Comparing the effectiveness of two counseling approaches (R.E.B.T and P.C.T) in the symptom improvement of aggression, depression and anxiety among students of Saghez City.

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This study was aimed to compare the effectiveness of rational, behavioral and emotive therapy (R.E.B.T) and person-centered therapy (P.C.T) in the symptom improvement of students diagnosed with suffering from aggression, depression and anxiety. All third grade physics-math students studying in Saghez were considered as the population under study, 205 of them were selected through classified random sampling method for aggression, depression and Anxiety. From those diagnosed with SCL-90-R test, 90 subjects were randomly assigned to three groups (30 subjects in each Group), and then 30 "healthy students" were randomly selected and assigned to the control group. Therefore, four groups formed PCT group, REBT group, and control group. The employed recovery indices were the Subjects of aggression, depression and Anxiety, which were measured twice before and after Interventions of SCL-90-R scale. The results showed that REBT and PCT were effective in the reduction of Anxiety, depression and aggression.

Key words: *Aggression, Depression, Anxiety, Person-centered therapy (PCT), Rational - Emotive-behavioral therapy (REBT).*

Introduction

The major forms of treatment used in the rehabilitation of maladjusted individuals may be classified into two broad categories, somatic therapy and psychotherapy. Somatic therapy is the treatment of emotional disorders via physical methods, such as drugs, shock, or surgery, which are meant to modify physiological processes. This treatment which is based on the therapy of restoration of physiological homeostasis will result in improved

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behavior (Yoosefi & Hosseiny 2003). Psychotherapy is aimed to strengthen the individual's mental and emotional resources so that she can function more effectively. Two forms of psychotherapy are person-centered therapy (PCT) and Rational-Emotive-behavior therapy (REBT) (Francis, 2007).

1- Person-centered therapy (PCT) is often called self-theory, non directive counseling and Rogerian counseling. Rogers (1902), its originator, labeled it as "client-centered therapy". Recently Rogers labeled it as "person-centered therapy (PCT)". PCT was originated in America. This approach stresses on the ability of clients to determine the issues important to them and to solve their problems (Bott, 2002).The most important quality of the counseling relationship is the establishment of warm, permissive and accepting climate that permits clients to explore their self-structure in relation to their unique experiences. The person-centered approach to counseling is based on a very positive view of human nature. The method utilizes active listening, reflection of feelings, clarification and facilitation (Priest, 2002).

2- Ellis (2002) formulated rational-emotive-behavior therapy (REBT).He has stated that he views humans as both rational and irrational (Ellis, 2002).Emotional problems lie on illogical beliefs. Blame and anger are viewed as dysfunctional and irrational feelings (Backx, 2003).The Rational-Emotive-behavioral practitioner believes that no person is to be blamed for anything he or she does, but each person is responsible for his or her behavior. Ellis has formulated a theory of personality identified as the A-B-C-D theory (David, 2003, David, Schnur, & Belloiu, 2002).

When an individual has an emotional reaction point C (the emotional consequence), after some activating agent, event, or experience has occurred (point A), it is viewed as the result of the system (point B). A does not cause C, but the belief system that is held about A leads to C (Ziegler, 2001). Almost everyone gets depressed, aggressive and anxious at times. Depression is a normal response to any life stresses. Depression is considered abnormal only when it is out of proportion to the event and continues past the point at which most people recover (Adler, Ozer & Tschann, 2003).

There are actually symptoms to be diagnosed as depressed for example sadness and dejection are major symptoms of depression. The individual feels hopeless and unhappy, often has crying spells and may attempt later to suicide. In any specific period of time 15 to 20 percent of individuals suffer from depression, hence pulling them toward therapy (Felton, Koopman, O'Shea, et al,2005).Every year four hundred thousand people seek cure for depression and fifteen percent of them commit suicide. It seems that women are undoubtedly more exposed to the threat of depression than men (Knick,

2002). Studies show that Cultural factors such as living standards of families, job stability, economic situation, and social class are closely related to suicide and depression (Roytburd & Myrna, 2008).

