University of Hormozgan

Iranian Journal of Educational Research

Print ISSN: 1735 - 563X Online ISSN: 2980 - 874X

Homepage: http://ijer.hormozgan.ac.ir

Educational and Behavioral Research Center

# Comparison of the Effectiveness of Hope Therapy and Supportive Therapy on the Psychological Well-Being of Women with Inadequate Guardianship

**Masoumeh Abbasi Sureshjani**

M.A. in General Psychology, Ardakan University, Yazd, Iran, masumehabbasi20@gmail.com

## Article Info

**Article type:**

Research Article

**Article history:**

Received 20 Jan. 2024

Received in revised form 11 Feb. 2024

Accepted 15 Apr. 2024

Published online 01 Sep. 2024

**Keywords**:

Hope therapy,
Supportive therapy,
Psychological well-being,
Women with inadequate guardianship

## ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of hope therapy and supportive therapy on the psychological well-being of women with inadequate guardianship.

**Methods**: The research employed a quantitative, quasi-experimental design with pre-test, post-test, and follow-up. The statistical population consisted of all women with inadequate guardianship living in Shahrekord city who were supported by the Imam Khomeini Relief Foundation in 2024. Thirty eligible participants were selected using convenience sampling and were randomly assigned to two groups (15 in the hope therapy group and 15 in the supportive therapy group). The research instrument was the 18-item form of Ryff's Psychological Well-Being Scale (RPWB). The hope therapy protocol (Naghdī & Anasari, 2018) and supportive therapy protocol (Winston, Rosenthal, & Pinquart, 2004) were implemented for the respective groups in eight 90-minute sessions. Data were collected at three stages: pre-test, post-test, and follow-up, and analyzed using analysis of variance.

**Results**: The findings indicated that both interventions were effective in improving the psychological well-being of women with inadequate guardianship. However, the results revealed a significantly greater and more stable effect of hope therapy compared to supportive therapy. By teaching the components of agency thinking and pathway thinking, hope therapy moved participants from a passive stance toward problems to a more active position, enabling them to regain control of their lives through rebuilding inner willpower.

**Conclusions**: Based on the results, while supportive therapy functioned as an emotional support that alleviated distress and reduced feelings of isolation among these women, hope therapy acted as a motivational engine by equipping individuals with problem-solving and goal-setting skills, leading to deeper and more meaningful improvements in psychological well-being indicators. Therefore, the use of the hope therapy protocol is recommended as a specialized empowerment intervention for women with inadequate guardianship, rather than relying solely on supportive treatments.

**Cite this article:** Abbasi Sureshjani, M. (2024). Comparison of the effectiveness of hope therapy and supportive therapy on the psychological well-being of women with inadequate guardianship. *Iranian Journal of Educational Research*, 3 (3), 366-378.

DOI: https://doi.org/10.22034/3.3.366



Publisher: University of Hormozgan.

DOI: https://doi.org/10.22034/3.3.366

## Introduction

ر Women with inadequate guardianship are considered one of the most vulnerable groups in society and are often confronted with multiple and interrelated challenges. Due to the persistent experience of domestic violence, limited social and economic support, and serious livelihood difficulties, these women are exposed to a wide range of physical and psychological harms (Mohammadkhani et al., 2010). Findings from the meta-analysis conducted by Parhizkar et al. (2023) confirm that, from a psychological perspective, these women frequently struggle with crises such as anxiety, hopelessness, and depression. Stressful family environments—particularly when the household head is faced with problems such as substance abuse, unemployment, or lack of responsibility—can significantly diminish optimism about the future and lead to a substantial decline in psychological well-being (Amini & Karaminejad, 2021). Consequently, the accumulation of chronic stressors places women with inadequate guardianship at a heightened risk of emotional exhaustion, social isolation, and psychological maladjustment.

