

## **The Effectiveness of Self-Encouragement Training in Psychological Hardiness and Social Health among Students**

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### **Abstract**

**Objectives:** Social health refers to an individual's assessment and recognition of his/her performance in the community and the quality of his/her relationships with close relatives, social groups, and other people. Among different strata of the society, paying attention to students' social health, as people who have to build the future of the country, is of significant importance. Moreover, a factor which may be associated with social health is psychological hardiness. This study aimed to evaluate the effectiveness of self-encouragement training in psychological hardiness and social health among students.

**Methods:** This quasi-experimental study followed by a two-group pretest-posttest design. The current study had a statistical population constituting of all male six-grade elementary school students in Zahedan in the academic year 2016-2017. To collect data, a corpus of 30 students was selected using a multistage random sampling method. Data collection tools applied to achieve the objectives of carrying out this study were Kiyameri et al. Psychological Hardiness Scale (1998) and Keyes and Shapiro Social Health Inventory (2004). Data were analyzed using both descriptive statistics, like calculating means and standard deviations, and inferential statistics, including a multivariate analysis of covariance.

**Results:** Results of the analysis of covariance indicated that self-encouragement training was effective in increasing mean scores of the experimental group on social health ( $P \leq 0.001$ ) and psychological hardiness ( $P \leq 0.005$ ) compared to the control group.

**Conclusions:** Self-encouragement techniques can be taught to students. These techniques are effective in maintaining their social health and psychological hardiness.

**Keywords:** Psychological Hardiness, Social Health, Self-Encouragement

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## Introduction

In various communities, health is mainly defined based on common senses people who live in those communities share about their health and cultures. A number of definitions are provided in various communities and groups. However, when it comes to health, people usually consider the physical dimension of health. This is while the growth and excellence of a community are highly dependent on physical, psychological, and social dimensions of health (Xie & Leng, 2016). Accordingly, along with physical and mental health, social health should be regarded as one of the pillars of health. Social health is referred to a type of personal-social health which, if realized, increases citizens' motivation and cheers them up. This type of health ultimately leads to a healthy community. Since people live within social structures, social psychologists believe that people are products of social processes (Emmel & Souza, 1999).

A component that can be effective in promoting a person's social health is psychological hardiness. In an attempt to describe psychological hardiness, Kobasa, Maddi, and Kahn (1982) argued that psychological hardiness is a personality trait which enables people to deal with their challenges and interpersonal stressors effectively and it can be employed like a protective shield and as a source of resistance. Psychological hardiness acts as a source of resistance in the face of stressful life events. This structure constitutes of three subscales including commitment, control, and challenge. Other words, it can be noted that psychological hardiness is a sign of mental health in people (Maddi, 1982). People who have high levels of psychological hardiness feel committed to their actions and behaviors and believe that life events are controllable and predictable. They consider changes in life and needs to adapt to them as chances to struggle with life and to grow rather than threats to their security (Maddi & Harvey, 2006).

Several studies have demonstrated that hardiness was effective in promoting mental and physical health. As an instance, a study indicated that psychological hardiness was significantly related to mental health among university students and showed that hardiness played a greater role in predicting their mental health compared to self-efficacy (Deuster & Silverman, 2013). In the same line, results of another study revealed that hardiness and self-resilience were significantly and directly correlated with mental health. Additionally, these results showed that resilience and hardiness significantly predicted mental health (Isen et al., 2014).

Many interventions have been conducted to promote well-being, health, and psychological hardiness. Among these interventions that seem to be effective in this regard, self-encouragement training can be mentioned. Encouragement is a process which focuses on personal resources and potentials to enhance self-esteem and self-acceptance and is strongly associated with optimism (Fassino et al., 2008). Encouragement is a positive feedback that puts an emphasis on efforts, improvements, and progresses rather than outcomes. Encouragement aids people to recognize, accept, and have faith in the fact that there is no need to be the best in order to be a perfect person and helps them to maintain their self-worth regardless of results they obtain (Harvey, 2016). In alignment with other studies, results of another study showed that self-encouragement training conducted on parents of mentally retarded children improved these parents' marital satisfaction, mental health, sleep anxiety problems, social functions, and physical symptoms; however, it was not effective in improving symptoms of depression among these parents (Alizadeh & Fathi, 2012). Furthermore, another study indicated that encouragement group training significantly decreased symptoms of depression (Mohammadi & Sohrabi, 2011).

