



## ORIGINAL ARTICLE

# The effectiveness of hope therapy on resiliency and optimism of veterans' daughters

**Maryam Janfada, Ahmad Borjali, Faramarz Sohrabi**

Department of Psychology, Islamic Azad University, Tehran, Iran

Department of Psychology, Alame Tabatabai University of Tehran, Iran

Department of Psychology, Alame Tabatabai University of Tehran, Iran

### ABSTRACT

*The Iranian veterans of the 8-year imposed war have been afflicted by many physical and mental traumas, and these injuries have undoubtedly affected directly on different aspects of family's mental health and particularly wives and children, the main goal of this study was determined as the studying of hope therapy's effectiveness on increasing resiliency and optimism in female children of the veterans. The statistical society of this study consists of all the female children of the veterans in Tehran during 2011-2012, among which 30 persons were chosen as available sample and were assigned to two experimental and control groups (each 15). Results gained by the co-variance analysis, in a way that it led to the increase of means in post-test for the experimental group. Also, in the follow up stage that was done prior to 4 months of the primary study, regarding the t amount for the variables of resiliency and optimism at ( $p=0.05$ ) there was no significant difference between the post test scores of the experimental group and the scores of the follow up, and it can be concluded that hope therapy has stable effectiveness in increasing the scores of resiliency and optimism of veterans' daughters. Hope therapy results in increase of resiliency and optimism in female children of veterans and these results is stable at follow up level as well.*

*Key words: hope, hope therapy, resiliency, optimism, veterans' daughters*

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### INTRODUCTION

Getting injured while at combat has always been regarded as an important issue for countries for a long time ago. This injury may involve both physical injuries at the time of combat and mental traumas, while and after the end of combat. Iran also got involved in a war that has been unprecedented in terms of time and the casualties in the recent years. The veterans of the 8-year imposed war on Iran have also been inflicted by many physical and mental traumas, which have undoubtedly affected directly on different aspects of mental well-being and especially on their wives and children that can be regarded as disorders in various social, occupational and behavioral functions [1].

Since family is the main social unit involved in the person's acquisition of value system, any changes in the structure of the family can affect the children's values as well. The mother and father are two principal bases of the family that provide their child's mental growth by making a secured and healthy environment, therefore the absence of either of them in the family will destroy the balance and cause bad effects on the physical and mental development of children [2].

Those fathers who are present in the family, but because of various reasons such as paralysis or being a veteran, are not able to fulfill their roles, may have improper effects on the family which itself can affect negatively to other issues as well [3]. [4] In his research reached to this conclusion that half of veterans make the family environment distressed because of their paralysis. Research findings also show that in veterans' families, the emotional and affective withdrawal of fathers and their paralysis as well is in relation with the decrease of relationships and interactions within the family and the change of the communicative patterns of the family members. These changes themselves can cause the decrease of children emotional intelligence, particularly in the interpersonal component, and mental well-being and the increase of problems related to tension and aggressiveness as [5].

The findings of another result show that the extent of the father's trauma, a parent's level of education, divorce and economic status are all significant predictors of the extent of life satisfaction and joyfulness of the veterans' children [6]. Therefore, by regarding the importance of elevated motives in reduction of the veterans' mental-behavioral problems, still one cannot ignore the impact of trauma, captivity and martyrdom on the family's environment [4].

Based on this, in many cases the personalities of the children who are raised in families without father, are void of any strength, stability, resilience and firmness, and their lives are mixed with aimlessness, uncertainty and laziness. Thus, the person's relation with the outer world will be damaged and he/she will often feel hopeless and non-valuable [7].