Psychological well-being, according to Ryff's model (1989), goes beyond the mere experience of happiness and refers to the realization of one's potential and the pursuit of personal growth throughout life (Moradi & Taheri, 2012). Ryff conceptualized psychological well-being as a multidimensional construct consisting of six components: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. These dimensions collectively represent optimal psychological functioning and a meaningful engagement with life. When individuals experience unfavorable socio-economic conditions, their psychological well-being is often significantly affected (Vera-Villarroel et al., 2015). This is particularly important because psychological well-being forms the foundation for effective functioning, resilience, and a flourishing life (Cloninger et al., 2022). For women with inadequate guardianship, the accumulation of economic pressures, social marginalization, and negative interpersonal experiences often weakens these dimensions of well-being. As a result, these women may experience diminished self-worth, limited perceived control over their environment, and a reduced sense of purpose in life. Such circumstances highlight the urgent need for effective psychological interventions aimed at strengthening their psychological resources and improving overall well-being.



[ DOI: 10.22034/3.3.366 ]

Among contemporary psychological interventions, hope therapy—based on Snyder's Hope Theory (1990)—has received considerable attention as a positive psychology approach. Hope theory conceptualizes hope as a cognitive-motivational system consisting of two central components: pathway thinking and agency thinking. Pathway thinking refers to an individual's perceived ability to generate multiple strategies or routes to achieve desired goals, while agency thinking reflects the motivational drive and determination to pursue those goals (Snyder, 2002). Hope therapy therefore seeks to enhance individuals' capacity to set meaningful goals, identify effective strategies to achieve them, and maintain motivation despite obstacles. Through structured exercises and cognitive reframing techniques, hope therapy empowers individuals to shift from a passive stance toward life's challenges to a more proactive and goal-oriented approach. Previous research has shown that strengthening hope can lead to improvements in resilience, life satisfaction, and psychological well-being, particularly among individuals facing difficult life circumstances.

In contrast, supportive therapy represents a more traditional and widely used therapeutic approach that focuses primarily on providing emotional support and strengthening the therapeutic alliance. The central goal of supportive therapy is not necessarily deep cognitive restructuring but rather helping individuals cope with current stressors through empathy, validation, encouragement, and reinforcement of adaptive coping mechanisms. This approach emphasizes the creation of a safe therapeutic environment in which individuals can openly express their emotions, experience relief through emotional catharsis, and receive reassurance and guidance. Supportive therapy can be particularly beneficial for individuals experiencing acute stress or psychological vulnerability, as it reduces feelings of loneliness and psychological distress while fostering emotional stability.

Recent studies have emphasized the important role of positive psychological resources in enhancing mental health. For instance, Yıldırım and Arslan (2022) demonstrated that psychological strengths such as hope have a direct and significant relationship with psychological well-being. Nevertheless, an important question remains: when individuals are confronted with complex social crises—such as living under conditions of inadequate guardianship—whether a structured and skill-based intervention like hope therapy is more effective than a supportive and empathic approach such as supportive therapy. While hope therapy focuses on empowering individuals through goal-setting and problem-solving skills, supportive therapy emphasizes



[ DOI: 10.22034/3.3.366 ]

emotional relief and interpersonal support. Each approach may therefore influence psychological well-being through different mechanisms.

Despite the importance of improving mental health among vulnerable women, relatively few studies have directly compared these two therapeutic approaches within the population of women with inadequate guardianship. Most previous research has focused on examining the effectiveness of a single intervention, leaving a significant research gap regarding the identification of the most appropriate and sustainable therapeutic approach for this group. Understanding which intervention leads to more durable improvements in psychological well-being is of critical importance for social welfare organizations, counseling centers, and community support programs that aim to empower vulnerable women.

Therefore, the main problem addressed in the present study is whether there is a significant difference between the effectiveness of hope therapy and supportive therapy in improving the psychological well-being of women with inadequate guardianship. More specifically, this study seeks to determine which of these two interventions is more effective in enhancing the components of psychological well-being among this vulnerable population.

## Material and Methods

The present study employed a quantitative approach using a quasi-experimental design with an experimental group and a control group, incorporating pre-test, post-test, and follow-up measurements. The purpose of this design was to examine and compare the effectiveness of hope therapy and supportive therapy on the psychological well-being of women with inadequate guardianship.

### Participants and Sampling

The statistical population of the study consisted of all women with inadequate guardianship living in Shahrekord who were supported by the Imam Khomeini Relief Foundation in Shahrekord, located in Chaharmahal and Bakhtiari Province, during the year 2024.

