



Comparison of the effectiveness of positive cognitive behavior therapy and rational emotive behavior therapy on psychological well-being among unmarried women aged 25 to 35 in Tehran

Saba. Soleimani Delfared¹, Mohammad Reza. Saffarian Toosi^{*2} & Forough. Jafari³

1. Department of Counseling, Mashhad Branch, Islamic Azad University, Mashhad, Iran

2. *Corresponding Author: Department of Educational Sciences, Mashhad Branch, Islamic Azad University, Mashhad, Iran

3. Department of Psychology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran

ARTICLE INFORMATION

ABSTRACT

Article type

Original research

Pages: 59-68

Corresponding Author's Info

Email:

saffarianreza1965@gmail.com

Article history:

Received: 2023/04/26

Revised: 2022/06/23

Accepted: 2022/07/01

Published online: 2023/10/02

Keywords:

Rational Emotional Behavior Therapy, Positive Cognitive Behavior Therapy, Psychological Well-being.

Background and Aim: One of the axes of evaluating the health of different societies is the mental health status of the people of that society, and it is very important to pay attention to the psychological health status of different groups of society, especially the youth. The present study was conducted with the aim of investigating and comparing the effectiveness of rational emotional behavior therapy and positive cognitive behavior therapy on psychological well-being in unmarried women aged 25 to 35 in Tehran. **Methods:** The test was with a control group and with a follow-up phase. The statistical population of this research was unmarried women aged 25 to 35 years old in Tehran who visited the neighborhood centers in one district of Tehran in the second half of 2021. The sampling method was purposeful. The research included a control group and two experimental groups, the number of each group was 20 people who were randomly placed in these groups. The instrument used in this research included Ryff's psychological well-being questionnaire (1989). The data analysis of this research was done in two sections of descriptive and inferential statistics. In the inferential statistics section, according to the research design, univariate covariance analysis test was used and SPSS version 24 software was used for data analysis. **Results:** The findings showed that both interventions are effective in increasing the psychological well-being of unmarried women aged 25 to 35, and this effect is stable in the follow-up phase. Comparing the results of these two interventions showed that the effect of positive cognitive behavior therapy on psychological well-being with an effect size of 0.54 is greater than that of rational emotional behavior therapy with an effect size of 0.49. **Conclusion:** According to the findings of this research, it can be said that the positive cognitive behavior therapy method is more effective than the rational emotional behavior therapy method on the psychological well-being of unmarried women aged 25 to 35 in Tehran, and this effect is stable in the follow-up phase. The positive cognitive behavior therapy approach can be used by therapists and clients as an effective method to improve the psychological well-being of unmarried women.



This work is published under CC BY-NC 4.0 licence.

© 2023 The Authors.

How to Cite This Article:

Soleimani Delfared, S., Saffarian Toosi, M. R., & Jafari, F. (2023). Comparison of the effectiveness of positive cognitive behavior therapy and rational emotive behavior therapy on psychological well-being among unmarried women aged 25 to 35 in Tehran. *Jayps*. 4(7): 59-68.

Introduction

Because girls and women are important demographic groups in the success of any country, and during the past few decades, the increasing focus of research activities, policies and programs of countries has been their empowerment. Therefore, it is very important to pay attention to their mental health and well-being (Crandall et al., 2016). The experiences gained from the long-term celibacy of girls, on the one hand, the behaviors and attitudes of people around and family towards single girls; On the other hand, it includes the special feelings and experiences of unmarried girls following their perceptions and perceptions of these behaviors and attitudes (Khosravi et al., 2021) and can have a negative impact on various aspects of their mental health and quality of life.

One of the axes of evaluating the health of different societies is the state of mental health of the people of that society, and it is very important to pay attention to the state of psychological health of different groups of society, especially the youth. Psychological well-being includes positive mental health measures that help maintain a person's level of well-being and positive functioning, and as a cognitive and emotional experience, it refers to a condition in which a person compares his current situation with an ideal situation and achieves a positive perception. (Twenge & Martin, 2020). Also, studies show that high levels of psychological well-being is a protective factor against physical, mental and psychiatric diseases (Redler et al., 2018; Stepto et al., 2012; Hoffman et al., 2017). The concept of psychological well-being as an approach that positive psychology has put forward to mental health in recent years emphasizes on positive characteristics and growth and individual abilities and actually implies positive mental health (Novak & Soumi, 2017). People with high well-being mainly experience positive emotions and have a positive evaluation of the events around them; While people with low well-being evaluate events and situations in their lives as unfavorable and experience mostly negative emotions such as anxiety, depression and anger. (Wang et al., 2014). Psychological well-being is a person's effort to realize potential abilities, and in fact, this structure means a person's personal evaluation and

