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The effectiveness of strength-based counseling on the self-esteem of women in conflicted marital relationships

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Abstract

The present study investigated the effectiveness of strength-based counseling in increasing women's self-esteem in marital conflict. This research was quasi-experimental with a pre-test-post-test design with a control group. The statistical population of this research was women referring to Mehravar Counseling Center in Tehran in the second half of 2021. Among those who had obtained a lower score in the MCQ marital conflict questionnaire and Coppersmith's self-esteem scale (1967), a sample of 20 people was randomly selected and assigned to two experimental (10 people) and control (10 people) groups. The experimental group members received ten strength-based intervention sessions, and the control group members were placed on the waiting list. Both groups responded to Coppersmith's self-esteem questionnaire (2017) before and after the experiment. Analysis of covariance was used to analyze the data. The results showed that strength-based counseling significantly increased women's self-esteem in marital conflict. Based on the findings, strength-based counseling increases women's self-esteem in marital conflict. Therefore, it is suggested that counselors use this approach to improve the self-esteem of conflicted women in their marital relationships.

Keywords: *Counseling based on strength, self-esteem, marital conflict, women*

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Introduction

Conflict is the lack of agreement and disagreement between two people; it is the incompatibility of opinions and behavioral goals that is done in the direction of opposing the other. Conflict is a set of events and incidents imposed on one or more family members or all of them or all together and affects all family members (Sehat et al., 2013). It is natural for differences and conflicts to arise between husband and wife. Due to the nature of spouses' activities, it sometimes happens that differences of opinion occur or needs are not met; As a result, spouses feel angry, disappointed, and unhappy with each other (Hosseini & Shafiq, 2005). Conflict is not always negative, but it is a method that couples use to manage their flawed relationship, which can have a negative effect on the relationship (Gottman & Silver, 1999). If a husband and wife fail to achieve healthy relationship patterns, they suffer from unhealthy relationships, and a disturbed relationship indicates conflict (Amani & Letafati, 2013). Marital conflict endangers the safety of the whole family system. Also, the energy used to regain emotional safety limits the physical resources necessary to continue the transformational needs (Susman, 2006). The prelude to the separation of couples is the marital conflict, which starts from simple gossip and may extend to verbal conflicts, fights and beatings, and sometimes separation. Marital conflicts rise when couples' different degrees of independence or dependence are needed for cooperation and decision-making. The degree of differences can arise due to sensitivities and cause superficial differences to severe conflicts (Oh and Hwang, 2018). Glaser (2000) believes that marital conflict is caused by inconsistency between husband and wife in the type of needs and their satisfaction method, self-centeredness, differences in desires, behavioral patterns, and irresponsible behavior toward marital relationships and marriage. Conflict in the family indicates

that the qualitative world of the family members is inconsistent with each other, and at least one family member is trying to make the other family members harmonize with his qualitative world (Glaser, 2000). Young and Long (1997) believe that marital conflict is caused by the reaction to individual differences when it becomes so intense that feelings of anger, hostility, resentment, hatred, jealousy, and verbal and physical abuse dominate their relationships and lead to the destruction and destruction. Income indicates an abnormal state (Yang & Long, 1997).

On the one hand, the concept of self-esteem is influenced by people's environmental conditions and biological status. On the other hand, it is related to people's cognitions and personality traits. Having mental health indicators such as self-esteem and feeling of self-worth plays an important role in the dynamism and efficiency of society, and self-esteem is a psychological resource that can protect people from anxiety and helplessness (Talebi et al., 2019). Self-esteem is a set of evaluations of a person about himself, his characteristics and abilities, and his position in society, which is one of the important factors in the growth and prosperity of humans. It highly affects dealing with the pressures of the environment and reduces the negative arousal caused by the disintegration of the psychological organization (Gholamhossein Ghashghaei, Shafiqabadi, and Sanai, 2011). Self-esteem is the approval, approval, acceptance, and value that a person feels towards himself, and it is created by reflecting the feedback of others' evaluations. He understands himself in such a way that others attribute those qualities to him. Self-love and feeling satisfied with "what I am" as well as not being ashamed of one's existence, are important factors of self-esteem. People who have low self-esteem face many problems in their lives (Dore, 2017).

