

## The Study of Efficacy of Cognitive Therapy Basis on Positive Psychology on Subjective Well-Being

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### Abstract

*The purpose of this research is to study the effectiveness of Michael Firsch's new method containing cognitive therapy and positive psychology on subjective well-being. The method was semi-experimental with pretest, post test and control group. The population were 40 referees who were selected by voluntarily sampling and set in two groups of experimental and control by random. The experimental group had been trained Firsch's education in cognitive therapy and positive psychology in 8 sessions (each 120 minutes) but the control group did not. At last both groups had post test. It is used Oxford happiness questionnaire. The T-test showed there is a significant difference between subjective well-being scores between two groups in post test ( $P < 0.001$ ). This means that cognitive therapy and positive psychology is effective on subjective well-being.*

**Keyword:** Subjective Well-Being, Cognitive Therapy, Positive Psychology, Life Satisfaction

### 1. Introduction

From a historical viewpoint, philosophers in ethic theories especially epicure approaches have broadly explained the concept of happiness and subjective well-being. Diener studied subjective well-being and its structures in psychology for the first time in 1980 and replaced it with happiness (Diener, and Lucas, 2002). Diener (1993) relates subjective well-being to individuals' life assessment. He believes when a person has high subjective well-being that experiences life satisfaction a lot but low undesirable emotion. In opposite, a person has low subjective well-being who is not happy with his/her life, generally experiences negative emotion such as anxiety and anger and also have low pleasure (Diener, 2002). According to Csikszent Mihalyi, Diener refers to activity theory in well-being and he knows it like personality function and general attitudes to conditions and environment (Eid, 2008). Subjective well-being has two components, cognitive and affective. The cognitive dimension means individuals' cognitive assessment of life satisfaction and affective dimension means maximum positive affect and minimum negative affect. Well-being cognitive and affective components are related to each other and their correlation is from 0.8 to 1 (Eid, 2008).

In cognitive well-being, the distinction is based on emphasizing top-down models or down-up models. In down-up models, it is believed that satisfaction in some domains of life such as job and marriage is followed by life satisfaction as a whole. But in top-down model, it is believed that a person can experience general life satisfaction without satisfying in one domain such as job (Eid, 2008). In affective well-being, Beradbeurn (1976) introduces three types of independencies between positive and negative affect: structural independence, causal independence and momentary independence. It means that a person can experience different positive and negative emotion in a specific time and these emotions have various reasons and refers to positive and negative affect relationship in a time (Eid, 2008; Lueas, 1996). Argyle (2001) believes that subjective well-being means being in happiness or other positive emotion or satisfaction in life and loss of depression, anxiety or other negative affect. In subjective well-being definition, it is noted to three dimensions:

1- life satisfaction, 2- maximum positive affect, 3- minimum negative affect.

Researchers and theoreticians in human and life sciences tries to introduce resources and factors affected on subjective well-being.

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They can be discussed in cultural, religious, economical, social, physical and psychological factors. In psychological factor, we can refer to personality and its dimensions, cognitive styles, optimism, happiness, satisfaction and psychological health (Larson and Diener, 1993; Deneve and Cooper 1998). In physical factors, health, eating, drinking, sleeping, resting, sexual activities and sport are important (Maroukalis and Zervas, 1993). In social factor, it is referred to success, social confirmation, social and friendly relationships, family, love and intimacy (Mayers, 1999).

In economical factors and resources, job, income, wealth, social welfare, economic development and national income growth (Murphy and Atanoso, 1999). Religious factors including deep faith, religious beliefs, doing religious rituals, worshipping, praying, being present in religious places, close feeling to God and having friendly image of God (Polner, 1989). The importance of well-being is shown in different studies. The satisfied and happy individuals experience more positive emotions and assess their environment positively (Ositer, 2000), they have higher control, their education success and life satisfaction are more (Vanessa, 2010), they are healthier and more creative (Diener, 2003). Frisch believes that humans' most important scientific challenge is the study of individuals' well-being and its improvement after technology, medicine and wealth (Frisch, 2006). Therefore new therapies must concentrate on life quality change and improvement and also on increasing individuals' abilities and life satisfaction because happiness and depression (positive and negative affect) are not opposite poles of a continuum and by negative mood therapy, it does not lead us to happiness and life satisfaction automatically (Joseph and Lindley, 2006). Therefore, they are used different methods to increase well-being in different researches.

Quality of life therapy, by Frisch (2006), is a new therapy in positive psychology which is created for subjective well-being, life satisfaction increase, and psychological disorders therapies such as depression in life. It has been combined of Beck's cognitive approach and Seligman's positive psychology in 16 domains for clinical and nonclinical groups. The target groups are both individuals with different disorders like depression and healthy ones who want to experience higher well-being, psychological health and better life quality (Frisch, 2006). The present research studies Frisch's new approach, quality of life therapy, to intervene in subjective well-being. He believes this therapy like other positive psychotherapies wants to study and increase human's happiness and well-being through their abilities and better life quality. QOLT tries to integrate and use the newest researches and theories related to happiness and positive psychology. In this approach, some principles and skills are their needs, goals and wishes in life important and valuable domains.

