

# Effect of hope therapy on psychological capital and social vitality of students with symptoms of death anxiety

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## ABSTRACT

The aim of this study was to investigate the effect of hope therapy on social vitality, psychological capital and death anxiety of students of Isfahan University of Arts with death anxiety syndrome. We selected three people by purposive sampling from among all female students aged 18-22 years who had death anxiety syndrome. We conducted the present research within the framework of single-subject experimental designs using a multi-step baseline design. After the baseline position, we started the intervention and during eight sessions we presented hope therapy to the subjects. We followed up all three subjects for one month after the intervention. The instruments used in the research included the Templer Death Anxiety Questionnaire, the Luthans Psychological Capital Questionnaire and the Social Vitality Questionnaire. We evaluated all 3 subjects 9 times, 3 times baseline, 4 times intervention and 2 times follow-up. To analyze the findings, we used indices of trend changes, slope, effect size and Cohen index. Findings showed that hope therapy increased psychological capital and social vitality, so that the scores during the eight sessions of educational intervention had significant changes compared to baseline scores. The review of efficacy charts and the size of the effect coefficient indicated the significant effectiveness of the treatment for all three subjects in the variables under study. The results showed that hope therapy was of effect on social vitality, psychological capital of students with death anxiety syndrome.

**Keywords:** hope therapy, social vitality, psychological capital, death anxiety.

## Introduction

Death is one of the great human concerns; it is conceptualized as a strong motivational force. Each person has a unique reaction to it, and many people tend to avoid thinking and talking about death and its totality. Experiencing anxiety about death is a bit natural, but if it is too severe, it undermines effective adjustment<sup>[1]</sup>. Facing death and the anxiety caused by the perception of its inevitability is a unique psychological puzzle for human beings. Death anxiety is a complex concept that includes the concept of fear of death and important people in one's life<sup>[2]</sup>. It also refers to the feeling of great fear of dying or losing contact with the world or what happens after death; so cognitive attitudes in death anxiety cause death anxiety to remain as a part of cognitive

structure in human beings. One of the most common psychological factors is anxiety and one of the factors that improves anxiety is hope. Death anxiety can affect people's quality of life. Therefore, identifying components that may affect the quality of life of individuals is important<sup>[3]</sup>. Existential theorists believe that death anxiety is a generalized fear and disorder caused by the anxiety of existence because we know our lives are limited and we are afraid of the death that awaits us. Many people avoid coping with death, taking steps such as repression, denial and abstinence and staying away from places that may be reminiscent of death. This is the same anxious approach to death. Motamedi (2015) have suggested that the spiritual well-being and resilience predict death anxiety. In death anxiety, the person's vitality decreases. Isa Zadeegan et al (2014) suggested that there is a relationship between optimism and death anxiety. An important psychological characteristic that a person should have in life is the feeling of well-being or happiness. Experience has proven that happiness and vitality are the raw material for the change of society and the inner evolution of human beings. In a happy environment, the human mind is dynamic, his language eloquent and his talent flourishes. Vitality

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comes from human judgment about how to live life. It is based on personal attitude and perception. It refers to a pleasant state that results from experiencing positive emotions. Another effective factor and a strong resource that plays an important role in the growth and development of people is psychological capital. Studies conducted by Larson and Luthans (2006) suggest that psychological capital plays an essential role in improving the quality of life<sup>[4]</sup>. Psychological capital is a positive psychological state and a realistic and flexible approach to life that consists of the four constructs of hope, optimism, resilience and self-efficacy. Self-efficacy means believing in the ability to achieve success and believing in the power to overcome challenging tasks. Hope is reflected in being resolute in the direction of goals and orienting towards goals to achieve success. Optimism involves the application of relating positively the positive expectations to the future events. Resilience is positive coping and the ability to retreat or rise forward when adversity surrounds one<sup>[5]</sup>. The role of psychological interventions in the management of anxiety and other pathological symptoms is such that after psychological interventions, the severity of anxiety has decreased significantly. One of these interventions is hope therapy. Hope therapy is one of the psychological therapies that, based on a positive psychological approach, instead of focusing on weaknesses, focuses on human capabilities<sup>[6]</sup>.