Cooper Smith (1981) considers four important factors in the development of self-esteem: 1) the value a person receives

from others. 2) experience with success in a situation where a person sees himself interacting with the environment. 3) A person's definition of success and failure. 4) One's way of dealing with criticism (Ostadian, Sudani, and Mehrabizadeh Artman, 2009). Self-esteem is damaged after divorce for various reasons, and divorced women consider themselves unsatisfied and incapable enough of remarrying. Therefore, research has shown that most women consider divorce as the end point of a long-term process, and the feeling of humiliation and crushing of the personality is one of the consequences women experience after divorce (Ghafurian Norouzi, Ghanbari Hashemabadi and Hassanabadi, 2013).

One approach that pays much attention to the concept of self-esteem is the strength-based approach. The strength-based approach to treatment is based on the client's own internal strengths instead of trying to fix weaknesses or deficiencies. Everyone has personality strengths, and main patterns of thinking and behavior that are positive and benefit the person and the people around them when used intentionally. Counselors who focus on empowerment believe using it can make it easier to change behaviors and improve lives. A positive self-concept helps flexibility, and the ability to overcome adversity and continue the path even in the presence of major obstacles. Strengths-based therapy supports the principle that all people have inherent value, and a counselor who uses this approach helps clients see their worth (Drabani & Parsakia, 2022). A strength-based approach is applicable to all clinical encounters, regardless of the quality or quantity of a person's strengths and weaknesses, or whether or not the initial clinical goal is to change or modify behavior (Chang, Burke, & Goodman, 2010). A strength-based approach involves clients and therapists working together to use the client's strengths and abilities to create a sense of purpose and happiness. The strength-based approach is the belief

that people deal with challenges depending on their view of themselves and whether they see their strengths or weaknesses (Drabani & Parsakia, 2022). Instead of applying the traditional medical model that emphasizes pathology, focusing on the problems and failures of people with mental illnesses, a strength-based approach allows professionals to acknowledge that everyone has a unique set of strengths and abilities that they can rely on to overcome problems. A strength-based approach aligns itself with the belief that mental health recovery by focusing on a person's strengths helps them develop the confidence and self-confidence to embark on the journey of recovery. They are also helped to move forward on the road to recovery. This approach focuses on the individual's abilities instead of paying attention to their shortcomings, morbid symptoms, or problems (Xie, 2013). In summary, the strength-based intervention consists of 10 steps, which are: 1) creating a therapeutic alliance or relationship; 2) identification of strengths; 3) evaluation of the present problem; 4) encouraging and injecting hope; 5) framing solutions; 6) building strength and capability; 7) empowerment; 8) change; 9) creating resilience; 10) Evaluation and termination (Gilmore, 2020). A strength-based approach applies to all clinical encounters, regardless of the quality or quantity of a person's strengths and weaknesses or whether or not the initial clinical goal is to change or modify behavior (Chang, Burke, & Goodman, 2010). The strength-based approach guides counselors both in orientation to the individual and in the set of answers they should provide to the individual. At its heart, the strengths-based approach conceptualizes clients and counselors as partners in a communication process that leads them to explore and identify issues, concerns, assets, strategies, and opportunities for growth and clarify goals, supports, and barriers. Within this relationship, counselors and clients reflect thoughts, feelings, and behaviors positively

and affirmatively (Edwards, Young, & Nikels, 2016).

According to the mentioned materials, we cannot deny the importance of self-esteem in the lives of women involved in marital conflict. Considering these cases and the fact that few pieces of research have been done regarding the effectiveness of this approach, the purpose of this research is to investigate the effectiveness of strength-based counseling in increasing the self-esteem of women involved in marital conflict.

Method

The present study was quasi-experimental with a pre-test-post-test design with a control group. The statistical population of this research included all women involved in marital conflict who were referred to Mehravar Counseling Center in the second half of 2021. The visitors to this center were asked to answer the Cooper Smith (1967) self-esteem questionnaire at the beginning and after the first counseling session. After collecting the questionnaires and in the initial examination, 20 people were diagnosed as women involved in marital conflict with low self-worth. According to the criteria of the research group, randomly selected people were replaced by ten people in the experimental group and ten in the control group.