These domains are: 1- physical health, 2- self-esteem, 3- goals and values, 4- job, 5- money and economics, 6- play and fun, 7- learning, 8- creativity, 9- helping, 10- love, 11- friends, 12- children, 13- relatives, 14- house and neighborhood, 15- community, 16- spouse, 17- life as a whole.

The purpose of this approach is to increase occupational self-help and prevent burn-out. Here, life satisfaction refers to our subjective assessment of satisfying important needs, goals and wishes. Therefore the distance between what we have and what we like to have, determines the level of satisfaction and dissatisfaction in our life. Frisch (2006) believes that this therapy like other positive psychotherapy wants to study and increase humans' happiness and well-being through their abilities and better life quality. In other words the purpose of QOLT is subjective well-being and life satisfaction in a 5-ways models (CASIO). It (CASIO) is of:

- 1- objective characteristics or circumstances of a domain.
- 2- a person's attitudes, perception or interpretation of a situation in a domain.
- 3- personal assessment of satisfied feeling in a domain based on standards of fulfillment.
- 4- the importance and values related to happiness or health given to a domain.
- 5- overall satisfaction in other life domains which are not of necessity.

It is presumed that overall satisfaction is gained by each domain satisfaction.

This model helps clients to increase their satisfaction and subjective well-being. Also it gives some principles to rise up subjective well-being. These principles are of concepts, attitudes, skills, power points, schemas and positive beliefs which help to improve life happiness and stable satisfaction. Here, Sanjuan showed life satisfaction and positive adjustment characteristics can predict emotional maladjustment (depression and anxiety) in men with heart disease. Sald in his research emphasizes on positive psychology approach related to medical services and education for employers.

Since these therapies are new, important and necessary, QOLT approach wants to increase human's happiness and subjective well- being.

## 2. Methodology of research

### 2.1 Design

It is a semi- experimental research with two groups of experimental and control. They both had pretest before the intervention and post test after the sessions. Independent variable was cognitive therapy and positive psychology and dependent one was well- being. The population were those referred to a private counseling center in summer 2011. The sample was 40 individuals who were selected randomly. To choose the sample, it is published an advertisement "Happiness and Life Satisfaction Workshop" in a newspaper. They were asked to register by a telephone number .54 individuals called but after a while 7 did not cooperate, again 3 were omitted because they did not have the criteria (diploma, at least). 44 individual were volunteer to attend, 22 were randomly set in experimental group and 22 in control one. They both had pretest but the sessions for experimental group were held after one week.

OOLT was 8 sessions, each 120 minutes. After 2 sessions, 2 individuals in experimental group changed the decision and went out, also in control group 2 did the same after post test. At last it is continued with 20 individuals after the last session, again both group were assessed.

### 2.2 instruments

Oxford happiness questionnaire was used to assess subjective well- being. It is prepared by Argyle and Lu (1990) and has 29 subjects. The questions are multiple choices with 0-3 scores. Therefore, the maximum score is 87. Its reliability and validity is measured in different researches. For example, Argyle and Lu assessed its reliability in 347 examinees by Alpha Cronbach and found 0.90. Also Alipoor and Noorbala (2000) did the same on 132 individuals, found 0.93. Its validity is reported in various studies (Hills, Argyle, 2001 and Farnham, Chon,1999). Feranses pointed out to the significant correlation of 0.52 and Bayan: (2006) 0.65 between this questionnaire results and Beck's depression questionnaire.

In addition to, Alipoor, Noorbala (2000), Jafari, Abedi and Liaghatdar. Confirmed its face validity.

### 2.3 Interventive plan

#### The outlines of therapy sessions of QOLT

<b>Session 1</b>	attendants' introduction, group rules, the goal and introduction of education course, individual's commitment to attend in all sessions, introduction of life quality, life satisfaction, happiness, then pretest and feedback.
<b>Session 2</b>	Review of previous session, QOLT definition, the introduction of life quality dimensions, the members familiarity with life tree, their problems discovery, summarizing and feedback.
<b>Session 3</b>	Review of previous session, the introduction of 5 roots, starting one dimension, the introduction of life circumstances as the first strategy and its usage in life quality dimensions.
<b>Session 4</b>	Review of previous session, discussion about 5 roots attitude introduction as a second strategy and its usage in quality of life dimensions
<b>Session 5</b>	Review of previous session, discussion about 5 roots, standards introduction, priorities, satisfaction change as a third, forth and fifth strategies to increase life satisfaction, life quality principles education.
<b>Session 6</b>	Review of previous session, discussion about life quality principles, presenting principles and its usage to increase satisfaction.
<b>Session 7</b>	Review of previous session, following principles discussion, talking about relationship domain and its usage.
<b>Session 8</b>	Review of all sessions, summing up and generalizing 5 roots in life different situations and finally principles usage in life different dimensions.

