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# **Empowering Women in the Middle East by Psychosocial Interventions**

**Can provision of learning spaces in individual and group sessions and  
teaching of coping strategies improve women's quality of life?**

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“Life is not what it’s supposed to be. It’s what it is.  
The way you cope with it is what makes the difference.”

(Virginia Satir)

*For Vahid  
With love and gratitude*



# CONTENTS

LIST OF TABLES .....	1
LIST OF FIGURES.....	2
ABSTRACT .....	3
LIST OF PAPERS .....	5
ABBREVIATIONS.....	7
TERMS AND CONCEPTS.....	9
INTRODUCTION.....	11
BACKGROUND.....	13
The need to empower women in the Middle East .....	13
Iranian women.....	14
Iranian single mothers struggle with hardships .....	15
Newly married Iranian women cope with new challenges.....	15
THEORETICAL FRAMEWORK.....	18
Empowerment.....	18
Cognitive behavioural interventions .....	20
Coping.....	20
Coping strategies .....	21
Problem-solving approaches .....	22
Hope therapy.....	22
Psychosocial intervention .....	23
<i>Rahyab: a socio-cognitive empowerment model</i> .....	23
<i>Group sessions; social networks for empathy, sympathy and knowledge building</i> .....	30
<i>Private sessions; opportunities for dealing with private problems</i> .....	32

<b>AIMS .....</b>	<b>33</b>
<b>Overall aim .....</b>	<b>33</b>
<b>Specific aims .....</b>	<b>33</b>
<b>METHODS AND PROCEDURE.....</b>	<b>34</b>
<b>Participants.....</b>	<b>36</b>
<b>Data collection .....</b>	<b>38</b>
<i>Qualitative method .....</i>	<i>38</i>
<i>Quantitative method.....</i>	<i>39</i>
<b>Data analysis .....</b>	<b>40</b>
<i>Qualitative method .....</i>	<i>40</i>
<i>Quantitative method.....</i>	<i>43</i>
<b>Ethical considerations .....</b>	<b>44</b>
<b>RESULTS .....</b>	<b>46</b>
<b>Qualitative results.....</b>	<b>46</b>
<i>Summary of the qualitative results .....</i>	<i>46</i>
<i>Overall view of the qualitative results.....</i>	<i>50</i>
<i>An illustrative case .....</i>	<i>58</i>
<b>Quantitative results .....</b>	<b>62</b>
<b>DISCUSSION .....</b>	<b>65</b>
<b>Psychosocial intervention teaching coping strategies empowers women .....</b>	<b>66</b>
<b>Psychosocial intervention teaching coping strategies improves women's QOL .....</b>	<b>67</b>
<b>How psychosocial interventions work .....</b>	<b>67</b>
<i>Mindful problem solving and coping .....</i>	<i>70</i>
<i>Emotion regulation, coping and a hopeful life.....</i>	<i>70</i>
<i>Social support and coping.....</i>	<i>71</i>
<i>Social relationships .....</i>	<i>72</i>
<i>Social networks .....</i>	<i>72</i>
<i>How society affects coping strategies and the role of Rahyab in this process.....</i>	<i>73</i>
<i>A conceptual framework for social work practice with women .....</i>	<i>74</i>

<b>Methodological considerations .....</b>	<b>76</b>
<i>Strengths</i> .....	76
<i>Limitations</i> .....	77
<b>CONCLUSIONS .....</b>	<b>80</b>
<b>Implications for social work practice</b> .....	<b>81</b>
<b>Future research</b> .....	<b>82</b>
<b>SUMMARY IN SWEDISH.....</b>	<b>83</b>
<b>SUMMARY IN PERSIAN .....</b>	<b>84</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>86</b>
<b>REFERENCES .....</b>	<b>88</b>
<b>APPENDIX A: INDIVIDUAL SESSIONS' FORM* .....</b>	<b>98</b>
<b>APPENDIX B: GROUP SESSIONS' FORM .....</b>	<b>99</b>
<b>APPENDIX C FINAL EVALUATION FORM.....</b>	<b>100</b>
<b>APPENDIX D: WHOQOL-BREF QUESTIONNAIRE* .....</b>	<b>101</b>