Abdel-Khaleq (2005) showed that there is a negative relationship between life satisfaction and mental happiness on the one hand and death anxiety, death obsession and death depression on the other<sup>[7]</sup>. Some physical and mental illnesses occur in response to a loss of hope. Lopez et al. (2007) proposed the power of hope as a motivational force that is common to all approaches to psychotherapy and hopeful people are more active in dealing with stressful situations and use more effective coping strategies<sup>[8, 9]</sup>. The role of hope as a strong resource in the emergence and treatment of disorders is emphasized. Snyder (2003) considers hope therapy as the main goal; he combines the principles of history-based interventions with a focus on the cognitive-behavioral problem solving and provides a short-term treatment system<sup>[10]</sup>. Changing hope is a learning process, so the therapist uses training programs to help increase clients' hope and hopeful thinking. Hope therapy is an effective tool to fight and overcome mild mood disorders, anxiety, apathy and lack of desire and generally states caused by feeling of helplessness and confusion. Researches have shown that people who have high hope or achieve it over time have more knowledge about health and anxiety and have higher self-care than people who have low hope<sup>[11]</sup>. Hope and the meaning of life are related to each other so that he considers hope as one of the components of meaning. Hope therapy is based on the goal of helping patients formulate clear goals, building multiple pathways to reach them, motivating themselves to pursue goals, and re-framing obstacles as challenges to overcome<sup>[12]</sup>. This treatment is designed to increase hopeful thinking and enrich goal-related activities. Individuals learn to set important achievable goals, determine multiple

pathways to moving toward goals, identify sources of motivation and interaction of each motivating obstacle, and determine progress toward the goal, as well as to correct goals and pathways if needed. Since hope is a cognitive construct that can help a person interpret the unpleasant events around him or her in favor of his or her mental and physical health, we can probably use it as a resilient factor to the pressures of the death fear syndrome. Snyder defines hope as a construct consisting of two concepts: "the ability to design passages toward desirable goals in spite of existing obstacles and the motivation necessary to use these passages"<sup>[11]</sup>. Hope therapy has had a special effect in reducing anxiety. Its ability to increase hope and reduce depression is more effective. Anxiety can therefore be useful in the treatment of patients with CAD and other chronic diseases that cause high levels of anxiety for patients<sup>[13]</sup>. Hope therapy helps people to motivate themselves to pursue their goals and identify many pathways to achieve goals and obstacles and overcome obstacles to achieve goals<sup>[14]</sup>. A number of studies show that hope therapy increases people's vitality and reduces their stress, anxiety and depressive symptoms<sup>[15]</sup>. Research done by Song et al. (2019) showed that extensive psychological interventions primarily target negative symptoms of depression, and the lack of positive resources is systematically ignored<sup>[16]</sup>. Findings have shown that interventions related to psychological capital, which provide the basis for improving and increasing the level of psychological capital, lead to a reduction in depression and anxiety. There is ample evidence that hope therapy and psychological capital interventions increase people's quality of life and reduce their depression<sup>[17]</sup>. In a study, Samavi et al (2018) investigated the effect of group hope therapy on labor pain and mental health of pregnant women. In general, the findings of this study confirm the use of group hope therapy in relieving labor pain and increasing mental health<sup>[18]</sup>. This treatment can simultaneously reduce labor pain, create positive emotions in women, and make the experience of childbirth a pleasant experience. The results of Chan's research (2019) showed that short-term intervention has a significant effect on increasing the level of happiness and well-being in rehabilitation and a significant difference has been seen between the two groups that underwent the intervention<sup>[19]</sup>. Razmi et al. (2016) showed that hope therapy has an effect on increasing resilience and life expectancy of women with cancer<sup>[20]</sup>. Kimhi et al. (2013) believe that hopeful people are more active in dealing with stressful situations and use more effective coping strategies<sup>[9]</sup>. In a study, Lopez and Kerr (2006) showed that group training of hope can be effective in increasing the sense of optimism, happiness and hope of the elderly<sup>[8]</sup>. Snyder et al. (2006) showed that short-term hope therapy intervention can increase some psychological abilities and reduce the symptoms of psychopathology<sup>[10]</sup>. In the effect of hope therapy education on improving the general health of cancer patients, Snyder and Lopez found that it acts as a placebo in the treatment of physical and mental illnesses and stated that hope therapy education causes positive changes in human physiology. Therefore, the

