



The Effect of Positive Education on Psychological Well-Being and Self-Efficacy of Divorced Children

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A B S T R A C T

This study aimed to investigate the effect of positive education on the psychological well-being and self-efficacy of divorced children. The research method was experimental with a pretest-posttest and control group. The sample consisted of 30 divorced male high school students in Bandar Lengeh (Iran) in 2018 who were randomly selected and randomly divided into two groups of 15 experimental and 15 control. The experimental group 10 performed 90-minute training sessions. Received as a group; The control group was placed on a waiting list for two months. The training program was implemented according to the Seligman (2005) protocol. In order to collect information, Reef psychological well-being and Scherer self-efficacy questionnaires were used in two stages: pre-test and post-test. Multivariate analysis of covariance was used to analyze the data. Findings from the analysis of research data showed that by controlling the effect of pre-test, there is a significant difference between the mean post-test scores of the experimental and control groups in the variables of psychological well-being and self-efficacy. In other words, it can be said that positive education has an effect on increasing the psychological well-being and self-efficacy of divorced children.

Keywords: Positive Education, Psychological Well-Being, Self-Efficacy, Divorce.

INTRODUCTION

The essential family injury is divorce (Emery, 2011). Divorce means the legal end of the marriage and the separation of spouses from each other (Flamez, Mark, Ordway, Francis, & Moore, 2017; Gürmen, Anderson, & Brown, 2018). The mutual rights and obligations that existed between the couple at the time of marriage are lost (Brown & Wright, 2017; L. Cohen, 1987; Kiecolt-Glaser, 2018). Studies have shown that one out of every two couples who marry for the first time divorce (Amato, 2010). In investigating the cause of divorce, in addition to social, economic, and legal factors, attention to personal and psychological causes is of particular importance (Chida, Hamer, Wardle, & Steptoe, 2008; Damota, 2019). Divorce, for whatever reason, right or wrong, has consequences, both for family members and society. The impact of divorce on children is very complex; unwanted children are involved in conflicts that they can neither understand nor cope with. Children born of such marriages, in addition to having special needs, are exposed to many psychological and social harms (Amato, 2000; G. J.

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Cohen, Weitzman, Child, & Health, 2016), the world of these children is very sad and painful, and their social relationships are disrupted.

Over the past century, psychologists and researchers have focused their research on conditions of failure or sadness, such as anxiety and depression; So they were unaware of the positive aspects of human potential. Gradually, in recent years, some psychologists have defined correlating factors and predicting the positive consequences of human existence, such as happiness, hope, and well-being. Moving from pathological conditions to positive aspects is called positive psychology movement (Csikszentmihalyi & Csikszentmihalyi, 2006; Gable & Haidt, 2005; Nelson & Slife, 2017; Seligman, 2002). One of the essential structures in positive psychology is the structure of well-being. In order to define this conceptual structure, the following definitions have been proposed: Goldsmith, Veum, and Darity Jr (1997), believe that psychological well-being includes the individual's perceptions of the degree of coordination between specific goals and outlined performance outcomes in the process of continuous evaluation. It is achieved and leads to inner and relatively lasting satisfaction in the sequence of life. Mental well-being means more than just the absence of illness and mental health problems. The concept of well-being includes a general positive feeling about facing life and the development of individual talents (Najd, Mosahebi, & Atashpour, 2014). The concept of psychological well-being is used as a term of general mental health in psychological research. Increasing the direction of positive states and decreasing negative states are defined as psychological well-being (Gupta & Mehtani, 2015).

On the other hand, one of the factors affecting physical health and quality of life is self-efficacy. Self-efficacy is often a sense of autonomy and skill in the environment; this sense dramatically contributes to the quality of life. Low levels of autonomy and self-esteem both predict low psychological well-being. Increases a strong sense of efficiency, personal well-being and ability. High-efficiency people approach difficult tasks and set higher goals for themselves. Bandura (2012), consider Bandura to be an essential point in cognitive-social theory and believe that self-efficacy beliefs are the basis of essential processes such as motivation, psychological well-being, and personal interests. Bandura (2012), defines self-efficacy as a personal judgment about an individual's ability to accept certain behaviors and actions to achieve the expected goals and outcomes. Another way Bandura describes self-efficacy, according to our perception of the degree of control we have over our lives, is when people try to exercise control over events that affect their lives. By leveraging situations where they can have some control, they can better achieve the desired future and prevent adverse outcomes.

