A Comparative Study of Group Consultation Regarding the Effectiveness of Reality therapy and positivism approaches on Increasing Hardiness and Happiness of Mothers with Blind Children across Theran

Zahra Gholami Heidarabdi¹, Shokooh NaVabinejad², Abdollah shafiabadi³, Ali Delavar⁴

ABSTRACT: The current research is intended to study comparatively the separate effects of reality therapy and positivism approaches on increasing happiness and hardiness in mothers with blind children. The statistical Community includes the mothers with blind children across Tehran. The sample includes 45 mothers who were selected by targeted sampling and based on their scores through oxford’s happiness and Kubasa’s hardiness questionnaires. They were randomly replaced in three groups of 15 mothers (Two experiment group and a Control group). A sub experimental research method was applied. Covariance analysis test was to analyze data. The results showed that both approaches affect mothers’ happiness and hardiness. positivism affected more on mothers’ hardiness that the reality therapy method.

Key words: Reality therapy, positivism, Hardiness, happiness.

INTRODUCTION

Psychology of exceptional children is a branch of psychology discipline. It includes definitions of all the issues in relation to the exceptional children which involve bright children, mentally retarded children, blind or low vision, deaf or hard of hearing children, and children with speech disabilities, motor disabilities. In addition, it includes all the definitions and literatures on prevention, recognition and education of these children. (Kauffmann, 1998, quoted by Maher, 2010). Since 1990, many studies have been done which indicate the stressors in the life as factors clarifying the signs of diseases and physical and psychological problems (Kobasa, 19799) Family is a social system which could be totally disordered if one of its members experiences a disorder. This disorder system can create severe disorders in relation to its members while it can create new problems. Thus, disability of a child can influence negatively on all the family members and its different functions while also affecting the individual members of the family especially the parents and the mothers as they hug unexpectedly their blind children and they experience stress and anxiety from disbelief together with not accepting this reality (Shojaei, 2011). Frustration and gone with the wind dreams all will apply such pressures on the parents which can destruct a family’s peace and calmness. In addition, it can make the family members stressed with higher psychological pressures on the parents and other members of the family. Also, their mental health, compatibility and welfare will be affected and they might be frustrated and family and individual isolation while this pressure is emerged in various shapes of stress in the parents (Otorinia 2009) some of the parents are compatible well while some others experience stress. It seems that personality differences can lead to various reactions against the stressors.

Thus, individuals with higher hardiness and tolerance against the problems can control their lives better and they may face situations with more anxiety and consider it as an opportunity to reach important achievements. In fact, hardiness involves special fighting methods which serve as buffers against stressors and enable the individual to solve his or her problems by having access to helpful strategies together with having optimistic view point (Crowley et al, 2003). Among various methods of problem solving for hardiness and happiness of mothers with blind children, it seems that reality therapy and positivism com be good methods, hence, these methods have been applied in this research to solve the problems of mothers with blind children.

In reality therapy, accepting reality, accepting responsibility, moral justification about the correct or incorrect affairs. Given the fact that in this perspective, identity equals to personality, and these mothers are mostly
disappointed and feel failure and depressed, the therapist. Helps them according to the therapy principles of reality therapy. At first stage, she needs to understand the reality of life. Next, she needs to learn how to accept responsibilities so that she can be successful to gain her identity there for, she must know that she is responsible for satisfying her needs and reaching a successful identity. She can be successful only when she tries hard while also learning good behaviors. (Sommers, 2009) thus, the counselor helps the client evaluate. Her behaviors. Then, she can satisfy her basic needs and she can also reach her successful identity. Therefore, realistic plans should be regulated in order to satisfy basic needs. (Peterson, 2006) positive psychology shift its concentrations from human weaknesses and inabilities toward his or her abilities including living happily, enjoyment, problem solving and optimism. Thus, the positive psychology is intended to discover these methods by which individuals can enjoy more while they express their altruism and play important role in social and family environments.

