

## The Comparison of the Efficacy of Modern Experimental Psychology Reality Therapy and New Transactional Analysis as Independent Variable on Grief Reaction following Emotional Breakdown in Female Students

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### Abstract

The present study aims at investigating the efficacy of modern experimental psychology reality therapy and transactional analysis on grief reaction due to emotional breakdowns in female students. This is a semi-trial survey with pretest-posttest design with control group. The statistical sample includes all female students of Roudehen University who experienced emotional breakdown. From this population, 45 students were randomly selected as sample, and then they were placed in three 15-member groups including two test groups and one control group and pretested through grief experience questionnaire (GEQ). The first experimental group was intervened for 8 sessions with Modern experimental psychology reality therapy, the second experimental group was intervened for 8 sessions with new transactional analysis and the control group received no training. At the end of the program, the subjects of three groups were again evaluated by the mentioned questionnaire. The collected data were analyzed by MANOVA. The results of covariance analysis showed that the posttest related to the symptoms of grief due to emotional breakdown in experiment group reduced in comparison with control group. Furthermore, the investigation of modified means indicates the superiority of the therapeutic therapy rather than transactional analysis therapy.

**Keywords:** reality therapy, transactional analysis, grief, emotional breakdown.

### Introduction

The grief is considered a natural reaction with happens with severe grief due to the following reasons: loss of someone whom we were emotionally dependent on, loss of part of ourselves, loss of material objects, end of a stage of life circle, an event life divorce or separation, loss of part of body or a sense like blindness or deafness or loss of occupation (Stwart, 2005. Translated by Bostani Pour et al, 2006). Grief reaction can be represented by the feeling of deep sadness and the willing to see again the lost person. Losing a dear has been known as one of the strongest mental harms, which usually leads to severe inability and prostration related to disease (Holmes & Rahe, 1967).

Grieved people are often prone to serious psychological problems such as depression, drug abuse and suicide risk (Prigerson et al, 2009; Stroebe; Schut & Stroebe, 2007).

In each period of life, the individual is engaged in certain relation with others that can promote his individual and social health or damage him (Mousavi, 2007). Finding partner in life is an important event in adulthood growth which has deep effect on self- concept and mental health (Berek, 2001; translated by Seyed Mohammadi, 2002). If for any reason, emotional breakdown

creates some gaps between couples, their mutual relations and experiences will breakdown and they will try to forget each other, however, this ignorance and passing deep and emotional environment is not easy at all and disturb their daily life. In a research proposal dealing with investigation of mental health of students by Pour Sharifi et al (2005), 22% of students in 2004 and 21% of them in 2005 asserted that they have recently experienced breakdown in their emotional relations. Such breakdown can extremely play some role in their educational failure. By entering university, emotional breakdown finds new dimensions since by change of situation and becoming far away from family, the emotional needs becomes unique; on the other hand, the chance to make relationship with opposite sex will be provided. However, some other individuals engaged in these relations when they have not acquired social growth so they will face some problems.

There are some therapeutic methods through which it is possible to improve the signs of emotional breakdown: two methods among the cognitive approach therapies are: 1. modern experimental psychology reality therapy, 2. new transactional analysis.

Reality therapy is a consultant and therapeutic method which was introduced by Glasser (1965). This method teaches the art of creating a meaningful relation with references and helps references to have effective choices. The therapeutic reality is based on this assumption that we are responsible against the behavior which we choose and since all of our problems exist at present, it allocates very little time to past. According to Glaser (1998) the therapeutic reality is constructed based on selection theory and emphasizes on improving the interpersonal relations, ignoring the past and the significance of relation between consultant and references. The main aim of contemporary reality therapy is that it helps the clients to make or renew relation with individuals whom they have selected to enter to their quality world. Moreover, in addition to satisfying the needs to kindness and belonging, it helps the clients to learn the ways to better satisfy all their needs including the need to power or progress, freedom or autonomy and leisure (Kori, 2005 translated by Seyed Mohammadi, 2009).