Materials

1. Marital conflicts questionnaire MCQ.

The Marital Conflicts Questionnaire was prepared and adjusted in 2015 by Torabi under the supervision of Sanai, which measures the amount of marital conflict and conflict and its dimensions, which are: 1) reduction of cooperation; 2) reduction of sex; 3) increasing emotional reactions; 4) increasing the support of children; 5) increasing personal relationship with relatives; 6) reduction of family relationship with spouse's relatives and friends; 7) Separate financial affairs from each other. This questionnaire contains 42 items, each of which is graded on a Likert scale from 1 to 5.

Therefore, the lowest score is 42, the highest score is 210, and a higher score means more conflict. In his research, Brati's Cronbach's alpha coefficient was 0.30 for reducing cooperation; for sex 0.50; for emotional reaction 0.73; for getting the support of children 0.60; for increasing strong relationships with relatives 0.64; for separating financial affairs 0.51 and whole test 0.52. Dehghan (2001) also reported this coefficient as 0.71 in normalization, and in this study, the alpha value was 0.82, which indicates the appropriate reliability of this questionnaire.

2. Self-esteem Inventory (SEI).

This questionnaire was prepared by Cooper Smith in 1967. This scale consists of 58 items that describe a person's feelings, opinions, or reactions, and the subject must mark one of the two options. This questionnaire includes five general subscales (26 items), social (8 items), family (8 items), academic or occupational (8 items), and lies (8 items). The scoring method of Cooper Smith's self-esteem questionnaire is 0 and 1, 8 items of which are lie detectors and are not included in the overall score calculation. If the respondent gets more than 4 points in the lie subscale, it means that the validity of the test is low, and the subject tried to make himself look better than he is. Therefore, the subject's total score will be between 0 and 50, and a higher score indicates higher self-esteem. Cronbach's alpha coefficient is 0.88 for the test's overall score, which indicates this scale's good reliability. In Iran, Boroumand (2001) standardized Cooper Smith's self-esteem questionnaire on high school and pre-university students in Islamshahr city, and the reliability coefficient was calculated using Cronbach's alpha of 0.89. To check the validity, the correlation of its scores with the scores obtained from the "Ayseng"

questionnaire was calculated. The correlation coefficient is 0.814, indicating the validity of an acceptable criterion for the Cooper Smith scale. Also, Aghadadashi (2005) studied the standardization of Coppersmith's self-esteem questionnaire, which shows acceptable validity and reliability (Kraskian, 2010). Cronbach's alpha in this study was calculated as 0.796.

Implementation

To implement this research, first, 20 women involved in marital conflict with low self-esteem were selected and answered the measurement tool in 2 experimental (10 people) and control (10 people) groups. Then the experimental group underwent 10 90-minute sessions of strength-based counseling, and after the end of the therapy sessions, the two experimental and control groups completed the Coppersmith (1967) self-esteem questionnaire again. Then, after

3. Counseling based on strength. The strength-based counseling training package was prepared and compiled based on the treatment protocol of Smith (2006). After three experts confirmed content validity, it was used for the experimental group in ten sessions for 90 minutes, as shown in the table below.

checking the related assumptions, the scores were analyzed using the 22nd edition of SPSS software and using the covariance analysis method.

Findings

The average age of the 20 participants was 35.45 years with a standard deviation of 3.41, the experimental group's average age was 34.20 years with a standard deviation of 3.32, and the control group was 35.70 years with a standard deviation of 3.88.

Table 1. Descriptive data of test and control group scores in pre-test and post-test stages

Statistical indicators	Pre-test		Post-test		
	Group	Mean	Standard deviation	Mean	Standard deviation
Self-esteem	Experimental	37/60	1/89	42/20	1/87
	Control	38/20	1/87	38/75	2/18
General self-esteem subscale	Experimental	5/80	1/03	8/50	1/35
	Control	6/40	1/26	6/60	1/42
Social self-esteem subscale	Experimental	7/50	0/84	9/94	1/00
	Control	7/90	1/19	8/08	1/20
Family self-esteem subscale	Experimental	10/70	2/11	14/10	1/13
	Control	11/00	1/49	11/30	1/41
Academic self-esteem subscale	Experimental	5/10	0/73	7/80	0/78
	Control	5/50	1/08	5/68	1/13

The information in Table 2 indicates an increase in the scores of the experimental group compared to the control group in the variables of self-esteem and its subscales in

the post-test stage. The following results of univariate covariance analysis of self-esteem and its subscales are reported.