problems of death anxiety have always existed and is one of the most important issues in human societies and fear of death is a common phenomenon. Therefore, it is important to pay attention to the psychological dimension of care. The aim of this research was to investigate the effect of hope therapy on social vitality and psychological capital of students with death anxiety syndrome.

## Research Method

This study is a single subject research called a single-subject experiment or time series experiment. We conducted the research within the framework of single-subject experimental designs using a multi-step baseline design. The statistical population of the present research was all female students aged 18-25 years of Isfahan University of Arts 2019 who had death anxiety syndrome. We selected three subjects by purposeful sampling. First, we invited students to participate in this research and participate in a quality of life improvement program. Then, we used the Templer death anxiety scale for screening. Of these, 3 volunteer participants met the inclusion criteria. Inclusion criteria were; having a higher score than the cut off in the death anxiety screening test, informed consent and female gender. Exclusion criteria were receiving other psychological interventions, familiarity with therapeutic interventions, absence of more than one sessions in the therapeutic intervention, and physical illness.

## Data Collection tool

**Death anxiety scale (DAS):** This scale was developed by Templer (1970). It contains 15 items that measure the subjects' attitude toward death. The answer to the question is determined by the yes or no options. Its range is between zero and 15. The reliability coefficient of the scale retest as 0.83 and reported its validity as optimal. Thomas et al also calculated the reliability of this scale using the retest method as 0.76 and its internal stability as 0.83.

**Social vitality scale:** This scale was developed by Zare et al(2015). It has 37 questions that are scored on a Likert scale from one to four. A high score indicates the characteristic of being happy. The obtained reliability based on Cronbach's alpha is 0.77<sup>[21]</sup>.

**Psychological Capital Questionnaire:** Luthans (2007) developed this questionnaire and has 34 questions. It has components of hope, resilience, optimism and self-efficacy. It is answered on Likert 6-grade scale from I strongly disagree to I strongly agree. Luthans et al have reported its reliability by 0.80.

**Method of implementation:** After screening, we selected the people who received the highest score from the death anxiety scale. Their number was 3. During a visit before the intervention, we performed 3 pre-tests on the variables of social vitality, psychological capital and death anxiety, and thus we determined their baseline. We then performed the hope therapy

intervention in eight 90-minute sessions. Two sessions once we again performed the dependent variables (social vitality, psychological capital and death anxiety), and then at the end of the sessions, we followed up for a month.

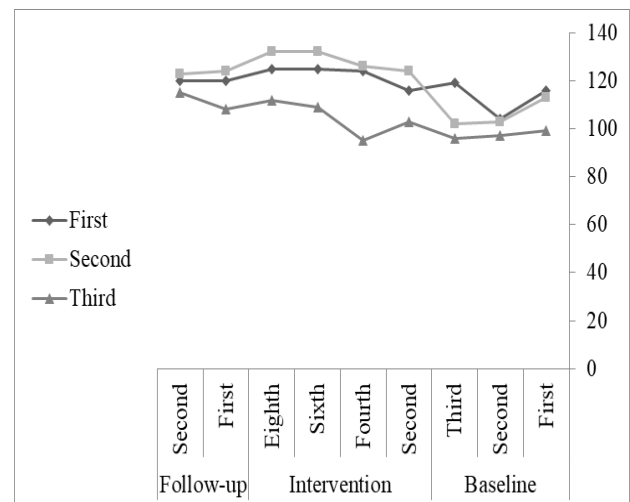
**Table 1-** Formulating of the Hope therapy sessions

