



An Investigation into The Effectiveness of Human Givens and Adlerian Therapy on Happiness and Psychological Well-Being of Students of Shahid Chamran University of Ahvaz

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ABSTRACT

Objectives: This study aimed to investigate the effectiveness of human givens and Adlerian Therapy on happiness and psychological well-being of students of Shahid Chamran University of Ahvaz.

Method: Accordingly, 6 students were selected in a targeted sampling method. For counseling interventions, 3 couples were assigned to each experimental group (Adlerian Therapy and human givens). Subjects were consulted for 5 sessions in both experimental groups. In this research, an experimental case study was used. Adlerian Therapy and human givens were performed in the baseline, intervention and follow-up stages and the subjects responded to the RSPWB Scale and the OHI Questionnaire.

Findings: The data were analyzed by Visual Drawing, RCI Index and Improvement Percentage Formula. The results showed that human givens and Adlerian Therapy have been successful in improving and changing the psychological life style as well as increasing the happiness of the couples.

Conclusion: The analysis showed that the human givens therapy and Adlerian Therapy could improve the psychological well-being up to 37.17 and 40.43, respectively. Furthermore, the human givens therapy and Adlerian Therapy could increase the level of happiness up to 48.94 and 51.96, respectively. This effect was significant. However, the therapies did not show any significant change. The findings of the human givens therapy in both variables had less clinical efficiency and improvement rate, compared with the effectiveness of Adlerian Therapy.

Key Words: Human givens, Adlerian therapy, Happiness, Psychological well-being

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Introduction

The roles played by couples are crucial to the growth and future of societies. Paying attention to the issues of health and the growth of couples in the physical, psychological, and social dimensions, helps at least half of the people in the community to have better and healthy life. In this regard, couples may require

psychological support. To have a generation with psychological well-being, it is necessary to provide healthy lifestyle and psychological well-being. Several scientific and advisory methods can be offered for couples in order to solve the problems. In today's evidence-based culture, however, an abundance of anecdotal reports of the effectiveness of human

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givens isn't enough and we are pleased that, as a result of a lot of people's hard work over the years, more and more formal research projects into the effectiveness and benefits of the human givens (HG) approach are now being published

Accordingly, one of the most significant risks that threatens the top managers of countries and societies today is the fact that individuals, and especially couples, may suffer from these variables. It is a macro-policy and strategy for all governments to provide well-being, healthy life and happiness across the nation.

Happiness and psychological well-being are very effective in the present and future lives of every human being. These two are closely related and interactive. There are many scientific texts that express this connection. It seems that having a healthy lifestyle with psychological well-being and cognitive changes can contribute to happiness (Kar, 2004).

Psychological well-being has drawn the attention of several researchers in psychological and psychotherapy theories. In addition, today the improvement of psychological well-being and the happiness of women and men have been considered. The approaches and scientific methods used to resolve and improve psychological well-being have different positive or negative outcomes (Khosrow Shahi and Hashemi, 2011).

Of the two approaches used in this research, one is the individual psychology of Alfred Adler, which originates from Vienna's psychoanalysis, focusing on a social and humanistic approach. In this theory, by reviewing the childhood memories, the goals of life and psychological analysis of lifestyle are investigated. Moreover, the personal logic, behavior and psychological well-being are also examined (Curie, 2012).

The next approach, known as human givens therapy, is a postmodern and newly-developed approach to humanism. This theory originates from in Europe and the United Kingdom, emphasizing on the fundamental belief that humans have inherent strengths and potentials that help them to have good lives and psychological and physical well-being. In this theory, it is believed that humans have identical and specific needs. If they are having psychological problems and imbalances, it is because they do not know how to properly meet these needs. In addition to having psychological and physical needs, every

human being has the ability to live healthy. If one could discover and meet these needs and gain a proper insight into the individual abilities, he/she can lead a healthy life. In this theory, flaws and psychological illnesses are the result of an individual's own ignorance and negative beliefs (Griffin and Tyrell, 2006). The human givens framework enables us to see where a person's life is not working well and to tailor solutions for each individual using a combination of effective psychological interventions (as now taught by the Human Givens College), education and direct practical help, as appropriate. The insights the approach brings into what we all need to live fulfilled, satisfying lives also brings clarity to the much-used phrase 'wellbeing' and points to concrete ways of achieving and maintaining such a state.