It seems that hopefulness is necessary in all life's aspects. Today, hope is a main treatment agent in medicine, nursing and mental well-being areas, and recently hope has been massively attended as one of the main components in people's recovery [8]. Although the scientific study of hope in human has a fairly short history and is in its early stages, its effective impacts on physical and mental well-being have been affirmed in many studies. [9] in a study showed that hope therapy will increase person's hope and thus mental health. Also, the findings of [10]'s research showed that hope can increase high school students' progress motivations. [11] in a study titled hope as a source of tolerance in adults, showed that people with high degrees of hope had less stress levels and recovered more efficiently from emotional problems [12]. Hope means the ability to believe in having a better feeling in future. With its penetrating power, it stimulates person's activity in gaining new experiences, and therefore it invigorates new forces in the person. Hope has been regarded as one of the coping skills of men in adapting to hard problems and even irremediable maladies. It can also be defined as a curing, multi-dimensional, dynamic and powerful agent who plays an important role in adapting to losses. [13] first stated the theory of hope and regarded it as consisting of the power of will, power of continuance, having aims and detection of barriers. Hope facilitates passing through difficult barriers and deep abysses, and encourages the person to confront with his/her conditions and gain power to dominate them. Important issues which are involved in hope are tolerance and optimism. Tolerance generally means conformity in responding to undesirable situations [14]. Tolerance is not merely a passive resistance against threatening situations or damages, but a tolerant person is an active participator and the creator of his/her surrounding environment. A kind of self-restoration, which is accompanied by positive emotions and cognitive aftermaths. The tolerant person has protected sources that increases his/her resistance against threats, and naturally his/her long term mental health [15]. In fact, tolerance indicates people's capacity for staying healthy and tolerating and resisting in hard and dangerous circumstances, in the course of which, the person not only dominates the conditions but will also become more powerful and competent through dominating them. Thus, resiliency means being successful, living wholly and growing in hard situations [16].

Optimism refers to the notion that desirable outcomes will be reached in future time, without taking the person's ability for these outcomes into account [17].

The findings of the research done by [18] titled "resiliency and optimism" showed that there is a positive significant relationship between optimism and resiliency, and results also revealed that resiliency is positively related to optimism and negatively to cognitive distress.

[19] in the findings of his study titled "optimism, resiliency and their relationship" reported that there is a positive significant relationship between optimism and resiliency, and this relation is regarded as an important characteristic.

The results of the research done by [20] titled "studying the sources of resiliency in successful youngsters" showed that the protecting factors of feeling of competency, purposefulness, social support, and participation in social services which are sources of resiliency, have significant relation with their fulfillment.

Results of research done by [21] under the title of "teaching resiliency on the psychological characteristics of students" showed that the program of teaching resiliency had increased optimism and had decreased signs of depression, hopelessness and tension.

The results of research on the families of persons afflicted by spinal toll revealed that teaching self-control, positive thinking, acceptance of events, finding meaning and having an available dream increase the families' and relatives' resiliency who take care of the cripple [4].

[22] in a study named "analysis of hope as a psychological force" which was done on the high school students in intermediary schools, beside from providing evidence of the reliability of the reports of hope in these persons, has shown the role and function of hope as an intermediary between life's stressful events and this group's health. Results covered empirical support for attention to hope as a psychological force.

[23] in a study titled "hope as a powerful way to combat depression" reported of having findings that show hope is consistently related to signs of lessened depression and good news is that hope is

something that can be thought, and therefore can be grown and developed in a vast number of people who would need it.

[24] showed in their study that hope therapy can promote agent thinking (one of the components of hopeful thinking), meaning of life and self-esteem, and thus reduce signs of depression [9].

Therefore since as a consequent of 8 years of war between Iran and Iraq and its aftermath, thousands of people lost their lives or were afflicted by war-induced trauma, and this finding that Iranian children have strong emotional ties with their parents has been repeatedly mentioned around the cognitive, social, emotional and natural mental growth of these children who during the war lost their fathers, and thus has stimulated great concerns. Also regarding the fact that a great proportion of peoples' abilities is related to their mental health and the fact that how much they are optimist towards life's different issues and can handle the problems, and considering that optimism and resiliency are the components of hope and positive psychology, and amongst psychological therapies the Snyder's hope therapy is the only therapy that regards hope as the main aim of the treatment. The question posed here is that can hope therapy be effective in solving such issues? Can hope therapy increase the resiliency and optimism of veterans' daughters? And can hope therapy have stable effects in the follow up level as well on increase veterans' daughters' resiliency and optimism?

## **METHODS AND PROCEDURES**

Society, sample and the sampling method

The method of research is quasi-experimental with posttest, pretest and control group. The statistical society consists of all the veterans' daughters in Tehran during 2011-2012. In this study we used the available sampling method, in a way that 30 female high school students of one region of Tehran were selected and randomly assigned to two experimental and control groups. 15 persons were placed in the hope therapy group and 15 were placed in the control group. These students were the daughters of the veterans with higher than 50% paralysis.