Table 3. Summary of the results of univariate covariance analysis of self-esteem and its subscales

Variable	Source	sum of squares	Df	mean square	F	Effect size
Self-esteem	The effect of education	63/86	1	63/86	5/82*	0/24
	error	197/45	18	10/96		
General self-esteem subscale	The effect of education	36/21	1	21/36	5/42*	0/23
	error	70/89	18	3/93		
Social self-esteem subscale	The effect of education	15/10	1	15/10	4/54*	0/20
	error	59/87	18	2/32		
Family self-esteem subscale	The effect of education	46/81	1	46/81	4/68*	0/20
	error	179/74	18	9/98		
Academic self-esteem subscale Variable	The effect of education	25/61	1	25/61	12/13**	0/40
	error	37/99	18	2/11		

*P<0/05 **P<0/01

Based on the results of the above table, the significance level of the single variable covariance analysis shows that the effectiveness of strength-based counseling in the experimental group in the post-test stage in the self-esteem scores and subscales of general self-esteem, social self-esteem, and family self-esteem at the level of (P=0.05) and the academic self-esteem subscale is significant at the level (P=0.01). Therefore, there is a significant difference between the average self-esteem scores and its subscales in the post-test.

Discussion

The present study aimed to determine the effectiveness of strength-based counseling in increasing women's self-esteem in marital conflict. The results show that strength-based counseling significantly increases the self-esteem of women involved in marital conflict. In explaining the findings of this research, having a positive view of the strength-based approach can increase self-esteem in a person. One of the concepts raised in the strength-based approach is that a person can see the failures and hardships of his life as events that he was able to survive. In other words, this active approach helps to reveal evidence that the client has faced life

challenges in the past, and the same is repeated again and again, and the client starts to develop the mentality of being a victim (Smith, 2006). The strength-based view believes in honor of being saved and considers these events as a sign of being saved and coming out of these hardships alive instead of being a victim. Therefore, strength-based counseling by adopting such an attitude can help women involved in marital conflict. Also, Myers, Willse, and Villalba (2011), Tse et al. (2016), Sumargi and Firlita (2020), Sapp (2006), and Cohn et al. (2009) pointed out the relationship between increasing self-esteem and strength-based interventions, which consistent with the results of the present study.

In another explanation, counseling based on strength is incentive counseling. In that, the consultant tries to make the client believe that his perceptions, participation, and cooperation are valuable to him. In the counseling process, he listens to the client without interrupting and respects him. A strength-based counselor uses encouragement by defining the client or making statements that help the client feel self-worth and belonging (Smith, 2006). According to the belief of DeYoung and Miller (1995), strengths can be categorized into biological, psychological, social, cultural, environmental, economic, material, and political levels as follows. Biological strengths: that is, comfort, nutrition, acceptance of treatment, health status, exercise, and leisure time should be sufficient. Psychological strengths are divided into different categories: Cognitive, such as intelligence, problem-solving abilities, and knowledge. Emotional: self-esteem, mood stability, positivity, coping skills, self-reliance, and self-discipline. Social: like belonging and support, friends,