Psychological well-being is the most fundamental part of every human's life. A good and balanced management of all dimensions of psychological well-being provides a healthy life for both the individual and the community. Today, many people are not familiar with the basic concepts of healthy life, psychological well-being and happiness, due to the nature of today's lives and virtual relationships. People are always complaining about difficulties, not having fun or lack of mental peace (Khosrow Shahi and Hashemi, 2011).

According to Argil, three essential elements of happiness are positive excitement, satisfaction with life and lack of negative emotions such as depression and anxiety. Argil *et al.* found that other elements of happiness include positive relationships with others, purposefulness of life, individual growth, love of others, and nature (Alipour and Agah, 2007). Therefore, one of the important components of happiness is cognition. Schwartz & Streak (1998) believe that happy people are biased in the processing of information, that is, the information is processed and interpreted in such a way that delights them. Hence, happiness is a concept that has several basic components. Firstly, there is an emotional component to happiness that makes a person feel always happy and cheerful. Secondly, it has a social component that extends social relations. Thirdly, it has a cognitive component that allows a person to have his own kind of information processing. It allows the person to interpret everyday events (Kar, 2004).

Costa and others (1981) found that happiness predicted well-being and satisfaction with life for the next eleven years (Alipour and Noorbala, 1999).



Despite the remarkable advances in approaches and scientific ideas over the past decades, there are still no clear answers to therapy questions and recovery practices. Given the global and regional statistics, the feeling of unhappiness and the need for change and improvement of psychological well-being, the main question in this study is whether the application of new and effective therapies and testing them with indigenous and regional criteria can improve happiness and change the psychological well-being.

Anasha and Roland conducted a semi-experimental experiment in female college students, emphasizing on the short-term personalized 4-session counseling method with human givens therapy. They proved the positive effectiveness of this method in rapid and short-term therapy. (Griffin and Tyrell, 2009).

Andrews, Twigs, and Johnson (2011) also used human givens therapy to improve the psychological well-being of adolescents and reported positive and significant outcomes in two months of individual therapy.

Moreover, Yates and Atkinson (2011) examined 16-year-old female adolescents and reported that human givens therapy significantly changed the lifestyle and psychological well-being on average in 4 sessions.

Human givens therapy was first developed in England by Joe Griffin and Avon Tyrell (2003). It was first used to treat depression. This therapy - for the first time in Iran and the Middle East - is supposed to be used to treat mental states. The therapists believe that the individuals' mental illness does not expand when they fulfill their innate emotional needs in a balanced way. This therapy is well-documented and efficient. The interpersonal, cognitive, behavioral and problem-solving techniques are among the most important ones. The Griffin and Tyrrell (2004) human givens book proposed that to live successful and fulfilling lives we need to have certain needs met and are born with the resources to do so. The needs and resources, they called the Human Givens. The needs are listed in the Emotional Health Audit. They further propose that if any needs are seriously unmet or if our innate resources are damaged, missing or used incorrectly we suffer distress, typically anxiety depression or anger. Human Givens therapy therefore aims to discover the areas where needs are unmet or where the patient might not be using their innate resources correctly and help a person to create ways to meet previously unmet needs.

This therapy is very close to our religious teachings and our national culture. It relies on the inherent human abilities and assets and attempts to reduce unhappiness and improve the psychological well-being. Given the deep Islamic beliefs among the Iranian Muslim community as well as the tendency to non-pharmacological therapies, the necessity of applying and testing postmodern methods is further increased.

Another approach is Alfred Adler's modern and scientific theory of individual psychology, which originates from Vienna's psychoanalysis with a social and humanistic approach. In this theory, by reviewing the childhood memories, the goals of life and psychological analysis of lifestyle are investigated. Moreover, the personal logic, behavior and psychological well-being are also examined (Curie, 2012).

According to the assumptions and human givens therapy, which is a postmodern and new approach, useful results have been obtained. It can be introduced as an effective method that can be used for the Iranian society. Comparing the Adlerian Therapy Approach with this new approach is a therapeutic idea. It is confirmed that this approach is capable of improving happiness and psychological well-being of the individuals. This approach is mainly based on the common theoretical foundations. The present study aimed to investigate the effect of human givens therapy on happiness. Furthermore, the effect of Adlerian Therapy Approach on the psychological well-being of couples was also examined. *Adlerian therapy*, also known as individual *therapy*, emphasizes the individual's ability to bring about positive change in his or her own life. *Adlerian therapy* consists of four stages: engagement, assessment, insight, and reorientation.