understanding of the quality of his life, including the quality of social, emotional and psychological actions. (Moustri Dali and Dilani 2018). People with high levels of well-being are less exposed to depression and anxiety and have more resilience, self-efficacy, adaptability and mental health (Samsari & Solist, 2019).

The last decade has witnessed the expansion and growth of positive collaborative therapeutic approaches based on competencies and strengths (Parsakia et al., 2023). The goal of strengths-based treatment models is to increase well-being, quality of life and long-term resilience and emphasizes personal strengths and adaptive abilities. (Prasco, et al. 2016, Bennink, 2014, Podsky & Mooney, 2012, cited in Beigi, 2018). To this end, the emergence of positive psychology, which integrates different lines of research, focuses on happiness, well-being, and improving strengths and other dimensions of positive mental health (Delafave & Fava, 2011; Patterson & Seligman, 2004). One of the new therapeutic interventions, which is a combination of cognitive behavioral therapy and positive psychology, is positive cognitive behavioral therapy. Positive cognitive behavioral therapy has an approach to change in which a conversation about the individual's goals and factors affecting the achievement of these goals is called. The emphasis of positive cognitive behavioral therapy is not on the pathology, errors of the clients and correcting these errors, but rather on the strengths, positive aspects and correct performance of the clients; Although the main goal in all forms of psychotherapy is to help clients to make desirable changes in their lives, positive cognitive behavioral therapy emphasizes on creating or reorganizing positive and effective aspects instead of paying attention to issues and problems. (Ben Nink 2012). This therapy teaches clients to be more optimistic and its therapeutic changes are more stable (Rashid & Seligman, 2013). Judy Beck (2011) in this treatment does not only emphasize the pathology, problems and problems of the clients and the correction of the worst conditions, but first of all, it focuses on the positive aspects of the strengths and correct functions and the creation of the best things; It is not only emphasized to reduce discomfort, but also to achieve and create success (Ben-Nink, 2013). In fact, instead of paying attention to issues and

problems, the emphasis of positive cognitive behavioral therapy is on creating or reorganizing positive and effective aspects (Amini et al., 2018).

Another effective therapeutic intervention that can be effective in increasing psychological well-being is rational-emotional behavioral therapy. According to Ellis (1994), irrational thinking is defined as any type of thinking that causes self-destructive and self-destructive excitement or behavior, the important results of which are disturbances in human happiness, happiness, and well-being. Also, these thoughts include goals or desires that appear in the form of necessary and mandatory priorities and preferences, and if they are not fulfilled, they cause confusion; He also asserts that irrational evaluations are absolutist and the content of such evaluations is on the must and the insistence on completeness; In this way, you can recognize them and these people have traits such as fear of making mistakes, fear of failure and being a loser, and fear of dissatisfaction, stressing on many shoulds and believing that others will succeed easily. According to Ellis, people's way of thinking is the most important factor of their normality and abnormality, and the change of beliefs happens when clients achieve a deep philosophical change by questioning all the obligations and compulsions. In this case, they can eliminate all neurotic thoughts, feelings and behaviors and organize their lives (Neenan, 2008). In this theory, people's feelings depend on the way they interpret events, so by changing the way they interpret events, it is possible to change a person's feelings from negative to positive and increase the level of happiness (Seligman, 2002).

So far, no research has been done to investigate the effectiveness of these two therapeutic approaches, one of which is to strengthen the positive points, abilities and constructive beliefs of people, and the other is to correct ineffective beliefs and illogical thinking, in unmarried girls. Therefore, conducting a research that compares the effectiveness of these two approaches on the variable of psychological well-being of single girls, can play an effective role in choosing a more efficient treatment model in order to improve the psychological well-being of these people as much as possible. Also, in the rational-emotional behavioral therapy approach, positive beliefs and capabilities and strengths of

clients are not emphasized; Therefore, the current research aims to investigate the impact of rational emotional behavior therapy which is based on recognizing and correcting irrational and negative beliefs, to investigate the impact of positive cognitive behavior therapy approach which emphasizes on people's abilities, strengths and healthy and constructive beliefs; Also, the research aims to compare the effectiveness of these two treatment methods on psychological well-being in unmarried girls and to answer the question, which of these two treatment approaches is more effective?

