

Research Article

MENTAL REHABILITATION BASED ON POSITIVE THINKING SKILLS TRAINING ON INCREASING HAPPINESS OF BOY HEARING IMPAIRED ADOLESCENTS

Mohammad Rostami¹, Guita Movallali², *Jalal Younesi¹, Saeid Abbasi³

¹*Department of Counseling, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran*

²*Pediatric Neurorehabilitation Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran*

³*Department of Education of Exceptional Children, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran*

** Author for Correspondence*

ABSTRACT

Studies have found that hearing impaired individuals have higher rates of psychiatric disorder than those who are hearing, while at the same time encountering difficulties in accessing mental health services, so the main purpose of this research was to study the effectiveness of positive thinking skills training on increasing happiness in a group of hearing impaired boys. This is an experimental study with a control group. All of the Hearing impaired students (boys) in all the high schools of southern parts of Tehran were our statistical community. Twenty four hearing impaired boys were selected by 2-stage sampling methods. They were randomly divided into two experimental and control groups. Each group consists of 12 ones for boys. Positive thinking skills were trained to experimental groups during eight 45-minutes sessions, twice a week. We used the Oxford happiness questionnaire as our tool. Using analysis of ANCOVA, our findings showed that Positive thinking skills training had meaningful and positive effect on increasing happiness of hearing impaired boys in the experimental groups ($P < 0.001$). Positive thinking skills training increases the happiness scores of hearing impaired adolescents. So approach taken in this study can be considered as an appropriate method for psychological - education interventions and counseling and therapeutic in hearing impaired adolescent.

Keywords: *Mental Rehabilitation, Positive Thinking Skills, Hearing Impaired Adolescents, Happiness*

INTRODUCTION

The National Association for the Deaf (NAD) defines the term “deaf” as those persons who are unable to hear well enough to rely on their hearing and to use it as a means of processing information. Approximately 1:2700 children are born deaf (Patel, 2010). The prevalence rises to approximately 1-6:1000 with the addition of children with hearing impaired acquired in the first year of life. The vast majority of these children (95%) are born into families without any previous experience of deafness. This statistic is true in all countries (Movallali & Nemati, 2009).

The impact of early onset hearing impaired on these children’s development can be seen in social, psychological, cultural and medical terms. Deafness can affect the quality of life of hearing impaired people and lead to social isolation and depression, In other words, hearing impaired is caused Privation or delay in social development. Communication barriers and low ability to express demands and needs, may lead to give up interests and activities and this predisposes them for mental health problems especially depression. Hearing impaired adolescents are more vulnerable to mental health problems than hearing children. The prevalence of mental health problems in community samples of deaf children is approximately 40% and Rates of emotional and behavioral problems in deaf children are about two times higher than they are for hearing (Hindley, 2005). Although research on the psychological characteristics of individuals with hearing impaired in Iran is limited but globally depression in people with hearing impaired is confirmed. For example Research shows Hearing-impaired children reliably reported more symptoms of depression than their normally hearing peers (Theunissen *et al.*, 2014).

One of the important psychological aspects of life is happiness. Happiness is one of the most common areas of research in positive psychology and recently widely studied in the field of child and adolescent

Research Article

population (Stewart *et al.*, 2010). Happiness is identification and nurture of the most basic abilities and using them in love, parenting, and everyday work. And the abilities and virtues act as a shield against evil and psychological disorders, and can be the key to recovery (Kobau *et al.*, 2011). It is believed that happiness has three main components: 1 - The amount and degree of positive affect 2 - Lack of negative emotions such as depression and anxiety 3 -The average level of satisfaction within a particular period of life (Stewart *et al.*, 2010).

In the teaching of optimism and positive thinking skills, students are encouraged to recognize their good and positive experiences and their role in promoting self-respect and self-esteem and also acquire the ability to identify the positive aspects of others. They also learn that take an active stance in the world and shape their lives personally, rather than passively accepting everything comes upon them (Seligman and Csikszentmihalyi, 2000). Now refers interventions that create positive moods are effective in reducing and relieving depression. In this regard, studies show that the rate of depression in children who have received optimistic thinking and behavior skills training has decrease to 50 percent (Seligman and Csikszentmihalyi, 2000). Also by empowering optimism and hope skills, depression in children who are at risk, can be prevented (Kobau *et al.*, 2011). Further, in a study of positive psychotherapy with a clinically depressed population, Seligman, Rashid, and Parks found that identifying one's signature strengths and finding ways to use them more led to clinically significant and sustained decreases in depression (Seligman *et al.*, 2006). Also study titled the use of positive psychology in psychotherapy showed that interventions based on promoting positive perceptions of self, lead to increasing of positive self –describing and clients can have more confidence, family conflicts reduced and depression of clients improved (KHodayarifard, 2000). Given the debilitating nature of the hearing impaired and low mental health indicators in this large group also the lack of studies on happiness among hearing impaired adolescents, providing intervention that considers happiness in hearing impaired adolescents is vital so the main purpose of this study was to investigate the effectiveness of positive thinking skills training on increasing happiness of boy hearing impaired adolescents.