Methods

Multiple Baseline and Changing Criterion Designs (Rizvi and Nock, 2008) are used in this study. The advantage of using this design is that the change only occurs when the intervention is directed toward behavior or individuals. This design allows us to compare the changes in the symptom during therapy in subjects. Single-case experimental design is also used in this study. This design has different types.

Single-case experimental designs follow the same goals as group designs and examine the effects by examining the participants. The participants' performance can be used to predict their behaviors



in the future. Rizvi and Nock believe that the design focuses on individual levels, rather than average differences in pre-test and post-test. Another advantage of the design is that less subjects are needed. However, it is difficult to compare the group differences. For this purpose, the design often attempts to reduce the interpersonal variability by choosing homogeneous groups so that the “real” effectiveness of the therapy can be measured. Therefore, in general, it can be said that for couple therapy, single-case experimental designs are more appropriate than other designs (Rizvi and Nock, 2008; Abbaspour, 2014).

Measuring Tools

Oxford happiness questionnaire (OHI)

This questionnaire was developed in 1989 by Argil, Martin and Crosland. The researchers inverted the sentences of the Beck Depression Scale by consulting with Aaron T. Beck and presented 21 items. Subsequently, 11 items were added to these 21 items. With the final examinations, 29 items were assigned to the Oxford Happiness Index (OHI). In the following years, this questionnaire was changed to Oxford Happiness Questionnaire (OHQ). In order to verify the validity and reliability of the Oxford Happiness Questionnaire, Cronbach’s Alpha for the entire index was 19 (Fathi Ashtiani, 2009).

With an emphasis on life satisfaction, self-esteem and well-being, the results of factor analysis could explain 41% of total variance. The results showed that the Oxford Happiness Questionnaire is valid and reliable enough to measure happiness in Iranian society. The validity of this scale has been confirmed in various studies, including Alipour and Nourbala. Argil and Lev (1991) obtained a 10% alpha coefficient with 348 subjects, while Faronhim & Uronic (2008) obtained a 98% alpha coefficient with 909 subjects. In Iran, Alipour and Nourbala (2008) obtained a 13% alpha coefficient with 909 subjects.

Ryff’s scale of psychological well-being (RSPWB)

This scale was designed by Ryff in 1980s. The original scale had 120 questions, but in later studies, he introduced shorter scales consisting of 84, 54, and 18 items. Psychological well-being scales have six subscales, including self-acceptance, positive relationship with others, autonomy, purposeful life, personal growth and environmental domination.

Reliability and Validity: The reliability and validity in different versions varies from 0.93 to

0.86. Bayani and Koochaki (2008) also assessed the validity and reliability of the 84-item version on a sample of 145 students from the University of Azad University. The results of the reliability test showed that the coefficient for the total score was 0.82. Moreover, the coefficient obtained for the subscales of environmental domination, autonomy, positive relationships with others and personal growth was 0.77, 0.78, 0.77, 0.78, respectively (Bayani and Koochaki, 2008).

The process of research implementation

Subjects were selected among the students of Shahid Chamran University. After responding to the psychological well-being questionnaire and the Happiness Questionnaire, a total of 6 couples were randomly selected and 3 couples were assigned for each experimental group by identifying the people who are eligible to participate in the study. One of the two groups underwent the human givens therapy, while the other group received Adlerian Therapy. In order to implement the therapy, the first couple in the two groups received the therapy and all research tools were performed on the first couple. The therapy was then performed for 1 session per week for the human givens therapy group and 1 session per week for the Adlerian Therapy group. In order to control unwanted and potentially intervening variables according to the principles of multiple baseline designs, the second couples of both groups received the therapy in the second session. All questionnaires were completed during the sessions. The couples were evaluated one month after the therapy.

For the human givens therapy, the following steps were used.

Session 1: Establishing therapeutic communication and expressing basic introductions about the approach, the importance of the needs, the role of human resources in life and the relationship between individual abilities in happiness and psychological well-being.

