

Positive psychotherapy training on self-acceptance and positive relationships among female students

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Suggested Citation:

Kayedkhordeh. B., Mousavi, S. S. & Abdi, M. (2018). Positive psychotherapy training on self-acceptance and positive relationships among female students. *Global Journal of Psychology Research: New Trends and Issues*. 8(4), 172–179.

Received from January 25, 2018; revised from July 26, 2018; accepted from November 2, 2018;

Selection and peer review under responsibility of Prof. Dr. Tulay Bozkurt, Istanbul Kultur University, Turkey.

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Abstract

Positive interventions, which focus on the positive aspects and strengths of people, are relatively new types of interventions in psychology. The purpose of this research is to make a positive impression of psychotherapy on psychological welfare of students of Payame Noor University in Dezful. Therefore, about 28 students were selected and assigned in control and experimental groups by random replacement. Instrument riffs and hypotheses were studied by covariance analysis study extraversion. The research hypotheses have been studied by using covariance analysis. The results showed that positive psychotherapy training on self-acceptance and positive relations with other students is meaningfully effective.

Keywords: Positive psychotherapy, self-acceptance, positive relations.

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1. Introduction

Since one of the aims of positive psychology is the enhancement of mental health over mental illness, the question arises as to what is implied by mental health. Mental health can be socially constructed and defined by different professions, communities, societies and cultures. Understanding health as the mere absence of disease or illness does not capture the real meaning of well-being (Ickovics & Park, 1998; Ryff & Singer, 1998). Defining a concept in terms of the absence of another phenomenon creates conceptual problems, but finding a commonly accepted definition, which is more elaborate than just indicating the absence of psychopathology, has proven to be challenging. Most definitions include aspects of emotional, social and psychological well-being, and portraying mental health as a multidimensional construct (Caplan, Englehardt & McCartney, 1981; Gelso & Fretz, 2001). Health is, therefore, described as a state of complete physical, mental and social well-being and not merely the absence of disease (Ryff & Singer, 1998). As a part of the rise of positive psychology, research on well-being and wellness has blossomed in recent decades and, as a result, well-being and wellness paradigms, and models and conceptualisations have been established in various disciplines (Diener et al., 1999; Hefferon & Boniwell, 2011; Kahneman, Diener & Schwarz, 1999).

Since Ryff's (1989) psychological well-being model is used as the theoretical model in this study, a closer look into well-being is provided. Wellness as a psychological construct is also discussed to better orientate the reader with regard to the differentiation between these two concepts and in order to clearly contextualise the concept of psychological well-being. Empirical research on well-being based on the eudaimonic approach of the good life argued that living well is not simply a matter of experiencing more pleasure than pain as suggested with subjective well-being; instead, it involves a striving for fulfilment and realisation of one's true potential (Ryff, 1989). Endeavours regarding psychological well-being began in the 1980s and stemmed from human development theories and existential challenges in which they posed questions about meaningfulness and purpose in life. Both these traditions hold humanistic values that explore human capacity and wellness. The work of Ryff and colleagues are at the forefront of this endeavour. Psychological well-being fits well under the umbrella of eudaimonia (Keyes et al., 2002; Ryan & Deci, 2001). Keyes (1998) referred to the extent to which people excel in their lives in relation to concepts such as self-acceptance and meaning in life. Both subjective well-being and psychological well-being assess well-being, but they address different aspects of the meaning of well-being. As indicated above, subjective well-being involves more global evaluations of affect and satisfaction, whereas psychological well-being looks into a person's thriving through challenges (evident from, among others, the pursuit of meaningful goals; growing and developing as a person; and establishing quality ties with others; Ryff, 1995). However, researchers have discussed how these different perspectives might complement rather than contradict one another in the study of well-being (Keyes et al., 2002; Ryan & Deci, 2001). Following a review of positive mental health theories, Ryff and colleagues developed a model called *psychological well-being*, which incorporates eudaimonic approaches to happiness and was meant to serve as a more complete description of subjective well-being as it includes the facet of positive functioning. (See Chapter 3 for an elaborate discussion of this model.) In this model, psychological well-being is posed as a multi-dimensional construct that consists of six distinct facets: i) positive attitude towards oneself (self-acceptance); ii) satisfying relationships with others (positive relationships with others); iii) independence and self-determination (autonomy); iv) a sense of mastery and competence (environmental mastery); v) a sense of goal-directedness in life (purpose in life); and vi) feelings of personal continued development (personal growth). Self-acceptance is one of the most recurrent criteria for well-being as indicated in a variety of studies (Deci & Ryan, 1991; Fava & Ruini, 2003; Kernis, 2006; Neff, 2003).

