

The Effectiveness of An Integrated Indigenous Intervention Model on Emotional vitality in Kerman

Abstract

In general, according to the investigations conducted by the researcher, no comprehensive model has been created yet regarding the simultaneous effect of indigenous therapies in Kerman, and the present research can create the ground for research in this field. Therefore, according to the mentioned points and the importance of the university and students, the effectiveness of the indigenous treatment model on emotional vitality in female students can be evaluated and a step can be taken to solve it, and the results of this research can be used in the fields of education and life. Methodologically, the use of mixed (qualitative-quantitative) research methods to compile an integrated-indigenous model makes it possible to accurately investigate cultural factors in the form of a theoretical model. At this stage, after compiling an educational package based on the model of integrated indigenous intervention in Kerman in accordance with the needs of Kerman, its effectiveness on students' emotional vitality was evaluated. This stage was performed in a quasi-experimental manner, and pre-test and post-test with the experimental and control groups were used in it.

Keywords: Educational Package, Integrated Indigenous, Emotional vitality, Kerman Female Students.

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Introduction

According to Delavar (2015), many clinicians today acknowledge that there is no single method to explain and treat human problems and that a single approach alone cannot respond to all questions raised about human psychological problems (1). For this reason, therapists from all schools are increasingly looking for the components understood by various systems and integrating therapeutic techniques (2). On the other hand, in general, two major developments have occurred in psychotherapy in recent years; therapists' turning to eclectic and integrated methods and emphasizing indigenous values in the treatment process. Due to the effectiveness of each one of the treatments by therapists and to the lack of a continuous indigenous explanatory model, it seems that unknown or important factors that are used in the common treatments of mental disorders have been neglected (3). Therefore, combining the intervention model based on the cultural realities of Kerman can have better effectiveness than the separate application of each one of these therapies (4, 5). But so far, no comprehensive model of a combination of treatment methods based on the cultural realities of Kerman has been presented. Therefore, due to the absence of coherent and sufficient studies in this field, the present research, in addition to presenting a model of integrated-indigenous intervention based on cultural realities in Kerman, investigates the effectiveness of this model on the emotional vitality of female students(6).

Research Importance and Necessity

In the present era, humanity has been confused and disturbed by the great gap between its inner and outer worlds. Looking at human distress from numerous angles approximates us to the belief that indecision, lack of support, distress, extreme worldly attachments, immersion in corruption, deviation, perversion, and immorality lead to the reduction of emotional vitality. Therefore, something must be done for the students of human societies who are more affected by this issue than any other group (7).

Effective diagnosis and treatment of emotional vitality problems at the beginning of university may reduce laxity and improve educational and psychosocial performance. Therefore, it is hoped that by compiling an integrated-indigenous intervention model suitable for the culture of the students in Kerman, it will be useful in improving the emotional vitality of students and will be included in emotional vitality education programs (8, 9).

Research Objectives

Major Goal:

The compilation and effectiveness of an integrated-indigenous intervention model on improving emotional vitality in Kerman female students

Minor Goals:

- 1- Investigating the views of therapists in Kerman regarding effective intervention models
- 2- Investigating the views of therapists in Kerman regarding the requirements for using intervention models
- 3- Investigating the views of therapists in Kerman regarding the application of intervention models
- 4- Determining the components of integrated-indigenous intervention models based on cultural reality in Kerman female students
- 5- Compiling executive protocol of compiled integrated-indigenous intervention model
- 6- The effectiveness of the integrated-indigenous intervention model on improving the emotional vitality of Kerman female students

Hypotheses

- 1- Education through the compiled integrated-indigenous intervention model is effective in improving the emotional vitality of Kerman female students.

Research Questions

- 1- What are the effective intervention models according to the therapists of Kerman?
- 2- How is the view of Kerman therapists regarding the requirements of using an integrated-indigenous intervention model?
- 3- How is the view of Kerman therapists regarding the application of the integrated-indigenous intervention model?
- 4- What are the components of the integrated-indigenous intervention model for female students based on the cultural realities of Kerman City?

Research Variables

Independent variable: Integrated-Indigenous Intervention Model

Dependent Variables: Emotional vitality Control Variables: The gender (girl), age (18-30 years), and education (Bachelor and Master) of students are used.