One of the other psychological approaches is modern transactional analysis or analysis of mutual relation. Modern transactional analysis is applicable in the grounds where it is required to understand individuals, interpersonal relations and communications. It is a theory about personality, a regular method for psychotherapy, a rational method for analysis and perception of one's own behavior, acquiring awareness and accepting responsibility in present time and its aim is adult-adult relation. Mutual behavior analysis is effective in treating family, communicative issues, group conflicts, improving the child-parent relation (Ebrahimi Sani, Hashemian and Dokaneyi, 2012). The benefits of using mutual relation analysis is that it helps the references to communicate with others in an acceptable and appropriate level and increase their awareness and relation with others. In other words, this method seeks to make the individual achieve self-knowledge to know how to act and confront with environment (Ebrahimi Sani et al, 2012). Akbari et al (2011) study showed that the therapeutic method of mutual behavior analysis has been effective in improving the disease symptoms of emotional breakdowns of students.

The similarities of these two therapies includes the following: the main part of both is based on "here and now" approach such that the patient could create desired changes in his life; both have training approach toward therapy and use rational methods in therapy; both focus on increase of awareness and attitude toward feeling and emotions which the individual experiences in moment (Hejri, 2010).

The interventions based on modern psychological reality therapy and new transactional analysis are effective methods in increase of behavioral health. Their difference is just in the therapeutic techniques in this way that interventions based on modern psychological reality therapy

make use of cognitive techniques and interventions based on modern transactional analysis make use of behavioral techniques (Biabangard, 2002).

Due to lack of study on this topic, the high prevalence of problem and undesired consequences of emotional breakdowns (including disappointment, depression, loss of self-esteem, lack of trust/ bad behavior, feeling of guilt and wrath, anxiety, educational fall back, destruction of social relations and even commitment of suicide), the present study compares the efficacy of modern reality therapy and new transactional analysis on grief reaction, following emotional breakdowns in female students.

### **Methodology**

The study is semi-experimental applied study which was done by pretest-posttest research design with control group. The statistical sample of study includes all female students of Roudhen University who had experiences emotional breakdown. From this population, 45 students were randomly selected as sample and placed into three groups including two experiment groups and one control group. They were pretested through GEQ. The first experimental group was intervened for 8 sessions with modern experimental psychology reality therapy, the second experimental group was intervened for 8 sessions with new transactional analysis and the control group received no training. At the end of the program, the subjects of three groups were again evaluated by the mentioned questionnaire. At the end of program, the subjects of three groups were evaluated with the mentioned questionnaire. The second stage of evaluation was performed in two parts through GEQ on all three groups immediately at the end of intervention.

#### ***Intervention method***

The plan used in this survey for each test groups was performed in 8 sessions, in average. This program included some overall steps for test group who were trained reality therapy:

First session: Familiarization of members with each other, explanation of groups laws and performing pretest

Mid sessions (second to sixth): Familiarization with reality therapy and its techniques and performing home assignments

End sessions (seventh and eighth): planning and achieving identity, helping members to identify the ways for changing inefficient selections and their transform to efficient selections, motivating summing up conclusions of therapy, integration, revising and ending the group's session, performing posttest.

These stages include the following for the experiment groups who were trained transactional analysis:

First session: introducing members, determining objectives, group's regulations, the meaning of communication, its types and principles;

Mid sessions (second to seventh): self-knowledge, familiarization with determining mutual relation, my verbal and non-verbal cues, drawing self-diagram, familiarization with mutual behavior, kinds of mutual relations (complementary transaction, crossed transaction, latent transaction), caress and its types, caress economy and graph, life status, the necessity to decide on the final status and its effect on the friend and family relations, definition and nature of life drama and its kinds, the necessity to exit from unpleasant drama and deciding on confrontation methods with situation;

Final session (eighth): strengthening adults, parent's control and satisfaction, preparation of members for finishing group sessions, generalizations and maintenance of emotions due to separation, end of sessions.

### **Research instruments**

Grief experience questionnaire (GEQ): This questionnaire has been extracted from Barrett and Scott grief questionnaire to assess grief reactions following emotional breakdown, which includes 34 items in form of 8 factors. These eight factors include abandonment/rejection, labeling, searching for explanation, feeling of guilt, physical reactions, responsibility, self-destructive tendencies, shame/embarrassment. The scoring is based on five-point Likert scale from (0) which means never to (4) which means strictly. The score for each factor is calculated from the sum of obtained values. Barrett and Scott (1989) reported internal congruency based on Cronbach's alpha coefficient as equal to 0.97. The validity of this questionnaire in Iran has been reported as 0.86 by Mehdi Pour, Shahidi, Roshan and Dehqani (2009).

