Investigating the Effectiveness of Positive Psychotherapy on the Quality of Life and Marital Conflicts of Mothers who have Physical-motor handicapped Children (Ages 5 to 12, Tehran)

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Abstract

The aim of the present study is to investigate the effect of positive psychotherapy on the quality of life and the marital conflicts of mothers who have physical-motor handicapped children. In order to achieve this aim, 40 mothers, who have handicapped children and are willing to cooperate, were selected and came to the center of exceptional school of disabled children. They were randomly divided into 2 experimental and control groups (each group 20 participants). The experimental group took participate in optimism training classes for 8 sessions. The control group didn’t receive any personal interventions. In this research, in order to collect data, in two phases of pre-test and post-test, WHO 26-item questionnaires in the field of marital conflicts and quality of life were used. The results of covariance analysis test showed the effectiveness of positive psychotherapy on mental health, social relationships, cooperation, emotional reactions and the attraction of children's support in mothers who have physical-motor handicapped children. In the overall, the results of the present research showed that the mothers who didn’t receive this treatment, have better quality of life and less marital conflicts.

Keywords: optimism training, quality of life, marital conflicts, physically-handicapped.
Introduction
In many societies, mothers usually play more active role in child care and also taking care of their sick children. According to some of the studies done in this field, mothers suffer from higher mental pressure than fathers and in these conditions; they are more vulnerable to depression. The prevalence of depression in mothers who have physical-motor handicapped children is more than mothers who have healthy children (Olson, 2001). According WHO definition, quality of life refers to the individuals' perception of their position in life in terms of culture, value system in which they live, goals, expectations, standards and priorities that are completely personal and are not visible to other people and are based on the individuals' perception of different aspects of their lives (Bonomi et, al. 2000).
In the other hand, positive psychology, as a new approach in psychology, concentrates on perception and description of jubilation, subjective feeling of welfare and also the exact prediction of factors influencing on them. This positive approach deals with the promotion of subjective feeling of welfare and jubilation instead of the treatment of disorders and defects. Therefore, positive psychology completes the traditional clinical psychology. Perception, understanding and clarification of jubilation and subjective feeling of welfare are the main topic of positive psychology (Seligman, 2005).
Elis et,al. (1989) mentioned that conflicts are a part of marital relationships and common life. And couples must learn to solve their conflicts in order to become prosperous. Conflicts are not always negative but the method that couples used for managing their conflicts may have negative effect on the relationship (Gotman and Silver, 1999).
In this regard, the parents who have mentally-retarded children and receive various pressures and anxieties are more ready for anger and aggression. The negative effects of conflicts such as anger, hatred, discomfort and fear in couple interactions are related to violence and clash (Bookvala et,al. 2005). Finally these parents need help in order to cope with these family problems, identification and acceptance of mentally-retarded children and the other problems in this field (Hosseini and Rezazadeh, 2002).
In order to solve the couples' conflicts and help the improvement of family health, different psychological interventions with a focus on family are introduced. The evidences showed the effectiveness of positive psychotherapy on the increase of couples' compatibility, prevention of depression symptoms and control of anger (Lesure, 2002 and Link & Sonnek, 2003).
Due to high prevalence of physical disorders in children and also the long-term effects of children's disability on children's life and specially parents' life, this research investigates the effectiveness of positive psychotherapy on quality of life and decrease of marital conflicts of mothers who have 5 to 12 year old physically-retarded children in Tehran 2015.
Review of the Literature

Quality of life

Historically, the concept of quality of life begins with the first life scale made by Karnofsky in 1969. WHO describes the quality of life as follow: the individuals' perception of the condition in which they live and the cultural background and value system in which they live and this perception is based on individuals' goals, expectations, standards and interests (Ghasemi et.al. 1390).