Method

The present study was a quasi-experimental study. In this research, the subjects were placed in 3 groups after being selected by purposive sampling method. The participants in this research were the people who went to the community centers of district one of Tehran in the second half of 2021. Among the people who met the research criteria and were willing to participate in the research, 60 people who scored low in the psychological well-being questionnaire were selected and randomly assigned to two experimental groups and one control group. The criteria for entering this research were: 1-Age of the participants, 2-Being single, 3-Not attending a parallel training course, 4-Willingness to participate in the research, 5-Getting a low score in the questionnaire used in the research. The exclusion criteria were 1- absence of more than two sessions, 2- unwillingness to participate in the research.

Materials

1. The Revised Psychological Well-Being Scale (RSPWB-SF) questionnaire was designed by Ryff in 1989 and revised in 2002. The questionnaire used in this study consists of 84 questions. This version includes 6 factors: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The questionnaire evaluates these 6 main components and has 6 subscales (each subscale consists of 14 items). Participants in this questionnaire, which is designed for adults, are required to rate the extent to which they agree or disagree with each statement on a 6-point Likert scale. To assess the tool's validity and its relationship with measures of personality traits, as well as psychological well-being, Ryff used measures such as the Bradburn Emotional Balance Scale

(1999), Neugarten Life Satisfaction Scale (1995), and Rosenberg Self-Esteem Scale (1995). The correlation results of the Ryff Inventory of Psychological Well-being (RSPWB-SF) with each of the above measures were acceptable. Therefore, the tool was considered to be valid in terms of structure (Ryff, 1989). Based on the research by Bayani and colleagues (2008), which was conducted to normalize psychological well-being scales in Iran, the reliability coefficient of the RSPWB-SF psychological well-being scale was obtained as 0.82 using the retest method. The reliability coefficients of the subscales of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth were obtained as 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78, respectively, which were statistically significant.

2. REBT: In this study, the first experimental group received an intervention based on REBT according to the protocol by Dryden and colleagues (2010). This intervention was conducted in 8 sessions, each lasting 90 minutes and held once a week in a group format. The content of the sessions included:

Session 1: Introduction of group members to each other, explanation of session structure and group rules. Taking a history of the problem and identifying members' goals. Use of unconditional acceptance technique.

Session 2: Review of the previous session and assignments. Introduction and teaching of cognitive-behavioral therapy strategies and ABC model.

Session 3: Review of assignments and the previous session. Identification and explanation of the source of distressing consequences and irrational beliefs related to the problem. Members' participation and giving real-life examples. Explanation of healthy and unhealthy negative emotions.

Session 4: Review of assignments and the previous session. Discussion of irrational beliefs related to problem.

Session 5: Review of the previous session and assignments. Challenging irrational beliefs and helping members to question their irrational beliefs and teaching effective behaviors and new beliefs.

Session 6: Review of the previous session and assignments. Dealing with members' worries related to the problem and challenging their

irrational beliefs using cognitive-behavioral therapy techniques.

Session 7: Review of the previous session and assignments. Teaching cognitive-behavioral visualization, facilitating and enhancing positive cognitive changes resulting from visualization activity.

Session 8: Review of the previous session and assignments. Examination of changes in performance, emotions, and thoughts of the members, resolving issues about previous teachings, and emphasizing the role of the member.

3. PCBT: The second experimental group received Positive Cognitive Behavioral Therapy Intervention. Positive Cognitive Behavioral Therapy Intervention is taught to members in a group setting through an 8-session, 2-hour weekly program based on the protocol by Jafari et al. (in press). This protocol has been approved by Dr. Ben-Nink, who is a theorist in this approach.

3. Positive Cognitive Behavioral Therapy Intervention:

Session 1: Establishing rapport and familiarity among group members, explaining the structure and rules of group sessions, familiarizing members with their goals, identifying aspects of life that are satisfying and areas that need improvement.