Anyway, clinical depression is so common that it has been termed psychiatric cold. The reduction of anxiety reinforces the tendency to engage in the activity that reduces the anxiety. There are some symptoms to be diagnosed as anxiety. Anxiety doesn't have any external origin but fear has complete external origin. This is the difference between anxiety and fear. Research has shown that more than one third of adults suffer especially from anxiety (Cougle, Reardon, & Coleman, 2005).

Anxiety occurs less frequently among men and affluent classes, but it is more common among women, under paid, and old people (Jakubasck & Hubschmid, 1994).Research shows that girls show greater fear, which is actually a kind of anxiety, as compared to boys. Girls are afraid of snakes and mice while boys fear more from being criticized (Linley, & Joseph, 2004).Another study indicates that almost 8 percent of patients show anxiety features. Theory of aggression is generally called as frustration- aggression hypothesis (D,zurillas,& nezu, 1999). Aggression is a response to frustration identity in the environment. Among many research projects stimulated by the hypothesis was the study of Lynchings in South America between 1882 and 1930 (Holmberg, 1988). Aggression is a behavior used to deal with physical or mental damage to others (American psychiatric Association, (1980).

Research shows that there is a negative correlation between empathy, which is one of the client-centered methods, and aggression, especially among teenagers corresponding. The greater the ability of empathizing is, the less use of aggression will be (Root, 2000, Birditt, Antonucci, (2008)). Another study shows that the higher the individualization, the less the awareness of the individual will be.Thus rendering the individual more stimulated and aggressive (Dunn & Roger, 1982).

Moreover, another study showed that there is a negative correlation between shame, anger and aggression (Jakubasck & Gennifer, 1994). Whereas all criteria of mental illnesses are similar in men and women. A study by Palham and et al (1998) showed that the most common diagnoses of fears and depression was more among women and excessive drinking of alcohol and drug addiction among men. The study showed that the rate of mental disorders decreases greatly after the age of 45.Another study was conducted by Ziegler (2001). They assigned 60 patients randomly into two groups. The first group received only standard medical care and the second group was provided with cognitive-behavioral therapy in addition to standard medical

care. In comparison with the control group a significant portion of the cognitive-behavioral group read a satisfactory functional level.

A significant decrease in depression was found among patients who received cognitive- behavioral therapy. A Sixteen-session cognitive - behavioral therapy was given to outpatients, and patients were traced for twelve months.

A study has been conducted by Bradshaw et al (2003) in the United States. In this study 62 patients received cognitive-behavioral treatment and 20 patients who formed the control group did not receive any treatment. A trend was seen in the decrease of depression, anxiety and mental pressure, especially aggression. The patients received six sessions of cognitive-behavioral therapy and were traced for six to nine weeks.

Butler et al (1991) treated 26 outpatients and six bed ridden patients with cognitive- behavioral therapy. A remarkable improvement was gained in the average psychological condition, particularly in aggression, depression and anxiety .Tracing was done after four years. The study showed that the subjects preserved the positive consequences of the therapy.

In another study by Akagi, Klimes and Bass (2001) the efficacy of cognitive-behavioral therapy on 94 patients was examined. When they examined the tracing they found that the group has gained significant improvement in terms of mental hazards such as anxiety and aggression. There were 53 subjects in the study in which cognitive-behavioral approach was an acceptable treatment for most of the patients.

In a study by Saunders (1996) immunization technique, which is one of the techniques of cognitive therapy, was shown to be very effective in lowering the anxiety, stress, aggression and especially depression. In this study the method of improving and expressing feelings was very effective in lowering the aggression.

In an attempt to change the aggressive behavior of teenagers Kagan (1966) conducted a study including (forty patients)(twenty peers) and the evidence group. The findings showed a significant difference between the two groups.

In another study conducted to examine the effect of counseling, especially, person-centered approach, on lowering Leukemic teenagers· depression and hopelessness in Ahvaz, the experimental group received counseling that proved to be very effective in lowering Leukemic teenagers· depression and hopelessness (Shni Yeylaghy, 2000).

