thoughts like rethinking the beliefs, using constructive language and words, reconsider the realities and using the related cases to thoughts. The leader gives an assignment about the topic and finishes the session	Fourth
The leader notes to other cases of strategies about positive attitude like mental images, positive mental imaging and avoiding envy. The leader gives an assignment and finishes the session	Fifth
Leader gives a short review of the previous session and provides explanations about self-talking, do's and don'ts and note to their role in optimism. The leader gives an assignment and finishes the session	Sixth
The session starts like the previous one. Explanation about creating positive thoughts through rethinking of beliefs, searching for real evidences, modernity and the loss and evaluation of attitudes. The session finishes like the previous one.	Seventh
The session starts like the previous one. The members are thought how to assist themselves through restoring the memories, supporting self-esteem, thinking about the messages toward positive attitude and positive thinking. The session finishes after giving assignments	Eighth
First one of members tells a summary of the session and then one of the other strategies (planning for a positive day and making good relationship with others) is explained. Then the members are prepared to finish the session	Ninth
The session starts like the previous one. Then the leader explains about the role of health and its effect on	Tenth

optimism, keeping positive behaviours and its role in positive attitude. After reviewing the learnings, the members filled the questionnaires again.	
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Table3. The summary of group counselling sessions with mixed method (reality therapy, Shafieabadi, 2010) and positive attitude theory (Seligman, 2005).

Explanation	Session number
The leader familiarize the members and explains rules and regulations and how to do the work	First session
The leader familiarizes the members with identity kinds, features of successful identity and defeat and recognition of two basic needs (principles of reality therapy). After a summary of the session and giving assignments the sessions finishes.	Second session
First one of the members tells a summary of the session and then the leader familiarizes the members with thoughts, emotions, beliefs (positive attitude techniques), accepting the responsibilities and their behaviours and recognizing the importance of taking the responsibility in life (principles of reality therapy). At the end after a summary of the session and giving the assignment the session finishes.	Third session
First one of the members tells a summary of the session and then the leader familiarizes the members with anxiety from reality therapy perspective, ethical judgment on correctness and incorrectness of behaviour (principles of reality therapy). At the end after a summary of the session and giving the assignment the session finishes.	Fourth session
First one of the members tells a summary of the session and then the leader familiarizes the members with renewing the thoughts, considering the realities, being realist and changing mental images. At the end after a summary of the session and giving the assignment the session finishes.	Fifth session
First one of the members tells a summary of the session and then the leader explains the current behaviours (principles of reality therapy) and not using the word “must” and “mustn’t” (positive attitude). At the end after a summary of the session and giving the assignment the session finishes.	Sixth session

First one of the members tells a summary of the session and then the leader familiarizes the members with planning to rebuilding the memories, creating positive beliefs and testing the beliefs (positive attitude techniques). At the end after a summary of the session and giving the assignment the session finishes.	Seventh session
First one of the members tells a summary of the session and then the leader familiarizes the members with method of commitment to performance and planning the selected programs (principles of reality therapy) and planning a good day (positive attitude techniques) . At the end after a summary of the session and giving the assignment the session finishes.	Eighth session
First one of the members tells a summary of the session and then the leader familiarizes the members with how not to accept pretext in performing the selected plans and programs and the effect of punishment in making good relationship (principles of reality therapy) . At the end after a summary of the session and giving the assignment the session finishes.	Ninth session
First one of the members tells a summary of the session and then the leader familiarizes the members with protecting health and its effects on positive thinking and keeping positive behaviours (positive attitude techniques). the session finishes with a summary of learnings of group session and the members fill the happiness questionnaire again.	Tenth session

#### Data analysis

Descriptive statics (mean, standard deviation and change range) and inferential statistics (COVARIANCE) were used to analyse data.

#### A) Descriptive findings

Table1. Happiness score of three experiment groups and control group in pre-test post-test





error		Group				Source of dependent variables	
Mean square	df	Statistical power	Effect value	Sig	F	Mean square	df
17/83	26	1	0/75	0/001	78/63	1402/68	1
							Happiness

Table 3 shows the between effect test with 1 ad 26 digress of freedom. The second hypothesis is tested by this table as followed.

## 2- Does positive attitude increases the happiness of blind children mothers?

Regarding the error level (personal differences) in happiness, the significant level ( $P=0.001$ ) is less than 0.05. So positive attitude has effect on happiness of blind children mothers and the null hypothesis is rejected with 95% confidence. The value of this effect is 0.087 and 78% of total variance (personal differences) of happiness score has been caused by the difference between experiment and control groups. Statistical power is 1. In other words there isn't the possibility of type one error for 100%.

Table4. COVARIANCE test. Between effect test for mixed and control group happiness scores.