Session 2: Asking the miracle question to identify members' best hopes, identifying and analyzing goals and defining them based on positive, measurable, and specific criteria, teaching positive visualization exercises of their best possible self.

Session 3: Discussing exceptional cases where problems were not an issue or where the person successfully overcame them, identifying effective behaviors to problem-solve and unhelpful repetitive patterns in line with members' goals and experiences, identifying effective behaviors to problem-solve and repetitive unhelpful patterns in line with members' goals and experiences.

Session 4: Talking about members' experiences of completing effective tasks, teaching the nature of personal strengths, and the importance of utilizing personal strengths for success and improving life quality, sharing members' experiences of using personal strengths in life.

Session 5: Sharing members' experiences of using personal strengths and discussing the

emotions that arise from these new experiences. Finding creative and different solutions to achieve goals based on personal strengths.

Session 6: Discussing members' exploratory experiences of using personal strengths in different ways, discussing the importance of regulating and balancing emotions and identifying pleasant activities to increase positive emotions.

Session 7: Talking about members' experiences of pleasant emotions, discussing self-compassion, acceptance, empathy, and deep understanding of their strengths and weaknesses. Practicing self-compassionate sentences within the group.

Session 8: Examining the changes in members' performance and emotions and examining members' future goals based on group experiences.

Implementation

The number of people in each group was 20 people, REBT treatment group was performed

on one group and PCBT treatment group was performed on another group, and a third group was considered as a control group and no treatment was performed on them. Before the beginning of the sessions and at the end of the sessions and after 3 months from the end of the sessions, the subjects responded to the RIF psychological well-being questionnaire. Group meetings were held for eight weeks and one meeting per week for each group. In order to analyze the information related to the pre-test, post-test and follow-up in the control and experimental groups, SPSS software and covariance analysis were used.

Results

The mean (standard deviation) age of the participants in the experimental group was 30.6 (3.5) and the control group was 29.9 (3.8). Descriptive statistics indicators are reported in the table below.

Table 1. Statistical indicators of psychological well-being in the PCBT, REBT and control groups

Group	Stage	Mean	SD
PCBT	Pre-test	321.20	36.64
	Post-test	343.80	32.32
	Follow-up	345.91	34.92
REBT	Pre-test	291.350	27.92
	Post-test	315.10	36.83
	Follow-up	317.12	31.26
Control	Pre-test	308.40	16.66
	Post-test	306.25	15.39
	Follow-up	306.77	20.29

As can be seen in Table 1, in the experimental group, in the post-test stage (after positive treatment training), the mean total psychological well-being score is higher than the pre-test; That is, after the intervention in the experimental group, the psychological well-being intuitively increased. Also, in the experimental group, in the post-test phase (after the training of rational-emotional therapy), the mean total

psychological well-being score is higher than the pre-test; That is, after the intervention of rational-emotional therapy, the psychological well-being has increased intuitively in the experimental group. These differences are not noticeable in the control group. After checking and confirming the assumptions of covariance analysis test, this method was used to analyze the data.

Table 2. Results of univariate covariance analysis of psychological well-being post-test scores in experimental and control groups

Group	Index	SS	Df	F	Sig	Effect size
PCBT	Pre-test	15514.994	1	77.98	.001	.67
	Group	7538.296	1	35.59	.001	.49
	Error	7835.956	37			
	Total	3845.975	39			

REBT	Pre-test	28006.610	1	194.968	.001	.84
	Group	6272.507	1	43.73	.001	.54
	Error	5314.940	37			
	Total	37261.775	39			

The results of the above table show that by removing the influence of the pre-test variable and considering the calculated F coefficient, it can be seen that there is a significant difference between the adjusted means of the psychological well-being scores of the participants according to the "experiment and control" group membership in the post-test stage. ($P < 0.05$). Therefore, it is concluded that the null hypothesis is rejected and the treatment based on rational-emotional behavioral therapy has a significant effect with an effect size of 0.49 on the psychological well-being of single girls aged 25 to 35 in Tehran. Also, by

removing the influence of the pre-test variable and according to the calculated F coefficient, it can be seen that there is a significant difference between the adjusted means of psychological well-being scores of the participants according to the membership of the "experiment and control" group in the post-test stage. ($P < 0.05$). Therefore, it is concluded that the null hypothesis is rejected and the treatment based on positive cognitive behavioral therapy has a significant effect with an effect size of 0.54 on the psychological well-being of single girls aged 25 to 35 in Tehran.