Method

All respondents filled out the forms of resiliency and optimism before the start of the experiment. Then experimental group then received eight 2-hour sessions held once per week, as the hope therapy treatment.

First session: getting familiar with group members, statement of the rules and filling out the forms, a brief explanation about the theory of hope and hope therapy and its purpose, explanation of its goals and types, the necessity of having goals in life, the ways of reaching to the goals and the needed motivations for pursuing the goals.

Second session; talking about the feelings and thoughts and depicting the relation between thinking and feeling, statement of the relation between positive feelings and reaching to goals, explanation of the relation between negative feeling and not reaching to goal, ways of increasing will power by designing goals.

Third session: adjustment of concrete goals with regarding the end point, breaking big goals into smaller ones

Fourth session: statement of the two main domains of motivation and mental energy, explanation of self-talking and detecting their sources and teaching strategies for changing negative self-talking

Fifth session: statement of power of way finding for reaching the goals and strategies for strengthening the power of finding way.

Sixth session: talking about the extent of progress towards goals and reevaluation of goals, proving strategies for increasing the level of physical will force

Seventh session: talking about the obstacles in reaching the goals and proving some strategies for confronting with obstacles

Eights session; talking about relapse and failure and the re-implementation of the questionnaires for post-test

It is noteworthy that during each session the necessary assignments were given to students and were subsequently discussed in the following session.

Instruments

Resiliency questionnaire, CD-RIS

This questionnaire was made by Conner and Davidson through the review of research sources during 1977-1991, which is a 25-item tool that measures resiliency in 5-degree lickert scale from 0 to 4 scores. The minimum score of this inventory is 0 and the maximum score is 100. Mohammady (2005) has normalized this tool for using in Iran. The cut point for this tool for normal people is 80.4. For determining the reliability of this tool, firstly the correlation of each item with the total score of each category was measured and then the factor analysis method was employed. The measuring of the

correlation of each total score was found 0.64. Except item 3, which showed ratios between 0.41 and 0.64. Then the items of the scale were factor analyzed by main component method. The reliability of this test through cronbach alpha was found 0.87 (Jokar, 2007). The obtained reliability through cronbach alpha by the researcher was also found 0.88.

#### Optimism inventory (LOT)

This test was first made by Scheier and Carver (1985) for the evaluation of the structure of orienting optimism, and was conceptualized as expectations for positive outcomes which has great health implications, but was later revised [17]. The revised version of the life orientation test (LOT-R) is briefer comparing the primary test. In the revised version, items that were not focused exactly on the expectations were omitted or revised. Because of the great overlapping of the items of the LOT and LOT-R tests, the correlation between them is very high. Although, the internal consistency of the optimist and pessimist phrases of the revised test is more than the primary version. As for the advantages of the newer version, today in most studies this new version is used (Carver, 2005). This questionnaire has 10 items, 3 of which are about optimism, 3 about pessimism and 4 filling items (items which their measurement is not central to the aim of the test, but are rather used so that the respondent doesn't get sensitive to the primary items of the test). This scale has been an instrument with the widest application in psychological researches.

In this test items 1, 4, 10 get the score of absolutely agree 4, agree 3, not sure 2, disagree 1 and absolutely disagree gets 0. However in items no. 3, 7 and 9, the scores will get reversed and no score will be given to items no. 2, 5, 6 and 8. Higher score in this test indicates higher inclination toward expecting more positive results rather than negative ones. The credibility of this test has been reported by statistical analysis as 0.83 for cronbach alpha. The convergence and differential reliability of this questionnaire has been confirmed by the locus of control scale and the Rosenberg self-esteem scale [25]. The obtained reliability ratio by the researcher was found 0.67.

## RESULTS

In order to find out the effectiveness of hope therapy on increasing the resiliency and optimism in veterans' daughters, after the collection of data, the findings are presented in the format of descriptive statistics (mean and standard deviation) and inductive statistics (co variance analysis) in tables. In the following table the mean and standard deviation of the resiliency and optimism variables are shown in two experimental and control groups.

Table 1. Description of the resiliency variable in pre-test and post-test in the experimental and control groups

Post-test		Pre-test		groups	variables
Standard deviation	mean	Standard deviation	mean		
8/84	61/20	9/57	57/87	control	resiliency
13/64	60/13	13/99	53/33	experimental	
5/09	35/27	4/45	33/20	control	optimism
2/64	35/40	2/74	30/60	experimental	

As it is seen in table 1. the mean and standard deviation of the resiliency and optimism among the persons of the experimental group have raised in post-test comparing with the control group.