Session	Purpose	Content
1	Familiarity with the concept of purpose	Getting acquainted group members with each other and introducing the pattern of hope and purpose
2	Increase in goal pursuit by willpower	Psychic energy or willpower
3	Increase in the power of goals	New ways to set goals
4	Increase in motivational force	Motivation and energy conservation
5	Contributing to traverse the path to the goal	Power of the path
6	Identifying target barriers and ways to reduce them	Goal barriers and ways to reduce its power
7	Increase in patience to overcome obstacles and reach the goal	Patience in front of obstacles
8	Recognizing lapse and relapse	Difference between lapse and relapse

## Findings

Subjects included three women in the age group of 19 to 22 years. The first subject F was 22 years old, married, the second subject M was 22 years old, single, and the third subject F was 19 years old, single. The mean of death anxiety in three sessions in baseline was 10 for the first subject, 9 for the second subject and 10 for the third subject.

Figure 1 has presented the process of improving the psychological capital of the three subjects in the research sessions.



**Figure 1-** Changes in the psychological capital of the subjects

In examining the research hypothesis, we used psychological capital scores before and after the intervention, the mean of the intervention, the percentage of increase in scores, Cohen's variability and the size of the effect, a linear graph of scores.

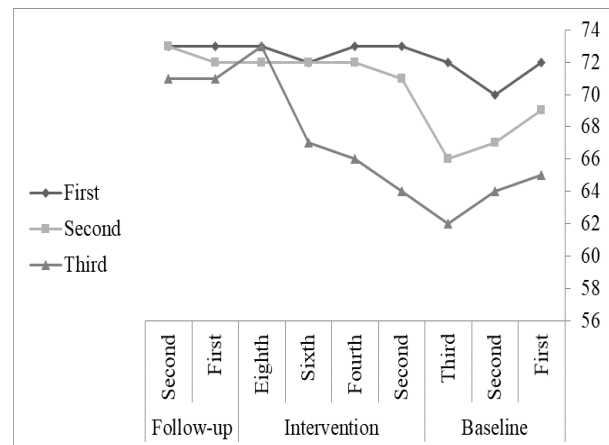
**Table 2- Indicators of trend changes, slope, variability and effect size of the subjects' scores in psychological capital**

Subject	Mean baseline	Standard deviation	Mean intervention	Standard deviation	Recovery after treatment	Percent of increased scores	Cohen variability	Effect size
First	112	93.6	5.122	36.4	120	37.9	81.1	67.0
Second	106	08.6	5.128	12.4	5.123	23.21	33.4	91.0
Third	33.97	53.1	15.104	5.7	5.111	01.7	26.1	53.0

Table 2 shows that in the pre-test or baseline conditions, the average score of psychological capital in the first subject is 112. In the conditions of experimental intervention, his average score was 122.5, which shows that he has shown an increase in this variable. The average recovery after treatment is 120. The percentage of increase in scores is equal to 9.37. The average of this variable in the pre-test in the second subject is equal to 106. In the conditions of experimental intervention, this score has increased to 128.5. The recovery rate is 123.5. The percentage of increase in scores is 21.23, which shows that in this subject, the scores increased by 21.23%. The average pre-test, the psychological capital score of the third subject is equal to 97.33. In the conditions of experimental intervention, this score has increased to 104.15 and in follow-up to 111.5, which indicates a significant increase in the score of this variable. The percentage of increase in scores is about 7%. In general, we can say that hope therapy has been effective in increasing psychological capital in all three subjects. The effect size shows that the effect of the interventions performed for the first subject (0.67) is moderate

upward, for the second subject (0.9) is very high, while in the third subject (0.53), the effect size is moderate.

Figure 2 shows the process of improving social vitality in the three subjects.