Table 3. Results of univariate covariance analysis of psychological well-being post-test scores in the experimental and control groups in the follow-up phase

Group	Index	SS	Df	F	Sig	Effect size
REBT	Pre-test	22223.756	1	104.52	.001	.73
	Group	4143.450	1	19.48	.001	.45
	Error	7866.944	37			
	Total	32555.600	39			
PCBT	Pre-test	12507.164	1	44.101	.001	.54
	Group	6415.111	1	22.620	.001	.38
	Error	10493.388	37			
	Total	34662.775	39			

The results of the above table show that by removing the influence of the pre-test variable and considering the calculated F coefficient, it can be seen that there is a significant difference between the adjusted means of the psychological well-being scores of the participants according to the "experiment and control" group membership in the follow-up stage. ($P < 0.05$). Therefore, it is concluded that the null hypothesis is rejected and the treatment based on positive cognitive behavioral therapy has a significant effect on the psychological well-being of single girls aged 25 to 35 in Tehran with an effect size of 0.45 in the follow-up phase. Also, by removing the influence of the pre-test variable and according to the calculated F coefficient, it can be seen that there is a significant difference between the adjusted means of psychological well-being scores of the participants according to the "experiment and

control" group membership in the follow-up phase ($P < 0.05$). Therefore, it is concluded that the null hypothesis is rejected and the treatment based on rational-emotional behavioral therapy has a significant effect on the psychological well-being of single girls aged 25 to 35 in Tehran with an effect size of 0.38 in the follow-up phase. Finally, the effect size shows the greater effectiveness of PBCT than REBT.

Conclusion

The present study was conducted with the aim of investigating and comparing the effectiveness of rational emotional behavior therapy and positive cognitive behavior therapy on psychological well-being in single girls aged 25 to 35 in Tehran.

The findings of this research showed that the treatment based on rational-emotional behavior therapy leads to an increase in the psychological well-being of single girls aged 25 to 35 in

Tehran, and these results are stable in the follow-up phase. This finding was consistent with the results of Davis and Turner (2020), Perdana et al. (2022), Oltean et al. (2019), Lixin and Hansheng (2017).

In fact, it can be said that girls who have low well-being lack the ability to deal with life challenges along with uncertainty, purposefulness, responsibility, empathy and well-being; In other words, they have low personal competence and personal growth, and rational emotional behavior therapy has been able to rationalize their beliefs about their problems, which arise from problems and conflicts, by challenging their irrational beliefs. Hence, it increases their well-being. Rational emotional therapy improves a person's attitude and interpretation of life. The importance of the stress factor is determined by cognitive evaluation affected by individual beliefs, attitudes and thoughts; By balancing beliefs, the feeling of self-mastery increases; People control their stress and mental health by challenging irrational beliefs that reduce well-being. Also, in this treatment method, by strengthening factors such as group cohesion and the feeling of the generality of the problem, it strengthens a kind of communication network in which a person experiences hope, altruism and peace in communication.

Other findings of the present study showed that treatment based on positive cognitive behavioral therapy leads to an increase in the psychological well-being of unmarried girls and this effect is stable in the follow-up phase. This finding was consistent with the results of Darbani and Parsakia (2022), Golestane and Behzadi (2019), Sadeghi (2019), Prasko et al. (2016), and Turner et al. (2016) studies. Since in this approach, the strengths of the clients are highlighted and the positive thoughts and beliefs of the clients are strengthened, and people try to find and repeat the things that were successful in solving the challenges, and their sense of inner satisfaction increases; Therefore, it increases their psychological well-being. In other words, the change in beliefs in cognitive-behavioral therapy, along with focusing on capabilities in a positive approach, reduces tensions, reduces self-blame, and then self-acceptance, as well as increases positive emotions and a sense of self-mastery in single girls. It allows them to pursue their goals in life and grow and improve as

individuals, which results in an increase in psychological well-being in these people.