In this part for analysis of the data, independent t-test was used for comparing the scores of pre-test of the two control and experimental groups, for testing the hypotheses for determining the impact of pre-test and testing the effectiveness of interventions, one-sided co-variance analysis and for comparing the scores of the post-test with follow up scores, dependent-t test was used.

Table 2. Independent t-test – comparison of the scores of pre-test between the two control and experimental groups

significance	t	Degree freedom	of Standard deviation	mean	No.	group	variable
0.309	1/035	28	9/57	57/87	15	control	resiliency
			13/99	53/33	15	experimental	
0.065	1/923	28	4/45	33/20	15	control	optimism
			2/74	30/60	15	experimental	

Regarding table 2, in comparison of the pre-test scores of the two control and experimental groups for resiliency and optimism variables, considering the t-amount for resiliency (t=1.035) and optimism

( $t=1.923$ ) at the level of  $p=0.05$ , there was no significant difference between the scores of pre-test of the control and experimental groups for resiliency and optimism, and it can be said that two groups were at the same level, and thus hope therapy could be started in the experimental group.

Table 3. One-sided co-variance analysis related to studying the effects of hope therapy on increasing resiliency

significance	F	Mean squares	of Degree of freedom	Total squares	Sources of change
0/001	185/58	1729/52	2	3459/04	Modified model
0/002	11/303	105/33	1	105/33	width
0/001	370/254	3450/51	1	3450/51	Pre-test
0/010	7/597	70/97	1	70/79	group
		9/31	27	251/62	error
			30	114124	total
			29	3710/66	Total modified

Regarding table 3, and with emphasis on the obtained F amount in the change sources ( $F=7.597$ ) at the level of  $p=0.05$  regarding hope therapy, it can be stated that hope therapy has been successful and has caused the increase of resiliency in veterans' daughters, In a way that it resulted in the increase of the means of the post-test in the experimental group. This finding is observable in descriptive statistics with regards to the means of the post and pretests. Also, regarding the sources of change in pre-test as the co-diffractive variable, it is fair to say that these changes occurred in the control group as well, and the scores of resiliency were significantly raised in post-test comparing with the pre-test.

Table 4. One-sided co-variance analysis related to studying of the effects of hope therapy on increasing optimism

significance	F	Mean of squares	Degree of freedom	Total squares	Sources of change
0/001	38/313	170/320	2	340/640	Modified model
0/137	2/350	10/445	1	10/445	width
0/001	76/597	340/507	1	340/507	Pre-test
0/004	9/933	44/157	1	44/157	group
		4/454	27	120/027	error
			30	37914/00	total
			29	460/667	Modified total

Also regarding table 4, and with emphasis on the F amount in the sources of changes in groups ( $F=9.933$ ) at  $p=0.05$ , regarding hope therapy it can be stated that its effects have been successful and caused to increase the veteran's daughters' optimism, In a way that it resulted in the increase of the means of the post-test in the experimental group. This finding is observable in the descriptive statistics regarding the means of the pre and posttest. also, regarding the sources of changes in the pre-test as co-diffractive variable, these changes occurred in the control group as well, and the scores of resiliency in the post-test were significantly raised comparing with those of the pre-test.

In the end for the follow up stage, firstly the mean and standard deviation and then by the use of dependent t-test, results are presented.

Table 5. Mean scores of follow up of resiliency and optimism

Follow up	Standard deviation	mean	groups
	8/18	59/33	resiliency
	2/95	34/20	optimism

Regarding table 5, the means of resiliency and optimism in the follow up stage did not have any significant difference from that of the post-test

Table 6. Dependent t-test – comparing the scores of post-test of the experimental group and the follow up scores

significance	T	Degree of freedom	Standard deviation	mean	No.	group	variable
0/866	0.172	14	13/64	60/13	15	Post-test	resiliency
			8/18	59/33	15	Follow up	
0/111	1/702	14	2/95	35/40	15	Post-test	optimism
			2/95	34/20	15	Follow up	

Regarding table 6, considering the comparison of the post-test scores of the experimental group and the follow up scores for variables of resiliency and optimism, regarding the t-amount for resiliency ( $t=0.172$ ) and optimism ( $t=1.702$ ) at  $p=0.05$ , there was no significant difference between the post-test scores of the experimental group and those of follow up, and it shall be said that hope therapy has stable effect in increasing the scores of resiliency and optimism in veterans' daughters.