Session 2: Using RIGAAR’s therapeutic model and examining the unsatisfied needs, harmful thinking, the individual capacities and the contrast between the needs and inherent resources.

Session 3: Analyzing the information with an optimistic approach to life using metaphors and developing mind maps to feel the power to exploit valuable personal capacities.



Session 4: Analyzing the different ways of satisfying individual needs and capacities in the community, creating a new story for life and developing a successful attitude.

Session 5: Using a variety of therapeutic strategies for positive change. (Griffin and Tyrell, 2007)

Adlerian Therapy has four stages, which is in line with the goals of Adlerian counseling. These steps are partly overlapping.

Stage 1: Establishing an appropriate therapeutic relationship.

Stage 2: Exploring and evaluating psychological dynamics (reviewing childhood memories and analyzing current lifestyle).

Stage 3: Improving self-knowledge and gaining insight in order to change lifestyle and make changes to some basic mistakes.

Stage 4: Reorientation (Curie, 2005)

The implementation protocol of Adlerian Therapy consists of the following sessions:

Session 1: Developing emotional challenges, exploring the individual dynamics, reviewing the family memories and examining the ultimate goals

Session 2: Exploring the individual dynamics and developing self-knowledge

Session 3: Gaining new insights and evaluating life goals

Session 4: Developing a new lifestyle which can help address the problems.

Session 5: Reorientation (Curie, 2012).

Data Analysis

Clinical significance was used to analyze the data in this study. Clinical significance refers to the practical value or importance of the intervention. The two main and most commonly used approaches in clinical significance are the Reliable Change Index and the Normative Comparisons Approach. Accordingly, visual analysis or graphical analysis, diagnostic improvement and six-dimensional performance indices are used to analyze data and evaluate the efficiency (Khojestan *et al.*, 2014).

The results were derived from the Ingram criteria (Abbaspour, 2014): 1. Change size (Decrease or increase in the main goals); 2. The totality of change (How many people have changed and how

many have not? 3. Generalization of change (Have changes occurred in other aspects of life? 4. The rate of acceptance (How many people have participated in the therapy process and completed it? 5. Safety; 6. Stability (How long have the achievements lasted?).

Findings

Table 1 shows the descriptive data and demographic characteristics of the couples participating in the research, which were subjected to counseling interventions. The sample consisted of 50% undergraduate and 50% graduate students. The data were analyzed during the different stages of human givens and Adlerian therapy. Tables 2 and 3, and Fig. 1 and Fig. 2 show this analysis.

Table 2 shows that the Reliable Change Index obtained from the second and third couples at the post-therapy phase was 3.83 and 3.29, respectively. This index in the follow-up phase was 2.19 and 2.73, respectively. These values are significant at $P < 0.05$. These two couples had a recovery rate of 61.15% and 56.26%, respectively. According to Fig. 1 and the high scores of the second and third couples (30), it can be said that the changes are clinically significant.

According to the overall recovery rate of these three couples in the therapy and follow-up phase was 48.94 and 49.47, respectively. It can be concluded that the human givens therapy contributed to the happiness of the couples according to the Blanchard classification (Papen, 1989; quoting Hamidpour, 2008). In general, the human givens therapy could improve the happiness of the couples.

Table 1. Demographic characteristics of the couples participating in the research.

Couple	Gender	Age	Education	Counseling History	Intervention
1th	Male	25	MA	Before Marriage	Human Givens Therapy
	Female	21	BA	Before Marriage	Human Givens Therapy
2th	Male	23	BA	Education-related	Human Givens Therapy
	Female	22	BA	No	Human Givens Therapy
3th	Male	24	MA	Education-related	Adlerian Therapy
	Female	20	BA	Education-related	Adlerian Therapy
4th	Male	27	MA	No	Adlerian Therapy
	Female	24	BA	Education-related	Adlerian Therapy
5th	Male	26	MA	Before Marriage	Adlerian Therapy
	Female	25	MA	Before Marriage	Adlerian Therapy
6th	Male	25	MA	Education-related	Adlerian Therapy
	Female	22	BA	Education-related	Adlerian Therapy



Table 2. Changes in the baseline, therapy and follow-up of human givens and Adlerian therapy for happiness.