## LIST OF TABLES

<b>Table 1.</b> The Rahyab work process roadmap in interaction with participants	31
<b>Table 2.</b> Overview of the methods used in the study .....	36
<b>Table 3.</b> Single mothers' sociodemographic characteristics.....	37
<b>Table 4.</b> Newly married women's sociodemographic characteristics .....	38
<b>Table 5.</b> Categories that emerged from the data before the intervention .....	42
<b>Table 6.</b> Categories that emerged from the data during and after the intervention .....	42
<b>Table 7.</b> An example of the analysis process leading to the category of problem-focused coping during and after the intervention.....	43
<b>Table 8.</b> Comparing the two groups before the intervention .....	48
<b>Table 9.</b> Illustrative quotations on how the women realized the relationship between problem solving, decision making and thinking .....	52
<b>Table 10.</b> Illustrative quotations on expressing emotion.....	53
<b>Table 11.</b> Illustrative quotations on acquiring specific knowledge .....	55
<b>Table 12.</b> Illustrative quotations on relationships .....	56
<b>Table 13.</b> Pre- and post-intervention scores for the single mothers.....	63
<b>Table 14.</b> Pre- and post-intervention scores for the newly married women .....	63
<b>Table 15.</b> Pre- and post-intervention scores for the aggregated intervention and comparison groups .....	64

## LIST OF FIGURES

<b>Figure 1.</b> The Rahyab knowledge base .....	24
<b>Figure 2.</b> Moula's person-in-environment formula .....	27
<b>Figure 3.</b> Flowchart for recruitment of participants to the intervention and comparison groups .....	35
<b>Figure 4.</b> Conceptual framework for socio-cognitive empowerment of women in the Middle East .....	49
<b>Figure 5.</b> The relationship between the structure, process and outcome of the intervention.....	69

# ABSTRACT

**Background:** This study set out to construct a conceptual framework that can be used in social work with women in the Middle East and other settings where women have limited access to resources, which, as a result, limits their decision-making capacity. The framework has both an empirical and a theoretical base. The empirical base comprises data from two intervention projects among Iranian women: single mothers and newly married women. The theoretical base is drawn from relevant psychological and social work theories and is harmonized with the empirical data. Psychosocial intervention projects, based on learning spaces for coping strategies, were organized to assess if Iranian women could use a problem-solving model (i.e. focused on cognition and emotion simultaneously) to effectively and independently meet challenges in their own lives and improve their quality of life.

**Methods:** Descriptive qualitative and quasi-experimental quantitative methods were used for data collection and analysis. Forty-four single mothers and newly married women from social welfare services were allocated to nonrandomized intervention and comparison groups. The intervention groups were invited to participate in a 7-month psychosocial intervention; the comparison groups were provided with treatment as usual by the social welfare services. The WHOQOL-BREF instrument was used to measure quality of life, comparing each intervention groups' scores before and after the intervention and with respective comparison groups. In addition, content analysis and constant comparative analysis were performed on the qualitative data collected from the participants before, during and after the intervention.

**Results:** The results of the quasi-experimental study show significant and large effect sizes among the women exposed to the intervention. Small and not statistically significant effect sizes were observed in the women provided with traditional social welfare services. Accordingly, teaching coping strategies can be a means to improve the quality of life of women in societies where gender discrimination is prevalent. The qualitative findings from the Iranian projects illustrate a process of change —socio-cognitive empowerment— with regard to thinking, feeling and acting among women during and after the intervention. The women developed a number of mental capacities essential to coping and life management. All women used the model effectively, and consequently, made more deliberate decisions to improve their life situations.

The single mothers learned to enhance their reasoning in life management and succeeded in finding a job, and many improved their family relationships. The newly married women could influence their intimate relationships by altering their thoughts, their management of emotions, and their overt behaviour.

