

The Effectiveness of Group Hope Therapy on the Time Horizon and Optimism

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Abstract

Purpose: The aim of the present study was to determine the effectiveness of group hope therapy on the time horizon and Optimism of divorced women aged between 25 to 40 years old in Tehran who referred to counseling centers. **Materials and method:** 30 divorced women were selected randomly and were assigned at two experimental and control group. Group hope therapy was held for 8 sessions each lasted for 2 hours. Group hope therapy package was applied for intervention. Wilde questionnaire were employed for assessment of horizon and LOT questionnaire was used for assessment of optimism. Data analysis was performed using analysis of covariance. **Findings:** The results showed that the group hope therapy increased time horizon and Optimism in divorced women. **Discussion:** searching for hope within the group lets divorced women to gain optimism and improve their time horizon capability.

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1. Introduction

Divorce supposed as a rare phenomenon in the past but nowadays it seems to be more common (Alaeddin, Kajbaf & Molavi ,1391). In this regard it was said according to authentic sources approximately, one million divorces occur in America yearly (Cheavens, Feldman, Woodward & Snyder, 2006). So this issue is related to the entire family, belonging to all ages, and with the entire nuclear and extended families (Goldenberg & Gillham, June &Hamilton, 2006). According to Debbi & et al. (2010) divorce depends on many factors, including attitudes about unsuccessful marriage, personality of individual and social environment. Many people blame their husbands for the major part of divorce but divorced women ascribe collapse of their marriage to factors related to the relationship than women who have been more active and more optimistic and they have more social skills. According to Carr (2004) decreasing optimism and the time horizon are considered among the consequences of divorce.

in positive psychology, researchers have studied the structures such as self-control, resiliency, spirituality, optimism and hope (Snyder & Lopez, 2003).; Snyder & et al., 2006). Beneficial effects of these positive structures on physical and mental health have been confirmed in several studies (Scheier, Carver & Bridges, 2001).

The hope structure is allocated owns process attention (Scheier, Carver & Bridges, 2001). According to Snyder the hope is a cognitive process in which Individuals 1) determine your goals, 2) make Strategies to achieve those objectives and 3) create necessary motivation to implement these strategies and them keep along the way. These three components of hope pattern such as goals, targets of hope, pathway and agency thinking (broker) are known. (Snyder, 2002). Objectives are endpoint of targeted behaviors (Snyder, 2004; Schultz,2010). The goal includes everything that a person wants to achieve, do it and experience it or make it (Snyder et al.,2006). Moreover, in hope theory goals are the main source of affection. Positive emotion arises from reaching to goal or thought of getting closer to its goal. While negative emotions caused by the failure to achieve a goal or thought of away from it (Snyder, 2002). Given the link between achieving the goal and positive emotion, it may seem like the best strategy is setting very accessible and easy goals. But people with high hopes often follow goals that have a degree of uncertainty and difficulty intermediate level (Seligman, & Gsiksentmialyi, 2000).

2. Research Background

People with high hopes, in order to deal with potential obstacles, consider several pathways (Shorey & et al., 2001, Kashedan & et al, 2002; Kelly, 2004; Wolbarg, 2009; Korkeila & Kivela, 2004). These thoughts appear in positive self-talk such as "I can do this" (Snyder & et al., 2006). Agency thinking Stimulates person to start and keep moving along the path towards the goal. These three components (goal, agency and pathway thinking) have interaction. Setting important goals increase the incentives and this excited motivation may help to find pathway in turn, some studies to support from this Opinion have showed positive correlation (0.45 to 0.70) between pathway and agency scores a scale of pencil -

paper (Quilliam, 2003). Hope has positive correlation with positive affection (Lee & Kohen, 2006), and a sense of self-worth (Snyder et al., 1997; Jorgensen & Nafsad, 2004).

It correlates negatively with depression (Luthans & et al., 2007) and sense of burnout (Sherwin et al., 1992). It is generally associated to negative emotions (Wetzstein, 2003), also hope or more competency in many areas of life, such as education (Westrop, 2002). The use of adaptive Dealing methods (Peterson, 2000) positive and more flexible thoughts (Snyder et al., 1996, Snyder & Rand, 2004) and more positive assessment of stressful events are related (Tracy, 2001).