## DISCUSSION AND CONCLUSION

The aim of this goal is divided into two parts. The main goal is determining the effectiveness of hope therapy on increasing resiliency and optimism in veterans' daughters, and the other goal consists of determining the constancy of hope therapy's effect on increasing resiliency and optimism. Regarding the first goal, results of the present study are consistent with domestic studies of [26], [10], [27], [28], [29] and [30], and foreign studies such as [11] which have shown hope therapy to be an important source of adaptiveness and flexibility in education, and is also consistent with the results of studies done by [20], [11]. Moreover it is parallel with the results of the research done by [31], and studies done by [21], [19], [32], [33] which have shown teaching group hope therapy can be effective in promoting feeling of optimism, joy and hope in individuals.

In explanation of the obtained results, one can mention to the fact that hopeful people are obviously more resilient comparing with those without hope. Although resiliency is to some extent a personal characteristic and is somehow the result of peoples' environmental experiences, humans are not the victims of their environment or genes, and it is possible to change peoples' reaction to stress, unpleasant events and hardships, so that they can overcome the problems and negative effects of their environment. Since Levin & Snyder [34] consider hope as one of the sources of resiliency which can influence the person's health and well-being positively at times they are stressed, hope therapy increases resiliency by targeting hope. On the other hand, hope, by keeping negative affects at a low level, has supportive values for the person and results in better addictiveness. As [35] believes, hope has the two components of cognitive (expecting events to happen in future) and emotional (for example hoping that these events will be positive ones and will have pleasant outcomes), and the emotional component can be the predictor of occurrence of positive events in future and as a result augmentation of resiliency. Thus, having a hopeful way of thinking and benefiting from sufficient sources of purposeful thinking and being familiar with the required paths to reach to one's goals result in resiliency in individuals.

Optimism is another component of hope. Optimism indicates expectation of good events for future, and is conceptualized as a wide characteristic feature by which peoples' ways in pursuing their goals and values are studied. Optimist people while at hardships consider their goals and values to be reachable and their optimism causes them to be constantly pursuing their goals. [36] also believes that optimism is a learnable skill and relates to this belief that pleasant outcomes will be accessible in future. Since psychologists believe that optimism can be fostered by cognitive therapies, and considering the fact that hope therapy is a mixture of cognitive, problem-based and narrative therapies, this therapeutic approach by targeting hope through problem-solving skills, selection and defining of reachable goals, breaking big goals into smaller ones, re-evaluation of goals and increasing the power of will, not only results in promotion of growth and optimism, but also leads the person to improvements in all aspects of life.

Regarding the second goal, unfortunately few studies were found that include studies of [23], [22] which are parallel to this study, and report hope's stability in teenagers in a period more than a year. Regarding the domestic studies, the works [28], [9] and [37] are consistent with the findings of the present study. Generally, in explanation and describing the stability of hope therapy interventions, one can emphasize on the on the therapeutic protocol which was mentioned earlier, which includes inviting people to recite their life story, determining accessible goals and breaking the big goals into smaller ones, using of positive self-talks and setting an internal film. Also, Snyder states that hope is a stable characteristic and remains stable through the course of life, although its different levels might change confronting new environments and settings.

Regarding the studies done inside and outside the country, it can be recognized that hope therapy, apart from decreasing the levels of many negative symptoms such as tension and depression, can act like a barrier against their re-occurrence, and is effective in promoting capabilities, abilities, adaptiveness and belief of people in their own. Also, regarding the results obtained in this study, it can be concluded that hope therapy interventions will result in increasing resiliency and optimism. Since the clients will learn to determine the important accessible and measurable goals and adopt various paths in reaching them. Having aims and hopes for reaching them will give meaning to person's life and will place him in a particular path. Hope helps people to pass life challenges successfully, feel less hopeless and loneliness, and look at problems as issues that are changeable and tolerable, or look at them in a completely different way. This fact and the ability of tolerating the problems, will lead to a positive view point and optimism toward life. Optimism is one of the characteristics of resilient people. These people will not get hurt by being exposed to dangerous and damaging conditions and always the life's problems and issues positively and optimistically, and this same positive attitude causes the ability of resiliency towards problems. Such people would have goals and plans for their lives and their living is meaningful to them, and because of high levels of optimism and positive beliefs will not get hopeless and frustrated after defeats and instead raise their efforts.