Method

Interventions

Two groups of male and female students suffering from mental disorders such as depression, aggression and anxiety were exposed to two different therapeutic interventions.

Group one: Students in this group were individually treated through Rogers person-centered therapeutic procedure by a trained counselor in the counseling center which was used as a basic model. The main components of Rogers' person-centered therapy were rapport, empathy, reflection, feelings, active listening, facilitation, catharsis, phenomena change of, perception change, unconditional positive regard, and self-actualization of the client. This therapeutic method was offered in 10 one-hour sessions. It was held two times a week. After 8 months therapeutic effects were traced.

Group two: In this experimental group Ellis' Rational-Emotive-Behavioral therapeutic method was implemented. This method was performed by an experienced and well-informed counselor in the counseling center. The therapeutic procedure involved:

a) Cognitive therapy, e.g. changing irrational ideas, and verbal shock
b) Emotional methods, e.g. sense of humor, modeling, and role playing
c) Behavioral methods, involving positive reinforcement, change of behavior and training to stop thought
d) Home assignment. The therapy involved ten one-hour sessions. It was held twice a week and therapeutic effects were traced after 8 months

Sample and Sampling

All the third grade physics-math students of Saghez, were considered as the population under study, 205 of them were selected through classified random sampling method for aggression, depression and anxiety. From those diagnosed through SCL-90-R test, subjects were randomly assigned to three groups (30 subjects in each Group). Therefore, the three groups were formed as PCT group, REBT group and control group.

Instrument

The SCL-90-R for students was used as a measure of students' aggression, depression and Anxiety (Cory, 1975).The SCL-90-R included 90 items. SCL-90-R was developed to measure nine, sub scales namely aggression, depression, anxiety, psychosis, phobia, somatic, sensitivity, obsessive-compulsive and paranoid. For studying, three sub scales of aggression, depression and anxiety were used in this research. Validity of SCL-90-R

was found to be highly based on its concurrent administration with MMPI, (r=0.78), Ahvaz Aggression Inventory (AAI), (r=0/84) and Beck scale(BDI),(r=0.79) also found to be very high in terms of its construct and factorial validity (Najarian & Davidy, 2001). The Internal Consistency Coronbach Alpha, (r=0.86) and Test-Retest Reliability Coefficients,(r=0.76) of SCL-90-R, especially three sub scales were to be statistically significant (Najarian & Davidy, 2001).

Results

To analyse the data, descriptive statistics methods of means and standard deviations (SD) and inferential statistics methods of MANOVA, ANOVA and Tuky-test were used.

Table 1. Means and Standard Deviations of aggression, depression and anxiety for Total Sample

Statistics		Means			SD		
Groups		Pre-test	Post-test	Follow-up	Pre-test	Post-test	Follow-up
PCT	aggression	21.30	14.12	18.12	3.72	3.50	3.17
	depression	30.11	22.07	27.12	6.17	5.27	5.02
	anxiety	45.17	40.13	40.15	8.18	7.53	7.40
REBT	aggression	24.40	16.12	13.14	5.10	4.88	3.16
	depression	35.17	31.09	29.58	8.70	6.90	6.70
	anxiety	46.62	41.79	41.84	10.59	8.94	7.33
Control	aggression	25.8	23.78	21.92	4.15	5.12	4.78
	depression	34.84	34.19	35.40	7.43	6.65	6.55
	anxiety	40.18	44.35	40.11	9.17	9.21	8.9

As Table 2 shows, students means and standard deviations were different in terms of aggression, depression and anxiety in three phases of the study (pre-test, post-test and follow-up).

The results presented in table 3, indicate that in the(Pre-test and Post-test) and (Pre-test and Follow-up)scores on three dependant variables for groups a significant difference was found. (P=0/001), however, the results showed that there was a significant difference between (P.C.T) and (R.E.B.T) in the reduction of aggression, depression and anxiety.