Ryff (1989) maintained that 'holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning' (p. 1071). Obtaining a high score on the self-acceptance scale of the PWBS implies a positive attitude towards the self and the ability to acknowledge and accept aspects of the self, including good and bad qualities. A high score further

indicates satisfaction with past and present life (Ryff & Singer, 2008), which can thus be described as the positive evaluations of oneself and one's past life even while aware of one's own limitations (Gallagher & Lopez, 2007; Keyes, et al., 2002; Ryff & Keyes, 1995). According to Rogers (1959), self-acceptance refers to individuals' satisfaction or happiness with themselves and is thought to be essential for good mental health. Self-acceptance involves self-understanding and insight, which leads to a realistic, albeit subjective awareness of one's weaknesses and strengths. This awareness creates a feeling of unique worth whereby one distinguishes between growth potential and acceptance of unchangeable characteristics (Gallagher & Lopez, 2007). Shepard (1979) confirmed that self-accepting persons, aware of both their strengths and weaknesses, value themselves. An important constituent of self-acceptance is individuals' perception of effectiveness in meeting daily demands. Bandura (2000) defined this as 'beliefs in one's capabilities to organise and execute the courses of action required to produce given attainments' (p. 3). If the sense of self-efficacy is high, an individual will tend to be more accepting of the self (Bandura, 2000). Self-acceptance may be of more concern within Western cultures and may, as a result, obtain a more prominent position in the hierarchy of psychological virtues (Helwig, 2006).

Self-acceptance means assessing *self* dimensions and having a positive attitude towards himself and his past life. In other words, self-acceptance means, on the basis of certain criteria (e.g., high friends, good appearance, being thin and being applauded by others), validating the value of a person is based (Nynan & Dryden, 2004; citing Soleimani, 2012). In this study of positive psychology, in order to make changes in their acceptance and positive relationships, factors, such as having positive relationships and satisfying quality with others, are used. Positive psychology, as a new approach to psychology, focuses on understanding and describes the happiness and subjective well-being as well as an accurate prediction of the factors that affect it. Within psychology, efforts to delineate central features of psychological well-being repeatedly evoke the interpersonal realm. Ryff (1989) defined positive relations as warm, trusting relationships with others. This domain of well-being includes a general sense of the welfare of others and the ability for empathy, affection and intimacy. She further described the construct as the understanding of the give-and-take principle of human relationships. The interpersonal realm additionally involves the willingness to make compromises in order to sustain important ties with others (Ryff & Singer, 2008).