Hope is many near structure to optimism. Optimism is one of the effective components on providence. Clarke & Brentano, (2006). Argue that optimist individuals in confronting with problems continue to follow up their valuable goals so as to achieve them (Chery & etal, 2009; Cathrine, Bulter & koopman, 2001 Ghorbanalipour & etal, 1393; Ghazitabatabaie, 1377; Gharedaghi, 1390; Ganji, Kraskian & Kalhor 1395; Ebadi & Faghihi, 1389; Brydon, 2009). Seligman Bakhsaeshi (1390) explains optimism as a special and explaining effective style. Individuals with explaining optimism style involve lower possible when facing with stressful –major events of life (Cheavens & etal, 2006). Optimism makes to increase hope. It is clear that there is meaningful correlation between hope and optimism (person,2000; Barkhorie, Refahi & Farahbakhsh, 1388). Optimism and hope has negative correlation with indexes of Pathological including depression. Optimism and hope predict physical and mental health that has been identified with kinds of indexes including: self–record health, positive response, powering of Immunological, effective dealing and promoting behavior of health. In response to increasing risky behaviors, Gerald Wilde, Canadian psychology after a decade of research raised the expectation theory. So Expectation is preventive strategy to reduce the amount of per capita mortality and is based on increasing the perceived value of the future (Carr, 2004; Cunningham, 2004; Davidson, Dracut, Philips & Dally, 2007; Dawson–McClure & etal, 2004).

Ellyn & Paul (2009) used inventory of time horizon to measure the future value compared with the present. If the perceived value of the future than present be more, it is expected that person be more cautious. Evidence suggests that the beneficial health habits are more common among people who attach great value for the future. (Achat & Chohen, 2000; Gahler, 2006). For reducing the amount of optimism and hope for the future reduction of divorced women, one of the challenges of today is psychotherapy. And finding a way to increase optimism, time horizon and hope especially in divorced women are needed in more heightened attention. In this regard, I decided with usage of the approach of hope therapy, optimism and hope can increase optimism and hope for the future in divorced women.

The therapist discounts experiences since childhood that support the schema by attributing them to schema perpetuation (Gholami, Pashan & Sudani, 1388; Kalhor ,1391). The coping styles patients learned in childhood have carried their schemas forward into their adult lives. Therefore, the therapist notes that, because of their schema-driven behavior, patients have never given their schemas a fair test (Hakaneh & Lindbohm, 2008). Montazeri et al (2013) conducted a research titled “influence of schema-therapy on reduction of depression symptoms and obsessive-compulsive personality disorder. Results showed that schema-therapy influences obsessive-compulsive personality disorders and depression. Further, follow-up sessions which were held two months after therapy showed that the reduced symptoms were still there.

Hoseinian & Sudani (1388) conducted a study on 233 students and investigated 2 assumptive models in cognitive schemas which played a mediating role between social prescribed perfectionism and

depression and anxiety. In the assumptive depression model, abandonment, defectiveness/shame, dependence/incompetence, insufficient self-control/self-discipline were considered as mediating variables. The primary assumptive model was not verified in the research. Even a revised model in which abandonment schema had been influenced by depression via indirect impacts of other schemas was not verified. To this end, the present research tries to investigate early maladaptive schemas in depressed, anxious, obsessed and normal individuals.

Sohrabi & Jvanbksh (1388). conducted a research titled: "a comparison of early maladaptive schemas in suicide-committing and non-suicide committing depressed individuals and non-clinical population": a) the two clinical groups were different from non-clinical group in all early maladaptive schemas. b) The two clinical groups had significant difference with each other in three schemas: emotional inhibition, dependence/incompetence, and vulnerability to loss and disease and these differences were independent of patients' depression intensity.

Results showed that treatment interventions influence significantly on emotional deprivation, dependence/incompetence and vulnerability schemas in suicide-committing depressed patients.