Participants were selected using a convenience sampling method from among women who had referred to the Imam Khomeini Relief Foundation. From this population, 30 eligible women were selected to participate in the study. After selection, participants were randomly assigned into two groups: 15 participants in the experimental group and 15 participants in the control group.



[ DOI: 10.22034/3.3.366 ]

**Research Instruments**

**1. Ryff's Psychological Well-Being Scale (RPWB)**

The Psychological Well-Being Scale developed by Carol Ryff (1989) was used to measure participants' psychological well-being. In this study, the short 18-item version of the scale was used. This instrument assesses six fundamental dimensions of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

Responses to the items are scored on a six-point Likert scale ranging from strongly disagree to strongly agree. Higher scores indicate higher levels of psychological flourishing and well-being among women with inadequate guardianship. Due to its comprehensive focus on positive psychological functioning, this scale provides a reliable framework for assessing changes resulting from psychological interventions such as hope therapy.

**2. Hope Therapy Protocol (Naghdī & Anasari, 2018)**

The hope therapy intervention was implemented in this study with the aim of structuring goal-directed thinking and enhancing the psychological capacities of women with inadequate guardianship. The intervention was conducted in eight 90-minute group sessions.

During the initial sessions, the primary focus was on explaining the fundamental components of Snyder's hope theory, namely goals, pathway thinking, and agency thinking. At this stage, the therapist established therapeutic rapport and empathy among group members and introduced hope as a measurable and attainable psychological construct. Participants were encouraged to reflect on their life narratives and identify meaningful personal goals, prioritizing them in order to create a foundation for replacing feelings of helplessness with a more positive outlook.

As the sessions progressed into the middle phase, the program emphasized strengthening pathway thinking and identifying multiple strategies for achieving personal goals. Participants learned, under the therapist's guidance, how to design alternative routes to reach their goals so that potential obstacles would not prevent progress. In these sessions, particular attention was given to strengthening agency thinking, which refers to internal motivation and determination. Through the use of positive affirmations and reflection on personal motivational resources, participants practiced maintaining their determination to pursue goals. This phase also aimed to identify and



[ DOI: 10.22034/3.3.366 ]

modify negative self-talk and cognitive distortions that could hinder progress toward improving life conditions.

In the final sessions, the protocol focused on equipping participants with creative coping strategies to deal with potential life obstacles. Using group creativity, participants developed alternative pathways to overcome difficult barriers. They were encouraged to present their action plans within the group and benefit from peer support and encouragement. Finally, the concept of **G-POWER (Group Power)** was introduced, emphasizing the strength derived from collective support. The intervention concluded with a summary of learned concepts and a review of positive cognitive and emotional changes experienced by the participants, followed by the administration of the post-test to evaluate improvements in psychological well-being and resilience in facing future challenges.

**3. Supportive Therapy Protocol (Winston, Rosenthal, & Pinquart, 2004)**

The supportive therapy intervention was designed to create a safe emotional environment and strengthen participants' social support networks. Similar to the hope therapy program, this intervention was conducted in eight 90-minute group sessions.

In the initial sessions, the primary focus was on establishing therapeutic alliance, building mutual trust among participants, and providing an environment that facilitated emotional expression and catharsis. Participants were encouraged to share their lived experiences regarding life pressures and challenges associated with harmful marital relationships. The therapist employed techniques such as active listening, empathy, and emotional validation to reduce feelings of loneliness and social isolation among participants and to foster a sense of collective support within the group.

During the middle sessions, the program shifted toward identifying and reconstructing sources of social support. Participants were guided to recognize potential support resources in their environment, including family members, friends, social service organizations, and religious or community groups. Emphasis was placed on informational and instrumental support, and participants were taught basic skills for seeking help and establishing communication outside the stressful home environment. The goal of this stage was to transform feelings of helplessness into a sense of social belonging and connectedness while strengthening adaptive coping mechanisms and reducing psychological distress associated with isolation.