A low score on this domain of the PWBS is indicative of having a few close and trusting relationships and finding it difficult to be warm and open towards others, which result in frustration and isolation in interpersonal relationships. From a cultural perspective, universal endorsement of the relational realm as a key feature of a well-lived life does exist (Ryff & Singer, 1998). From a sociological perspective, Keyes (1998) conceptualised social well-being as another important aspect of this domain. According to him, social well-being refers to being integrated into one's community and being able to contribute to society. The need to belong is found in all humans and in all cultures, although cultural differences with regard to closeness do exist (Baumeister & Leary, 1995). Ryff (1995) argued that people everywhere and in almost all contexts do have the abiding need for connections with others. Thus, the external manifestations of close ties with others do vary, yet they are unquestionably critical elements in any formulation of positive human health (Duckworth, Steen and Seligman, 2015). This approach positively views to promote subjective well-being and happiness, instead of dealing defects and disorders (Seligman, 2005, quoted in Hoseyni, 2011), whereas much of the existing research literature on psychotherapy and psychology focused on negative feelings (e.g., how to reduce stress and anxiety). However, it is important to direct interventions to reduce negative emotions be helpful, but very little attention to positive factors as a method of psychotherapy has been made. Hvlvstalyn (1997) believes that in the treatment of pathological traits, rather than emphasise and work on strengths, authorities should pay him because clients will feel full of Unless the their strengths and not be problems centred therapy. Research has also shown that between positive psychologies, hope, there is a significant positive relationship between mental health and better mental health than those who are able to find meaning and purpose in their lives [according to Khodayarifard (2002)]. Over the past decade, positive psychology has become one of the major trends in psychology and has quickly emerged in a good position in this

field. The pace of this trend in conversion into a pragmatic and evidence-based approach is not comparable with the background of any other trend. This pace is noticeable, especially in terms of the methods and interventions that have been developed and used in positive psychology. Applying positive interventions is to improve the quality of life, more pleasure of life, happiness, enjoyment, subjective well-being and, in brief, eudaimonia. The extension of these applications has been to the point that, in recent years, some have talked about positive therapy (Peterson, 2016).

Duckworth et al. (2015) believe that those who tolerate the most severe psychological pressures are looking for something more than just relieving the pain and suffering in life. People suffering difficulties seek more happiness, more pleasure and more satisfaction than reducing grief and worry. They seek to build strengths, not to modify their weaknesses; they seek meaningful and purposeful life. Obviously, these conditions are not easily achieved by relieving pain and discomfort (Joseph & Linley, 2015). It can be said that according to the increase of divorce rate and the problems with which the women heading family with children are faced in the current Iranian society, the present study was carried out to investigate the effectiveness of positive psychology training on the happiness of woman heading family by training positive thinking to take steps to reduce the problems of this group of people (Nakhaei, 2016). The results of previous research studies support the conceptual model of the research. Zhou (2016) study describes a program of brief, universal, positive psychology-based interventions to increase targeted behaviours that enhance family relationships, which is developed and delivered to over 1,500 participants using a community-based participatory approach. The cluster-randomised design combined interventions based on one of the three themes (gratitude, hope or open-mindedness) in one of the two structures (intervention, or intervention with planning). The latter structure supplemented with materials and exercises derived from the Health Action Process Approach Model of behaviour change. Planning was more effective in increasing attitude and intention to perform behaviours, the frequency of the targeted behaviours, and family health and happiness, particularly, in the theme targeting open-mindedness. Qualitative data supported effectiveness. This project was a first effort to develop a large-scale preventive psychological intervention in an understudied culture with the goal of maximising acceptability and utilisation by involving community stakeholders in every stage of the design.

Nakhaei's (2016) study was conducted as a quasi-experimental research with pre-test and post-test with unequal experimental and control groups to evaluate the effectiveness of positivistic psychology on improving happiness among the women who were heads of the family. The statistical population of the present study consisted of all women heading the family whose specifications had been recorded in Birjand Social Welfare Organization and Birjand Imam Khomeini (RA) Relief Committee, and were the heads of the families resulted from divorce that among them 30 people were selected through convenience sampling method and assigned to experimental group ($n = 15$) and control group ($n = 15$). In order to measure happiness, Oxford Happiness Questionnaire was used. Also, to study the effectiveness of positivistic psychology, intervention method was used so that the experimental group received ten 90-minute sessions of training over a period of 3 months. To analyse the data, covariance analysis and multivariate analysis of covariance were carried out. The results showed the positivistic psychology effects on increasing of happiness of mother-child among female-headed families. Biological changes impact the psychological and interpersonal function in late life. Therefore, the general health and well-being diminish with decreasing the ages. These changes lead to decreasing life satisfaction and meaning of life in elderly individuals. The aim of Kashaniya and Khodabakhshi's (2015) study was to examine the effectiveness of positive psychology interventions (PPIs) on the meaning of life and life satisfaction among older adults. This study is quasi-experimental with pre- and post-tests. Thirty elderly residents were selected from Tohid Nursing Home in Tehran in 2015. The participants were assigned randomly to the control (15 subjects with mean age = 74.66 ± 6.62) and experimental groups (15 subjects with mean age = 76.73 ± 9.45). PPIs were conducted during 10 sessions (each 90 minutes per week). Then, the questionnaire was administered post-test. Statistical analysis was conducted using Paired Samples *t*-test and analysis of covariance. The research instruments were the Meaning in Life Questionnaire, the Mini Mental State Examination and the Satisfaction With Life Scale.