Gliebe (2013) showed that self-encouragement training increased optimism and mental health and decreased stress. Additionally, Safarinia and Mehmannaavan (2014) found out that self-encouragement training promoted psychological capabilities and mental health. In the same line, Saljughhi and Sadeghi (Saljughhi, Sadeghi, 2014) demonstrated that self-encouragement training decreased the mean score on stress obtained by the experimental group compared to the control group. In their study, Bahlmann and Dienter concluded that self-encouragement training aided

people to be more tolerant and courageous and cope with their own problems more effectively (Safarina & Mehmanna, 2014).

Nowadays, in most societies, education is of particular importance and is considered as a significant means of achieving social goals and objectives. Reviewing the history of advanced industrial countries indicates that such countries have made a lot of material and spiritual investments in their education systems in order to achieve their goals. In this regard, given the theoretical and research background related to self-encouragement and its positive impacts on psychological capabilities and considering the importance of psychological and behavioral empowerment and promotion of students' health, examining the effectiveness of self-encouragement in promoting psychological hardiness and social health seems essential. On the other hand, since, to our knowledge, no studies have been carried out to examine the effectiveness of this training on the mentioned factors, lack of research in this area is felt. Hence, this study sought to answer the following question:

Is self-encouragement training effective in psychological hardiness and social health among students?

Considering the theoretical and research bases, the aim of this study is to investigate Self-encouragement training program on psychological hardiness and social health of sixth grade students.

Hypotheses:

1. Self-encouragement training program increases students' psychological hardiness
- 2- Self-encouragement training program increases students' social health.

## Methods

This quasi-experimental study followed by a pretest-posttest design with two groups (a control group and an experimental group). The current study had a statistical population constituting of 1900 male six-grade elementary school students in District 1 of Zahedan in the academic year 2016-2017. A sample was selected using a multistage random sampling method, such that among all elementary schools in Zahedan, an elementary school was randomly chosen. Afterward, out of 3 six-grade classes held in this school, a class was selected (the sample included 30 students who were assigned to two equal groups) based on the Cochran's sampling formula. According to Shunaker, who is the designer of this research training program, minimum and maximum numbers of subjects are respectively 4 and 10 (Salimi Bajestani et al., 2013). Inclusion criteria of the present study and exit criteria based on Table (1) are as follows:

Table 1. Inclusion and exclusion criteria in this study

Exclusion criteria	Inclusion criteria
1-was taking part in less than 10 training sessions	1-were having an IQ in the range of 90 to 110, 2-not having a history of admission to psychiatric hospitals, 3-not having a history of psychiatric diseases, 4- not diagnosed with any psychological disorders, 5- not having a history of drug abuse, not being under any kinds of treatment or not taking part in any other interventions, and being willing to take part in this study after being diagnosed through having an interview

Students who were assigned to the experimental group took part in ten 60-minute self-encouragement training. However, the control group did not receive this training. Topics and objectives of these sessions are presented in Table 2.

Table 2. Summary of self-encouragement training sessions

Session	Describing the sessions in brief
1	Introducing the concept of encouragement and teaching encouraging behaviors and features
2	Teaching the concept of goal-oriented human behaviors
3	Teaching encouragement, acceptance of mistakes, and daring to accept incompleteness
4	Learning encouraging thinking
5	Expressing the effects of talking behind someone's back on people's relationships with each other
6	Teaching the methods of creating positive relationships
7	Focusing on what was taught in the sixth session and paying attention to encouraging talks
8	Examining the role of oneself in difficult situations
9	Examining a person's imaginations of love and sense of belonging
10	Evaluating previous sessions

Data collection tools applied to achieve the objectives of carrying out this study were as follows:

#### **Ahvaz Psychological Hardiness Scale-Short Form**

This scale was developed and validated by Kiyameri, Najarian, and Mehrabizadeh Honarmand (1998). It contains 20 items. Each item entails a 4-point Likert-type scale including never, rarely, sometimes, and always. Each item is scored based on a participant's answer from 0 to 3; however, items 6, 7, 10, 13, 17, and 21 are scored diversely. This scale includes three subscales, i.e. challenge (items 1, 2, 6, 8, and 12), control (items 3, 4, 5, 7, 9, and 10), and commitment (items 11, 13, 14, 15, 16, 17, 18, 19, and 20). Kiyameri, Najarian, and Mehrabizadeh Honarmand (1998) applied a test-retest method and an alpha coefficient to examine this scale's reliability, results of which were respectively 0.84 and 0.76. To evaluate its validity, the concurrent validity of this scale with three criteria questionnaires including General Anxiety Questionnaire, Ahvaz Depression Inventory, and Maslow Self-Actualization Inventory was assessed and the following coefficients were respectively obtained 0.65, 0.67, and 0.62 (Safarinia & Mehmannavazan, 2014). In the current study, to investigate its reliability, a Cronbach's alpha coefficient was used. The Cronbach's alpha coefficients of commitment, control, and challenge were respectively 0.78, 0.81, and 0.89 and the Cronbach's alpha coefficient of the whole scale was 0.78.

#### **Social Health Inventory**

This inventory was designed by Keyes and Shapiro (Keyes & Shapiro, 2004). It includes 20 items and examines 5 subscales. Each item is scored based on a 5-point Likert-type scale ranging from very high (Maddi et al., 2006) to very low (Xie & Leng, 2016). Items 1, 6, 13, 14, 15, 17, 18, 19, and 20 are scored diversely. Items 1 to 4 evaluate social flourishing, items 5 to 7 examine social solidarity, items 8 to 10 measure social cohesion, items 11 to 15 assess social acceptance, and items 16 to 20 investigate social participation. A total score of this inventory shows a person's level of social health. The total score of this inventory is 100. Using a Cronbach's alpha coefficient, the reliability of this inventory was assessed by Keyes and Shapiro (Keyes & Shapiro, 2004). The Cronbach's alpha coefficient of the whole inventory was 0.78. In a study carried out by Sabagh, Moeinian, and Sabagh (2011), Cronbach's alpha coefficients of social flourishing, social solidarity, social cohesion, social acceptance, social participation, and the overall general health were respectively 0.75, 0.79, 0.72, 0.78, and 0.80 and 0.90. In this study, using a Cronbach's alpha coefficient, the reliability of the whole inventory was 0.85.

In the current study, all ethical considerations, including keeping the obtained data confidential, filling out the questionnaires anonymously, obtaining the informed consent of all the participants,

and being able to abandon the research whenever needed, were observed. All data were analyzed using SPSS. To examine research hypotheses, multivariate analyses of covariance were applied.

## Findings

Results of examining an assumption of sphericity are presented in Table 3.

Table 3: Levene's test conducted to examine the assumption of sphericity

Variable	F	df1	df2	Sig
Psychological hardiness	0.008	1	29	0.9
Social health	0.007	1	29	0.83

$P \geq 0.05$

The results of this table indicate that the significance level of this test is more than 5% ( $P \geq 0.05$ ). This significance level shows that the data do not violate the assumption of the equality of error variances. Accordingly, an analysis of covariance can be used to assess the effect of this training.

Descriptive results of this study are reported in Table 4.

Table 4. Means and standard deviations of scores on psychological hardiness and social health obtained by both groups

Group	Variable	Pretest		Posttest	
		Mean	SD	Mean	SD
Experimental	Psychological hardiness	33.73	10.65	44.00	9.92
Control	Psychological hardiness	36.66	11.75	38.67	11.72
Experimental	Social health	57.80	18.31	70.93	18.12
Control	Social health	60.06	18.16	62.06	17.28

The results presented in Table 3 indicate that the mean scores on psychological hardiness and social health obtained by the experimental group in the posttest increase compared to the control group.