The results presented in table 3 indicate that Scheffe follow-up method was employed to compare the means of aggression, depression and anxiety in various pairs of groups. Scheffe test showed significant differences among the groups. (control and P.C.T) and (control and R.E.B.T), however. Scheffe

test showed there was not a significant difference among the groups(PCT and REBT).

Table 2. Multivariate Analysis of Variance (MANOVA), Differences Between the(Pre-test and Post-test) and (Pre-test and Follow-up) Scores on Three Dependant Variables for Groups

	Pre-test and Post-test		Pre-test and Follow-up		P
Name of test	value	F	value	F	-
Pillai's Trace	1.055	10.61	0.181	70.4	0.001
Wilks' Lambda	0.052	32.01	0.239	30.42	0.001
Hotelling's Trace	13.33	86.23	0.578	12.49	0.001
Roy's Largest Root	14.12	268.1	0.181	70.4	0.001

Table 3. Comparing Mean Differences of (Pretest and Post-test) and (Pretest and Follow-up) Scores on Three Dependant Variables for Groups Through Scheffe Test

	groups		Pre-Post test		Pre-Follow-up test	
Dependent Variable	Group (J)	Group (I)	M. D. (I-J)	p	M. D. (I-J)	p
Anxiety	PCT	control	3.22	.000	2.96	0.000
	REBT	control	0.56	.000	1.27	0.000
	REBT	PCT	-2.66	.889	1.96	0.638
Depression	PCT	control	6.12	.000	8.28	0.000
	REBT	control	3.1	.000	5.82	0.000
	REBT	PCT	-3.02	.027	2.46	0.972
Aggression	PCT	control	9.66	.000	3.8	0.000
	REBT	control	7.66	.000	7.78	0.000
	REBT	PCT	-2	.965	4.98	0.995

The results presented in table 4, indicate that in the(Pre-test and Post-test) and (Pre-test and Follow-up) scores on Dependant Variables of anxiety for Groups a significant difference was found. (P=0/001), however, the results showed that there was a significant difference between (P.C.T) and (R.E.B.T) in the reduction of anxiety.

Also, it's indicated that in (Pre-test and Post-test) and (Pre-test and Follow-up) scores on dependant variables of depression for groups a significant

difference was found. (P=0/001), however, the results showed that there was a significant difference between (P.C.T) and (R.E.B.T) in the reduction of depression. The results presented in table, indicate that in (Pre-test and Post-test) and (Pre-test and Follow-up) scores on Dependant Variables of aggression for Groups a significant difference was found. (P=0/001), however, the results showed that there was a significant difference between (P.C.T) and (R.E.B.T) in the reduction of aggression.

The results presented in table 5 indicate that Scheffe follow-up method was employed to compare the means of anxiety in various pairs of groups. Scheffe test showed differences in three phases of the study (pre-test, post-test and follow-up).Scheffe test showed that there was a significant difference in three phases of the study (pre-test and post-test) and (pre-test and follow-up) for (P.C.T) and (R.E.B.T), however, there was not any significant difference in the other two phases of the study (post-test and follow-up) for (P.C.T) and (R.E.B.T).

Scheffe test also showed that there was not any significant difference in three phases of the study (pre-test, post-test and follow-up) for control and effect groups. Also the results presented in table indicate that Scheffe follow-up method was employed to compare the means of anxiety in various pairs of groups. Scheffe test showed differences in the three phases of the study (pre-test, post-test and follow-up).

Scheffe test showed that there was a significant difference in the three phases of the study (pre-test and post-test) and (pre-test and follow-up) for (P.C.T) and (R.E.B.T), However, there was not any significant difference in the two phases of the study (post-test and follow-up) for PCT and REBT. Also Scheffe test showed there was not any significant difference in the three phases of the study (pre-test, post-test and follow-up) for control and effect groups.

The results presented in the table above indicate that Scheffe follow-up method was employed to compare the means of aggression in various pairs of groups. Scheffe test showed differences in the three phases of the study (pre-test, post-test and follow-up).Scheffe test showed, there was a significant difference in the three phases of the study (pre-test and post-test) and (pre-test and follow-up) for PCT and REBT, However, there was not any significant difference in the two phases of the study (post-test and follow-up) for PCT and REBT. Scheffe test also showed there was not any significant difference in the three phases of the study (pre-test, post-test and follow-up) for control and effect groups.