**Conclusion:** The practical lessons from the Iranian projects highlight the possibilities of empowering women through fostering mindfulness and deliberate decision making as well as achieving consciousness. This study provides provisional evidence that psychosocial intervention projects, based on learning spaces for coping strategies, can help many clients to achieve their goals and improve their quality of life, and that this psychosocial intervention project can be a useful model for social work practice with women in the Middle East. The conceptual framework can help social workers to bridge the gap between theory and practice: that is, to draw from existing social work theories and, through the psychosocial intervention model, better apply this knowledge in their practical work with women in challenging social environments.

## LIST OF PAPERS

This thesis is based on the following papers, which are referred to in the text by their Roman numerals (I–IV). The published papers have been reprinted with the permission of the journals.

- I. Empowering single mothers in Iran: applying a problem-solving model in learning groups to develop participants' capacity to improve their lives. Addelyan Rasi H, Moula A, Puddephatt A J, Timpka T. *British Journal of Social Work* 2012; DOI:10.1093/bjsw/bcs009.
- II. Empowering newly married women in Iran: a new method of social work intervention that uses a client-directed problem-solving model in both group and individual sessions. Addelyan Rasi H, Moula A, Puddephatt A J, Timpka T. *Qualitative Social Work* 2012; DOI:10.1177/1473325012458310.
- III. Towards a conceptual framework for the socio-cognitive empowerment of women in the Middle East countries: empirical and theoretical foundations. Addelyan Rasi H, Moula A, Puddephatt A J, Timpka T. submitted.
- IV. Psychosocial intervention improves the quality of life: a quasi-experimental study of Iranian women. Addelyan Rasi H, Timpka T, Lindqvist K, Moula A. submitted.



# ABBREVIATIONS

CBT	Cognitive behavioural therapy
NMW	Newly married woman
QOL	Quality of life
SM	Single mother
WHO	World Health Organization





# TERMS AND CONCEPTS

**Coping** is a process of changing cognitive and behavioural efforts to manage specific external and/or internal demands that are challenging or exceeding the resources of the person (Lazarus and Folkman, 1984).

**Emotion-focused coping** is the cognitive process directed at lessening emotional distress by regulating the emotional response to the problem (Lazarus and Folkman, 1984; Lazarus and Lazarus, 2006).

**Empowerment** denotes the process of gaining control over decisions and resources that determine the quality of one's life by learning the necessary knowledge and skills required to improve life situations (Payne, 2005/1997; Saleebey, 2006). It can be both a process and an outcome.

**Health** is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity (WHO, 2011/1946).

**Hope** is a positive motivational state that is based on an interactively derived sense of successful agency and pathways. Hope derives pathways to desired goals and motivates people to use the pathways by agency thinking (Snyder, 2002).

**Problem-focused coping** is the management or modification of the problem within the environment causing the distress. Problem-focused coping includes problem-oriented strategies directed at the environment and those directed at the self (Lazarus and Folkman, 1984; Lazarus and Lazarus, 2006).

**Psychosocial interventions** involve activities that relate to a person's psychosocial development in, and interaction with, a social environment. These interventions address a variety of activities such as trauma counselling, peace education programmes, life skills, and initiatives to build self-esteem (Pupavac, 2001).

**Quality of life** is individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO, 1996, p. 5).

**Rahyab** is an empowerment-oriented problem-solving model and a work process roadmap (in Persian Rahyab means in search of a road for life) for social work; the overall aim of Rahyab is to create mindfulness in the people using it. Rahyab is used in interactions with clients, linking the development

of specific personal capacities with different problem-solving approaches and with the means to mobilize resources in the environment (Moula, 2005, 2009).

**Self-conception** denotes an understanding of one's own attitudes, emotions, and other internal states. It is an important base for self-efficacy. Charon (2004) indicates that self-conception, including self-judgment and identity and self-perception, means we see ourselves in situations; to understand our own actions in the situation.

**Self-efficacy** is people's belief in their capabilities to produce desired effects by their own actions (Bandura, 1997).