In the final sessions, the protocol focused on consolidating learned skills and enhancing participants' social self-efficacy. Participants were encouraged to maintain and expand the support



[ DOI: 10.22034/3.3.366 ]

networks they had identified during the intervention. Exercises aimed at improving assertiveness in social interactions and establishing healthy interpersonal boundaries were introduced to prevent participants from returning to previously experienced states of helplessness. The intervention concluded with a summary of the sessions and a reflection on positive changes in participants' perceptions of their social roles and identities. This process prepared participants for the conclusion of therapy while supporting the continuation of supportive relationships formed during the sessions, ultimately contributing to sustained improvements in psychological well-being.

**Ethical Considerations**

Ethical principles were carefully observed throughout the research process. Prior to participation, all participants were fully informed about the objectives and procedures of the study, and written informed consent was obtained from them. Participants were assured that their information would remain confidential and would be used solely for research purposes. They were also informed that participation in the study was entirely voluntary and that they could withdraw from the research at any stage without any negative consequences.

To ensure ethical treatment, participants' identities were kept anonymous, and all collected data were coded to maintain confidentiality. Additionally, the intervention sessions were conducted with respect for participants' dignity, cultural values, and psychological safety. At the end of the study, participants in the control group were also provided with access to psychological support resources if needed to ensure fairness and ethical responsibility in the research process.

## Results

The descriptive statistics of the components of psychological well-being (self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth) across the three measurement stages (pre-test, post-test, and follow-up) in the two groups are presented in Table 1.



[ DOI: 10.22034/3.3.366 ]

**Table 1.** Mean and Standard Deviation of Psychological Well-Being Components in the Hope Therapy and Supportive Therapy Groups

| Variable | Group | Pre-test Mean | Pre-test SD | Post-test Mean | Post-test SD | Follow-up Mean | Follow-up SD |
|---|---|---|---|---|---|---|---|
| Self-Acceptance | Supportive Therapy | 49.53 | 6.62 | 49.20 | 6.59 | 49.07 | 6.67 |
| | Hope Therapy | 50.53 | 7.49 | 53.80 | 9.21 | 58.80 | 9.21 |
| Positive Relations with Others | Supportive Therapy | 47.40 | 4.97 | 47.60 | 4.52 | 47.87 | 4.79 |
| | Hope Therapy | 47.46 | 4.91 | 56.80 | 6.09 | .80 | 4.51 |
| | Hope Therapy | 49.40 | 3.88 | 56.67 | 5.95 | 54.53 | 4.89 |
| Environmental Mastery | Supportive Therapy | 51.13 | 5.87 | 51.07 | 6.01 | 50.73 | 6.17 |
| | Hope Therapy | 51.60 | 7.33 | 61.80 | 8.11 | 60.80 | 8.11 |
| Purpose in Life | Supportive Therapy | 52.20 | 8.05 | 52.00 | 7.88 | 51.27 | 7.82 |
| | Hope Therapy | 51.27 | 9.35 | 61.33 | 9.59 | 59.67 | 9.26 |
| Personal Growth | Supportive Therapy | 54.47 | 8.02 | 54.06 | 7.83 | 53.47 | 8.25 |
| | Hope Therapy | 55.00 | 7.73 | 61.93 | 8.89 | 61.07 | 8.89 |
| Psychological Well-Being (Total) | Supportive Therapy | 304.53 | 30.05 | 303.93 | 29.09 | 302.27 | 29.33 |
| | Hope Therapy | 305.27 | 34.33 | 357.33 | 43.35 | 335.53 | |

Before conducting inferential analyses, the assumptions required for repeated measures analysis of variance (ANOVA) were examined. The normality of data distribution was assessed using the Shapiro–Wilk test. The results indicated that the distribution of psychological well-being scores and its components in both groups at the pre-test, post-test, and follow-up stages was normal ($p > 0.05$). The homogeneity of variances was examined using Levene's test, and the findings showed no significant difference in variances between the groups ($p > 0.05$). In addition, the homogeneity of covariance matrices was confirmed using Box's test. Therefore, given that all assumptions were satisfied, repeated measures ANOVA was considered appropriate for data analysis.