General quality of life has 4 parts: 1. Individuals skills (how much does the individual act destructively in the field of his/her health and appropriate use of time and social behaviors) that are judged by social standards. 2. Environmental quality that is judged by personal criteria such as climates and quality of housing. 3. The perceived quality of life is completely subjective, shows the individual's evaluation of his/her health and it is an arena of the interaction of concepts such as depression, the condition of positive and negative emotions and satisfaction of life (Toghiyani, 2011).

The Measurement of the Quality of Life

Although many tools are designed for the evaluation of the quality of life, these tools are based on different interpretations of quality of life.

Konrale (1965) mentioned that subjective criteria create problems in the evaluation of the quality of life because instead of judging about the quality of life, the individuals determine what is important for them according to their criteria. Dallkey et.al. (1972) believed that although the basic components of the quality of life is common for all people, the individuals' emphasis on them is different due to making comparison between them.

Campel et.al. (1976) investigated this issue by studying the quality of life in a sample of general population and mentioned that the components of quality of life is significantly influenced by personal characteristics, and they are strongly under the influence of criteria based on which they are judged.

By asking from general population and the individuals who have special diseases, the critics noticed the wide range of factors reflecting the difficulty of describing the important "things" in determining satisfaction, welfare and quality of life and emphasized on the difficulty of interpreting the subjective descriptions.
Even if subjective welfare won't be a sufficient criterion for evaluating the quality of life, each scale of the quality of life that does not consider if the individual is doleful and dissatisfied, it means that one important aspect is not certainly taken into consideration (Toghiyani, 2011).

**Marital Conflicts**

Different factors cause conflicts between couples. Some of these factors are the couples' ignorance of common life, their duties and roles, lack of mental maturity, inefficient relationships, conflicting values and imbalance of behavior (Ahmadi, 2003).

Baccom, Epstein & Laitelled 2002 cited in Khazaee 2006 listed the risk factors of couple relationships i.e. the factors of conflicts as follow:

1. **Poor Communications:**
   The interaction method of couples before or shortly after marriage can predict the future of their relationships.

2. **Personality Differences**
   In many cases although two healthy and balanced individuals live together, their relationship is not blissful. These individuals may be different from each other in terms of needs, personality and moral characteristics i.e. differences in experience and personality factors and also the background of each couples (Halford et, al. 2004).

3. **Some of the Similarities**
   Although the overall similarity of couples is a suitable factor for continuity of the relationship, some of these similarities can make problems in marital life. For example, the couples who are playful and indifferent towards duties and details of life, they will most probably face with unpaid bills and disorganization; but this issue happens when the couples don’t find any adaptive solutions for these properties.

4. **Mental Damage or Unsolved Issues**
   In addition to the expected and natural differences among couples, if one or both of the couples suffer from long term mental damage or unsolved issues, this source of disorder can make the relationship stressful. Social phobia disorder is an example in this field that strongly decreases the couples' opportunities for social interactions and journey and possibly results in unequal distribution of duties and responsibilities and also conflicts in a long term. It is also proved that the disorders such as depression and alcohol consumption and some of stressful disorders especially panic attacks and generalized anxiety are related to higher rates of marital problems.

5. **Mutual Interaction Processes:**
   Sometimes the couples have inefficient relationships and they need to learn the skills in order to effectively solve the problems and express the emotions. Although maladaptive interactions may be due to the lack of skill, in many cases couples become hopeless because of the failure to satisfy their needs. For example, the couples who have a tendency towards intimacy and his/her
tendency is not satisfied, he/she may behave weakly during the time. This problematic communicational behavior is not a lack of skill but a maladaptive response to unfulfilled personality needs.

6. Environmental Factors
Sometimes environmental crisis or continuous and abundant demands of people around us make specific conditions in which balanced couples also have to behave inappropriately. For example job and its essentials are incompatible with a time that couples allocated to each other. Sometimes, friends provide common activities and support that decrease the opportunity of being with your spouse.