Therefore in positivism, optimistic attitudes, thoughts and behaviors are stressed and the first step to lead a positive life is that he or she should know his or her emotions and beliefs. In this method, biased thoughts or cognitive errors could be recognized. Trainings for fighting negative beliefs, emotions and thoughts can be helpful for these meters. Trainings for re-thinking about the thoughts, reviewing the realities, changing mental images, introduction to self talk, not using cons and pros and evaluation of attitudes can be helpful (Carson, 2006). These parents consider having a blind children as a big problem while they don’t regard positive aspects of life. They feel disappointed and failure. Then, the mothers can use all of positive subjective and hopeful capacities in their lives in order not to surrender when facing negative factors and disappointments arisen from the difficulties in relation to the human beings and fighting nature (Niman, Translated by Sanayi, 2001).

The research indicated that teaching reality therapy through a group method helps promotion of hop, happiness and hardiness. According to Klug (2008) and Peterson (2009), using reality therapy increases a team’s victory and dynamics while also maximizing self concept among the students and athletes. In addition, Barnes (2007), Prenzlau (2009), Lawrence (2004), and Kim (2005) studied the PTSD, schizophrenic patients and disabled individuals and found that reality therapy reduces thinking rumination, increase will power, and decision making together with higher self confidence. Also, the results from research done on prisoners and widows indicated that teaching positivism increases life expectancy and healthy mind. The studies down by Khodayarifard (2007), Ebady and Faghihi (2010) could be noted. Lee et al (2010), Alberto & Joyner (2010), Vandervelden et al (2007), Wong & Lim (2008), Ho et al (2009) and Movahed (2003) showed that there is a direct positive meaningful relationship among hope, positivism, self confidence, self efficacy, healthy mind, and happiness. Increased hope and positivism can increase healthy mind and self care. In addition The findings in dictated that extroverted happy individuals are hard and optimistic. They enjoy higher self – Confidence and internal control – conversely, Unhappy people tend to he more neurotic. Seligman (2005), and Diener (2005) Could be mentioned. Also, the results from studies by Weinman (2007), Lee (2005), Crowly (2003), Bohle (2008), Clark (2007), Bolton (2009), Boulter (2006), Jafari (2006), Mikaeli (2011) and Samani (2007) showed that there is a positive meaningful relationship between hardness, Compatibility and healthy mind. Hardiness best determines healthy mind. Thus, those with higher healthy mind can find meaning and goal in their lives also, the research indicated that there is a direct relationship between hardness and happiness. Hard people enjoy higher levels of happiness. The Findings by Khorsaviani (2011), Nikkhoo (2007), Kazemi (2011) and could be noted.

Given the fact that no research has yet been done on the comparative impacts of these two approaches for happiness and hardiness among the mothers of blind children, the author of the current research intends to use these two approaches for increasing happiness and hardiness of these mothers. In order to understand the differences between the effects of these approaches and selection of the most appropriate method for solving happiness and hardiness of these mothers, they have been compared.

The current research id mainly intended to compare the effectiveness of teaching reality therapy and positivism on increasing happiness and hardiness among the mothers of blind Children. To do so, the current hype these have been formulated. Hypotheses:
1- Happiness of mothers with blind children in reality therapy group is more than control group.
2- Hardness of mothers with blind children in reality therapy group is more than that of the control group.
3- Happiness of the mothers with blind children in positive group is more than that of the control group.
4- Hardness of mothers with blind children in positive group is more that of the control group.
5- There is a meaningful difference between reality therapy and positivism for increasing happiness of the mothers with blind children.
6- There is a meaningful difference between reality therapy and positivism for increasing hardiness of the mothers with blind children.

**METHODOLOGY**

The current research uses a design involving uses a design involving a pre test and post test with control group in which a control group and an experiment group exist.
Statistical community and sampling method

The statistical community includes all the mothers and the mothers with blind students who were studying at Tehran's exceptional schools for the in the academic year of 2011 – 2012. The age range included 25 to 36 years with education levels of guidance school to B.A. Since the individuals with lower level of hardiness and happiness were not know, a targeted sample who was ready to participate in the research was selected. To do so, at first, a list of schools for blind students a cross Tehran was prepared (shahid Mohebbi, Narjes and Dr. Khazaeni) Among them, a school (Shahid mohebbi) was randomly selected.