Material and Method

At this stage, after compiling an educational package based on the integrated indigenous intervention model of Kerman city in accordance with the needs of Kerman city, its effectiveness on the emotional vitality of students was evaluated. This stage was performed in a quasi-experimental manner, and a pre-test and post-test with the experimental and control groups were used in it. In this research, the selection of samples with regard to the research's being qualitative and quantitative is as follows: In the qualitative section: 1. Selection of sources from research conducted in the field of treatment models for the emotional

vitality of students in various countries, including Iran from 1990 to 2019.

2. Polkinghorne (1989, quoting by Creswell, 2019) recommends that researchers should interview 5 to 25 people, all of whom have experienced a phenomenon.

In the quantitative section of this research, considering that for the methods of quasi-experimental design, the minimum sample size for each group has been specified as 15 people, 15 people were assigned to the control group and 15 people were assigned to the experimental group (Delavar, 2016). In the present research, 30 people from the population were selected as samples and were randomly assigned into two equal groups of experimental (15 people) and control (15 people).

Statistical Population

1. Resources and researches conducted in the field of effective treatment models
- 2- All specialists in the fields of psychology and health in Kerman
- 3- All Kerman female students who were studying in the academic year of 2019-2020.

Research Tool

In this research, the data collection tool is a questionnaire.

Demographic Questionnaire

This questionnaire was made by a researcher to assess the demographic and family characteristics of each of the students, including questions about age, ratio of education, number of children, and marital status, appropriate to the objectives of the research.

General Health Questionnaire

The Public Health Questionnaire was first published by Prince (2015) and its aim is to differentiate between healthy people and sick people. The general health questionnaire has no diagnostic aspect and can only be used to screen individuals for acute conditions (10).

Qualitative Section

In the present research, data collection was performed through interviews. The researcher's intention is to penetrate the deep layers of the interviewee's mind and to obtain real information. In this study, the interview guide was used. The interview guide prevents wasting time and scatter-talking. In total, about 10 interviews were conducted, lasting between 15 and 40 minutes, depending on the interviewer's willingness to continue the conversation. The interview began with general questions about: "What are the treatments you use? Then more questions arose: What are the main treatments that are more effective? What are the components of each treatment that are more emphasized for treatment? And which components of the treatments are more effective? Why are they more effective? These interviews were conducted individually. This point made the interviewee feel that no one else was hearing his/her

information. Therefore, he/she easily expressed his views on the issues raised. In this study, for the convenience of the participants, the interviews were not recorded, and they were only used for note taking. At the beginning of each session, the interviewer asked for individual demographic information, including age, education, gender, employment, and so on. The accuracy of the data analysis results. The results of the analyses, which included the initial manuscripts prepared from the interviews, were read to the participants so that they could specify the necessary points and express their views if these perceptions were contrary to their statements and experiences. In addition, another factor that can validate this information has been the researcher's involvement in the data and the researcher's dealing with the data collection for nearly six months. In conducting this research, the expert's opinions in qualitative research were used. The participants' responses in the interview were also compared with the findings of similar studies.

Quantitative Section

In accordance with the variables under study and the data obtained from measuring them, and in order to describe the data, appropriate descriptive statistical methods such as frequency, percentage, central tendency indicators, dispersion and distribution have been used. Finally, to answer the research hypotheses, considering the type of data, the one-factor analysis of covariance tests has been used. The conducted calculations have been presented in the two sections of descriptive statistics and inferential statistics analysis.

Results and Discussion:

From the analysis of the data obtained in this research, four main themes have emerged from the perspective of the participants regarding the integrated-indigenous model, which can depict the components of the integrated-indigenous model. The themes extracted from interviews and research have been presented below (Table 1):

Table 1. Themes Extracted from the Researches

| Major Themes | Minor Themes |
|---|--|
| Acceptance and Commitment-Based Therapy | Connection with the present moment |
| | Acceptance |
| | Diffusion |
| | Values |
| | Self as a context |
| | Commitment performance |
| Compassion-Focused Therapy | Kindness to self-versus self-judgment or self-criticism |
| | Common human feelings versus isolation |
| | Consciousness or mindfulness versus extreme assimilation or submission |
| Cognitive Behavioral Therapy | Communication of cognition, thoughts and excitement |
| | Examining negative automatic thoughts and alternative thoughts |
| | Breathing Techniques |
| Schema Therapy | Negativity |
| | Seeking confirmation |
| | Emotional deterrence |
| | Abandonment |
| | Emotional deprivation |
| | Undeveloped self |
| | Entitlement |
| | Punishment |
| | Vulnerability |
| | Self-control |
| | Obedience |
| | Sacrifice |
| Spiritual Therapy | Connecting with God |
| | Sense giving |
| | Altruism |