# INTRODUCTION

Life improvement, quality of life (QOL) and well-being are global issues that have attracted the attention of researchers and practitioners from different disciplines, including social work, psychology, sociology, medicine and health sciences. We are currently living in a world with a quick flow of changes in different aspects of natural and human systems, such as human needs and expectations. All these changes have influences on human life and create more stressful situations. How people meet the different challenges in their lives is another important issue that emerges from these circumstances. Our job as researchers and practitioners in humanistic science is to understand how people cope with problems in daily life and how they can facilitate this process. Priority should be given to vulnerable groups. Vulnerability results from an interaction between the resources available to individuals and communities and the life challenges they face. This study applied two concepts, coping and empowerment, to understand these questions among Iranian women.

Coping strategies, including managing or modifying the problem within the environment causing the distress (problem-focused coping) and regulating emotional response to the problem (emotion-focused coping), help people to deal more effectively with stressful life events and persistent problems, and eventually to increase the quality of their lives (Braun-Lewensohn et al., 2011; Folkman and Moskowitz, 2004; Somerfield and McCrae, 2000). In this study, empowerment is selected as the philosophy for social work practice. This means individuals or groups that are engaged in problem solving should become empowered in these processes for addressing present problems and future challenges without being continually dependent on social services. Empowerment can be both a process and an outcome. Empowerment is the process of gaining control over decisions and resources that determine the quality of one's life by learning the necessary knowledge and skills required to improve life situations (Payne, 1997/2005; Saleebey, 2006).

There is an overlap between coping and the empowerment process in the value of applying knowledge, understanding, insight, perception, experience and skills such as problem solving and decision making when dealing with problematic situations. It is also well understood that management of resources has benefits for coping and the empowerment process. On the other

hand, coping and the empowerment process need learning spaces for development and expansion. Learning spaces have the capacity to trigger people to improve their coping strategies leading to empowerment in their lives. Psychosocial interventions create opportunities for psychosocial development through learning spaces to help people cope with the challenges in life.

Inspired by John Dewey (1938/1998, 1910/1917), this study began with the premise that all humans have the capacity to act intelligently, yet all can benefit by improving habits to enhance reflective thought. This study opposes the notion that certain categories in a population are inferior in their learning abilities due to their social or cultural belongings. Accordingly, if we can create a suitable opportunity, all humans have the capacity to learn and implement coping strategies to solve day-to-day problems and improve their QOL.

# BACKGROUND

## **The need to empower women in the Middle East**

Empowering women is considered a prerequisite for fostering greater equality between men and women. However, the cultural situations in some countries mean that empowering women is even more urgent. For example, many researchers have highlighted the situation facing women in the Middle East in light of recent economic, political and cultural transitions, and the role of religion and tradition in women's daily lives (Berkovitch and Moghadam, 1999; Crocco et al., 2009; Fernea, 1985; Moghadam, 2010).

Social inequalities and imbalances of power among women in the Middle East can influence access to resources and decision-making capabilities at the individual-level. This situation leads to conditions that are not healthy and affect well-being and mental health (Akhter and Ward, 2009; Siegrist and Marmot, 2006). Patriarchy in this region creates situations where women become dependent on men in terms of private family life and their access to the public market. Consequently, this limits women's freedom and affects their capacity to flourish. For instance, we can see the higher level of control of teenage girls and young women compared with boys through their parents, limitations in female sports and in diverse types of professional, social and political activities (Akhter and Ward, 2009; Arab-Moghaddam et al., 2007).

Akhter and Ward (2009) indicate that empowering women requires "access to resources and decision-making capacity" (pp. 142–143). In the last few decades, women in the Middle East have taken considerable action to improve their situations in society. The focus of these changes has been on women's rights, mobilization and advocacy through increasing social and gender-based consciousness, and engagement in opportunities that are important for access to resources. These processes have led to women feeling empowered (Berkovitch and Moghadam, 1999; Golley, 2004; Valiente, 2009). Najafizadeh (2003) points out that this empowerment process operates at two levels: (a) the micro level, where women gain more control over their lives through knowledge and support within the family; and (b) the macro level, where women gain recognition from the law about their issues and rights, enabling better access to higher level positions.