7. Retaliation
The couples, who are inclined to respond negatively to a negative behavior and respond positively to a positive behavior, placed in this conclusion; notwithstanding the factors contributing to primary conflicts, when one or both of the couples become unsatisfied with the relationship, a self-continuous behavior is made which is inclined to continue the problem. This issue happens in emotional-cognitive-behavioral aspects. In terms of behavior, this issue can be observed in conversations in which the husband talks to his wife in a bad way and his wife also responds to him negatively, in terms of cognition, when a wife feels that her husband is not in a good mood, she makes a negative judgments about her husband's behavior. In terms of feeling, when the couples behave negatively, they reach to a negative thinking about each other; each of them may create negative feelings and emotions toward hi/her spouse. Then, these negative feelings increase the possibility of the next negative behavior and cognition. In addition to the above factors, we can point to other factors such as beliefs and illogical feelings which can be a source of early conflicts among couples. Incorrect beliefs in the fields of the importance of relationship, the importance of family, friends and gender roles, decrease satisfaction and increase conflicts.

The Development Phases of Marital Conflicts
When couples are continuously unsuccessful in solving their problems, it is possible that they reach to a high degree of conflicts, in the overall the development phases of marital conflicts include 4 phases (Yousefi, 2012).

1. The first phase: in this phase the conflicts are low and it is usually observed in couples married for a short time. These conflicts usually don’t last more than 6 months and don’t have an important role in the relationship. Most of these couples are in the pre-treatment phase but they respond to psychological treatments and because there is no meaningful anger, they can absorb information for change.

2. The second phase: in this phase the couples continuously experience chronic conflicts more than 6 months. The relationships between couples are open. So both of them can express their dissatisfaction but the blame and triangulation increase in this phase. Although the couples spend
some times with each other for recreation, visible reluctance is observed between them. The couples possibly represent tracker-avoidance or reminiscent- runaround or father- interaction patterns of children (Yousefi, 2012).

3. The third phase: in this phase the couples show severe conflicts which last more than 6 months and include periods of severe stress. Blame and contempt are completely visible in this phase and anger and control are the primary topics of these couples. In this phase the couples try to decrease the conflicts and use problem-solving skills in their relationships.

4. The fourth phase: in the fourth phase the property of couples is that they have the most degree of tension in every aspect of their relationships i.e the relationships are weak and there is no fight over power, high blame, severe criticism and self-disclosure and triangulation that may be in a form of lawyer is visible (Yousefi, 2012).

Positive psychotherapy
In the last 50 years, the clinical psychologists' efforts were concentrated on the treatment of defects and elimination of disabilities but positive psychology emphasized on the increase of jubilation and health and the scientific study of the role of personal abilities and positive social systems in promotion of optimal health (Kar, 2006). Positive psychology continuously seeks to identify and clarify welfare and subjective feeling of welfare and predict them. The main topic of this new field of psychology is to promote the individuals' welfare and identify the positive aspects of individuals and reinforce them in order to prevent and improve mental health and also treat the problem and disorder. Therefore, some of the researchers consider mental health as the equivalent of mental jubilation (Kar, 2003).

Positive psychology, as a scientific and aggressive act, emphasizes on the perception and explanation of jubilation and mental health and the prediction of the factors influencing on these moods. Positive psychology, as a positive effort, is a complement of traditional clinical psychology not its alternative (Kar, 2006).

Life is full of unlimited wealth and blessings. All humans have a right and option to become successful in life and live with jubilation and exhilaration but achieving happiness, jubilation and success in every field only depends on the individuals' effort. The individuals can only provide their base of success and jubilation or sorrow and failures. How is it that a few people feel happiness and bliss, while a lot of people are dissatisfied? In the overall, every person interprets and justifies the events and external suggestions due to their beliefs and insight. Indeed, the reality of everything originated from human's thoughts and mind i.e. human is a figment of his thoughts. Indeed, you are the one whom you think about it; this is our mind that makes us successful and powerful or acts conversely.