In addition, the findings showed that between the effectiveness of two methods of positive cognitive behavioral therapy and rational emotional behavioral therapy, the positive cognitive behavioral therapy approach has a greater impact on the psychological well-being of single girls. In sum, it can be concluded that emotional rational behavior therapy has been able to correct irrational beliefs of single girls about themselves and their issues and problems by challenging irrational beliefs. Various techniques of this approach, including emotional rational imagery, playing the role of using self-reinforcements and self-punishments, lead to the reduction of negative emotions, anxiety and depression, and help to improve a person's psychological and psychological well-being. Since the focus of the positive cognitive behavioral therapy approach is on building the client's strengths and capabilities, highlighting the client's strengths and strengthening the client's positive thoughts and beliefs, and the client is considered an expert in finding solutions to their problems. The ability of single girls to solve their challenges is strengthened and they review and repeat the cases where they were successful in solving their problems. This leads to strengthening positive emotions and increasing the feeling of self-mastery and mastery over challenges, which increases people's internal self-satisfaction and ultimately leads to an increase in their psychological well-being. Emotional rational behavior therapy is more focused on people's issues and problems and illogical beliefs and their correction, and less emphasis is placed on clients' strengths and capabilities; Therefore, compared to positive cognitive behavior therapy, which focuses on positive beliefs and the abilities and strengths of the individual, and emphasizes on successful experiences and helping to repeat them in people's lives, despite being effective, it is less effective than positive cognitive behavior therapy.

The most important limitations of the current research were the limitations related to the use of the questionnaire, because the results of the research depend on the accuracy, honesty and the way the test subjects answer the test materials. Also, the difference in individual characteristics, psychological characteristics, cultural and social differences of the research

sample, which control of these factors was beyond the control of the researcher. The current research was conducted on unmarried girls, which limits the generalization of the results. According to the findings of this research, it is suggested that the training of these treatment approaches be included in the programs of educational centers. It is also suggested to investigate and compare the effectiveness of these approaches according to the variables of personality characteristics and cultural and social factors in the next researches. It is also suggested to carry out these two approaches on unmarried boys and compare them with the results of this research.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

- Amini, L., Ghorbani, B., Sadeghi-Oulshahr, H., Raoufi, Z., & Morteza-Pour Alisarai, M. (2018). The relationship between perceived social support and infertility stress in infertile men's spouses. *Iranian Journal of Nursing*, 31(111), 31-39. (In Persian)
- Bayani, A. A., Koochaki, A. M., & Bayani, A. (2008). Validity and reliability of the Riff Psychological Well-being Scale. *Iranian Journal of Psychiatry and Clinical Psychology*, 14(2), 151-146. (In Persian)
- Bennink, F. (2012). Positive cognitive-behavioral therapy. (A. Khamsa, Trans.). Tehran: Arjmand Publications. (In Persian)
- Bigi, A. (2018). A comparison of the effectiveness of positive cognitive-behavioral therapy and cognitive-behavioral therapy on mental depression, self-efficacy, and self-esteem in adolescents with depressive symptoms. Doctoral dissertation, Semnan University. (In Persian)
- Catalino, L. I., Algoe, S. B., & Fredrickson, B. L. (2014). *Prioritizing positivity: An effective approach to pursuing happiness?* *Emotion*, 14(6), 1155-1161
- Chiang, K. J., Chu, H., Chang, H. J., Chung, M. H., Chen, C. H., Chiou, H. Y., & Chou, K. R. (2010). *The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged.* *International Journal of Geriatric Psychiatry*, 25(4), 380-388.
- Crandall, A. VanderEnde, K. Cheongb, Y. F. Dodell, S & Yount, Km. (2016). women age at first marriage and postmarital agency in Egypt social science Research
- Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. *Psychology of Woman Journal*, 3(1), 47-55.
- Davis, H & Turner, M. J (2020). *the use of rational emotive behavior therapy (REBT) To increase the self-determined motivation and psychological well-being of triathletes.* *sport, Exercise and performance psychology*, 9(4), 489-505
- DelleFave, A., & Fava, G. A. (2011). *Positive psychotherapy and social change.* In R-Biswas-Diener (Ed). *In Positive psychology as social change* (pp. 267-291). Milan: Springer Netherlands.
- Dezutter, J. Luyckx, K. & Wachholtz, A. (2015). *Meaning in life in chronic pain patients over time: associations with pain experience and psychological well-being.* *Journal of Behavioral Medicine*; 38 (2): 359-68.
- Dryden, W., DiGiuseppe, R., & Neenan, M. (2010). *Rational Emotive Behavior Therapy: Theoretical developments in RET.* (M. Firouzbakhsh, Trans.). Psychology and Art Publications. (In Persian)
- Eifediyi G., Ojugo A., Aluede O. (2017). *Effectiveness of rational emotive behavior therapy in the reduction of examination Anxiety among secondary school students in Edo State, Nigeria.* *Asia Pacific Journal of Counselling and Psychotherapy*: 1-16.
- Fava, G,A & Ruini,C. (2014). *increasing psychological well-being in clinical and educational settings.* New York: springer science and Business media.
- Geschwind N, Bosgraaf E, Bannink F, Peeters F, (2020). *positivity pays off: clients perspectives on positive compared with traditional cognitive behavioral therapy for depression.* *psychotherapy*, 57 (3), 366-378. <https://doi.org/10.1037/pst0000288>
- Geschwind, N., Arntz, A., Bennink, F., Peeters, F., (2019). *positive cognitive behavior therapy in the treatment of depression: A randomized order within-subject comparison with traditional cognitive behavior therapy.* *Behaviour Research and therapy*; 116:119-130.
- Gharehdaghi, A., & Kamili Pour, F. (2019). The effectiveness of positive cognitive-behavioral therapy on positive and negative affect in women with spouses with mental disorders. *Journal of Counseling and Psychotherapy Culture*, 10(38), 177-194. (In Persian)