### **Results**

In the descriptive statistics of this study, data has been reported and summarized using mean and standard deviation. In referential statistics, covariance analysis was used concerning the research proposal. The results of analysis in descriptive data showed that the mean of all grief components due to emotional breakdown in each experimental test who received reality therapy has significantly changed in posttest in comparison with pretest. This change and variation has been less in experiment group who were treated by transactional analysis and just in some components, this change has been significant. No significant change has been observed in control group.

To investigate the efficacy of modern reality therapy on grief reaction following emotional breakdown in female students, covariance analysis was used. To realize this point that in terms of which variable, there is difference between two groups, eight univariate covariance analyses were performed through MANOVA, the results of which has been presented in table1.

**Table1. Covariance analysis of emotional grief scores in reality therapy and control groups after modifying pre-test scores**

	Dependent variable	Sum of squares	df	Mean of squares	F	Meaningful level	Size of effect
Group	Self-destructive tendencies	0.720	1	0.720	12.816	0.002	0.391
	shame/embarrassment	0.519	1	0.519	16.137	0.001	0.447
	abandonment/rejection	1.242	1	1.242	18.525	0.000	0.481
	labeling	3.430	1	3.430	15.153	0.001	0.431
	searching for explanation	3.123	1	3.123	21.912	0.000	0.523
	feeling of guilt	1.564	1	1.564	6.475	0.019	0.245
	physical reactions	1.566	1	1.566	11.192	0.003	0.359
	responsibility	0.878	1	0.878	4.883	0.047	0.170

As it is seen in table1, there is meaningful difference between experiment and control groups concerning the means of all grief variables due to emotional breakdown. This table shows that by removing the effect of pretest scores, there is meaningful difference between modified mean of self-destructive tendencies, shame/embarrassment, abandonment/rejection, labeling, searching for explanation, feeling of guilt, physical reactions and responsibility based on group in posttest stage. In overall, based on these findings, it is possible to say that reality therapy in posttest leads to reduction of the scores of grief due to emotional breakdown. Concerning the effect size, it is

possible to say that searching for explanation and abandonment/ rejection has decreased more than others.

**Table 2. Covariance analysis of emotional grief scores in transactional analysis and control groups after modifying pre-test scores**

	Dependent variable	Sum of squares	df	Mean of squares	F	Meaningful level	Size of effect
Group	Self-destructive tendencies	0.106	1	0.106	4.937	0.038	0.198
	shame/embarrassment	1.744	1	1.744	27.650	0.00	0.580
	abandonment/rejection	0.207	1	0.207	4.043	0.058	0.168
	labeling	0.152	1	0.152	1.278	0.272	0.060
	searching for explanation	0.375	1	0.375	3.107	0.093	0.134
	feeling of guilt	0.012	1	0.012	0.223	0.642	0.011
	physical reactions	0.157	1	0.157	0.753	0.396	0.036
	responsibility	0.005	1	0.005	0.048	0.828	0.002

Findings showed that the mean of two items of grief due to emotional breakdown has meaningful difference in experiment and control groups. Furthermore, the results of table 2 show that by removing the effect of pretest scores, there is no meaningful difference between modified mean of self-destructive tendencies, shame/embarrassment, abandonment/rejection, labeling, searching for explanation, feeling of guilt, physical reactions and responsibility in control and two experimental groups. In overall, it is possible to say that transactional analysis therapy in posttest just leads to meaningful reduction of self-destructive tendency and abandonment/rejection.