Totally, 160 mothers were put in the initial sample. Then. 85 questionnaires of hardiness ess (Kubasa) and oxford's happiness question naive were given to the mothers with coordinated by the principal – fond the mothers with scores lower than average in these two tests were recognized for participating in the group by using screening method. Among them 45individuals were selected and were randomly selected by three groups with 15 individuals. They were divided into two control and experiment groups. The experiment group was taught under reality therapy and positivism while the control group was put in the awaiting list.

The following tools were used to gather data:

a) Oxford’s happiness question naive: the question naive was treated.

b) Argoyel in 2001 in order to measure happiness. It has 29 statements with four options. For which the subject must select on of the options according to her current status. In addition, the highest score a subject could get was 87 which was representing the highest level of happiness while the lowest score was which was verifying subject’s dissatisfaction with her life together with depression.

The normal score for the test was between 40 to 42. Argayel et al reported oxford's reliability by using Chornbach alpha with 90% and its retest reliability was reported as 75% for seven weeks. The test has been normalized by Alipoor and Noorb (2000) and its validity and reliability were 0.93 and 0.92 , respectively (Ahromian, 2011).

B) personal review scale: this measurement was made by kubasa (1979). If had 50 items and was measuring three factors of commitment, challenge and control. Having read the items, the subject would answer one of the four options: never correct, approximately correct, somewhat correct, approximately correct , and completely correct. The options are given the scores 0, 1, 2, 3, respectively. Having analyzed the factors for psychological hardiness, e.g. commitment, control, challenge , the total scores for reliability was 0.70 , 0.52 , 0.75 , respectively. The test was translated by Qhorbani (2001) in to Farsi. It has been studied with respect to psychometric features. The reliability coefficients obtained for such parameters as commitment, control , challenge and total score of hardiness were 0.70 , 0.71 , 0.52 and 0.86, respectively.

Implementation method.

Having randomly replaced the subjects into three groups together with determining pretest scores for the three groups by using oxford question native , Kubasa’s hardiness question native , a consultation intervention based on positivism was carried out for the experimental group 2 for 10 sessions of 120 minutes while the control group was awaiting for therapy. It should also be mentioned that the subjects completed the same question native in the last group consultation session. The summary of therapy sessions include:

a) – A summary of group consultation sessions with reality therapy approach.

Session 1: the members introduction to each other , stating the rules and regulations for describing how the work should be done with its objectives.

Session 2: member’s introduction to the concept of reality therapy and emotional in voluement with group members.

Session 3: member’s introduction to their identities and other kinds of identities together with the successful and failed identities.

Session 4: member’s introduction to the methods for accepting the responsibilities of their behaviors and also with the important members and the necessity for responsibility in their lives.

Session 5: Introduction to anxiety with a view of reality therapy and reaching relaxation skills for controlling anxiety.

Session 6: Introduction to basic and effective needs in real life and their effects ofn choosing the best method for achieving them.

Session 7: Introduction to commitment style for doing according to the previous plans

Session 8: Introduction to designs for solving problems and planning for current living conditions

Session 9: Introduction to the ways punishment can create good relationship and an over view of the sessions with doing post test.

b) Summary of group consultation session with positivism

Session 1: member’s introduction to each other, stating the rules and regulations , description of methods for doing work with related objectives.

Session 2: Introduction to positivism and being amore of positivism together with introduction to its signs.

Session 3: Introduction to the thoughts , emotions and being aware of the realities with fighting against
emotions.

Session 4: Introduction to rethinking about the thoughts, reviewing the realities and documented cases of thoughts.

Session 5: Introduction to changes in mental images, positive imagination and abstaining from jealousy.

Session 6: Introduction to self talk, not using cons pros together with building self – confidence.