**Table 2.** Results of Repeated Measures Analysis of Variance for the Total Score of Psychological Well-Being

| Source of Variation | SS | DF | MS | F | P | Effect Size (Eta²) |
|---|---|---|---|---|---|---|
| Time | 18564.72 | 2 | 9282.36 | 18.47 | 0.001 | 0.40 |
| Group | 10234.51 | 1 | 10234.51 | 9.62 | 0.004 | 0.25 |
| Time × Group | 14685.33 | 2 | 7342.66 | 14.58 | 0.001 | 0.34 |
| Within-Group Error | 28741.60 | 56 | 513.24 | — | — | — |
| Between-Group Error | 29804.18 | 28 | 1064.43 | — | — | — |

The results showed that the effect of time on the overall psychological well-being score was significant, indicating that the mean scores of participants differed significantly across the three measurement stages ($p < 0.05$). The effect of group was also significant, suggesting that there was



[ DOI: 10.22034/3.3.366 ]

a significant difference between the hope therapy and supportive therapy groups in terms of improvement in psychological well-being.

Furthermore, the interaction effect of time and group was significant, indicating that the pattern of change in psychological well-being differed between the two groups. In other words, while the mean scores of the supportive therapy group showed only slight and non-substantial changes from pre-test to post-test and follow-up, the hope therapy group demonstrated a considerable increase in psychological well-being scores, and this improvement was largely maintained during the follow-up stage.

The examination of the individual components of psychological well-being revealed a similar pattern. The results indicated that in the components of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth, the mean scores of the hope therapy group increased notably from pre-test to post-test, and these improvements remained relatively stable during the follow-up stage. In contrast, only minor and non-substantial changes were observed in these components within the supportive therapy group.

Overall, the findings of the inferential analyses suggest that both interventions can contribute to improving the psychological well-being of women with inadequate guardianship. However, hope therapy demonstrated greater and more stable effectiveness compared to supportive therapy. These findings indicate that training hope-related components, including agency thinking and pathway thinking, can play a significant role in strengthening feelings of life control, purposefulness, and personal growth among these women.

## Discussion

The findings of the present study indicated that although both hope therapy and supportive therapy were effective in improving the psychological well-being of women with inadequate guardianship, the results of the statistical analyses demonstrated the significantly greater and more sustained effectiveness of hope therapy compared with supportive therapy. This finding suggests that while emotional support and empathetic engagement can alleviate some aspects of psychological distress, interventions that actively strengthen individuals' cognitive and motivational resources may lead to deeper and more enduring improvements in psychological functioning.



[ DOI: 10.22034/3.3.366 ]

One possible explanation for this result lies in the fundamental nature of supportive therapy. Supportive therapy primarily focuses on emotional expression, empathy, validation, and the utilization of available social resources. These elements are particularly valuable for individuals who have experienced chronic stress, social isolation, and emotional deprivation, as is often the case among women with inadequate guardianship. Through the opportunity to share experiences, receive empathy, and feel understood by others, participants may experience a reduction in emotional pressure and a temporary relief from feelings of loneliness and helplessness. In this sense, supportive therapy functions as an important emotional buffer that helps stabilize individuals during periods of psychological vulnerability. However, although such interventions can reduce immediate distress, they may not be sufficient on their own to produce profound cognitive or motivational changes in individuals' perspectives toward their future.

In contrast, hope therapy operates through a more structured psychological mechanism based on Snyder's hope theory. This approach emphasizes two central components of hopeful thinking: agency thinking and pathway thinking. Agency thinking refers to the individual's sense of determination and internal motivation to pursue desired goals, while pathway thinking involves the ability to generate multiple strategies or routes to achieve those goals. By systematically training these two components, hope therapy encourages individuals to shift from a passive stance toward their life difficulties to a more active and self-directed approach to problem solving.

For women with inadequate guardianship, who often experience feelings of powerlessness, uncertainty about the future, and reduced self-efficacy, such cognitive restructuring can be particularly transformative. Through the therapeutic process, participants learn to redefine their personal goals, identify realistic pathways toward achieving them, and maintain motivation even when confronted with obstacles. As a result, they gradually develop a stronger sense of personal control, competence, and optimism about their future.

Another important aspect of hope therapy is its emphasis on empowering individuals to rely not only on external support systems but also on their internal psychological resources. While supportive therapy mainly strengthens the external support network surrounding the individual, hope therapy helps reconstruct the internal psychological structure that guides decision-making, goal pursuit, and coping with adversity. In other words, supportive therapy may function as an emotional scaffold that provides comfort and stability, whereas hope therapy acts as a motivational



[ DOI: 10.22034/3.3.366 ]

engine that activates individuals' capacity for purposeful action and long-term psychological growth.