- Golestaneh, S. M., & Behzadi, A. (2019). The effectiveness of positive psychology intervention training on increasing well-being, academic happiness, and academic achievement of female students. *Journal of Applied Psychology*, 13(2), 187-208. (In Persian)
- Huffman, J. C., Legler, S. R. & Boehm, J. K. (2017). *Positive psychological well-being and health in patients with heart disease: a brief review*. *Future Cardiol*, 13 (5): 443-450. doi:10.2217/fca-2017-0016.
- Khosravi, J., Khazrajenjad, O., & Darni, H. (2021). Reconstruction of the meaning of the experience of transcendence from the perspective of women aged 30 and above in the city of Boukan. *Strategic Studies of Women*, 23(92), 151-133. (In Persian)
- Lee, J., Sim, J., Kim, J., & Yun, Y. H. (2019). *Establishment of normative self-rated health status data and association between ideal life expectancy and social wellness of general population in Korea*. *Asian Nursing Research*, 13 (2), 99-106.
- Liv, Q., shono, M. Kitamura, T, psych, F, F, C, (2009). *psychological well-being, depression and anxiety in japans university students*. *depression and anxiety*, 26, 99-105
- Lixin. x., Hansheng. L. (2017). *effects of REBT therapy intervention program on mental health in female college students*. *journal of Neuro Quantology*; volume 15, issue 9:156-161.
- Mangayarkarasi, K., & Sellakumar, G. K. (2017). *Efficacy of rational emotive therapy in the management of depression in HIV infected women*. *International Journal of Education and Psychology in the Community*, 7 (1/2), 41.
- Modaresi-Yazdi, F., Farahmand, M., & Afshani, S. A. (2017). Social isolation among single girls and its cultural-social factors. *Iranian Journal of Social Issues*, 8(1), 121-144. (In Persian)
- Mohammadi-Saif, M., & Aref, M. (2016). Pathology of delayed marriage age among Iranian youth. *Engineering Journal*, 10(86), 75-89. (In Persian)
- Mousteri, V., Daly, M., & Delaney, L. (2018). *The scarring effect of unemployment on psychological well-being across Europe*. *Social Science Research*, 72, 146-169.
- Nami, F. (2020). The effectiveness of Ellis cognitive-affective-behavioral therapy on psychological well-being in physically disabled individuals. Paper presented at the 3rd Conference on Psychology, Educational Sciences, Social Sciences, and Humanities in Valencia, Spain. (In Persian)
- Neenan, M. (2008). *tackling procrastination: an REBT perspective for coaches*. *journal of rational emotive & cognitive-behavior therapy* 26 (2), 53-62.
- Ng, Z. J. Huebner, E. s. Hills, K. & Valois, R. F. (2018). *mediating effects of emotion regulation strategies in the relations between stressful life events and life satisfaction in a longitudinal sample of early adolescents*. *journal of school psychology*, 70,16-26.
- Novak, M. A. & Soumi, J. (2017). *psychological well-being*. *the international Encyclopedia of primatology*, 1-4
- Oltean HR, Hyland P, Vallieres F & et al. (2019). *Rational beliefs, happiness and optimism: An empirical assessment of REBT's model of psychological health*. *International Journal of Psychology*; 54 (4): 495-500.
- Oltean R., Hyland P., Vallières F. David D. O. (2017). *An empirical assessment of REBT models of psychopathology and psychological health in the prediction of anxiety and depression symptoms*. *Behavioral and Cognitive Psychotherapy*: 45 (6): 600-615
- Onuigbo, L. N., Eseadi, C., Ugwoke, S. C., Nwobi, A. U., Anyanwu, J. I., Okeke, F. C.,... & Eze, P. (2018). Effect of rational emotive behavior therapy on stress management and irrational beliefs of special education teachers in Nigerian elementary schools. *Medicine*, 97 (37).
- Parsakia, K., Darbani, S. A., Rostami, M., & Saadati, N. (2022). The effectiveness of strength-based training on students' academic performance. *Journal of Adolescent and Youth Psychological Studies*, 3(3), 194-201.
- Perdana, R. K., Basuki, A., & Prawitasari, I. (2022). *Alternative Counselling Interventions in Improving Self-Esteem of Students*. *Subjective Well Being: A Literature Review*. 4 (14).
- Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press.
- Prasko, J., Hruby, R., Holubova, M., Latalova, K., Vyskocilova, J., lepecky, M., Ociskova, M., & Grambal, A. (2016). *Positive cognitive behavioral therapy*. *Activitas Nervosa Superior Rediviva*, 58 (1), 23-32.
- Radler, B. T., Rigotti, A. & Ryff, C. D. (2018). *Persistently high psychological well-being predicts better HDL cholesterol and*