Session 7: Introduction to creation of positive beliefs, testing them and evaluation of attitudes and creation of optimism.

Session 8: Introduction to re building the memories, reinforcing self esteem and thinking about the messages together with spree.

Session 9: Introduction to the planning method “ad if” for a positive day with establishing good relations ship with others.

Session 10: Introduction to health protection and its effects on positivism, keeping positive behaviors and summarization of the learning during group sessions and doing post tests.

**Data analysis method**

Having gathered the required data, descriptive statistics methods together with descriptive statistics were used.

a) – descriptive findings

Table 1. description of scores of hardiness and happiness for two experimental and control groups in post test and pretest stages.

<table>
<thead>
<tr>
<th>SD</th>
<th>Mean</th>
<th>No</th>
<th>Index</th>
<th>Groups</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/04</td>
<td>19/40</td>
<td>15</td>
<td>Reality therapy</td>
<td>Pretest</td>
<td></td>
</tr>
<tr>
<td>4/41</td>
<td>21/8</td>
<td>15</td>
<td>Positivism</td>
<td>Happiness</td>
<td></td>
</tr>
<tr>
<td>4/86</td>
<td>20/66</td>
<td>15</td>
<td>control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/91</td>
<td>26/26</td>
<td>15</td>
<td>Reality therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/66</td>
<td>17/66</td>
<td>15</td>
<td>Positivism</td>
<td>hardiness</td>
<td></td>
</tr>
<tr>
<td>3/4</td>
<td>28/54</td>
<td>15</td>
<td>control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/67</td>
<td>40/40</td>
<td>15</td>
<td>Reality therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/31</td>
<td>48</td>
<td>15</td>
<td>Positivism</td>
<td>Happiness</td>
<td></td>
</tr>
<tr>
<td>5/01</td>
<td>18/86</td>
<td>15</td>
<td>control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/09</td>
<td>41/31</td>
<td>15</td>
<td>Reality therapy</td>
<td>Post test</td>
<td></td>
</tr>
<tr>
<td>2/27</td>
<td>61/93</td>
<td>15</td>
<td>Positivism</td>
<td>hardiness</td>
<td></td>
</tr>
<tr>
<td>4/74</td>
<td>20/32</td>
<td>15</td>
<td>control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With respect to the results, the average scores obtained for happiness average the reality therapy group in pretest stage was 19/40 with SD of 4/04 and among the positive group was 21/8 with SD of 4/41. Also, among the control group, the average was 20/66 with SD of 4/86.

The average score of hardiness for the individuals in reality therapy group in pretest stage was 26/26 with SD of 6/91 and among the positive group, it was reported as 28/54 for the control group with SD of 3/4.

With respect to the results, the average scores of happiness for reality therapy group in post test stage was 40/40 with SD of 8/67 and f was 48 with SD of 3/31 in positive group. In addition, the average and SD for Control group were 18/86 and 5/01, respectively.

The average score for hardiness in reality therapy group in post test was 41/31 with SD of 4/09 and the average score for positive group was 61/93 with SD of 2/27 while in the control group the average group was 20/32 with SD of 4/74.

b) – Inferential findings

Table 2. A summary of the Calculations for the effects on subjects

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variables</th>
<th>Rate of freedom</th>
<th>Average squares</th>
<th>F</th>
<th>Level meaningful level</th>
<th>Effect level</th>
<th>Statistical power</th>
<th>Rate of freedom</th>
<th>Average squares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness</td>
<td>1</td>
<td>2902/43</td>
<td>178/78</td>
<td>0/001</td>
<td>0/87</td>
<td>1</td>
<td>26</td>
<td>16/23</td>
<td></td>
</tr>
<tr>
<td>hardiness</td>
<td>1</td>
<td>3032/78</td>
<td>162/28</td>
<td>0/001</td>
<td>0/86</td>
<td>1</td>
<td>26</td>
<td>18/68</td>
<td></td>
</tr>
</tbody>
</table>

In this table, The rates of Freedom which could be tests by it. Also, first and second Hypotheses are tested as follows:

Hypothesis 1: happiness in reality therapy group is more than that of the control group.