Psychologists believe that our thoughts and opinions make our quality of life. These are the thoughts that result in our success and failure, health and disease, happiness and misfortune.
Humans feel the sense of happiness, health and peace through positive thoughts and feel the sense of failure, misfortune, disease, misery and pessimism through negative thoughts. Abilities, self-confidence and self-esteem are strongly increased through positive thoughts, while disabilities, humility and inferiority complex are increased in humans through negative thoughts. Therefore, the individuals will suffer from many of the mental and physical diseases. Unfortunately, most of the people unconsciously use their energies against themselves through repeating the experienced thoughts and cause misfortunes (Vinsent pill, translated by Tamaddon, 2010).

**Research Hypotheses:**
1- Positive psychotherapy is effective on the quality of life and its components of mothers of physical - motor handicapped children between the ages of 5 to 12 years old in Tehran in 1394 solar year (2015).
2- Positive psychotherapy is effective on the marital conflicts and its component of mothers of physical - motor handicapped children between the ages of 5 to 12 years old in Tehran in 1394 solar year (2015).

**Research Methodology:**
The current study is a semi-experimental study from the kind of pre-test post-test methods with control group; and this plan is observable as following by using signs:

**Table 1: plan of the preliminary and final tests with control group without using random selection**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Pre-test</th>
<th>Independent variable</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>1t</td>
<td>X</td>
<td>2t</td>
</tr>
<tr>
<td>Control</td>
<td>1t</td>
<td>-----</td>
<td>2t</td>
</tr>
</tbody>
</table>

Also in this study, the preliminary test or pretest was done for both of the control and experimental groups and with observing the similarity of groups (not becoming significance of the calculated t in each group), the independent variable entered the experimental group and finally, during 8 sessions of positive psychotherapy, the experimental group was trained and no training was done for the control group.

The statistical society of this study includes all mothers of the physical - motor handicapped children between the ages of 5 to 12 years old in Tehran in 1394 solar year (2015). The statistical ample of this study includes 40 mothers and sampling was in the form of the available sample with random assignment.

Marital Conflict Questionnaire (MCQ) of Dr. Baqer Sanaei and the quality of life questionnaire of the World Health Organization with 26 questions (WHQQL-BREF) were used in order to collect data.
Data collection is accomplished with the direct presence of the researcher; so that, after obtaining consent of the head of the disabled exceptional center, the applicant mothers responded to the questionnaires of the marital conflicts and quality of life in a class-like situation and 20 people were randomly selected as the experimental group and 20 others were selected as the control group. There were 8 therapy sessions which were implemented according to the protocol of positive therapy (Seligman& Rashid, 20080. It focuses on positive relationship, gratitude, forgiveness, positive emotion, using of character strengths, planning the positive future and thankful letter. Post-test was accomplished in the last session. Kolmogorov-Smirnov test was used in order to analyze the research hypotheses and check the data distribution normality; Box test was used to investigate the equality of covariance matrix and Levene’s test was used to check the similarity of the variances.

**Data Analysis:**

**Data Normality:**

**Table 2: Kolmogorov-Smirnov test to check the data normality**

<table>
<thead>
<tr>
<th>Variable</th>
<th>P</th>
<th>Kolmogorov-Smirnov Z</th>
<th>Standard deviation</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>0.317</td>
<td>59.1</td>
<td>5.44</td>
<td>18.34</td>
</tr>
<tr>
<td>Social relationship</td>
<td>0.219</td>
<td>86.0</td>
<td>2.31</td>
<td>8.85</td>
</tr>
<tr>
<td>cooperation</td>
<td>0.185</td>
<td>0.69</td>
<td>3.67</td>
<td>13.16</td>
</tr>
<tr>
<td>Emotional reaction</td>
<td>0.461</td>
<td>0.82</td>
<td>5.73</td>
<td>18.44</td>
</tr>
<tr>
<td>Drawing children’s support</td>
<td>0.374</td>
<td>1.21</td>
<td>4.75</td>
<td>14.23</td>
</tr>
</tbody>
</table>