- triglyceride levels: findings from the midlife in the U. S. (MIDUS) longitudinal study.*
- Rashid, T., & Seligman, M. E. P. (2013). *Positive Psychology: A treatment manual*. New York: Oxford University Press.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57 (1989), 1069–1081
- Sadeghi, F. (2019). The effectiveness of metacognitive therapy and positive cognitive-behavioral therapy on emotional well-being and quality of life in working women with chronic fatigue syndrome. Doctoral dissertation, Islamic Azad University, Ardebil Branch. (In Persian)
- Samsari, E. P., & Soulis, S. -G. (2019). *Problem Solving and Resilience Self-Efficacy as Factors of Subjective Well-Being in Greek Individuals with and without Physical Disabilities*. *International Journal of Special Education*, 33 (4), 938-953
- Seligman, M. E. P. (2002). *Authentic Happiness. Using the new positive psychology to Realize your potential for lasting Fulfillment*. New York. Free Press.
- Shafieabadi, A., & Naseri, G. (2014). Theories of counseling and psychotherapy. University Press Center. (In Persian)
- Stephens, A., Demakakos, P., & de Oliveira, C. (2012). The psychological well-being, health and functioning of older people in England. *The dynamics of ageing*, 98-183.
- Trudel-Fitzgerald, C., Kubzansky, L. D., & VanderWeele, T. J. (2021). *A review of psychological well-being and mortality risk: are all dimensions of psychological well-being equal? Measuring Well-Being*, Oxford university press. 136-188
- Turner JA, Anderson ML, Balderson BH, Cook AJ, Sherman cherkin DC (2016). *Mindfulnessbased stress reduction and cognitive behavioral therapy for chronic low back pain: similar effects on mindfulness, catastrophizing, self – efficacy, and acceptance in a randomized controlled trial*. *Journal of Back Musculoskeletal Rehabilitation*. : 157 (11): 2434-44
- Twenge, J. M., & Martin, G. N. (2020). *Gender differences in associations between digital media use and psychological well-being: Evidence from three large datasets*. *Journal of Adolescence*, 79, 91-102.
- Wang, F., Lee, E. K. O., Wu, T., Benson, H., Fricchione, G. Wang, W. M. & Yeung, A. (2014). *The effects of tai chi on depression, anxiety, and psychological well-being: a systematic review and meta-analysis*. *International journal of behavioral medicine*, 21 (4), 605-617