3.Method

The kind of the present study is qualitative and the purpose of the research is Practical and in terms of the kind of data collection is semi-experimental research in which the pretest-posttest design with control group was used. 30 divorced women admitted to the Institute for perfection way in December 1393 were invited to attend the meetings. Then, 15 people were randomly assigned to the experimental group and 15 people were put in the control group. During the study, there was a drop of three people in the experimental group that the same number was eliminated randomly from the control group. A total per group of 12 people and totally 24 subjects attended.

After selecting a sample and random replacement of them in two experimental and control groups, Time Horizon inventory of Wild optimism inventory of LOT before and after performance of the independent variable (Therapy hope) was placed at the disposal of the participants to respond. Therapy sessions were including eight, two-hour sessions of group therapy. Theoretical basis of Treatment plan was based on the theory of Snyder (1994). McDermott and Snyder (1999) was designed that each session consists of four parts. In the first part, about 30 minutes about the activities and tasks of last week authorities were discussed and People were encouraged to help each other in solving problems related to those obligations.

In the second part that lasted about 20 minutes in which psychological training was provided. In this part each week a new skill to hope was taught. In the third part, which is about 50 minutes last, Methods of using these skills in daily living were discussed, Patrons were encouraged to discuss objectively and clarify issues and to help each other to with usage of hope skills, to solve them. Throughout this section therapist has encouraged corporation processes and simultaneously tried to focus conversations on topics related to hope and to be formatted in the framework of the hope theory. In the last 10 minutes each session tasks to the next meeting were presented that these home works were to help them in applying presented trainings in the daily life.

1. 3. *Measurement tools*

Optimism Inventory (Shyer & Carver, 1985) contains six articles by signing on a Likret scale of 5 degrees for each material. Clauses 1, 3, 6 to be awarded scores of 5 (strongly agree), 4 (I agree), 3 (uncertain), 2 (disagree) and 1 (strongly disagree). But in clauses of 2, 4, 5, scores are reversed. 3 items related to negative sentences and three items related to positive statements. The validity and reliability of this scale in research Khodabakhshi (1383) were highly desirable. Cranach's alpha coefficient obtained in the Shyer research 0.70 and has shown good stability over time (Shyer, 1985).

Time horizon inventory (Wilde, 2000) has 40 questions and four subscales of the present time value, future time value, planning for future and the time pressure that is graded based on the Likret scale. To all clauses (strongly agree, agree, uncertain, disagree, strongly disagree) were awarded scores of 5, 4, 3, 2, 1 out except clauses 40 and 36, 34, 33, 30, 27, 26, 19 and 8, which are scored adversely (Carr, 2004). Time to respond to inventory questions is about 20 minutes, the test is paper- pencil test that can be run manually and scored. Cranach's alpha was obtained 0.75 for the time value of future, 0.83 for the time value of present, 0.78 for planning scale for future. In validation studies, inner appropriate correlation was obtained between 0.48 to 0.86 (Zehtab Najafi, & Salami ,1391).

2.3. *Data Analysis*

In order to test the hypotheses, Analysis variance was used to compare posttest in experimental and control groups. The study employed a pretest, post-test, follow-up design and the participant in the study received a five-month, ten-session hope therapy.

4. **Findings**

Table 1. Descriptive statistics of variables

Variable	Test	group	N	Mean	SD	Mse
Optimism	pr	E	12	16.1	12.0	0.6
			12			0.8
	Po	e	12	25.3	1.4	0.4
		co	12	15.7	2.7	0.8
time horizon	pre	e	12	120.4	7.0	2.0
		co	12	124.0	6.3	1.8
	po	E	12	152.7	9.0	2.6

NOTE: pre,po,E,co, N,M,SD,MSe, stands for pretest, posttest, experimental group, control group, Number, Mean, Standard deviation and Mean standard error respectively

The results of Table 1 indicate that variable of optimism and time horizon of the experimental group in the posttest significantly increased.