Results of this research are limited to the girls' community. Therefore in generalizing the results to the boys' community, caution must be exerted. Regarding the effectiveness of teaching hope therapy which was shown in this study, it is suggested that this program be performed for the wives of the veterans as well, who are in difficult mental conditions. Also, regarding the influential effects of positive psychotherapy both on prevention and treatment, this method should be taken into consideration in national mental treatments more than it was beforehand.

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#### REFERENCES

1. Key Nia, F. (2003). The outbreak of mental disorders in the paralyzed in Kerman. PhD dissertation in Kerman's university of medical sciences
2. Nejati, Hossein. (2001). The educational role of father at home. 4th edition, Chapar Farzanegan publications, Tehran
3. Rezaian, hamid; mohammadi, mohammad reza. (2000). Studying the rates of behavioral disorders in children of the war's martyrs, paralyzed and traumatized veterans, series of article in the 3th symposium of studying the mental and neural distresses caused by war. Golban
4. Ghahari, shahrbanoo. (1996). Comparison of the rate of defiant behaviour and lack of attention, depression and generalized anxiety in children of the war paralyzed and normal fathers. M.A thesis of clinical psychology, Tehran's institute of psychiatry
5. Mohsenian, m. (2008). The comparison of emotional intelligence, mental health and family's function in high school student children of paralyzed and normal parents. M.A thesis in psychology in Shahid Beheshti University
6. Nateghian, samaneh; mola zadeh, javad. (2007). Forgiveness and marital satisfaction in males suffering from war-induced PTSD. M.A thesis in Shiraz University
7. Khadivi zand, mohammad mehdi. (1990). Principal issues in mental education of families, Tarbiat publication
8. Schrank, B., & Stanghellini, G. (2008). Hope in psychiatry: a review of the literature. *Journal of American psychiatry*. 11(2): 421-433.
9. Alaedini, z. (2009). Studying the teaching of group spirituality on increase of hope, life satisfaction and joyfulness in women suffering from breast cancer, M.A thesis, Alame Tabatabai University
10. Oladi, baran; etemadi, ahmad; karami, abolfazl. (2012). Effectiveness of hope therapy on motivation of progress in male high school students of Baharestan province. *Journal of knowledge and research in applied psychology*. 3-10, summer of 2012
11. Ong Anthony, D, Edwards Lisa M, Bergeman, C.S (2006). Hope as a source of resilienc in later adulthood, science direct, personality and individual adulthood.
12. Fallah, R.. (1388). Study group method to increase the spirituality of hope, life satisfaction and happiness in women with breast cancer. MS Thesis, University of Allameh Tabatabai
13. Snyder, C.R. (2002). Hope Theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249 – 275.
14. Waller, M.A, okamoto, Sk, Miles, BW, Hurdle, DE (2003). Resiliency to substance use resistance: perceptions of native adolescents of the southwest. *Journal of sociology and social welfare*.
15. Luthar, s & Cicchetti, D & Beker, B. (2000). The construct of resilience: A critical evaluation and guideline for future work. *Child development* 71,543-562
16. Broudeur, MD.(2009).Assessment of Resilience and its protective factors in outreach volunteers.BA, saint Anselm college,2004.MA,Antioch university New England.