	Couples	Baseline				Therapy							Follow-up				
		1st	3rd	4th	Mean Baseline	1st	2nd	4th	5th	Mean Therapy Line	Reliable Change Index	Post-therapy recovery rate	General post-therapy recovery rate	Follow-up	Reliable Change Index	Recovery rate	General recovery rate
Human givens	1st	19	23	-	21	19	26	24	22	22.75	2.88	29.41	94.48	20	2.72	31	49.47
	2nd	28	32	35	31.66	31	32	28	38	32.25	4.83	61.15		38	4.19	57.17	
	3rd	30	35	37	34	28	33	28	38	32.25	4.29	56.26		41	4.37	61.05	
Therapy	4th	22	25	-	33.5	25	26	22	25	24.5	2.11	34.54	96.51	21	1.89	31.38	21.45
	5th	25	28	38	30.33	36	37	40	47	40	3.81	57.23		38	3.59	51.11	
	6th	27	30	39	32	31	32	35	40	34.5	4.68	64.12		36	3.41	53.14	

Table 3. Changes in the baseline, therapy and follow-up of human givens and Adlerian therapy on psychological well-being.

Couple	Baseline				Therapy							Follow-up				
	1 st	3 rd	4 th	Mean Baseline	1 st	2 nd	4 th	5 th	Mean Therapy Line	Reliable Change Index	Recovery rate	General recovery rate	Follow-up	Reliable Change Index	General recovery rate	General recovery rate after follow-up
1st	116	110	120	113	121	117	124	135	0.25124	0.361	2.2751	0.1737	132	0.162	0.1723	0.9538
2nd	127	130	126	0.66127	127	131	145	142	0.25136	0.453	4.216		141	0.234	0.1946	
3rd	122	124	120	122	122	131	130	145	132	0.134	4.573		145	0.144	0.4947	
4th	130	127	153	1.528	127	131	145	142	0.25136	0.182	4.643	0.4340	142	0.771	0.2136	0.4631
5th	128	131	130	1.629	122	130	130	141	0.75130	0.153	5.315		138	0.172	4.173	
6th	113	108	114	1.611	118	117	120	117	118	0.173	2.251		115	0.163	0.113	

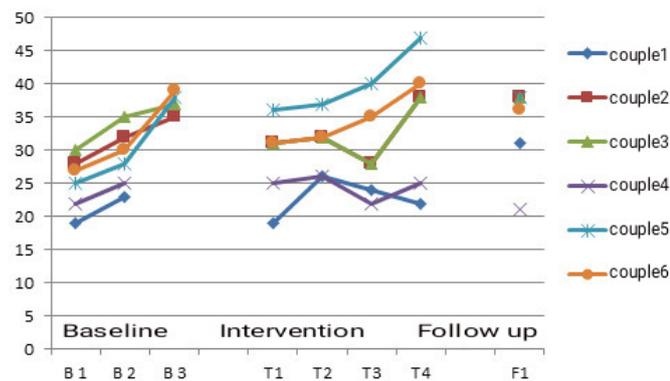


Figure 1. The process of change in the baseline and follow-up of the human givens and Adlerian Therapy for happiness.

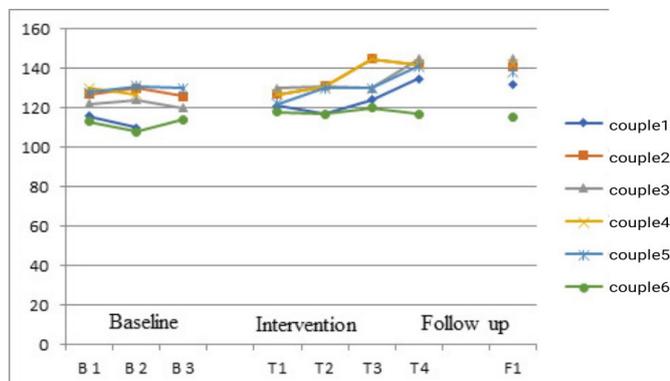


Figure 2. The process of change in the baseline, human givens and Adlerian Therapy for psychological well-being.