One of the essential issues for positive psychologists is to identify and describe the factors affecting self-efficacy and psychological well-being. One of the therapies that have shown a significant effect on improving self-efficacy and psychological well-being in this regard is positive psychotherapy, which has been studied in various studies. In recent years, the effect of positivity skills has been confirmed by research. The effectiveness of positive education and treatment has been confirmed in many studies on various issues and problems of adolescents. For example, teaching positive thinking based on religious teachings in the relative improvement of resilience index and relative change in students' job and academic aspirations in the research of Wright, Masten, and Narayan (2013); Teaching positivity in increasing positive psychological states such as purposefulness, hope, life satisfaction, meaningful life,

positive mood and happiness and being social in Yousefian, Amin Nasab, and Sehatti (2019); According to what was stated and the research gap in this field, this study was conducted to investigate the effect of positive psychotherapy on the self-efficacy and psychological well-being of children of divorce.

METHODOLOGY

The research method was experimental with a pretest-posttest and control group. The sample consisted of 30 divorced male high school students in Bandar Lengeh (in Iran) in 2018 who were randomly selected and randomly divided into two groups of 15 experimental and 15 control. The experimental group received 10 sessions of 90-minute treatment as a group; The control group was placed on a waiting list for two months. The treatment program was performed according to the Seligman, Steen, Park, and Peterson (2005), protocol. Multivariate analysis of covariance was used to analyze the data. The research tools were:

Reef Psychological Welfare Questionnaire: This scale was developed by Reef in 1989 and has 84 questions. This scale has 6 subscales: self-acceptance, positive relationships with others, autonomy, mastery of the environment, purposeful living, and personal growth. How to answer the questions is in 6-point Likert (from strongly disagree to agree strongly). The sum of these scores is calculated as the overall score of psychological well-being. This scale was initially performed on a sample of 321 people, and the coordination coefficient between the scales was between 86% to 93%, and the reliability coefficient of the retest after six weeks was obtained on a sample of 117 people between 81% and 86%. The results were obtained for mastering the environment 77%, positive relationships with others 77%, personal growth 78%, self-acceptance 71%, purposeful living 70%, and autonomy 82%.

Scherer et al. (1982) General Self-Efficacy Beliefs Questionnaire: This scale, which is intended for general self-efficacy, has 17 items. For each item of this scale, 5 answers are suggested, which are assigned 1 to 5 points for each item. These 5 answers are: strongly disagree, disagree, disagree, agree, and strongly agree. Higher scores indicate stronger self-efficacy, and lower scores indicate weaker self-efficacy. In this study, the content validity method was used to evaluate the validity of the questionnaire, and its validity was obtained based on Cronbach's alpha coefficient of 0.78, which indicated the appropriate internal consistency for the test.

After performing the pre-tests, the experimental group received 10 training sessions of 90 minutes of positivity as a group; The control group was placed on a waiting list for two months. In order for the participants to maintain their conflict with the subject until the next training session, they were given assignments at the end of each session, and in the next session, the assignment was given in the session. It was examined before. After the sessions, a post-test was performed on both experimental and control groups. All participants were given ethical considerations regarding the confidentiality of information. Multivariate analysis of covariance using SPSS software version 23 was used to analyze the data.

Summary of Positive Treatment Sessions Based on the Seligman, Rashid, and Parks (2006)

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Session 1: The leader introduces the members to each other and explains the rules and regulations and how to do the job. Session 2: The leader introduces the members to the concept of positive thinking and awareness of positivism and identifies the signs and symptoms of positive thinking and explains thoughts, feelings, and its role in behavior. Session 3: After summarizing the previous session and answering the members' questions, the leader gives more explanations about the role of thoughts in behavior; Therefore, in order to think positively, members need to pay attention to issues such as fighting negative thoughts, and in this case, the meeting explanations are provided. Session 4: The leader offers strategies for rethinking thoughts, including learning from beliefs, using constructive language and language, examining facts, and using case-related documentation. Session 5: The leader mentions other things about positive thinking strategies, such as changing mental images, positive mental imagery, and avoiding jealousy. Session 6: At the beginning, the leader gives a summary of the previous session and then explains to the members about self-talk, do's and don'ts, and self-confidence, as well as the role of these in positivity. Session 7: The beginning of the work was the same as the previous session, discussing the creation of positive beliefs through rethinking beliefs, looking for real evidence, rethinking, profit and loss assessment, and evaluating attitudes. Session 8: The beginning of the session was the same as the previous session, then the members are taught how to help ourselves to be optimistic and positive by reconstructing memories, strengthening self-esteem, thinking about messages. Session 9: At the beginning, a summary of the meeting is given by one of the members of the group, then another strategy for positive thinking (as if planning a positive day and establishing good relationships with others) is taught and explained. Becomes. Session 10: The beginning of the session is the same as the previous session. The leader then explains the role of health and its effect on positivity, maintaining positive behaviors, and its role in optimism. Perform post-test and announce the end of sessions.