MATERIALS AND METHODS

Procedure

The research is experimental study with a control group. The subjects of study were from high school students of educational complex of Tehran, 24 student (boys) were selected via two-stage sampling include: purposive sampling (students who their happiness score was lower than average (40-42)) and random sampling (randomly assigned to experimental and control groups). Thus, each of the 24 students of boys randomly assigned to experimental and control groups of 12 students.

Instrument

the Oxford Happiness Questionnaire: This test has been made by Miles Argyle in 1989 and based on Beck Depression Inventory (BDI). This inventory has 29 items. Each item of Happiness questionnaire has four options the subjects must choose one of them according to its current state. Each item is rated from 0 to 3 and minimum of total score is 0 and maximum of it is 87. Argyle and colleagues, using Cronbach's alpha coefficient reported reliability of the tests 0/90. Also, they reported retest reliability of it 0/78 during 7 weeks (Argyle & Lu, 1990a, 1990b). In research that was conducted in order to examine the validity and reliability of the Oxford Happiness Inventory (OHI) (16). Also in other studies Cronbach's alpha of the questionnaire was equal to 0/93 and the internal consistency of OHI, for men and women are respectively 0/94 and 0/90, .Retest reliability after 7 weeks was 0/78 and Test-retest reliability with an interval of three weeks in a 25 subject sample was 0/79 (Bayani, 2008).

Intervention

After coordinating with the educational centers of Tehran, Oxford Happiness Questionnaire was carried out among 100 high school students of Educational centers and 24 adolescents (boys) who their happiness score was lower than average (40-42) were selected. Thus each of the 24 students of boys randomly assigned to experimental and control groups of 12 students. Students in the sample were aged 15 to 18 years old, hadn't a history of psychiatric hospitalization and also hadn't a history of drug abuse. The Next

Research Article

step we asked Teachers specializing in hearing impaired to be co-researcher in this study. Positive thinking skills carried in eight 45-minute sessions (twice a week) for hearing impaired adolescents. And at the end of the sessions, after 48 hours, past test was conducted. Spss software and ANCOVA as statistical method was used to analyze and evaluate the data. It is notable that written consent had been taken from parents and their adolescents.

Therapeutic package

Session One: Introducing members to each other and also the nature and purposes of the program, administering conditions and duration for the group was introduced. To start the second session, two 4-person groups were formed.

Session Two: Everyone can write down on a piece of paper all his strengths. Obviously it needs to be done calmly and with focus.

Session Three: Everyone thinks about at least five good experiences or memories and writes down their headers.

Session Four: Everyone determines the relative importance of the strengths mentioned in the first and second sessions in order of priority. Then among the points raised, can chooses 5 to 8 strengths that this is reliable capabilities and provides evidence that his valuable strengths are reliable

Session Five: Each member in turn tells his first memories or positive experience. This is repeated for all group members so that each member will tell all memories written. When one of the group members is expressing his positive experience, the rest of the members write down the positive points in the speaker's memory explanation and make a list .obviously, there should be eye contact while listening.

Session Six and Seven: Continue recounting memories.

Session Eight: Each member will take the list of his positive points and compares with provided positive points at the beginning of the period and comes up to common points. At the end, the members achieve a newer understanding of them and discuss the ways using their positive points in the future (Kobau *et al.*, 2011).

RESULTS AND DISCUSSION

Table 1: Levene's of Equality of Error Variances

Significance level	Degree of freedom 2	Degree of freedom 1	F
.730	22	1	.122

Table 2: Mean and standard deviation of the experimental and control groups at pre-test and post-test

Variable	Groups	pre-test		post-test		total of pre-test	total of post test
		N	M SD	M SD		M SD	M SD
boys	experimental	12	36/25 1/48	51/33 1/43		36 1/38	44/49 9/28
	control	12	35/75 1/28	37/66 5/15			

Table 3: ANCOVA Test of Between-Subjects Effects

Source of variance	Degree of freedom	Mean of square	F	Significance level
Covariate (pre-test)	1	86.124	2.24	0.141
Group (post-test)	1	1276. 419	102.22	0.000
Error	21	12.423		
Total	24			

Research Article

According to Table 3, the intervention with elimination and neutralization of the covariate is statistically significant ($f: 303.22$ $p < 0.001$). In other words positive thinking skills program has effect on experimental group.