## 3. Findings

Table 1 shows mean and standard deviation of subjective well- being scores in both groups of experimental and control (pre test and post test).

**Table 1 :mean and standard deviation of subjective well- being scores in both groups of experimental and control (pre test and post test).**

Group	Pre test		Post test	
	Mean	Standard deviation	Mean	Standard deviation
Experimental	38.18	1.86	43.12	1.54
Control	38.12	1.85	38.43	1.89

As it is seen the mean and standard deviation of subjective well- being in pre test are: experimental group 38.18, 1.86 and control group 38.12, 1.58. In post test are: experimental group 43.12, 1.54 and control group 38.43, 1.89. It means subjective well- being means in post test of experimental group is increased. In present paper independent T- test is used to test research the subjective well- being scores.

Also we could not use covariance analysis, because regression slope between pretest and posttest in two groups were not the same (Giles, 2002). The results are shown in Table 2.

**Table 2: independent T- test on minus of pre test and post test scores in 2 groups**

Group	Mean difference	Standard deviation	Mean difference	df	T	significant
Experimental	-4.93	0.68	-4.62	38	-12.59	0.000
Control	-0.31	1.30	-0.99			

As it is seen, scores differences mean of pretest and post test is -4.62 which shows mean increase of post test to pretest. But in control is -0.99 which shows a little increase in post test.

Therefore, the experimental group showed subjective well- being increase that means cognitive therapy and positive psychology (QOLT) are effective on subjective well- being increase .

#### 4. Discussion

Since the purpose of this paper was the investigating the efficacy of cognitive therapy basis on positive psychology (QOLT) on subjective well- being, the results showed that there was a significant difference between two groups mean scores in posttest. It means that this therapy affects subjective well- being. Frisch's method is a new one in positive psychology. In attention to theoretical literature and the related researches, it seems this method therapy can increase individuals' subjective well- being. Of course, there is not any research to show Frisch's method effect on subjective well- being, but in similar researches on QOLT, the following results have been found.

QOLT is a combination of cognitive therapy and positive psychology which is congruent with the last listing of Beck's cognitive therapy ,depression cognitive therapy and psychological pathology. QOLT is an approach to increase satisfaction and subjective well- being in life. The purpose of this therapy is to increase subjective well- being, in spite of various problems to gain satisfaction. Howell, Keren and Lyubomirsky studied 150 related articles and showed well- being on short term and long term consequences of health, diseases control and syndromes. Because higher well- being not only leads individuals to better health functioning but also strengthens immune system response and helps them to tolerate aches and better psychological response to diseases. It emphasizes on a general view of life in which each intervention stage relates to the client's life total purposes in life valuable domains. In the way that they see direct relationship between one intervention or house homework and their needs, aims and wishes.

This is congruent with LyuboMirsky, Sheldon, Schkade and Elyvet (1999) studies which emphasizes the interventive effect on subjective well- being increase. Also, assessing and conceptualizing the clients' problems and their abilities need a general view which is based on functioning in 16 domains of life with any kind of psychological, physical problems, disorders and disabilities. This approach is a logotherapy which helps client to find meaning for their health and happiness at the present time and in the life as a whole. Also Nasiri and his colleagues (2009) showed a positive correlation with depression. Meaningful life can increase happiness and life satisfaction.

In other word, with hope meaningful life can indirectly increase happiness and life satisfaction. Other evidences show those who find meaning in stressful and challenging situation, experience low negative affect and high life satisfaction. It means that meaningfulness can have high effect on life satisfaction rather than positive affect. It causes people to challenge with social integrative activities and meaningful relationships to increase their life quality (Huges, 2006).Also Ballew (2011) showed spiritual activities can decrease psychological well- being in individual with chronic disorders and control them.

This approach has created a plan and framework to add positive psychological theories and interventions to negative traditional or psychological clinical activities. This approach has combined positive psychological finding and QOLT theory about life satisfaction to Beck's cognitive theory of depression and pathology. Sin and Lyubomirsky (2009) Showed that positive psychotherapies can increase subjective well- being. Michell, Stanimirovice and Klein (2009) studied the comparison between positive psychotherapies with problem- solving oriented psychotherapy and placebo receiver groups and explained that although positive and negative affect did not change during the time, positive psychotherapy has increase examinees' well- being.

Lyubomirsky and Delaporta (2008) believed that long- term subjective well- being is related to environmental factors like recreation, activity with children, optimistic thought practice, appreciation exposure of him/ her self and others. On the other hand ,Frisch's 5- way models (CASIO) and its principles and a therapeutic technique tries to enrich life 16 dimensions and expand these activities and behaviors.

This research has some limitations: Since the population are those referring to counseling center, for generalizing to the whole society we must be cautious. This research is not a longitudinal study and the sampling was based on availability. It is suggested to do more researches in this relation.

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