**Table 3. Covariance analysis of emotional grief scores in transactional analysis and reality therapy after modifying pre-test scores**

	Dependent variable	Sum of squares	df	Mean of squares	F	Meaningful level	Size of effect
Group	Self-destructive tendencies	0.0337	1	0.337	4.695	0.042	0.190
	shame/embarrassment	0.391	1	0.391	6.858	0.016	0.255
	abandonment/rejection	0.476	1	0.476	7.942	0.011	0.284
	labeling	1.708	1	1.708	7.272	0.014	0.267
	searching for explanation	1.424	1	1.424	6.614	0.018	0.249
	feeling of guilt	1.001	1	1.001	4.774	0.041	0.193
	physical reactions	2.192	1	2.192	10.656	0.004	0.348
	responsibility	0.635	1	0.635	5.343	0.032	0.211

The results of table 3 showed that there is meaningful difference between the mean of all items of grief due to emotional breakdown, i.e. self-destructive tendencies, shame/embarrassment, abandonment/rejection, labeling, searching for explanation, feeling of guilt, physical reactions and responsibility. This table shows that reality therapy has reduced all the items of grief due to emotional breakdown more than transactional analysis. In fact, based on these findings, it is possible

to say that reality therapy is meaningfully better than transactional analysis for individuals who experienced grief due to emotional breakdown.

### **Discussion and conclusion**

The results of study indicate the efficacy of reality therapy in reduction of the scores of grief due to emotional breakdown's components. Although a few new and comprehensive study has been done in this area, the studies of Pasha (2010), Mashayekhi (2009), Aqaei (2009), Moradi, Shahr Babak, Qnbari Hashem Abadi, Aqa Mohammadian Sherbaf (2010), Peterson, Chang & Collins (1998) and Barness & Parish (2006) can be mentioned in real of reality therapy. Furthermore, Akbari et al (2011) in their study, investigating the efficacy of transactional behavior analysis in comparison with cognitive-behavioral therapy in improving the symptoms of emotional breakdown in students, concluded that both treatments have been effective in improving the symptoms of emotional breakdown. Moreover, the comparison of the scores of clients indicates that transactional behavior analysis has been able to make significant and stable changes in most cases.

In reality therapy, the important topics include the need to have bidirectional love and friendship and feeling valuable for self and others and acquiring unique identity and respect. To satisfy these two needs, mental-emotional, mental- behavioral, mental-social, mental-moral, mental-cognitive and mental-rational growth have been confirmed and discussed. This main principle in reality therapy is based on this fact that the mental needs of most individuals are not satisfied in their relation with others and they do not achieve satisfaction. In fact, they are unable to love and to be loved. So they require psychotherapy to learn the way to satisfy their needs (Duba, Jill, Graham, Britzman & Minatrea, 2009). Thus, teaching and learning how to satisfy needs lead individuals to be able to focus on the grief components due to emotional breakthrough and modify it.

Furthermore, in sessions the clients should accept their personal health responsibility which is very important in accepting the failure. Accepting this responsibility helps the individual achieve autonomy or maturation whose result is reliance on his own internal support. Reinforcing the source of inner control is among the main components in reality therapy which can be an important factor in modifying the scores of grief components due to emotional breakdown.

The results obtained from transactional analysis therapy showed that this therapy just leads to meaningful reduction of self-destructive tendency and abandonment/rejection. However, most dimensions of grief has not meaningfully reduced, this is while, there is no difference between the modified mean of components like labeling, abandonment/ rejection, search for explanation, feeling of guilt, physical reactions and responsibility in two experimental and control groups. In overall, these findings are inconsistent with some studies including Ali Qnbari Hashem Abadi and Balqan Abadi (2011) and Berger (2009) since these researchers emphasize on the efficacy of this approach for communication issues and mental aspects.

Based on results, it can be seen that intervention based on transactional analysis has not been effective. In this method, it is tried to consider the members of group as individuals whose "maturation" has been broken and failed. In transactional behavior analysis, fears and inner and external threats of "child" can be realized through various precise methods. Different methods through which "parent" manifest himself and strike the kid are investigated and following, the mental problems and diseases of clients are realized. In this intervention method, it has been tried to encourage the clients to try and learn reality and responsibility of paints and emotional issues. In fact, the aim has been to increase calmness, faith, discipline and concentration through reconstructing "self" and coordinating the triple parts of individuals' personality, coordinate the "adult" thought, "child" feeling, word and act and make the individual achieve better mental balance. Theoretically, it is possible to say that this can have beneficial results for individuals suffering from