With respect to the error level in happiness, the meaning fullness level (P=0/001) is less than error (0/05) – so, it could be said that reality therapy can affect happiness of mothers with blind children. And hypo thesis null is rejected with a confidence level of 0/095. This effect is 0/877 percent. Also, it could be noted that 87% of the total variance for happiness scores were arisen from the differences between the control and experiment groups. The statistical power is 1. In other words, it is 100 percents probable that first type error doesn’t exist.

Hypothesis 2: hardiness of the mothers with blind children is more in reality therapy group than that of the
control group.

With respect to error level (personal differences) for hardiness, the meaning fullness level ($p=0.001$) is less than error (0.05). It could be concluded that reality the vapy can affect hardiness of mothers with blind children and the null hypothesis is rejected with a 0.95 confidence level. This effect is at the level of 0.86 percents. It could be said that 86 percents of the total variance for the score of hardiness are arisen from the differences between control and experiment groups. Also, the statistical power is 1. In the other word, there is 100 percent probability that type 1 error doesn’t exist.

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variables</th>
<th>Rate of freedom</th>
<th>Average squares</th>
<th>Level meaningful level</th>
<th>Effect level</th>
<th>Statistical power</th>
<th>Rate of freedom</th>
<th>Averge squares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Happiness</td>
<td>1</td>
<td>1402/68</td>
<td>0.001</td>
<td>0.75</td>
<td></td>
<td>26</td>
<td>17/38</td>
</tr>
<tr>
<td></td>
<td>hardiness</td>
<td>1</td>
<td>4520/3</td>
<td>0.001</td>
<td>0.93</td>
<td></td>
<td>26</td>
<td>11/26</td>
</tr>
</tbody>
</table>

In table 3, the summary Calculations for the effects between the subjects with rates of freedom (1, 26) have been provided. Hypotheses 3 and 4 were tested as follows: hypothesis 3: happiness of mothers with blind children in positive group is more than that of Control group.

With respect to error level in happiness, the meaning fullness level ($p=0.001$) is less than error level (0.05). It could be concluded that positive psychology affects happiness and null hypothesis is rejected with a confidence level of 0.995 percents. This effect is at 0.75 percent levels. It could also be mentioned that 0.075 total variance of happiness score is arisen from the differences between control and experiment group. Also, the statistical power is 1. In the other words, it’s 100 percents probabilzed that type 1 error doesn’t exist.

Hypothesis 4: hardiness of mothers with blind children group is more than that of the control group.

With respect to error level in hardiness the meaning fullness level ($P=0.001$) is less than 0.05. It could be concluded that positive psychology can affect hardiness of mothers with blind children.

And null hypothesis is rejected with a confidence level of 0.95 percents. The effect is 0.93 percents of the total variance of hardiness scores is arisen from the differences between the control and experiment groups. Also, the statistical power is 1. In the other words, it isn’t 100 percents probabilzed that type 1 error doesn’t exist.

Table 4. the results from scheffe’s test for comparing the different averages of scores for pre and post tests of happiness in control and experiment groups.

<table>
<thead>
<tr>
<th>Averages</th>
<th>Groups</th>
<th>Reality therapy</th>
<th>Positivism</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality therapy</td>
<td>21</td>
<td>0/0188</td>
<td>0/001</td>
<td>0/001</td>
</tr>
<tr>
<td>Positivism</td>
<td>26</td>
<td>0/0188</td>
<td>0/001</td>
<td>0/001</td>
</tr>
<tr>
<td>Control</td>
<td>-1</td>
<td>0/001</td>
<td>0/001</td>
<td>0/001</td>
</tr>
</tbody>
</table>

With respect to the results from scheffe’s test, the following hypotheses are tested:

Hypothesis 5: the efficiency of reality therapy and positivism for increasing happiness of mothers with blind children in different.