As it was shown in table 2, the p value of all of the variables is higher than the critical value of 0.05; therefore, all five studied cases have normal distribution and parametric tests can be used.
Table 3: the results of Levene’s test in the equality of variances of the scores of quality of life and marital conflict variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Significance level</th>
<th>Freedom degree of denominator</th>
<th>Freedom degree of numerator</th>
<th>F statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>0.53</td>
<td>38</td>
<td>1</td>
<td>0.059</td>
</tr>
<tr>
<td>Social relationship</td>
<td>0.57</td>
<td>38</td>
<td>1</td>
<td>0.432</td>
</tr>
<tr>
<td>cooperation</td>
<td>0.68</td>
<td>38</td>
<td>1</td>
<td>0.477</td>
</tr>
<tr>
<td>Emotional reaction</td>
<td>0.69</td>
<td>38</td>
<td>1</td>
<td>0.074</td>
</tr>
<tr>
<td>Drawing children’s support</td>
<td>0.56</td>
<td>38</td>
<td>1</td>
<td>0.144</td>
</tr>
</tbody>
</table>

As it can be deducted from table 3, the Levene’s test indicates that one of the defaults of using multivariate analysis of covariance test, i.e. the equality of variance is higher than 0.05 in all variables of the study and this shows observing the defaults.

The first hypothesis: Positive psychotherapy influences the quality of life components of mothers of physical- motor handicapped children.

Table 4: the results of test of significance of multivariate analysis of covariance (MANCOVA)

<table>
<thead>
<tr>
<th>Group</th>
<th>P</th>
<th>F</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillai’s trace</td>
<td>0.001</td>
<td>6.438</td>
<td>0.654</td>
</tr>
<tr>
<td>Wilks’ lambda</td>
<td>0.022</td>
<td>3.256</td>
<td>0.321</td>
</tr>
<tr>
<td>Hoteling trace</td>
<td>0.031</td>
<td>4.736</td>
<td>3.283</td>
</tr>
<tr>
<td>Roy’s largest root</td>
<td>0.002</td>
<td>3.322</td>
<td>2.543</td>
</tr>
</tbody>
</table>

Regarding to the obtained results in table 4, pillai’s trace with the value of 0.654 and significance level of P < 0.001, Wilks’ Lambda with the value of 0.321 and the significance level of P < 0.022, Hoteling trace with the value of 3.283 and the significance level of P < 0.031 and the Roy’s largest root value of 2.543 and the significance level of P < 0.002 are significant. This significance indicates that the independent variable is at least influential in one of the components of the quality of life.

Multivariate analysis of covariance related to the two components of mental health and social relationship has been shown in table 5.

Table 5: Multivariate analysis of covariance for investigating the effect of the positive psychotherapy on the components of quality of life

<table>
<thead>
<tr>
<th>Variable</th>
<th>Source</th>
<th>P</th>
<th>F</th>
<th>MS</th>
<th>df</th>
<th>SS</th>
<th>Observed power</th>
<th>Eta coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>Group</td>
<td>0.015</td>
<td>0.07</td>
<td>37.34</td>
<td>1</td>
<td>37.34</td>
<td>0.063</td>
<td>0.012</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td></td>
<td>291.43</td>
<td>31</td>
<td>3267.34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>40</td>
<td>18832</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Group</td>
<td>0.037</td>
<td>2.80</td>
<td>44.62</td>
<td>1</td>
<td>44.62</td>
<td>0.246</td>
<td>0.108</td>
</tr>
</tbody>
</table>


relationships

<table>
<thead>
<tr>
<th></th>
<th>Error</th>
<th>17.25</th>
<th>31</th>
<th>278/84</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
<td>9231</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regarding to the data of the table 5, it is determined that the positive psychotherapy has created a significant difference between the two experimental and control group in the aspects of mental health (0.015) and social communications (0.037).