Table 4. Multivariate analysis of variance (MANOVA), differences among (Pretest and Post-test) and (Pretest and Follow-up) scores on dependant variables of anxiety, depression and aggression for groups

Effect	Name of test	Values anxiety	depression	aggression
Intercept	Pillai's Trace	.978	.980	.978
	Wilks' Lambda	.022	.020	.022
	Hotelling's Trace	45.316	49.245	44.944
	Roy's Largest Root	45.316	49.245	44.944
groups	Pillai's Trace	1.826	1.825	1.799
	Wilks' Lambda	.007	.007	.008
	Hotelling's Trace	24.040	24.700	25.095
	Roy's Largest Root	16.587	18.766	19.680
			F	
Intercept	Pillai's Trace	1721.989(b)	1854.899(b)	1692.881(b)
	Wilks' Lambda	1721.989(b)	1854.899(b)	1692.881(b)
	Hotelling's Trace	1721.989(b)	1854.899(b)	1692.881(b)
	Roy's Largest Root	1721.989(b)	1854.899(b)	1692.881(b)
groups	Pillai's Trace	60.117	59.562	57.420
	Wilks' Lambda	210.063	201.991	197.496
	Hotelling's Trace	300.947	306.465	311.368
	Roy's Largest Root	641.373(c)	719.371(c)	754.414(c)
			Eta Squared	
Intercept	Pillai's Trace	.975	.980	.978
	Wilks' Lambda	.974	.980	.978
	Hotelling's Trace	.974	.980	.978
	Roy's Largest Root	.973	.980	.978
groups	Pillai's Trace	.602	.608	.600
	Wilks' Lambda	.802	.807	.804
	Hotelling's Trace	.889	.892	.893
	Roy's Largest Root	.949	.949	.952

Observation Power(a)=1.000, sig=0.00

Table 5. Comparing mean differences of (pretest and post-test) and (pretest and follow-up) scores on dependant variables of anxiety, depression and aggression for groups through Scheffe Test.

Dependent Variable	Groups	I- J	I-J	Std. Error	p
Anxiety	PCT	Pretest- Posttest	4.04	1.12715	.000
		Pretest- Follow	5.02	1.12715	.000
		Posttest- Follow	0.98	1.12823	.155
	REBT	Pretest- Posttest	2.83	1.12715	.000
		Pretest- Follow	4.78	1.12607	.000
		Posttest- Follow	1.95	1.12715	.122
	CONTROL	Pretest- Posttest	-4.17	1.12715	.135
		Pretest- Follow	-2.93	1.12607	.427
		Posttest- Follow	1.24	1.12715	.943
Depression	PCT	Pretest- Posttest	2.04	1.11995	.000
		Pretest- Follow	2.99	1.11995	.000
		Posttest- Follow	0.95	1.12096	.155
	REBT	Pretest- Posttest	4.08	1.11995	.000
		Pretest- Follow	5.95	1.11893	.000
		Posttest- Follow	1.51	1.11995	.122
	CONTROL	Pretest- Posttest	-1.35	1.11995	.135
		Pretest- Follow	-1.35	1.11893	.427
		Posttest- Follow	-2.56	1.11995	.943
Aggression	PCT	Pretest- Posttest	7.18	1.12887	.000
		Pretest- Follow	3.18	1.12887	.000
		Posttest- Follow	-4	1.12996	.135
	REBT	Pretest- Posttest	8.28	1.12887	.000
		Pretest- Follow	11.26	1.12778	.000
		Posttest- Follow	2.98	1.12887	.250
	CONTROL	Pretest- Posttest	2.02	1.12887	.755
		Pretest- Follow	3.88	1.12778	.084
		Posttest- Follow	1.86	1.12887	.999