The results indicated that there isn’t a meaningful difference between the averages of happiness for reality therapy group and the positive group ($P=0/188$). And with respect to the meaning fullness level which is more than error(0/05). Null hypothesis is verified with 0/95 confidence level.

Table 5. The results from Scheffe’s test for comparing the average differences between pre and post tests of hardiness in control and experiment groups

<table>
<thead>
<tr>
<th>Averages</th>
<th>Groups meaning</th>
<th>Reality therapy</th>
<th>Positivism</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality therapy</td>
<td>15</td>
<td>0/001</td>
<td>0/001</td>
<td>0/001</td>
</tr>
<tr>
<td>Positivism</td>
<td>44</td>
<td>0/001</td>
<td>0/001</td>
<td>0/001</td>
</tr>
<tr>
<td>Control</td>
<td>-8</td>
<td>0/001</td>
<td>0/001</td>
<td>0/001</td>
</tr>
</tbody>
</table>

With respect to the results from Scheffe’s test, the following hypotheses are tested:

Hypothesis 6: the efficiency of reality therapy and positivism on hardiness of mothers with blind children is different.

The results indicated that there is a meaningful difference between average hardiness of the reality group and positive group ($P=0/001$) with respect to meaning fullness level which is less than error (0.05), null hypothesis is rejected. With respect to the different averages, it could be said that in positive group, the difference between the averages in pre and post test is more than the differences in reality therapy group. In the other words, the efficiency of positivism for increasing hardiness of mothers with blind children is more than that of reality therapy.
DISCUSSION AND CONCLUSION

Hypothesis 1: the happiness of mothers with blind children in reality therapy group is more than that of the control group with respect to the results, we can say the happiness of mothers with blind children who participated in the sessions of reality therapy increased. These results match with the results from studies by Lu (2007), Peterson (2009) Karkhanachei (2010), Prinzola (2009), Lawrence (2004) and Kim (2005) Also, the results indicated that there is a relationship between personality features, emotional intelligence and happiness. Happy individuals are extroverted, hard and optimist with higher self esteem. But, unhappy people tend to be more neurotic. The studies done by Nikjo (2007), Kazemi (2011) and Diner (2005) Could be mentioned.

These studies examined increased happiness in different groups and showed that reality therapy method is helpful. In order to describe the above findings, we can mention that from reality therapy viewpoint, the basic problem is depression and dissatisfaction of basic needs, especially the need to help. In order to describe the above findings, we can mention that from reality therapy perspective, these mother's depression arisen from not learning and their inability to reach successful identity. Therefore, they are responsible for satisfying their needs and reaching a successful identity. They can reach success and need satisfaction through effort and seeking by learning appropriate behaviors thus, can increase their happiness.

Hypothesis 2: hardness of mothers with blind children in reality therapy group is more than of the control group.


In order to describe above findings, it could be said that in reality therapy, accepting reality, responsibility and satisfaction of basic needs is emphasized and the mothers can be released from depression, sadness while pre renting disappointment, what they need is to plan effectively at present and the Counselor helps them evaluate their behaviors while planning to better do their tasks.

There for, the counselor helps mothers increase hardness and resistance in fighting difficulties since hardness has been considered as a mediator which can regulate the effects of her psychological variables while also is capable of reducing tension. Then, when they learn to be hard, they can realistically observe stressors and evaluate positive and controllable events. Therefore, by using the principles of reality therapy and creating a plan for reaching the objectives and needs, we can help mothers be more hard and more resistant against the problems so that they couldn’t be depressed.

Hypothesis 3: happiness of mothers with blind children in positive group is more than of the control group.

With respect to the results, it could be said that these mothers who didn’t participate in positive group sessions, their happiness level in creased. These results match to the results from studies done by KhodayariGard (2007), Ebadi, Faghihi (2011), Asdolahi (2009), and Banink (2008). In addition, the finding from studies by Lee et al (2010), Alberto and Joynes (2020), wander wolden et al (2007), wang and lim (2008) ho et al (2009) and Movahed (2003) match with these results. In order to describe these Findings, it could be said that positivism is the objective of promoting health. In the other words, the objective is not to ignore the stress, treatment aspects, but negative.