The second hypothesis: positive psychotherapy influences all aspects of the marital conflict of the mothers of children with mobility impairment.

**Table 6: the results of the test of significance of multivariate analysis of covariance (MANCOVA) on the mean of scores of the marital conflict component**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pillai’s trace</th>
<th>0.001</th>
<th>4.784</th>
<th>0.538</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilks’ lambda</td>
<td>0.003</td>
<td>5.856</td>
<td>0.311</td>
<td></td>
</tr>
<tr>
<td>Hoteling trace</td>
<td>0.001</td>
<td>4.443</td>
<td>3.042</td>
<td></td>
</tr>
<tr>
<td>Roy’s largest root</td>
<td>0.03</td>
<td>3.854</td>
<td>2.256</td>
<td></td>
</tr>
</tbody>
</table>

Regarding to the obtained results in table 4, pillai’s trace with the value of 0.538 and significance level of P < 0.001, Wilks’ Lambda with the value of 0.311 and the significance level of P < 0.003, Hoteling trace with the value of 3.042 and the significance level of P < 0.001 and the Roy’s largest root value of 2.256 and the significance level of P < 0.03 are significant. This significance indicates that the independent variable is at least influential in one of the components of the marital conflict.

Multivariate analysis of covariance related to the aspects of marital conflict has been shown in table 7.

**Table 7: Multivariate analysis of covariance for investigating the impact of the positive psychotherapy on the components of marital conflicts**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Source</th>
<th>SS</th>
<th>P</th>
<th>F</th>
<th>MS</th>
<th>df</th>
<th>The observed impact</th>
<th>Eta coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperation</td>
<td>Group</td>
<td>64.79</td>
<td>0.012</td>
<td>8.23</td>
<td>64.79</td>
<td>1</td>
<td>0.682</td>
<td>0.274</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>179.54</td>
<td>9.79</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>7954</td>
<td></td>
<td></td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional reactions</td>
<td>Group</td>
<td>23/58</td>
<td>0.009</td>
<td>6.17</td>
<td>23.58</td>
<td>1</td>
<td>0.453</td>
<td>0.107</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>179.009</td>
<td>8.52</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8596</td>
<td></td>
<td></td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absorbing children’s support</td>
<td>Group</td>
<td>34.90</td>
<td>0.008</td>
<td>6.76</td>
<td>34.90</td>
<td>1</td>
<td>0.648</td>
<td>0.114</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>83.92</td>
<td>3.99</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8507</td>
<td></td>
<td></td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Regarding to the data of table 7, it is determined that the positive psychotherapy has created a significant difference between the two control and experimental groups in the components of cooperation (0.012), emotional reactions (0.008), and gaining children’s support (0.009).

**Discussion and Conclusion:**

The first hypothesis:

The obtained results indicate that the positive psychotherapy influences the aspects of quality of life (mental health and social relationship) of the mothers of physical-motor handicapped children.

From the consistent researches, we can refer to the results of the studies of Mo’meni et al. (2014) under the title of *The Effectiveness of educating tolerance on the elevation of the quality of life and mental health of mothers of children with learning disorder in Behshahr township*, Qolami Heydar Abadi et al. (2013) under the title of *The study of effectiveness of reality therapy education and positive thinking (optimism) in increasing hardiness of mothers of blind children*, Hakimi Tehrani et al (2012) under the title of *The effectiveness of emotional security education on the marital conflicts and mental well-being of the married women in city of Isfahan*, Kaveh et al. (2011), Ebadi & Faqhi (2010) under the title of *Investigation of the effectiveness of the optimism education in increasing the life expectancy in the women without husbands in city of Ahwaz with emphasizing on Quran* and the study of Kaveh et al. (2011), Soudani & Shafi’ Abadi (2008).