Error		Groups				Source of dependent variables	
Mean square	df	Statistical power	Effect value	Sig	F	Mean square	df
23/25	26	1	0/93	0/001	380/91	8859/72	1
							happiness

Table 4 shows the between effect test with 1 ad 26 digress of freedom. The third hypothesis is tested by this table as followed:

## 3- Does mixed method increases happiness of blind children mothers?

Regarding the error level (personal differences) in happiness, the significant level ( $P=0.001$ ) is less than 0.05. So mixed method has effect on happiness of blind children mothers and the null hypothesis is rejected with 95% confidence. The value of this effect is 0.093 and 93% of total variance (personal differences) of happiness score has been caused by the difference between experiment and control groups. Statistical power is 1. In other words there isn't the possibility of type one error for 100%.

Table5. One-Way ANOVA test. Happiness discrimination scores for three groups of reality therapy, positive attitude and mixed method

(sig)	F	Mean square	df	Square sum	
0/001	83/16	3406/28	3	10218/85	Between group
		40/96	56	2293/73	In-group
			59	12512/58	Total

One-Way ANOVA was used to investigate the mean difference of discriminating scores of happiness score among the three experiment groups and the control group. F value is ( $F=83.16$ ,

df=3,56) which is less than 0.05 regarding the significant level (0.001) and is meaningful and the null hypothesis is rejected with 95% confidence. So there is a meaningful difference between experiment group and control group.

Post-hoc Scheffe test is used consider the mean difference of the groups.

Table 6.post-hocScheffe test to compare the mean of pre-test post-test happiness scores in three experiment groups and the control groups

Control	Mixed	Positive attitude	reality therapy	groups	
-1	32	26	21	Groups' means	
0/001	0/001	0/188	---	21	Reality therapy
0/001	0/05	---	0/188	26	Positive attitude
0/001	---	0/05	0/001	32	Mixed
---	0/001	0/001	0/001	-1	Control

The following hypotheses are tested regarding Scheffe test:

- 4- Is the any difference between reality therapy and positive attitude on increasing the happiness of blind children mothers?

There isn't a difference between the mean of reality therapy and positive attitude happiness scores ( $P=0.1888$ ) and regarding this significant level bigger than 0.06, this hypothesis is supported with 95% confidence.

- 5- Is the any difference between reality therapy and mixed method on increasing the happiness of blind children mothers?

There isn't a difference between the mean of reality therapy and mixed method happiness scores ( $P=0.001$ ) and regarding this significant level than than 0.05, this hypothesis is rejected with 95% confidence. Based on the observed discriminating means it can be said that mixed method group had a higher mean in post-test and pre-test than reality therapy group. In other words effectiveness level of mixed method on increasing the happiness of the mothers was more than reality therapy.

- 6- Is there a difference between mixed method and positive attitude on increasing the happiness of blind children mothers?

There is a meaningful difference between happiness of mixed method and positive attitude group ( $P=0.05$ ). Regarding the sig level equal to 0.05, the null hypothesis is rejected with 95% confidence. Regarding the observed discriminating means, it can be said that the mean of post-test and pre-test of mixed method group is more than positive attitude group mean. In other words the effectiveness level of mixed method on increasing the happiness of blind children mothers is more than positive attitude.

#### Conclusion and discussion

This study investigated the effects of reality therapy, positive attitudeand mixed method (reality therapy and optimism) on increasing the happiness of mothers with blind child. Now the results are interpreted.

First hypothesis: does reality therapy increases happiness of blind children mothers?

The happiness of mothers participated in group reality therapy sessions increased which is in line with studies of Loe (2007), Peterson (2009), Karkhanehchi (2010), Pronsolla (2009), Larens (2004) and kim (2005).

The above research reported happiness increase in different groups showing the usefulness of reality therapy. In interpreting the above findings it can be said that from reality therapy perspective the main problems are depression and no satisfaction of basic needs especially fun and entertainment (laughing and happiness). These mothers suffer from this problem and due to having blind child and not accepting the reality do not note to their basic needs (entertainment and happiness). They've been involved too much in their children's problems that they've forgotten themselves and non-satisfaction of basic need has led to their depression. If these mother be able to accept the reality of having blind children and note to their own basic needs like entertainment and being happy, they will experience more happiness consequently. Based on this approach the person is responsible for determining his identity type and the way he behaves depends on his decisions. Based on this approach the depression of these mothers is due to their inability in learning to achieve successful identity. So they are responsible for satisfying their needs and reaching to successful identity and only through attempt and their decision and learning proper behaviours can achieve the success and fulfil their needs and consequently increase their happiness.

Second hypothesis: does positive attitude increases happiness of blind children mothers?

The happiness of mothers participated in positive attitude group sessions increased which is in line with studies by Khodayarifad (2008), Ebadi, Faqihi (2011), Asadollahi (2009) and Banink (2008), Wang and Lim (2008), Hoe et al (2009) and Movahhed (2004). Interpreting the above results it can be said that the goal of positive attitude is increasing health level. In other words, the goal of denial of stressful, treating, unpleasant and negative aspects of life is not underestimating them but noting to other positive aspects of life. Disability of one the children puts negative effects on all members especially mothers. Through optimist psychology, the mothers can be assisted to note to other positive aspects of life happiness, fulfilling their potential abilities, enjoying problem solving and positive attitude instead of superfluous attention to inabilities and weaknesses of human beings to increase their happiness.