Discussion

As it was seen in the analysis of finding section, Tuky test indicated the effect of cognitive therapy method on improving depression, aggression, and anxiety. The finding of the research in this regard is in line with that of other studies about the effectiveness of the cognitive therapy method on improving such disorders (Taylor, 2001; Cougle, Reardon & Coleman, 2005; Quinton et al, 2001;Szentagotai et al, 2000; Akagy et al, 2001). Moreover, the examination of the results showed that the cognitive therapy (rational-emotive-behavioral) has been more effectual in reducing aggression (Szentagotai et al 2000). The results of this research are in accordance with

the theoretical findings and concepts of this approach, since Ellis's approach is, in fact a direct method and sometimes a therapist moves ahead of the client and uses verbal shock. Based on clinical experiences, it seems that especially in the culture of Saghez this method is more effective in reducing aggression. Since aggression-related clients have aggressive behavior, a suitable approach should be a kind of harsh and direct encounter rather than a mild and indirect one (Jakubasck and Gennfr, 1994). Studies by *Daniel* and et al (2008) are cases in point. Rational emotive-behavioral therapy is based on the assumption that it is our attitude or opinion and not the event perse that causes worry or aggression.Related clients possessed irrational opinions of some sorts that caused agitating or aggressive behaviors. Although in individuals who suffer from depression due to deficient cognitive cycles and in fact irrational attitude, Ellis's cognitive method has been effective, it has had less effect in this study, compared with client-centered therapy. The only justification would be that although depressed clients suffer a sort of cognitive change, an indirect counseling method that is a method of empathy, unconditional positive welcome and expression of feeling is more effective (Jakubasck & Hubschmid, 1994). Persuading the clients to be active is more important than that we can stimulate the clients. The current study is in conformity with other studies such as Bott, et al (2002) and Yoosefi, and Hosseiny. (2003). Although the results show that both Ellis's cognitive therapy method and client-centered therapy method have been effective in reducing anxiety, it can be assumed that anxious individuals suffer from cognitive problems such as irrational thinking or that they have a biological tendency of self-destruction. These individuals deal with some sorts of obligations subconsciously during the course of self-destruction and these factors bring about anxiety and agitation in them. Based on the client-centered view, anxious people suffer from a lack of conformity between 'self' and their 'experiences'. This means that a part of their personality which has been detached as 'self' doesn't have conformity with the individual's experiences and this causes a sort of anxiety. According to the present study Ellis's cognitive approach sought to change the individuals' irrational attitude about the outside event to rational attitude so that its behavioral consequences could change. This study used methods of insight, training of rational thinking, role playing, emotional method and especially behavioral therapy, i.e., positive reinforcement, conditioning and stopping thoughts. According to Roger's method, person-centered method, one can use indirect method, and by providing value conditions and unconditional positive welcome it will be possible to provide a kind of client reception. This causes the client to rebuild his personality and form

coordination between his 'experiences' and 'self' and use this coordination to reach mental health of some sorts. Since according to Roger and Ellis's approach both anxiety therapies have been successful, the results of the current study is in conformity with studies conducted by Akagy (2001), Bradshaw & Slade (2003), Saunders (1996) and Shehni (2000). In sum, it can be stated that the present study's hypotheses were confirmed. The current study was a valuable study of its kind in the examination of the effects of counseling therapy, especially person-centered methods and rational- emotive- behavioral approach on the reduction of depression disorders, anxiety and aggression. It is hoped that the findings of the current study be noted in Iran and other parts of the world so that counselors and therapists choose appropriate approaches to behavioral problems in any fields and achieve therapy aims and help the society of affected clients more and more.