Table 2. Descriptive statistics of sub-variable of time horizon

Variable	Test	group	N	M	SD	Mse
time value of present	Pr	E	12	30.0	3.9	1.1
		co	12	27.6	4.0	1.2
	po	E	12	41.4	4.0	1.2
		co	12	27.4	4.4	1.3
time value of nature	Pr	Ex	12	32.3	1/2	0.6
		co	12	33.3	3.1	0.9
	po	Ex	12	41.8	3.5	1.0
		co	12	33.8	3.2	0.9
Planning for nature		Ex	12	24.8	1.7	0.5
		co	12	3.08	3.0	0.9
	Pr	Ex	12	39.1	3.1	0.9
		co	12	30.6	3.0	0.9
Time pressure	po	Ex	12	29.8	4.2	1.2
		Pr	co	12	32.3	2.6
		Ex	12	30.3	4.9	1.4
		po	co	12	31.5	2.7
time horizon	Pr	Ex	12	120.4	7.0	2.0
		co	12	124.0	6.3	1.8
	po	Ex	12	152.7	9.0	2.6
		co	12	123.3	6.1	1.8

NOTE:pre,po,E,co, N,M,SD,MSe, stands for pretest, posttest, experimental group, control group, Number, Mean, Standard deviation and Mean standard error respectively

Results of table 2 shows the mean and standard deviation of sub-variable of time horizon pretest and posttest. In addition, the results of the significant level of Levine test for all variables in the control and experimental groups, was greater than 0.05. There was no significant difference between the variance of optimism and the time horizon in the test and control groups. Also, other results such as Kolmogorov-Smirnov test significant level in all the studied variables in the control and experimental Groups with the exception of optimism posttest is larger than 0.05. In addition, Bartlett's globosity test results (the correlation between variables) showed that the significance level was smaller than 0.05. Hence, there was a correlation matrix between variables. So, researchers were allowed to perform multivariate analysis of covariance (MANCOVA). Thus, Analysis of covariance was used according to observing the assumptions of normality of Data distribution and equality of variance of control and experimental groups in the dependent variable and the correlation of dependent variable to analyze results.

Table 3 Analysis results of variance to compare posttest in experimental and control groups

sc	Ss	DF	Ms	F	sig	cor
intervention	500.4	1	500.4	452.4	0.01	0.96
Error	32.2	21	1.1			

Note: sc, Ss, DF, Ms, sig, cor stands for sources of change, Sum of squares, DF, Mean of squares, significance, coefficient correlation in respect.

According to the results presented in table 3, as calculated F (452.4) is higher than critical values F (with a degree of freedom 1 and 21 and a significance level of $p < 0/01$) so the null hypothesis was rejected. Therefore, with regard to reject the null hypothesis, with 99% confidence, we conclude that there are significant differences between the control and experimental groups, and this difference isn't due to measurement error or sampling error. Determining factor in this equation is 0.96 means that 96% of the variations of optimism can be explained through experimental variable (Therapy hope).

Table 4. The adjusted mean of posttest of time horizon after excluding the effect of pre-test

Group	Mean of posttest	
	No removal of effect of pre-test	
Control	152.7	149.6
Experiment	123.3	126.3

Results of table 4 shows that the average adjusted of variable time horizon of divorced women in post-test experimental group (149.6) is higher than the control group (126.3).

Table 5. Test results of Analysis variance to compare posttest in experimental and control groups

SC	Ss	DF	Ms	F	sig	cor
effect of the experimental variable	5514.1	1	5514.1	117.9	0.01	0.85
Error	982.5	21	46.8			

According to the results presented in Table 5, as calculated F (117.9) is higher than critical values F (with a degree of freedom 1 and 21 and a significance level of $p < 0/01$). So, the null hypothesis rejected. Therefore, it is concluded that there are significant differences in the time horizon between control and experimental groups. Determining factor in this equation is 0.85. It means that 85% of the variations of time horizon can be explained through experimental variable (Therapy hope).

Table 6. Wilks Lambda test results to determine the difference between the combinations of dependent variables

Wilks Lambda	F	Degree of freedom	Significance
$P < 0.01$	15	4	0.163

According to the results presented in Table 6 Wilks Lambda value in these variables is equal to 0.163. Since a significant level of Wilks Lambda index is smaller than 0.01, so there is a significant difference between the two groups in terms of combination of components of time horizon. Since the multivariable test was significant and linear combination of components of time horizon is affected the independent variable (therapy hope).