Discussion

One of the strategies that has shown to increase happiness successfully over longer periods of time, include using one's character strengths in new ways (Kobau *et al.*, 2011). The main purpose of this research was to study the effectiveness of positive thinking skills training on increasing happiness in boy hearing impaired adolescents. After positive thinking skills intervention programs for boy hearing impaired adolescents in eight sessions and performance of questionnaires of Happiness in the pre-test and post-test, it was observed that the results obtained in this study indicate a significant difference between the experimental group and the control group. According to counteract the effects of happiness on the pre-test score, we can say that the difference is caused by the independent variable in the experimental group. In other words, because positive thinking skills training performed only in the experimental group and the control group did not receive any training, this training program has led to increase the happiness of boy hearing impaired students in experimental group. Based on the results con Explanation that the students are encourage through positive thinking skills to recognize their positive and good experience, recognize their role in promoting self-respect and self-esteem, and gaining the ability to recognize the positive aspects of others. As previously mentioned, they learn in the world, to shape their lives personally and to take an active stance, not accepting passively what happens to them (Seligman & Csikszentmihalyi, 2000). This also can be added that hearing impaired adolescents due to weakness in communication skills and having difficulties in expressing feelings and experiences have little opportunity to discuss and identify their abilities and capacities. This opportunity is provided at the position groups. Because the hearing impaired juvenile in an atmosphere of respect, able to express their feelings and experiences and get feedback from group members. The process according to Positive Psychology reveals strengths adolescent and resulting in an increase in happiness and other mental health components such as self-esteem. There was no similar research, in this field; but these results are consistent with: (KHodayarifard, 2000; Kobau *et al.*, 2011; Seligman *et al.*, 2006) Overall, training positive thinking succeeded increase 15 score of happiness for boys. Therefore, the method used in this study can be considered as an appropriate method for psychological-educational interventions, counseling and therapy in hearing impaired adolescents and emotional disorders such as depression, movement, stress, and anxiety disorders.

Findings of this research can be used in psychological and counseling for depression prevention, boosting self-esteem and educational improvement of children, emphasizing on their positive points.

Conclusion

Positive thinking skills training increases the happiness scores of boy hearing impaired adolescents. So this approach can be considered as an appropriate method for psychological - education interventions and counseling and therapeutic in boy hearing impaired adolescents.

ACKNOWLEDGMENT

We would like to thank research section of University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

We also would like to appreciate hearing impaired adolescent and their parents who have us their valuable time and they trust us.

REFERENCE

- Argyle M & Lu L (1990a). Happiness and social skills. *Personality and Individual Differences* **11**(12) 1255-1261. doi: [http://dx.doi.org/10.1016/0191-8869\(90\)90152-H](http://dx.doi.org/10.1016/0191-8869(90)90152-H).
- Argyle M & Lu L (1990b). The happiness of extraverts. *Personality and Individual Differences* **11**(10) 1011-1017. doi: [http://dx.doi.org/10.1016/0191-8869\(90\)90128-E](http://dx.doi.org/10.1016/0191-8869(90)90128-E).
- Bayani AA (2008). Test-retest reliability, internal consistency, and construct validity of the Farsi version of the Oxford Happiness Inventory. *Psychological Reports* **103**(1).

Research Article

Hindley PA (2005). Mental health problems in deaf children. *Current Paediatrics* **14** 114-119.

KHodayarifard M (2000). Application of Positive Thinking in Psychotherapy with an Emphasis on Islamic Perspective. *Psychology & Education* **5**(1).

Kobau R, Seligman ME, Peterson C, Diener E, Zack MM, Chapman D & Thompson W (2011). Mental health promotion in public health: perspectives and strategies from positive psychology. *American Journal of Public Health* **101**(8) 1-9. doi: 10.2105/ajph.2010.300083.

Movallali G & Nemati S (2009). Difficulties in Parenting Hearing-Impaired Children. *Journal of Audiology* **18**(1-2) 1-11.

Patel JV (2010). Communicating with deaf people. Risk of ill health is increased. *British Medical Journal* **341** c5986. doi: 10.1136/bmj.c5986.

Seligman ME & Csikszentmihalyi M (2000). Positive psychology. An introduction. *American Psychologist* **55**(1) 5-14.

Seligman MEP, Tayyab R and Parks Acacia C (2006). Positive psychotherapy. *American Psychologist* **61**(8) 774-788.

Stewart ME, Watson R, Clark A, Ebmeier KP & Deary IJ (2010). A hierarchy of happiness? Mokken scaling analysis of the Oxford Happiness Inventory. *Personality and Individual Differences* **48**(7) 845-848. doi: <http://dx.doi.org/10.1016/j.paid.2010.02.011>.

Theunissen SC, Rieffe C, Netten AP, Briaire JJ, Soede W, Schoones JW and Frijns JH (2014). Psychopathology and its risk and protective factors in hearing-impaired children and adolescents: a systematic review. *JAMA Pediatrics* **168**(2) 170-177. doi: 10.1001/jamapediatrics.2013.3974.