Table 5. An analysis of covariance conducted to compare psychological hardiness and social health between the experimental and control groups

Source	Sum of squares	df	Mean of squares	F	Error	Sig	Eta-squared	Test power
Psychological hardiness	109.09	1	109.09	23.27	335.25	0.005	0.58	0.99
Social health	34.99	1	34.99	12.39	269.92	0.001	0.45	0.91

The results obtained from this table show that due to the intervention of the independent variable (self-encouragement training), there is a significant difference in the mean scores on psychological hardiness in the posttest ( $P \leq 0.005$ ). 58% of the variance in psychological hardiness in the posttest can be determined by the independent variable (self-encouragement training). Therefore, based on the analysis of covariance, in the posttest, self-encouragement training increases psychological hardiness in the experimental group and the interaction between these two groups is significant with regard to psychological hardiness. Moreover, the results indicate that due to the intervention of the independent variable (self-encouragement training), there is a significant difference in the mean scores on social health in the posttest ( $P \leq 0.001$ ). 45% of the variance in social health in the posttest can be determined by the independent variable (self-encouragement training). Therefore, based on the analysis of covariance, in the posttest, self-encouragement training increases social health in the experimental group and the interaction between these two groups is significant with regard to social health.

## Discussion and Conclusion

The purpose of this study was to examine the effectiveness of self-encouragement in psychological hardiness and social health among the students. The results indicated that self-encouragement was effective in promoting psychological hardiness and social health among the students. Hence, it can be inferred that self-encouragement training was able to promote social health and psychological hardiness among the students. This finding is in line with results obtained from Alizadeh and Fathi (2012), Ali Mohammadi and Sohrabi (2011), Gliebe (2013), Safarinia and Mehmannaavazan (2014), Saljughhi and Sadeghi (2017) and Hodge, Zidan, and Husain (2017).

Alizadeh and Fathi, in their study, figured out that self-encouragement training conducted on parents of mentally retarded children improved these parents' marital satisfaction, mental health, sleep anxiety problems, social functions, and physical symptoms; however, it was not effective in improving symptoms of depression among these parents (Alizadeh & Fathi, 2012). Furthermore, another study indicated that encouragement group training significantly decreased symptoms of depression (Ali Mohammadi & Sohrabi, 2011).

Gliebe (2013) showed that self-encouragement training increased optimism and mental health and decreased stress. Additionally, Safarinia and Mehmannaavazan (2014) found out that self-encouragement training promoted psychological capabilities and mental health. In the same line, Saljughhi and Sadeghi demonstrated that self-encouragement training decreased the mean score on stress obtained by the experimental group compared to the control group. In their study, Bahlmann and Dienter concluded that self-encouragement training aided people to be more tolerant and courageous and cope with their own problems more effectively (Safarinia & Mehmannaavazan, 2014). Furthermore, Hodge, Zidan, and Husain (2017) indicated that the self-encouragement program was effective in increasing quality of life and mental health among people.

To explain these results, it can be stated that through carrying out self-encouragement training, students can recognize their abilities, values, and strengths and examine their efforts throughout their lives. By considering such efforts, what has been so pale to them becomes bold. In this way, they feel worthy and they believe in themselves and know for sure that they have the potential to reach their goals. Hence, they try to plan to achieve their goals and they confront and cope with life challenges, stressors, difficulties, and issues in order to achieve success. This increases their social health. On the other hand, by examining their capabilities and positive aspects of their lives, they can overcome stressful social situations which are a part of complications of the current living situation.

Among limitations of the current study, the facts that the methods of collecting the data were self-report questionnaires and that the study was limited to the students studying in Zahedan can be mentioned. Hence, caution should be exercised in generalizing these results. Given the effectiveness of self-encouragement training in promoting social health among the students, counseling and health centers are highly recommended to hold various training sessions to teach self-encouragement techniques. Such training programs can decrease people's social issues and increase their health. To verify the obtained results, further studies should be conducted on the opposite sex and gender differences should be compared.

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