17. Scheier, M.F., Carver, C.S. and Bridges, M.W. (2001). Optimism, Pessimism, and psychological well-being. In E.C. Chang (Ed.), *Optimism and Pessimism* (pp. 189- 216). Washington, D.C.: American Psychological Association.
18. Baldwin, D.& et al. (2010). Resiliency and optimism: An African American senior Citizens perspective. University of Tennessee, Knoxville, TN, USA, *The journal of Black psychology*.
19. Theresa (2010). Optimism, Resilience and leadership-3 qualities to help move you Toward Greatness. <http://enzinearticles.Com/expert/=Theresa,Ezine@rticles>
20. Hass, M & Gradon, K. (2009). Sources of resiliency among successful foster youth, children and youth services. *Review*, volume 31, Issue 4, pages 457-463.
21. American psychological Association (APA). (2009). Resilience, sense of purpose in schools can prevent depression, anxiety and improve grades, According to research university of Pennsylvania.
22. Valle, MF. (2006). An Analysis of hope as psychological strength. Doctoral Dissertation, university of south California, Department of psychology.
23. Mehmet, OZ, Michael, Rosin. (2009). You have got to have to hope: study show "hope therapy" fights depression. Ohio state: university:
24. Snyder, C.R., Ritschel, L.A., Ravid, L.K. and Berg C.J. (2006). Balancing Psychological Assessment: Including Strengths and Hope in Client Reports. *Journal of Clinical Psychology* 62(1), 33 – 46.
25. Puskar, K. R., Sereika, S. M., Lamb, J., Tusaie-Mumford, K., & McGuinness, T.(1999). Optimism and its relationship to depression, coping, anger, and life events in rural adolescents. *Issues in Mental Health Nursing*, 20, 115-130
26. Khoshkharam, najmeh; golzari, mahmood. (2011). Effectiveness of hope therapy on increase of marital satisfaction and change of attachment insecure style in married university students. *Journal of applied psychology*, 84-96, summer of 2011
27. Hosseini haji bekandeh, nazok. (2011). Effectiveness of hope therapy on decrease of depression and anxiety in women newly divorced. M.A. thesis in psychology, Azad university, unit of science researches of Tehran
28. SheKarabi ahari, ghazaleh. (2011). Effectiveness of group hope therapy on the rate of hope and depression of mothers having cancer afflicted children in Tehran, M.A. thesis of psychology, Azad university, unit of science research in Tehran
29. Ghasemi, afshan. (2009). Effectiveness of group hope therapy based on Snyder's approach on the extent of joyfulness in the elderly. *Journal of knowledge and research in applied psychology*, no. 41
30. Bijari, h; ghanbari hashem abadi, b; agha mohammadian sherbaf, h; hamaie shandiz, f. (2009). Studying the effectiveness of group hope therapy approach on increasing hope in life in women afflicted by breast cancer. *Journal of educational and psychological studies of Ferdosi University*. 10th, no. 1, 2009
31. Lopez, S.J. and kerr, B.A. (2006). An open source approach to creating positive psychological practice: a comment on wong's strengths centered therapy. *Psychotherapy: theory, research, practice, training*, 43, 2, 147- 150.
32. Garbowski, L. (2010). Transformational leadership and the dispositional effects of hope, optimism, and resilience on governmental leaders. *Regent university united states- Virginia*, proquest, 123 pages: AAT 34257370.
33. Suzanne C. Segerstrom. (2010). Dispositional optimism and coping : A Meta -Analytic Review Department of psychology , University of Kentucky, SAGE journal online ,page1.
34. Grant, A.M. (2008). Does intrinsic motivation fuel the prosocial fire? Motivational synergy in predicting persistence, performance, and productivity. *Journal of Applied Psychology*, 93(1), p. 48-58.
35. Staats, S. (1986). Hope: Expected positive affect in an adult sample. *Journal of genetic psychology*, 148(3), 357-364.
36. Seligman, M.E.P. (1990). *Learned Optimism*. New York:
37. Sotudeh asl, n. (2009). Studying the relation between hope's power and life quality in patients suffering from hypertension in Isphahan. National congress of meaningfulness of life

#### Treatment protocol

First session: getting familiar with group members, statement of the rules and filling out the forms, a brief explanation about the theory of hope and hope therapy and its purpose, explanation of its goals and types, the necessity of having goals in life, the ways of reaching to the goals and the needed motivations for pursuing the goals.

Second session; talking about the feelings and thoughts and depicting the relation between thinking and feeling, statement of the relation between positive feelings and reaching to goals, explanation of the relation between negative feeling and not reaching to goal, ways of increasing will power by designing goals.

Third session: adjustment of concrete goals with regarding the end point, breaking big goals into smaller ones

Fourth session: statement of the two main domains of motivation and mental energy, explanation of self-talking and detecting their sources and teaching strategies for changing negative self-talking

Fifth session: statement of power of way finding for reaching the goals and strategies for strengthening the power of finding way.

Sixth session: talking about the extent of progress towards goals and reevaluation of goals, proving strategies for increasing the level of physical will force

Seventh session: talking about the obstacles in reaching the goals and proving some strategies for confronting with obstacles

Eights session; talking about relapse and failure and the re-implementation of the questionnaires for post-test

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