Third hypothesis: does mixed method increases the happiness of blind-children mothers?

Based on the results it can be said that happiness of mothers participated in group sessions of mixed method increased. It should be noted that not a study has been done with mixed approach but regarding that the first and the third hypotheses showed that both methods (reality therapy and positive attitude) increased the happiness of blind children mothers, it can be said that both of these approaches have been used in mixed method. With reality therapy mothers can be assisted to accept the reality of having blind children and pay attention to their own basic needs like recreation and happiness to prevent depression and disappointment. So they are responsible for satisfying their needs (happiness and recreation) and reaching a successful identity and only through their decision and learning proper behaviours they can fulfil a successful identity and their needs and consequently increase their happiness. Also through positive attitude the mothers can be assisted to focus on their abilities like living happily, fulfilling their potential abilities, enjoying, problem solving ability and optimism instead of magnifying having blind children and not paying attention to other aspects of their lives and superfluous attention to inabilities. So in this method (mixed method) uses the techniques of reality therapy (humour, questioning and confrontation) and positive attitude (fighting with negative thoughts, changing mental images, rethinking the beliefs).

Fourth hypothesis: is there a difference between reality therapy and positive attitude in increasing the happiness of blind children mothers?

The results showed that there isn't a meaningful difference between the mean score of reality therapy and positive attitude groups and both of the methods didn't increase the happiness of blind children mothers.

As domestic and foreign research showed for the first and the second research hypothesis, the happiness of mothers who participated in reality therapy and positive attitude sessions increased. It should be noted that nothing has been done to investigate the compare these two methods but with these two methods we can increase the happiness of the mothers. Through reality therapy the mothers can be assisted to accept the reality of having blind children and pay attention to their own basic needs like recreation and happiness to prevent depression and disappointment and positive attitude can help them to focus on their abilities like living happily, fulfilling their potential abilities, enjoying, problem solving ability and optimism instead of magnifying having blind children and not paying attention to other aspects of their lives and superfluous attention to inabilities. So both of approaches can increase the happiness of blind children mothers but there isn't a difference between these two methods.

The fifth hypothesis: is there a difference between mixed method and reality therapy session on increasing the happiness of blind children mothers?

The results showed that the effectiveness of mixed method on increasing the happiness of the mothers is more than reality therapy. It should be noted that regarding the quest of the researcher in domestic and foreign research, one of these two methods have been used and not any study was found to use the mixed method. Also regarding that the results of the study in the first and the fifth hypotheses showed that both methods (reality therapy and mixed method) increased the happiness of the mothers, it can be said that the mixed method has used the techniques of reality therapy (principles of reality therapy, questioning, etc.) and positive attitude ( fighting with negative thoughts, changing mental images, using constructive language and words). Since these mother are sad, disappointed and hopelessness, through reality therapy they can accept the reality of having blind children and be helped in planning to reach the needs and wants like recreation and happiness and through positive attitude the mothers can be assisted to focus on their abilities like living happily, fulfilling their potential abilities, enjoying, problem solving ability and optimism. So both of approaches can increase the happiness of blind children mothers and the mixed method has used both approaches and its effect is more than reality therapy method.

Sixth hypothesis: is there a difference between mixed method and positive attitude on increasing the happiness of blind children mothers?

The results showed that the effectiveness of mixed method on increasing the happiness of the mothers is more than positive attitude. It should be noted that not a study has been done on the comparison of these two approaches but regarding that the third and the fifth hypotheses showed that both approaches are effective in increasing the happiness of the mothers, it can be said that considering the problems of blind children mothers in accepting the reality (having blind child) and not paying attention to basic needs like happiness and recreation and the fact that they overestimate the problem too much and entrapped in cognitive error and pay less attention to themselves, the mixed method has used the techniques of reality therapy (principles of reality therapy, questioning, etc.) and positive attitude ( fighting with negative thoughts, changing mental images, using constructive language and words). Through reality therapy they can accept the reality of having blind children and satisfy the basic needs and wants like recreation and happiness and through positive attitude the mothers can be assisted to increase their optimism and pay attention to their abilities. So the effect of mixed method on increasing the happiness of the mothers is more than positive attitude.

### **Limitations of the study**

Since there are only three blind children schools in Tehran, so the researcher couldn't classify the students based on development and growth process.

Since there are only three blind children schools in Tehran, the students were of different areas and he researcher couldn't evaluate racial, cultural, religious, social and economic issues about the mothers.

#### **Suggestions**

Regarding the effectiveness of this method, investigating it on the fathers of blind children and other exceptional groups like mothers with deaf and mental retardation children is suggested.

Regarding the lack of research in this field, the necessity of researchers' attention to develop this line of study on mothers having exceptional children in mixed and comprehensive method is suggested.

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