RESULTS

Table. Presents the mean and standard deviations of happiness and psychological well-being of the two experimental and control groups in the pre-test and post-test stages.

Variables	Group	Pre-test		Post-test	
		Mean	Std. Deviation	Mean	Std. Deviation
Self-efficacy	Experimental	56.87	6.13	76.87	7.34
	Control	55.87	6.33	55.67	6.23
Psychological well-being	Experimental	56.44	6.12	74.67	7.32
	Control	56.42	6.14	55.92	6.81

Before presenting the results of the analysis of covariance, the assumptions of parametric tests were measured. The results of the Levin test to examine the equality of variance of groups in the variables of self-efficacy and psychological well-being showed that the level of significance obtained in the dependent variables of the study is greater than 0.05, so it can be judged with 0.95 confidence that experimental and control groups in terms of dispersion. The variables of self-efficacy and psychological well-being are the same in the pre-test stage. Also, the results of the Kolmogorov-Smirnov test to investigate the normality of the distribution of scores of dependent variables showed that the condition of the normal distribution of scores of

dependent variables in the post-test stage had been observed ($P > 0.05$). The results of the regression slope homogeneity hypothesis test showed that the data support the regression slope homogeneity hypothesis at the level ($P > 0.05$). In order to evaluate the difference between the mean scores of the experimental and control groups, the Wickles lambda test was used. Among the dependent variables, the research is significant ($p < 0.01$). The results of the multivariate analysis of covariance showed that by controlling the effect of pre-test, there is a significant difference between the mean post-test score of self-efficacy and psychological well-being. In other words, it can be said that the use of positive education significantly increases self-efficacy ($P < 0.01$, $F = 114.33$ and $\eta^2 = 0.81$) and psychological well-being ($P < 0.01$, $F = 187$ and $\eta^2 = 0.87$) The students in the experimental group were tested in the post-test stage.

CONCLUSION

The aim of this study was to investigate the effect of positive psychotherapy on the self-efficacy and psychological well-being of divorced children. Findings from the study showed that by controlling the effect of the pre-test, there is a significant difference between the mean post-test score of self-efficacy and psychological well-being. In other words, it can be said that the use of positive education has significantly increased self-efficacy and psychological well-being of the experimental group in the post-test phase. Explaining these findings, we can say that positive people cope with stress better by using more effective coping strategies such as reassessment and problem-solving. They also actively avoid stressful life events and build better social support networks around them, and divorced children who receive positive treatment can have more coping skills, higher optimism, and less depression. Show more hope. On the other hand, positive people have a positive attitude towards their abilities and focus on positive events instead of focusing on failures and focusing on the bad events they have had in the past. These people attribute their victories and successes to their abilities. In difficult life situations, they rely on their internal resources and activate their positive and constructive confrontations in dealing with problems. The control center of positive people is internal. These people believe in their close relationship with God and spiritual resources, their self-esteem and inner value is high. Positive people believe that if all their emotions and feelings grow in proportion and moderation, they will be perfect (Seligman et al., 2005). Therefore, it is clear that increasing the self-efficacy and psychological well-being of children of divorce will not be unexpected.

The findings of the present study should be interpreted in the context of its limitations. Carrying out research and generalizing it to other populations requires special care. The use of self-report tools instead of behavioral studies also highlights the importance of perhaps showing their research sample better than they really are. It should also be borne in mind that the present study was conducted in the city of Bandar Lengeh (in Iran), and its results cannot be generalized to other parts of the country. Therefore, in interpreting the results of this research, these limitations should be considered. In addition, in this study, the therapeutic effects at different time intervals were not followed up. Therefore, it is suggested to use more extensive examples in future research and to control the effect of some possible influential variables.

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