**Figure 2- Changes in the subjects' social vitality scores in research sessions**

**Table 3- Indicators of trend changes, slope, variability and effect size of subjects' scores in social vitality**

Subject	Mean baseline	Standard deviation	Mean intervention	Standard deviation	Recovery after treatment	Percent of increased scores	Cohen variability	Effect size
First	33.71	15.1	75.72	5.0	73	2	604.1	62.0
Second	33.67	53.1	75.71	5.0	5.72	56.6	88.3	88.0
Third	67.63	53.1	5.67	87.3	71	02.6	3.2	78.0

Table 2 shows that in baseline conditions, the average social vitality in the first subject is 71.33. In the conditions of experimental intervention, his average score was 72.75, which indicates that he has shown an increase in this variable. The average recovery after treatment is 73, which has increased again, and the percentage of increase in scores is 2%. The average of this variable in the pre-test in the second subject is 67.33. In the conditions of experimental intervention, this score has increased to 71.75, which indicates a significant increase in this variable. The recovery rate is 72.5, which shows an increase again. The percentage of increase in scores is 6.56 which shows that in this subject the scores have increased by 6.56%. The average pre-test, the third subject's social vitality score is 63.67. In the conditions of experimental intervention, this score has increased to 67.5, which indicates a significant increase in the score of this variable. The recovery rate after treatment is 71. The percentage of increase in the scores of this subject is 6.02. In general, we can say that hope therapy has been effective in improving social vitality in all three subjects. The effect size shows that the effect of the interventions performed for the first subject is 0.62 and

the effect is moderate upwards, but for the second subject (0.88) and the third (0.78) it is about 0.8 and high. The rate of Cohen variability in the second and third subjects is more than 1.96.

### Discussion and Conclusion

The results showed that hope therapy was effective in increasing psychological capital in subjects, which is in line with the studies of Lopez and Kerr (2016)<sup>[8]</sup>. According to the principles of positive psychology, interventions such as increasing hope by discovering the personal capacities and abilities of individuals help to pursue personal inner goals and mental health. Facing adverse situations such as death anxiety, hopeful people are more likely to seek out challenges. Having hope increases people's endurance in the face of adversity and helps persons overcome challenges and changes in life. Hope therapy works by activating the mechanism and structure of resilience in reducing anxiety in such a way that self-esteem, optimism, personal competence, instinct trust, positive acceptance of change, control and spiritual effects act as shock-absorbers when exposed to stressful situations

such and do not allow anxiety to occur. Hope is also considered a key factor in fostering resilience. Hope therapy as an intervention factor increases a person's ability to cope with a stressful situation. Therefore, this type of treatment method increases adaptation and resilience. Hope also gives meaning to life and changes a person's attitude in life and causes to endure psychological problems in life. Optimistic attitudes also make information processing more effective, and the individual adopts more active coping strategies; it increases the ability to cope with difficult situations and positive beliefs about death and acceptance of death. Therefore, hope therapy increases the efficiency of psychological capital components. Other results also showed that hope therapy was effective in improving the social vitality of the subjects. One of the main and important areas in creating the feeling of happiness is the existence of hope for oneself, life and the future. Feeling of anxiety about death are directly associated with a lack of hope for the future. The theory of hope for the future, which is the theory of motivation, is to achieve the goal or expect to achieve the goal. Happiness in life requires having hope in life. Hopeful people achieve true and lasting happiness by gaining life satisfaction, which can increase mental well-being in people with death anxiety. So hopeful people are healthier and happier, their immune systems work better, and they cope better with stress through more effective coping strategies, such as reassessment and problem solving. So hope can increase the vitality of people who are afraid of death. Therefore, due to the effect of hope therapy in increasing the psychological capital and vitality of female students, we recommend the implementation of this treatment in universities and counseling clinics. One of the limitations of this study is that the research is a single case research and done only on girls. We suggest that this intervention be performed on boys in future researches and that the effectiveness of this treatment be compared with other treatments.

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