emotional breakthrough. This is since the teachings of transactional analysis in self-knowledge, removal of the personality pathological problems, methods of accessibility to unified adult and self-autonomy, release from insufficient drafts and empowering of individual to respond temporally and spatially to situations can lead the individual toward uniqueness and more self-satisfaction, lack of emotional, conflict and functional dependency (Haws & Mallinckrodt, 1998). However, the obtained results show inconsistent results. It is not possible to provide firm theoretical reasons for these conclusions. It might be due to such conclusions and results that individuals have confronted undesirably with their previous relations due to revealing of the nature of mutual behaviors, games and scenarios happened in the past. Some of them might be regretful that why they have not behaved with their partner properly and based on their maturation, or might recall those scenarios to which they shouldn't resort. In fact, they probably investigated their interaction with others carefully and regret why the condition for compensation is not prepared. The other reason might be that the group members require more time for better understanding of transactional analysis or might be required to form new relations again to be able to use whatever they have acquired. Yet, to achieve a justification for this issue, more studies should be carried out. The increase of the number of group transactional analysis therapy sessions might yield good results since as it can be seen, the components of grief due to breakdown have reduced however most of them have not been meaningful. Due to this, the continuance of group sessions might makes the results meaningful. Meanwhile two items from grief due to emotional breakdown have decreased. This reduction might be due to group's condition. As we saw, abandonment/ shame and self-destructive tendency have reduced. It should be considered that confronting with problems in group helps the individual to confront with it easier and not imagine that he is the only person facing with such problem. Individuals within the group express their problems rather than complicate it in their minds and face with that problem directly and effectively. In addition, the group members share their experiences and approaches and through this interaction, they achieve a proper understanding of their own in different directions. It might happen that the group members feel less ashamed in posttest after seeing the condition of one another with the same problem. Furthermore, the reduction of self-destructive could be due to this reason that they have seen many individuals with the same problems and this made them harm themselves less.

In overall, the results of this study indicates that reality therapy reduces all components of grief due to emotional breakdown more than transactional analysis, i.e. reality therapy is more effective than transactional analysis for working with individuals who experienced grief due to emotional breakdown.

### References

- Akbari, E.; Khanjani, Z.; Poursharifi, H.; Mahmoud Aliloo, M., Azimi, Z. (2012). The comparison of the efficacy of transactional analysis and cognitive- behavioral therapy in improving the symptoms of students' emotional breakdown. *Journal of Clinical Psychology*, 3 (15), 87-103.
- Ali Ghanbari Hashem Abadi, B.; Blqan Abadi, M. (2011). The Effectiveness of Transactional Analysis group therapy on improving problem solving skills. *Journal of Research in mental health*. 5 (2). 59-66.
- Aqaei, A. (2009). The investigation of the effect of reality therapy on increase of hope, mental health and pregnancy rate of women with denoted oocytes. Unpublished PhD thesis of consultant. Islamic Azad University, Khorasgan Branch
- Bailey, S. E., Dunham, K. , & Kral, M. J. (2000). Factor structure of the grieve experience questionnaire (GEQ). *Death studies*, 24(8), 721 – 738.