Scientists have believed that happiness and satisfaction are two major features of the quality of life and the domains which have been mentioned can be considered as the factors influencing these two characteristics. In fact, this group of theorists know the quality of life as an cognitive experience which is indicated by “satisfaction” from the main aspects of life from the viewpoint of the same person and also an emotional experience which appears by “happiness”.

Optimist people emphasized on the important communications more and one the work and causal communications and solved the marital conflicts which had been remained unsolved for years. Also, they were more tolerant than the others (Work, 2004; translated by Pasha Sharifi and Najafi Zand, 2002).

The factor of positive relationship is the best antidote and cure for the life’s ills and the most credible factor for progress in life. The results of the positive psychology research indicate that kindness and affection against the others makes the most temporary increase in the mental health and well-being. Happiness and satisfaction from life exist in all areas of positive communications (Ben Nick, 2012; translated by Khamseh, 2015).

Hence, positive psychotherapy is able to increase the quality of life and happiness in mothers and provide a network of social supports for them through improving the social communications.
The second hypothesis:

The obtained results indicate that the positive psychotherapy effects on the aspects of marital conflicts (cooperation, drawing children’s support and emotional reactions) of mothers of physical - motor handicapped children.

From the consistent researches, we can refer to the results of the study of Hakimi Tehrani et al. (2012), Soudani and Shafi’ Abadi (2008), Qalili et al. (2006), Joaning (2009), Jena Abadi (2011) under the title of The effectiveness of the marital counseling on the reduction of the marital conflicts of parents of children with mental disabilities referring to the Welfare Center of city of Zahedan, Sedaqat Nezhad (2011) under the title of The impact of communication skills training on the reduction of marital conflicts and increase in its satisfaction, Yalsin & Karahan (2007), Parvar (2012) under the title of The effectiveness of the positive consulting training on the reduction of risky behaviors among the boy students in first year of high school in the city of Kermanshah, area 3, Jena Abadi (2011), Sedaqat Nezhad (2011), Soudani & Shafi’ Abadi (2008), Qalili et al. (20006) under the title of The impact of training effective dialogue on the marital conflicts, Joaning (20090 under the title of the long-term impact of training marital relationship in the couples with conflicts, Yalsin & Karaham (2007), and Johnson et al. (2005).

By helping the people in order to recognize their abilities and optimum use of them in order for changing and elevating the current conditions, positive psychotherapy provides conditions for mother to be able to achieve a more desirable situation with the help of the existing facilities and cooperating with the others. Also their compatibility increases by using their abilities.

Triangles have been formed at the time of a large distance between two persons and the third person has entered the system in order to maintain its stability (Zahrakar & Ja’fari, 2015). Making triangles occurs because it is hard for each of the two persons involved in the relationship to focus on themselves and take step in a person to person relationship (Care, 2008; quotedby Zahrakar and Jafari, 2015).

As one of the indices of marital conflict, gaining children’s support has significantly decreased in this study. From the activities which have been considered in the positive psychotherapy was appreciation and forgiveness among couples; this factor will cause the couples to benefit from each other’s emotional support.

Fincham & Stone (2004) also investigated the impact of impunity on solving the conflicts of couples and it was determined that it has an effective relationship with solving the couple’s conflicts.

The reactions without thinking and usually based on the emotional reactions are from the features of the marital conflicts. When these mothers are exposed to the positive psychotherapy, they educate the ability of controlling these emotions.
Research suggestions

1. Since the occupation of mothers, economic conditions and financial welfare and the social support of family and the number of children can be influenced by the kind of couple’s relationship, it is recommended to investigate this variable in the future researches.

2. In addition to the mothers and their husbands, positive therapy can be influential on the various aspects of children. It is recommended to study components such as self-efficiency, quality of life and happiness and the motivation of progress in the children, too.

3. Regarding to the fact that the efficiency of therapy can have different outcomes under the influence of the personal characteristics of mothers and fathers, these variables are recommended to be studied as the research variables.
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