There was a significant difference between the pre-test and post-test scores of meaning of life ($t = 3.85$) and life satisfaction ($t = 4.10$) in the experimental group ($p < .05$). Also, there was a significant difference between means of meaning of life ($F = 19.88$) and life satisfaction ($F = 18.72$) by eliminating the pre-test effect. The finding emphasised that PPI is a kind of psychotherapy that addresses strengths, resources, values and hopes instead of deficits and weaknesses. Hence, it could be considered in therapeutic intervention to enhance the component of well-being as life satisfaction and meaning of life. The PPI is designed to cultivate positive feelings, behaviours or cognitions such as writing gratitude letters, practising optimistic thinking, replaying positive experiences and socialising, which have been indicated to increase well-being in non-clinical samples (Layous, Chancellor & Lyubomirsky, 2014).

The particular purpose of these interventions is to fix, relieve or heal something that is pathological, or deficient, and it is not included in the definition of PPIs (Sin & Lyubomirsky, 2009). According to Seligman and Csikszentmihaly, the field of positive psychology at the subjective meanings includes well-being, contentment and satisfaction (in the past), hope and optimism (for the future), and flow and happiness (in the present). Some previous works showed the efficacy of PPIs such as counting blessings, practising kindness, setting personal goals, expressing gratitude and savouring positive experiences. Positive activities have typically brief, simple accessible techniques (Kashaniyan & Khodabakhshi, 2015). Considering what was said earlier, this study answers the question ‘whether positive psychology on self-acceptance and positive relationships affect the students?’

2. Method

This semi-experimental-research project is in the framework of the pre–post-test control group design. Statistical population of all the female students of Payame Noor University in Dezful is 1394. The sample, purposefully for replacement, was randomly selected. In this study, in order to select the sample, the Psychological Well-Being Questionnaire was executed, and of those who had low scores, a total of 30 students (15 students) put in experimental and control groups were considered for PPIs based on protocol 14 meeting (Seligman & Rashid, 2008). The individuals in the experimental group were trained in fourteen 2-hour sessions. After the training, the Psychological Well-Being Questionnaire was conducted and data were analysed using analysis of covariance.

2.1. Tool

Psychological Well-Being Questionnaire (1980):

2.2. Treatment protocols positive psychology (Seligman & Rasheed, 2008, quoted in Mkyar-weeping, 2009)

First session: The lack of positive resources to perpetuate depression. **Session II:** Determine capabilities. **Session III:** Improving specific skills and positive emotions. **Session IV:** Memories of good versus bad memories. **Session V:** Forgiveness. **Session VI:** Appreciation. **Session VII:** Study course of treatment. **Session VIII:** The perfection-seeking contentment. **Session IX:** Optimism and hope. **Session X:** Love and attachment. **Session XI:** Empathy. **Session XII:** Savour. **Thirteenth session:** Devote time to others. **Fourteenth session:** Full life:

Table 1. Descriptive statistics of research variables (number: 28)

Variables	Experiment				Control			
	Pre-test		Post-test		Pre-test		Post-test	
	Average	SD	Average	SD	Average	SD	Average	SD
Positive relations	3.79	0.71	4.34	0.76	3.60	1.11	3.61	0.70
Self-acceptance	3.80	0.71	4.58	0.68	3.88	0.81	3.72	0.62

Results showed that after the intervention in the experimental group based on positive psychology, positive relations and self-acceptance post-test scores in the experimental group were significantly increased compared to Pre-test but the change was observed in the control group.