Other positive aspects are going to be considered: Disability of a child can negatively affect all members of that family and its functions, especially the parents who hug their children. They may experience anxiety together with disbelief and not accepting the reality this makes them unhappy and with spiritual pressures. We can help mothers by positive psychology so that they can shift their Focus from their disabilities toward their abilities including living happily, materializing their potentials, enjoying, optimism and the power of problem solving and they can increase their happiness.

Hypothesis 4: hardness of mothers with blind children in positive group is more than of the control group.

The results showed that teaching positivism can increase hardness of mothers with blind children. These results match with the results from the studies done by Kazemian (2010), Tyler and Brown (2007), Tracy (2008), Trenz and Pinto (2009), Zare (2003), Zachin et al (2008), Brox (2007) and Matis (2005). Thus, in order to describe the results, it could be said that blind people need training together with special Concentrations since the beginning of their lives to the end of their lives.
Therefore, the parents are obliged more than those parents with healthy children and this makes them distressed and they will be under more pressure because the mothers are obliged more to raise and train their children as compared to the Gather, therefore, they should be helped so that they can be harder and stronger when facing problems. Hardiness is an important issue in positive psychology and it is applied for those individuals who are more resistant against the psychological pressures. So, when positivism is applied, the mothers could be helped control more their lives while they can accept new events and changes. In addition, they can be harder against difficulties through shifting their Concentrations from their weaknesses and abilities toward their abilities and strength. Then, positivism can increase hardiness of mothers with blind children.

Hypothesis 5: there is difference between reality therapy and positivism for increasing happiness of mothers with blind children. The results showed that there isn't a meaningful difference between the average happiness of reality therapy group and positive group. Both methods can increase happiness of mothers with blind children – Ad the results from the domestic and foreign studies for hypothesis 1 and 3 showed, those mothers who participated in group sessions of positivism showed increased happiness. In addition, it should also be mentioned no search hasn't yet been carried out for studying comparatively these two approaches, we can use them to increase mothers' happiness because they hug suddenly their children and they may experience such emotions with dis be lief and not accepting this reality associated with stress and anxiety. This makes them unhappy and distressed and if they cannot accept this, they may experience unhappiness, dis satis fication, dis appointment, failure and insolvency. Which might severely influence their compatibilities. However, given the fact that reality therapy stresses on accepting reality, responsibilities and planning for reaching the objectives and needs, we need to help mothers in satisfying their needs including happiness and entertainment. In addition, we can concentrate on their abilities including living happily, materialization of potentials, enjoyment, problem solving power and optimism by using positivism.

Hence we can help them increase their happiness. Therefore, both of the approaches can increase happiness of mothers with blind children.

Hypothesis 6: there is a difference between reality therapy and positivism for increasing hardiness of mothers with blind children.

The results indicated that there is a meaningful difference between average hardiness of reality therapy and positive groups. The efficiency off positivism on increasing hardiness is more than that of reality therapy. It should be noted that no research has yet been Carried out for studying comparatively these two approaches and given the fact that the results from this research in hypotheses 2 and 4 showed that both approaches can increases mothers' hardiness and both of them are influential, but the results from this hypothesis indicated that the efficiency of positivism for increasing hardiness is more than that of reality therapy.

In order to describe this topic, it could be concluded that hardiness is an important subject in positive psychology which has been regarded by most researchers. Then, me can help mothers control their lives by using positivism while they can also welcome the new events and changes and shift their concentrations from their weaknesses and abilities toward their abilities and optimism. So that they can be harder and happier when facing problems by using positivism.

Thus, he can increase their hardiness by using positivism and since positivism is one of the important issue and both, approaches try to regard the problems with the capabilities and their proximity can be considered as the reasons for higher effects of positivism on hardiness than reality therapy.

REFERENCES

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