family, and teachers. Cultural: beliefs, values, traditions, stories, strong positive ethnic identity, sense of social participation, and bicultural identity. Economic: like being employed, having enough money, and a suitable house. Political: like equal opportunity and having a role in decisions. Since the strength-based approach focuses specifically on individual strengths, and self-esteem is also included in this category, strength-based counseling is expected to affect clients' self-esteem positively. The impact of positive psychology and "prevention studies" on strength-based counseling can be mentioned to explain the findings further. Prevention studies and research began in the 1960s. In this decade, researchers became interested in learning how to build self-esteem and decision-making skills in youth as an antidote to drug and alcohol abuse (Dryfoos, 1990). Seligman used the term positive psychology for the first time in 1998. In addition to him, in the past, Carl Rogers and Abraham Maslow were among the psychologists who used this term. Maslow first used positive psychology in his book "Motivation and Personality" (1954). Maslow's view of positive psychology emphasized promoting positive self-esteem among young people, maximizing experiences, and self-actualization (Drabani & Parsakia, 2021). Maslow mentions self-esteem as a need and states that everyone in our society desires self-respect, self-esteem, or respect for others (Zavareh, Kamkar, and Golparvar, 2007). Rogers considers self-esteem to be a person's continuous assessment of his worth. (Alikhanzadeh and Mozafari, 2018). Considering the emphasis on self-esteem, it is expected that counseling based on strength can also increase self-esteem.

In other explanations of the findings of this research, we can refer to the pluralistic perspective of the strength-based approach, which focuses on the values people should pursue to achieve a happy life. This approach believes that human virtues are intrinsically valuable and exist in all humans. Strengths-based counseling supports the principle that all people have inherent worth, and a counselor who uses this approach helps clients see their worth. Unfortunately, many people do not know the personality strengths that make up their personality. Instead, they are quick to identify what they perceive as flaws and weaknesses. Strengths-based counseling guides people in creating new relationships with themselves, shaping their actions in their lives. A strength-based approach to treatment can be motivating and empowering, focusing on the client's strengths over weaknesses and expanding what is currently right instead of staying and stopping at what is wrong. When a person begins to believe in himself and feel intrinsic self-worth, he can overcome problems, use his strengths to achieve his goals, and spread happiness in his life (Drabani & Parsakia, 2022). In this regard, to explain more of the findings, a person's shortcomings are considered instead of his strengths. Therefore, a strength-based psychological climate is one where people feel appreciated, and those strengths can be put to work, facilitating a sense of competition, self-worth, and respect (Proctor et al., 2011). Among the limitations of this research, we can point out the use of available sampling methods, which can cause problems in the possibility of generalizing the research results. Another limitation of the present study was the need for a follow-up stage, which makes information about the continuity and stability of change

unavailable. Considering the lack of studies in the field of strength-based counseling, it is suggested that more research be done in this field.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

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

References

- Aghadadshi, A. (2015). Normation of Cooper Smith self-esteem test on middle school students of Abhar city, Unpublished Master's Thesis, Faculty of Psychology and Social Sciences, Islamic Azad University, Central Tehran Branch.
- Alikhanzadeh, S., & Mozafari, M. (2017). "Relationship between self-esteem and anxiety among male students of the ninth grade of education and training in the first district of Qom province, Qom city, age range of 14 years", the third international conference on management and humanities researches.
- Amani, A., & Letafati Beriss, R. (2014). The Effectiveness of Group Training in Communication Skills in Decreasing Marital Conflicts. *Biannual Journal of Applied Counseling*, 3(Vol. 2 NO.3), 17-36.
- Broumand, M. (2001). Investigating the validity and validity of the Cooper Smith Self-Esteem Test in Islamshahr city. Unpublished Master's Thesis, Faculty of Psychology and Social Sciences, Islamic Azad University, Central Tehran Branch.