Table 2. Results of Kolmogorov-Smirnov Test to Investigate the Normality of Distributions in the Variables under Study

| Variables | Test Type | Kolmogorov-Smirnov Statistical Value | Significance |
|--------------------|-----------|--------------------------------------|--------------|
| Emotional vitality | Pre-Test | 0.103 | 0.200 |
| | Post-Test | 0.087 | 0.200 |

As it is observed in (Table 2), the results indicate that the normality of distributions is established at all stages of the measurement. Therefore, considering that the prerequisites were established, the following analysis of covariance was performed to investigate the integrated-indigenous intervention training on emotional vitality.

In order to test the hypothesis, it is necessary that the assumptions of the similarity of variances, the normality of

Table 3. Results of the Analysis of Covariance of the Effect of Integrated-Indigenous Intervention Model on Post-Test Emotional vitality Scores Ratio

| Group | df | Mean of Squares, MS | Significance Level | F |
|----------|----|---------------------|--------------------|-------|
| Groups | 1 | 301.964 | 0.025 | 5.612 |
| Pre-Test | 1 | 139.966 | 0.157 | 2.124 |
| Error | 27 | 53.802 | - | - |

The analysis of covariance results showed that there is a significant difference between the pre-test and post-test scores of emotional vitality ($P < 0.05$ and $F = 5.612$). This result reflects the effectiveness of compiled integrated-indigenous model training in increasing emotional vitality. In other words, it can be concluded that the emotional vitality ratio of the experimental group after receiving the compiled integrated-indigenous model training program is higher than the emotional vitality ratio in the control group. In other words, training in the compiled integrated-indigenous intervention model has led to an increase in their emotional vitality. Thus, the research hypothesis is confirmed.

Conclusion:

The present research was conducted for the compilation and effectiveness of an integrated-indigenous intervention model on improving emotional vitality in Kerman female students. The results of the qualitative section of the research, obtained from interviews with specialists and therapists in Kerman, showed that the major components that had been compiled for the integrated indigenous model include: acceptance and commitment-based therapy, compassion-focused therapy, cognitive-behavioral therapy, schema therapy, and spiritual therapy. The minor components for each therapy were also extracted that from acceptance and commitment-based therapy (1- acceptance of painful personal events, 2- relation to the present moment, 3- creating a commitment to perform behavioral plans according to the values), from compassion-

distributions, the homogeneity of regression slope, and the linearity between the dependent variable and the independent variable be established. The results obtained from these tests have been mentioned in the previous sections. Therefore, the analysis of covariance was used to compare pre-test and post-test data and to investigate the effect of treatment on increasing the emotional vitality of the subjects. The results have been presented in (Table 3).

focused therapy (1- characteristics of people with compassion, compassion towards others, growing a feeling of warmth and kindness towards him/herself, growing and understanding the point that others also have deficiencies and problems (growing the sense of human commonalities) contrary to self-destructive and shameful feelings, sympathy training, 2- compassionate mind growth training), also from cognitive-behavioral therapy (1- formulating problems in the form of cognitive model, drawing a defective cycle model, 2- designing negative automatic thoughts and introducing a list of cognitive errors and classifying cognitive distortions and challenging with negative thoughts, 3- introducing and identifying hypotheses and rules and evaluating them and challenging with hypotheses and rules and creating consistent standards and hypotheses, 4- changing underlying beliefs and examining relevant evidences through behavioral experiences and modifying underlying beliefs and presenting methods for adopting adaptive beliefs), from schema therapy (1- identifying, evaluating and formulating the problem according to the schema therapy approach, 2- facilitating emotional processing, 3- persuading patients to abandon maladaptive coping styles and behavioral model breaking techniques by depicting problematic situations, understanding the evolutionary roots of behaviors during childhood, reviewing the advantages and disadvantages of continuing behavior and practicing healthy behaviors, and finally from spiritual therapy (1- communicating with the sacred (creating a pleasurable connection with the sacred to

reduce feelings of alienation, loneliness, stress and anxiety)) 2. Altruism (doing spiritual work as a group, with the aim of practical experience of spirituality and increasing self-esteem and the sense of being useful and good) were also extracted. On the other hand, the results of the quantitative section showed that the compiled integrated indigenous model impacted on the variables of emotional vitality among the students of Kerman.

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