3. Positive psychology on self-acceptance of female students is effective

Table 2. Summary of one-way analysis of covariance (n = 28)

Source changes	Sum of Square	d.f	Mean Square	F	sig	Eta coefficient	Power test
Covariate	3.025	1	3.025	9.310	0.005	0.271	0.835
The effect of education	5.752	1	5.752	17.702	0.0001	0.415	0.981
Error	8.123	25	0.325				
Total	500.671	28					

The above table shows the results of the intervention increased their admission scores in the experimental group after adjusting for the pre-test. The results suggest that by eliminating the effects of pre-test scores as a covariate, the main effect of positive psychology is significant on its own admission test and intervention in the experimental group increased its acceptance. Eta and power factor tests also show that 41% sequentially and 981% of the variance explained his acceptance by teaching positive psychology.

4. Positive psychology students are effective on positive relationships

Table 3. Summary one-way analysis of covariance (n = 28)

Source changes	Sum of Square	d.f	Mean Square	F	sig	Eta coefficient	Power test
Covariate	5.917	1	5.917	17.948	0.0001	0.418	0.983
The effect of education	2.795	1	2.795	8.478	0.007	0.253	0.799
Error	8.242	25	0.330				
Total	461.565	28					

The results suggest that by eliminating pre-test scores as a covariate effect, positive psychological effect on post-test education is significant and teaching positive psychology, positive relationships have been increased in the experimental group. Eta coefficient and power test respectively also showed that 21% and 799% of the variance positive relationships by teaching positive psychology has been explained.

5. Discussion and conclusion

Results showed a positive psychological effect on self-acceptance and positive relationships education students is effective. This finding fits with Erfani, Bahramabadi and Mashayekhi pour (2013), Folke, Parling and Melinb (2012) was consistent. In explaining the results obtained in this study, it could be stated that health is a multi-dimensional concept, that is, in addition to not being sick, not being disabled, happiness and well-being (Larson, 1991, quoted in Camaraderie et al., 1390). The World Health Organisation terms positive psychology as an effort for the welfare of complete physical, social and psychological characteristics of individuals, absence of disease and weakness, and harmonious connections with others for defining individual and social change and improving the environment. Positive psychology can also be considered as a new approach in psychology to understand and describe happiness and subjective well-being as well as factors that affect accurate prediction, which focuses and leads to self-acceptance and positive relationships. Finally, the importance of multi-modal therapy utilises pattern and different approaches suggested, positive psychotherapy more than ever in the current treatment programs should be considered. This

approach positively promotes subjective well-being and happiness, instead of dealing with defects and disorders, although much of the existing research and literature on psychotherapy and psychology focused on negative feelings (e.g., how to reduce stress and anxiety). However, it is important and helpful to direct interventions to reduce negative emotions, but very little effort to positive factors as a method of psychotherapy has been made. Over the past decade, positive psychology has become one of the major trends in psychology and has quickly emerged in a good position in this field. The pace of this trend in conversion into a pragmatic and evidence-based approach is not comparable with the background of any other trend. This pace is noticeable, especially in terms of the methods and interventions that have been developed and used in positive psychology. Applying positive interventions is to improve the quality of life, pleasure of life, happiness, enjoyment and subjective well-being, and, in brief, eudaimonia. The extension of these applications has been to the point that, in recent years, some have talked about positive therapy. Duckworth et al. (2015) believe that those who tolerate the most severe psychological pressures are looking for something more than just relieving the pain and suffering in life. People suffering difficulties seek more happiness, more pleasure and more satisfaction than reducing grief and worries. They seek to build strengths, not to modify their weaknesses; they seek meaningful and purposeful life. Obviously, these conditions are not easily achieved by relieving pain and discomfort. It can be said that according to the increase of divorce rate.

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