- Chung, R. J., Burke, P. J., & Goodman, E. (2010). Firm foundations: Strength-based approaches to adolescent chronic disease. *Current Opinion in Pediatrics*, 22(4), 389-397.
- Cohn, B., Merrell, K. W., Felver-Grant, J., Tom, K., & Endrulat, N. R. (2009). Strength-based assessment of social and emotional functioning: SEARS-C and SEARS-A. In meeting of the National Association of School Psychologists Boston, MA.
- Coopersmith, S. (1967). *The Antecedent Of Self-esteem*. New York: W.H.Freeman.
- Darbani, S. A., & Parsakia, K. (2022). *Marriage counseling*, Tehran, Zarin Andishmand.
- Darbani, S. A., & Parsakia, K. (2022). *Strength-based approach in counseling*. Tehran: Zarin Andishmand.
- De Jong, P., & Miller, S. D. (1995). How to interview for client strengths. *Social work*, 40(6), 729-736.
- Doré, C. (2017). Self-esteem: A concept analysis. *Recherche en soins infirmiers*, 129, 18-26 .
- Dryfoos, J. G. (1995). Full service schools: Revolution or fad?. *Journal of research on adolescence*, 5(2), 147-172.
- Edwards, J. K., Young, A., & Nikels, H. (2016). *Handbook of strengths-based clinical practices: Finding common factors*. Routledge.
- Ghafoorian Noroozi, P., Ghanbari Hashemabadi, B., & Hasanabadi, H. (2013). Effectiveness of Existential and Spiritual Group Therapies On Trust, Self-Esteem And Anxiety of Divorced Women. *QJCR*, 12(47): 82-99.
- Gholam Hossein Qashqaei, F., Shafiabadi, A., & Sanaei, B. (2011). A Survey of the Impact of Reality Therapy and Feminist Therapy Group Counseling on Changing the Identity and Self-esteem of Female Householders, *The Women and Families Cultural-Educational Journal*, 6(18), 7.
- Glasser, W. (2000). *Counseling with choice therapy: The new reality therapy*. New York: Harper-Collins.
- Gottman, J. M., & Silver, N. (1999). *The seven principles for making marriage work*. New York: Three Rivers Press.
- Hosseinian, S., & Shafienia, A. (2005). Investigating the effect of teaching conflict resolution skills on reducing women marital conflicts. *The Journal of New Thoughts on Education*, 1(4), 7-22.
- Kraskian, A. (2010). Coopersmith Self-Esteem Inventory, *Psychological Tools*, 5(4): 54-55.
- Longloise, J. & Fortin, D. (1994). "Single-parent Mothers, Poverty, Mental Health: Review of the Literature". *Santé-Mental Québécoise*, 19: 157-173.
- Myers, J. E., Willse, J. T., & Villalba, J. A. (2011). Promoting self-esteem in adolescents: the influence of wellness factors. *Journal of Counseling & Development*, 89(1), 28-36.
- Oh, Y. K., & Hwang, S. Y. (2018). Impact of uncertainty on the quality of life of young breast cancer patients: Focusing on mediating effect of marital intimacy. *Journal of Korean Academy of Nursing*, 48(1), 50-58.
- Ostadian, M., Sodani M., & Mehrabizade Honarmand, M. (2010). The effect of Rational-Emotive-Behavioral Group Counseling of Ellis on Test Anxiety and Self-esteem of Third Grade Middle School Girl Students in Behbahan, *Studies in Learning & Instruction*, 1(2), 1.
- Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Eades, J. F., & Linley, P. A. (2011). Strengths gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *The Journal of Positive Psychology*, 6(5), 377-388.
- Sapp, M. (2006). The Strength-Based Model for Counseling At-Risk Youths. *The Counseling Psychologist*, 34(1), 108-117 .
- Sehat, F., Sehat, N., Khanjani, S., Mohebi, S., & Shahsiah, M. (2014). The effect of solution- focused short-term approach on marital conflict decrease in Qom. *HSR*, 10 (2) :268-275
- Smith E. J. (2006). The Strength-Based Counseling Model. *The Counseling Psychologist*. 34(1), 13-79 .
- Sumargi, A. M., & Firlita, S. (2020). Strength-Based Parenting as a Predictor of

- Adolescent Self-Esteem. *Jurnal Sains Psikologi*, 9(1), 28-38.
- Susman, E. J. (2006) Psychobiology of persistent antisocial behavior: Stress, early vulnerabilities, and the attenuation hypothesis. *Neuroscience and Behavioral Reviews*; 30: 376-89.
- Tse, S., Tsoi, E. W., Hamilton, B., O'Hagan, M., Shepherd, G., Slade, M., Whitley, R., & Petrakis, M. (2016). Uses of strength-based interventions for people with serious mental illness: A critical review. *International Journal of Social Psychiatry*, 62(3), 281–291 .
- Xie, H. (2013). Strengths-based approach for mental health recovery. *Iranian journal of psychiatry and behavioral sciences*, 7(2), 5.
- Young, M. E., & Long, L. L. (1997). *Counseling and therapy for couples*. CA: Brook/cole publishing company.