The results of the study point to several issues related to prevention and intervention of psychological distress for Iranian clients. There was valid evidence that adjustment difficulties or psychological distress may be a sign of underlying differentiation in adolescents rather than simply treating adjustment problems, therefore, therapists may need to focus on how low health levels influence psychological distress. Although Iranian individuals are considered collectivistic thus it is necessarily encouraging individuals to achieve psychological rational and empathy with another. We believe that there is a valid need for Iranian individuals to strive for empathy. As noted by Rogers (2000), in a collectivist culture, respecting the process of actuality a self means working with, not against, the individuals' values and norms. Indeed, in such a situation, Clinicians need to be very attentive to the fact that the disorder process in the Iranian clients is very different from other cultures. This study clearly shows that both the process of disorder and health are equally necessary for psychological well-being in each culture. It is interesting to note that irrationality is the most important factor for psychological well-being of individuals. Although Iranian are likely to over emphasize the process of irrationality and pay less attention to the process of rationality, therapists need to be sensitive to the needs of process of rationality of clients while maintaining close relationships and empathy with another's. Furthermore, therapists should not take position in terms of relations of individual's value orientation and differentiation with psychological adjustment. Rather, they should take a more balanced position, especially when working with clients in order to increase therapeutic effects of the clients and adolescents who experience psychological distress, Counselors and psychotherapists need to make effort

to increase the process of rationality and understanding of empathy which is closely related to well-individual functioning. In collectivistic and hierarchical Iranian, individuals functioning level can be improved when therapists use the Ellis and Rogers approaches focusing more on the process of rationality and understanding of empathy and thus protect the dignity of the individual and honoring the good name of the adolescents. Again, it needs to be highlighted; effective therapeutic strategies with adolescents need to incorporate unique self characteristics. Considering that the Ellis and Rogers models are one of the most popular models used among Iranian researchers and therapists, the assumption of the models, in particular the concept of process of rationality and understanding of empathy needs to be examined carefully for their appropriateness and relevance. We expected that the results of the present study would have meaningful implications for the prevention and treatment of individuals and families.

Future research on this issue should include several types of participants and include individual measures to discern whether the similarities and differences found in the present study result from individual level of value orientation or from belonging to a specific belief. It will be also valuable to examine the problematic belief in the relationship of individual functioning with self and another, since high process of rational and understanding of empathy are assumed to be predicated on well-being functioning and the definition of mental health functioning may be different across different cultures.

References

Adler, N. E., Ozer, E. J, & Tschann, J. (2003). Stress among adolescents. *American Psychologist,* 58, 211-217.

Akagi, H, Klimes. (2001) cognitive behavior therapy for chronic fatigue syndrome in a general hospital feasible. *Journal of psychiatry*, 23, 254-260.

American psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders*. (3 rd ed.) Washington, Dc: Author.

Backx, W. (2003). *REBT as an international therapy*. In W. Dryden (Ed.), Rational emotive behavior therapy: Theoretical developments. New York: Brunner-Rutledge, 55-76.

Birditt, K. S., Antonucci, T. C. (2008). Relationship quality profiles and well-being among adults. *Journal of Family Psychology*, 21, 595-604.

Bott, D. (2002).Carl Rogers and postmodernism: Continuing the conversation. *Journal of Family Therapy*, 24, 326-329.

Bradshaw, Z., & Slade, P. (2003).The effects of induced R.E.B.T on emotional experiences and relationships: A critical review of the literature. *Clinical Psychology Review*, 23, 929-958.

Butler et and Nietzed, M T. (1991) cognitive behavioral treatment of impulsivity in children: *Journal of child clinical psychology*, 23, 400-412.

Cougle, J. R., Reardon, D. C., & Coleman, P. K. (2005).Generalized anxiety following unintended pregnancies resolved through childbirth and abortion: A cohort study of the National Survey of Family Growth. *Anxiety Disorders*, 19, 137-142.

Daniel, D*,* Aurora Szentagotai, A., Viorel, L*.,* Doina, C. (2008). treatment of major expressive disorder**,** *Journal of Clinical Psychology*, 64, 6-17.

David, D. (2003).Rational emotive behavior therapy (REBT): The view of a cognitive psychologist. In W. Dryden (Ed.), *Rational emotive behavior therapy: Theoretical developments*. New York: Brunner-Routledge, 130-159.