Table 3 shows that the Reliable Change Index obtained for the first couple at the post-therapy and follow-up phase was 1.36 and 1.16, respectively, which is not significant at $P > 0.05$. The post-therapy recovery rate was 21.75. Diagrams 3-4 showed that the average psychological well-being scores of the second and third couples in the follow-up phase increased compared to the baseline phase. Given the fact that the Reliable Change Index obtained from the second and third couples at the post-therapy and follow-up phase was 3.45, 3.13, 2.23, 2.31, respectively. These values were significant at $P < 0.05$. According to the scores for the second and third couples (120), it can be said that the changes were clinically significant. The recovery rate of these two couples after the follow-up was 46.21 and 43.57, respectively. Therefore, it can be concluded that the human givens therapy contributes to the psychological well-being of couples based on the Blanchard classification (Papen, 1989; quoted by Hamidpour, 2008).

Discussion and Conclusion

The human givens therapy is one of the most effective post-modern therapies that has been developed based on the thoughts, attitudes and human abilities. The combination of some of the therapeutic theories



in the past and present with the human givens therapy has led to good results. The human givens therapy has been used since 2005 (Griffin and Tyler, 2006). The human givens therapy suggests that thoughts are always associated with emotions and behavior. As a result, every time a person feels unhappy, he/she will experience disappointment to some extent.

The results showed that the human givens therapy increased happiness in the couples. This was consistent with Bitter & Christiansen (2012), Andrews *et al.* (2013) and Verme (2016) regarding the increased happiness using the human givens therapy. In other words, the human givens therapy helped couples lead a happy life. This cooperative approach is based on the strengths and capabilities of the clients. In this approach, instead of examining the damaging and problematic aspects of the clients, the therapist seeks to encourage the couple to seek psychological abilities and talents.

According to the results, the third hypothesis of this research was confirmed. In other words, the human givens therapy improved the psychological well-being of couples. These results were in good agreement with those of Jatice and Atkinson (2011), Sarosha and Atkinson (2012), Verme (2016) and Andrews *et al.* (2014). It is recommended that the human givens therapy can be used to improve the psychological well-being.

The findings of Adlerian Therapy for happiness and psychological well-being were in good agreement with those of Isanejad *et al.*, (2011), Rostami *et al.*, (1395), Salimi *et al.*, (2012), Kurd Nikoozadeh (2011), Andrews *et al.* (2014 & 2013), Verme (2016) and Beatr and Christinsen (1998). Andrews *et al.* (2013) concluded that this therapeutic method was more effective in improving happiness. In this study, the results were positive and Adlerian Therapy had a greater effect on happiness.

Ingram *et al.*, 2000(Abbaspour *et al.*, 2014) used six variables in evaluating the effectiveness of psychological therapies. They believed that the results of interventional research should be examined based on the following six variables. To examine the results of therapy, all six variables are examined in this study.

1. Change size According to the findings, all subjects experienced some change in dependent variables (happiness and psychological well-being). The therapeutic goals will be reviewed in the following.

2. The totality of change (How many people have changed and how many have not?)

The results showed that the human givens therapy was more effective than Adlerian Therapy. Happiness and psychological well-being have been significantly improved in the human givens therapy. However, Adlerian Therapy contributed to the psychological well-being of couples.

3. General Change (Has other aspects of life also changed?)

In this study, other than tools related to dependent variables, variables that measure other aspects of couples' life were not used. According to the scores of the variables of happiness and psychological well-being, the couples have reached the optimum level. The couples' oral reports have focused on the improvement of relationships in life. Some couples reported improved psychological well-being.

4. Stability (How long did the therapy gains last?)

The results showed that the human givens therapy had lasting effects on happiness. The couples also experienced the same change in terms of psychological well-being. That is, the psychological well-being scores of the follow-up phase improved compared to the therapy phase. Accordingly, the results of this study are in good agreement with those of Yatis and Atkinson (2011) and Irisha and Rodovsky (2012) regarding the effects of human givens therapy on psychological well-being. Likewise, Adlerian Therapy obtained better results in terms of psychological well-being.

5. Acceptance rate (How many people have participated in the therapy process and completed it?)

It is difficult to work with student couples. For different reasons, almost all of the six couples did not cooperate much in different phases of therapy. Particularly, beliefs and experiences influenced their behavioral and functional status of the couples during the human givens therapy. Therefore, the therapist used unusual methods in order to encourage the participants to cooperate. According to Kazdin (1992; quoted by Abbaspour *et al.*, 2014), all the six couples participated in the therapy completely. Although these couples experienced a great deal of instability, establishing a good relationship was one of the most important factors that motivated these couples during the therapy.