The pattern of results observed in this study also supports this interpretation. Participants in the hope therapy group demonstrated noticeable improvements in the components of psychological well-being, including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Moreover, these improvements were largely maintained during the follow-up stage, indicating that the benefits of the intervention were not limited to the immediate post-treatment period but continued over time. Such durability of effects suggests that participants had internalized the cognitive and motivational strategies taught during the intervention and were able to apply them in their daily lives.

In contrast, the supportive therapy group showed only modest and relatively stable changes across the measurement stages. Although participants in this group benefited from emotional sharing and social support, the absence of structured cognitive-motivational training may explain why the magnitude of change was smaller and less enduring compared to the hope therapy group.

Overall, the findings of the present study highlight the importance of incorporating hope-based interventions into psychological services for vulnerable populations. Women with inadequate guardianship often face multiple life challenges, including economic hardship, social stigma, family instability, and psychological stress. Interventions that merely reduce distress may not be sufficient to address the complex psychological needs of this population. Instead, programs that actively cultivate hope, goal-directed thinking, and adaptive coping strategies may provide a more effective pathway toward long-term psychological empowerment.

Based on the results of this study, the use of hope therapy as a specialized and structured psychological intervention is strongly recommended for enhancing the psychological well-being of women in vulnerable circumstances. By strengthening agency and pathway thinking, hope therapy can help these women rebuild their sense of control over life, develop meaningful goals, and pursue personal growth despite the challenges they face. Therefore, integrating hope-based therapeutic programs into counseling services and social support institutions may represent an important step toward improving the mental health and resilience of women exposed to adverse life conditions.



[ DOI: 10.22034/3.3.366 ]

**Data availability statement**

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

**Ethics statement**

The studies involving human participants were reviewed and approved by the ethics committee of Ardakan University. The patients/participants provided their written informed consent to participate in this study.

**Author contributions**

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

**Funding**

The authors did (not) receive support from any organization for the submitted work.

**Conflict of interest**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## References

Amini, M., & Karami-Nejad, R. (2021). Examination of mental health status and future outlook among women affected by domestic violence. *Journal of Social Psychology, 9*(3), 45–58.

Klonya, K., et al. (2022). Psychological well-being and its components in vulnerable social groups. *Journal of Positive Psychology, 17*(4), 512–525.

Mohammadkhani, P., Azadmehr, H., & Soleimani, A. (2010). Investigation of psychosocial harms among women with inadequate or absent guardianship. *Clinical Psychology and Counseling Research, 1*(1), 89–104.

Moradi, S., & Taheri, A. (2012). Factor structure and psychometric properties of the short form of Ryff's Psychological Well-Being Scale in women. *Quarterly Journal of Educational Measurement, 3*(8), 115–130.

Naqdi, H., & Anaseri, A. (2018). *Step-by-step group hope therapy protocol based on Snyder's theory.* Tehran: Arjmand Publications.

Parhizkar, S., Mahdavi, E., & Rezaei, M. (2023). The effectiveness of positive psychology interventions on the psychological well-being of women with inadequate guardianship: A meta-analysis. *Quarterly Journal of Mental Health, 11*(2), 12–28.



[ DOI: 10.22034/3.3.366 ]

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Snyder, C. R. (1990). *Hope theory: Rainbows in the mind.* New York, NY: Academic Press.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249–275. https://doi.org/10.1207/S15327965PLI1304_01

Vera-Villarroel, P., et al. (2015). Relationship between economic status and psychological well-being. *Journal of Economic Psychology, 36*, 11–20.

Winston, A., Rosenthal, R. N., & Pinkert, H. (2004). *Learning supportive psychotherapy: An illustrated guide.* Washington, DC: American Psychiatric Publishing.

Yildirim, M., & Arslan, G. (2022). Exploring the associations between psychological strengths, hope, and subjective well-being. *International Journal of Applied Positive Psychology, 7*(2), 185–201. https://doi.org/10.1007/s41042-022-00066-7



[ DOI: 10.22034/3.3.366 ]