Table 7. Test results of Analysis variance to compare posttest in experimental and control groups

Effect	Components	Ss	Df	Ms	F	sig
intervention	value of present	527.4	1	527.4	42.6	P<0.01
	value of nature	359.5	1	359.5	41.6	P<0.01
	Planning for nature	445.8	1	445.8	79.4	P<0.01
	Time pressure	3.4	1	3.4	0.3	P<0.05
Error	value of present	222.8	1	12.4		
	time value of nature	155.6	1	8.6		
	Planning for nature	101.1	1	5.6		
	Time pressure	209.5	1	11.6		

According to the results presented in Table 7, as calculated F for all components of the time horizon except the time pressure are higher than the critical values of F (with a degree of freedom 1 and 18 significant level of $p < 0.01$). So the null hypothesis is rejected. Therefore, we conclude that there are significant differences between control and experimental groups in all components of the time horizon with the exception of time pressure.

3. Discussion

Based on the obtained findings, adjusted average of the variable of optimism of divorced women in the experimental group (group that therapy hope has been applied for it) in Posttest significantly increased, however, this increase was not observed in the control group. Also, therapy hope is effective on the amount of optimism of divorced women and increase optimism of divorced women. Optimism is interconnected with hope so that optimism increases hope and vice versa. In general, it is known that there is a significant correlation between hope and optimism (Peterson, 2000; Schneider, 2000). Optimism and hope with the pathological markers such as depression have negative correlation. Optimism and hope predict physical and mental health that have been identified with kinds of indexes including: self-record health, positive response, powering of Immunological, effective dealing and promoting behavior of health (Patterson, 2000).

In line with the results of the studies of Irving et al (1997), Klasnr et al (1998 to 2000) Shyvz (2001) and Hynlknz (2004) in their research, in survey of hope-based interventions for adults with depression showed that this treatment results in reducing depressive symptoms and increase hope. Shyvz et al (2006) in their study showed that hope therapy can increase agency think (one of the components of hopeful thinking), the meaning of Self-esteem and life and decrease signs of depression. The negative relationship between depression and hope has been shown in various studies (Snyder et al, 2006, change, 2001, Wells 2005).

Also, the results of research findings of Debi et al (2010) showed how to cope negatively with stressful life associated with high levels of anxiety and lower levels of optimism and high levels of depression. Wahlberg study (2009) showed that optimism and learning from past mistakes on smoking cessation group of college students who were able to quit smoking has a significant effect. The results of presented study have coherent with the results of all the studies that were mentioned. Based on the

results of average adjusted, variable of time horizon of divorced women of the experimental group (149.6) in Posttest is higher than the control group (126.3).

Time Horizon Questionnaire has 4 saturated factors that these four factors are: 1. time value of the present, 2. time value of the future, 3. planning for future, 4. time pressure. As the results showed average adjusted of posttest of components of time horizon after excluding the effect of pre-test time horizon in divorced women of the experimental group with the exception of time pressure significantly increased. Also, the results showed that average of all components of the time horizon of the experimental group except for the time horizon in posttest is more than the control group. Subtext of this statement is the effectiveness of independent variables on dependent (components horizon of time). Among the limitations of this study include small sample size and limited number of samples divorced women society can have pointed out. We must act with caution in generalizing the results. Accordingly, it is recommended that future research include a prolonged treatment period and follow-up that are long and numerous. The follow-up in addition can show the continuing effects of treatment, helps to the researchers that discovered the hidden works appear sometime after the treatment.

Therefore, future research could examine the issue that a short-term intervention can be used to prevent from recurrence later in the treatment of certain disorders? It is also recommended that hope therapy and optimism education can be employed for girls and divorced women because they redeploing their mothers may find hatred and pessimism towards the opposite sex and for marriage fails. In addition to the fact that hopes therapy education is a new therapeutic approach. It is recommended that the effects of its application in other communities, including employees, retirees and prisoners, etc. investigated and investigated.

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