6. Safety (Has the mental and physical health of patients decreased due to therapy?)

One of the important problems in treating couples is the feeling of happiness. Any mistakes in treating couples can have irreparable consequences. This issue has always drawn the attention of the researchers. Fortunately, therapy has had no adverse effects on patients. A coherent therapy plan can guarantee the patient safety.

In this experimental method, the generalization of the results to similar populations is subject to limitations. Given the educational, cultural and ethnic issues, couples were not usually willing to communicate with the researchers. Moreover, given the positive results of this study on the effect of human givens therapy on couples in Iran, it is suggested that this approach be used by family specialists for couples. It is also suggested that the effectiveness of these therapeutic methods be investigated in other variables in order to better understand its applied dimensions. Because human givens therapy examines the mental constructs of the clients, future research is required and the above-mentioned therapies should be used to ensure the applicability of them in different ethnicities with different ethnic and religious backgrounds.

References

- Khosrow Shahi J and Hashemi Nosrat Abad T. The Relation between Hope, Persistence and Psychological Well-being in Students. *Arak Medical Journal* 2011; 6(22): 41-50.
- Bayani AA, Shamiki AM, Bayani A. Validity and Reliability of Ryff's Psychological Well-being Scale. *Journal of Psychiatry and Clinical Psychology* 2008; 2(14): 146-151.
- Khojasteh Mehr R, Abbaspour Z, Alipour S, Attari YA, Rahmani AH. Effectiveness of family-centered cognitive-behavioral therapies and solution-centered on suicidal attitude, depression symptoms, continuity and suicide attempts, *Family Counseling and Psychotherapy journal* 2014; 4(4): 2-13.
- Fathi Ashtiani A. *Psychological tests; Personality assessment and mental health*. Tehran; Besat Publishing, 2009.
- Abbaspour Z. Effectiveness of family-centered cognitive-behavioral therapies and solution-centered on suicidal attitude, depression symptoms, continuity and suicide attempts, Ph.D. Thesis, Shahid Chamran University of Ahvaz, 2014.
- Ali Pour A and Agah Harris M. Validity and Reliability of the Oxford Happiness List in Iranians, *Journal of Iranian Psychologists* 2007; (3).
- Ali Pour A and Noorbala AA. Preliminary Study of Reliability and Validity of Oxford Happiness Questionnaire among Students of Tehran Universities. *Quarterly journal of Andisheh & Raftar* 1999; 5(6): 12-21.
- Kar A. *Positive Psychology; Science of Happiness and Human Power*, Translated by: Pasha Sharifi HP, Najafi Zand J, Sanayi B. First edition, Roshd Publication: Tehran, 2006.
- Curie G. *The Theory and Practice of Counseling and Psychotherapy*, Translated by: Seyyed Mohammadi Y. 7 Edition, Arasbaran Publishing, Tehran, 2010.
- Curie G. *The Theory and Practice of Group Counseling*. Translated by Zahra Kar K. et al. 8 Edition, Tehran: Publishing Virayesh, 2014.
- Andrews W, Twigs E, Minami T, Johnson G. Piloting a practice research network: A 12-month evaluation of the Human Givens approach in primary care at a general medical practice.' *Psychology and Psychotherapy: Theory, Research and Practice an Idea in Practice*.
- Arusha A, Roland P. A 5-year evaluation of the Human Givens therapy using a Practice Research Network", *Mental Health Review Journal* 2013; 3(18).
- Griffin J, Tyrrell I. *Human givens, A new approach to emotional health and clear thinking*, HG publishing, London, 2006.
- Griffin J, Tyrrell I. *An Idea in Practice, Using the human givens approach*, HG Publishing, London, 2007.
- Griffin J and Tyrrell I. *How to Lift Depression: A Practical Day*. HG Publishing, London, 2009.
- Rizvi SL and Nock MK. *Single-Case Experimental Designs for the Evaluation of Therapies for Self-Injurious and Suicidal Behaviors*, the American Association of Sociology, 2008.
- Yates Y and Atkinson C. Using Human Givens therapy to support the well-being of adolescents: *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development* 2011; 1(29).