- Barness, A.R. & Parish, T.S. (2006). Drugs Versus Reality Therapy. *International Journal of Reality Therapy*, 25 ( 2 ), 43-45.
- Barrett, T.W. , & Scott, T. B. (1989). Development of the grief experience questionnaire. *Suicide and Life Threatening Behavior*, 19, 201 – 215.
- Berger, S. A. (2009). *The Five Ways We Grieve: Finding Your Personal Path to Healing After the Loss of a Loved One*. Boston : Shambhala Publications, Inc
- Biabangard, I. (2002). The effectiveness of Reality Therapy, Rational- Emotional and transactional analysis to reduce students' anxiety for exam. *Quarterly psychiatry and clinical psychology of Iran*, 8 (3), 36-42 .
- Burke, L. (2001). *Developmental Psychology (from adolescence to the end of life)*. Translation of Yahya Sayyed Mohammad. Tehran: Arasbaran Publication.
- Comiskey, D.E.(1993). Using reality therapy group training with at-risk high school. *Journal of Rreality Therapy*, 12(2), 59-64.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy*. Translated by Seyyed Mohammadi. (2009). Tehran: Arasbaran publication.
- Duba, Dr. Jill D., Graham, M. A., Britzman, M., & Minatrea, N.. (2009). Introducing the “Basic Needs Genogram” in Reality Therapy-based Marriage and Family Counseling. *International Journal of Reality Therapy*, 28 (2), 15-19.
- Ebrahimi Sani, I; Hashemian, K; Dokanei, F. (2012). The Efficacy of Group Psychotherapy Transactional Analysis in increase of self-esteem of soldiers serving in the prisons of North Khorasan. *Journal of Military Medicine*, 14 (3), 220-214.
- Glasser, W. (1998). *Choice Theory*. New York: HarperCollins.
- Glasser, W. (2000). *Counseling with Choice Theory: The New Reality Therapy*. New York: HarperCollins.
- Haws, W. A., & Mallinckrodt, B. (1998). Separation-individuation from family of origin and marital adjustment of recently married couples. *The American Journal of Family Therapy*, 26(4), 293-306.
- Holmes, T. H. and Rahe, R. H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11 (2), 213-218.
- Jehri, S. (2010). The comparison of group therapy through transactional analysis and cognitive-behavioral approach on reduction of teens' aggression. Unpublished MA thesis. School of Education and Psychology. Ferdowsi University of Mashhad .
- Kashani, H. (2008). The new reality therapy. *Journal of Eslah va Tarbiat. (Correcting and training)*, 8 (73). 34-32.
- Khaleqi, Abbas Abadi, S. (2009). The investigation of the effect of reality therapy on increasing happiness and mental health. Unpublished MA thesis of consulting. Shahid Beheshti University of Tehran.
- Mashayekhi, K. (2009). The effectiveness of group reality therapy in reducing feeling of loneliness in wives of martyrs of Ahwaz. Unpublished MA thesis of consulting. Science and Research Branch, Islamic Azad University, Khuzestan .
- Mehdi Pour, S.; Shahidi, Sh.; Roshan, R.; Dehqani, M. (2009). Determining the validity of Grief Experience Questionnaire (GEQ) in Iranian sample. *Journal of Clinical Psychology and Personality*, 16 (37) , 35-48
- Moradi Shahr Babak, F., Ali Qanbari Hashem Abadi, B.; Agha Mohammadian Sherbaf, H. R. (2010). The effectiveness of reality therapy group to increase students' self-esteem, Ferdowsi University of Mashhad. *Journal of Studies and Psychology*, 11 (2). 227- 238.
- Mousavi, A. (2007). *Premarital counseling (practical approach)*. Tehran: Mehr Kavian.



- Pasha , G. R; Amini , S. (2008). The investigation of the effect of reality therapy on life expectancy and anxiety in wives of martyrs. *Journal of New Findings in Psychology*, 3 (9) , 37-50 .
- Peterson, A. V; Chang,C; Collins, P. L. (1998). The effects of reality therapy and choice theory training on self concept among Taiwanese university student. *International Journal for the Advancement of Counselling*, 20 (1), 79-83.
- Pour Sharifi, H.; Peyravi, H. Taremian, F.; Zarani, F.; Vaqar, M.; Jafari, A. A. (2005). The investigation of Mental Health of Students Entering University under the Ministry of Science in 2004. Ministry of Science, Research & Technology. Office of Cultural Counseling Center.
- Prigerson HG, Horowitz MJ, Jacobs SC, Parkes CM, Aslan M, Goodkin K, Raphael B, Marwit SJ, Wortman C, Neimeyer RA, Bonanno G, Block SD, Kissane D, Boelen P, Maercker A, Litz BT, Johnson JG, First MB, Maciejewski PK. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine*, 6 (8), 1- 12.
- Sharf, R.S. (1996). *Theories of Psychotherapy and Counseling*. Translated by Firoz Bakht (2002). Tehran: Institute of Rasa cultural services.
- Stewart, I., Jones, V. (1940). *Transactional Analysis*. Translated by Bahman Dadgostar. (2006). Tehran: Dayere publication.
- Stewart, W. (2005). *Encyclopedia of consultations: theoretical and practical*. A. Boostani Poor et al. (2006). Tehran: Elm publication.
- Stroebe, M., Schut, H., & Stroebe, W. (2007).Health outcomes of bereavement. *The Lancet*, 370(9603), 1960-1973.