David, D., Schnur, J.,& Belloiu , A. (2002). Another search for the "hot" cognitions: Appraisal, irrational beliefs, attributions and their relation to emotion. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 20(2) 93-131.

Dunn and Roger. (1982). The evolution of empathy personality and guidance. *Journal of counseling and psychology* ,57,35-48.

D, Zurillas,T and Nezu, A,(1999) *problem solving therapy: A social Competence Approach to clinical intervention*(2nd ed) New York,:Apringer, 114-176.

Ellis, A. (2002). The role of irrational beliefs in perfectionism. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research and treatment*. Washington, DC: American Psychological Association, 217-229.

Felton, C., Koopman, C., O'Shea, K., et al. (2005). Social support and maladaptive coping as predictors of change in psychical health symptoms among persons living with HIV/AIDS. *AIDS Patient Care and STDs*, 19,587-598.

Francis, G. (2007). Introduction in psychotherapy. *Counseling Psychology Quarterly, 20,147-156.*

Holmberg, S. (1988). *pain, mental health psychiatric*. Washington. The C.V mosby Company, 76-104.

Jakubasck, J Hubschmid, T. (1994).Aggression and Depression :A reciprocal relationship? *European Journal of psychiatry,* 8(2), 69-79.

Jakubasck, W, O, and Gennifer, R. (1994). Aggression in an Irish Population, : *European Journal of psychiatry*, 8(1),37-48.

Jakubasck, J., & Hubschmid, T. (1994). psychotherapy for children and adolescents. *Journal of adolescent psychotherapy*, 41,29-38.

Kagan, J. (1966) .Reflection-impulsivity. *Journal of Abnormal Psychology*,3,58- 71.

Knick, D. E. (2002). From the stable to the classroom: An ethnographic study of nonverbal behaviors as displayed in a rural classroom. *Dissertation Abstracts International,* 63(07),2500A.

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17, 11-22.

Najarian, B. & Davudi, I. (2001). Validity and reliability of SCL-90-R Scale. *Journal of Education and psychology of Ahvaz*, 2(5), 136-149.

Palham W.E and et al. (1998). Empirically supported psychosocial treatment for adolescents. *Journal of clinical child psychology*. 32, 200-215.

Priest, H. (2002). An approach to the phenomenological analysis of data. *Nurse Researcher*, 10, 50-63.

Quinton, W.J., Major, B., & Richards, C. (2001).Adolescents and adjustment to abortion: Are minors at greater risk? *Journal Psychology, Public Policy and Law,* 7,491-503.

Rogers. C, R (1902).*On Becoming a person. London*: SAGE.97-1120.

Root, A. (2000).Equine-assisted therapy: A healing arena for myth and method. Dissertation *Abstracts International*, 62(03), 1155A. (UMI) No. 300850.

Roytburd, L. F., Myrna, L. (2008). Predictors of Soviet Jewish refugees' acculturation: Differentiation of self and acculturative stress. *Cultural Diversity and Ethnic Minority Psychology*, 14, 67-74

Saunders, T. (1996). The effect of stress inoculation training on anxiety and performance. *Journal of occupational health psychology.* 1,190-211.

Shni, Y. (2000). Depression and hopelessness. *Journal of Education and psychology*, 85 (3), 15-22.

Szentagotai, A., Schnur, J., Digiuseppe, R., Macavei, B., Kalley, E., & David, D. (2000) .The organization and the nature of irrational beliefs: Schemas or appraisal. *Journal of Cognitive and Behavioral Psychotherapies,* 5(2), 139-158.

Taylor, S.M. (2001).Equine facilitated therapy: An emerging field. *Unpublished doctoral Dissertation*, College, Colchester, University.

Yoosefi, N. & Hosseiny E. (2003). The study of mental disorder among High school students in City of Saghez. Education ,Comittee of Research. *Journal of Education Saghez*, 2, 10-14.

Ziegler, D. J. (2001). The possible place of cognitive appraisal in the ABC model darling Rational Emotive, Behavior, Therapy. *Journal of Rational-Emotive & Cognitive Behavior Therapy*, 19, 137-152