## **Iranian women**

As a result of worldwide access to information and communication technologies and the ensuing globalization process, certain aspects of the life situation of Iranian women are slowly transforming and women have gained increased opportunities, including the chance to attend university. Educational opportunities help Iranian women to improve their social status and financial independence, allowing them to achieve more respect and agency in the society.

Even though these changes have partially improved women's social status, the role of culture and tradition is still a powerful influence on their life situations. The unemployment rate among Iranian women is extremely high in comparison with that of men (Moghadam, 2010). Many educated women work in a variety of fields, but the rate of female employment has decreased drastically. Gender discrimination leading to unequal wages is apparent in a number of occupations in Iran. For example, only 4% of all employed women are in leadership and management positions (Shirazi, 2011). Socio-economic disadvantages are known to affect a wide range of aspects of health and mental well-being (Siegrist and Marmot, 2006). Unsurprisingly, the health status of Iranian women is poorer than that of men (Montazeri et al., 2005). The prevalence of general psychiatric disorders has been found to be particularly high among women compared with men (Mohammadi et al., 2005; Noorbala et al., 2004). Noorbala et al. (2004) noted that the prevalence of mental disorders is higher among Iranian women than women in Western countries and suggested that this may be due to both effects of biological factors and social inconveniences.

Mazjehi (1997) studied how Iranian women understand their own life situations, reporting that the most important problems for women were the limited social opportunities, financial and employment problems, lack of freedom and security, and too many housekeeping responsibilities. The women also indicated that their most important needs were respect for women's rights, such as having a suitable job, facilities for sport, entertainment, and social freedoms.

## **Iranian single mothers struggle with hardships**

Single mothers have a low socio-economic position in societies and poorer health status. There are different factors in single mothers' subordination that have major influences on their lives, such as less education, lower income, lower self-esteem, work-family conflicts, and consequently, poor mental and physical health (Ciabattari, 2007; Dziak et al., 2010; Fritzell, 2011; Kleist, 1999; Wang, 2004).

There is a gap between the needs of single mothers and the resources available to meet these needs, which increases health problems and decreases well-being. Low income is the main problem among single Iranian mothers. There are different barriers to finding and maintaining a job for single mothers in Iran; less education, work experiences, self-esteem, motivation, poor health and child care problems as well as cultural and traditional obstacles greatly affect the working situation of single mothers. Another barrier is integrating work and family. Single mothers have to work full-time to increase the family income in response to family demands. They face many problems in work-family conflicts such as caring for the children and fulfilling household responsibilities.

The number of single-mother households is growing worldwide (Brown and Moran, 1997; Cairney et al., 2003; Dziak et al., 2010; Wang, 2004) and Iran is no exception. According to the 2007 census, households with a female head (single mothers) constituted 9.4% of all households in Iran, up from 8.4% in 1997, 7.3% in 1987, and 7.1% in 1977. From 1997 to 2006, the number of households with a male head increased by 38%; households with a female head increased by 58%. In 2001, more than 60% of single-mother households did not have any income from employment or support from other family members (Statistical Centre of Iran, 2011). As a result, it was estimated that 88.2% of single mothers were supported by social welfare organizations in Iran at that time.

## **Newly married Iranian women cope with new challenges**

As a result of globalization, families now live in a world that is complex, interconnected, and continuously evolving because of rapid transformations in

the economy, environment, technology and migration. Changes in families and family functioning within dynamic environmental conditions necessitate the lifelong acquisition of new knowledge, skills, and abilities to minimize risks and maximize opportunities for healthy life choices. These needs can be met through continual learning with a clear purpose and connection to the real world (Darling and Turkki, 2009). Iranian families are confront with a number of corresponding challenges (Moghadam et al., 2009) and because of the role of culture and tradition, these challenges create more problematic situations for women than for men. Using a survey, Salari (2000) investigated married Iranian women's opinions about family problems in Tehran. Only 53% of the women indicated having an important role in the decision-making process in their marriages. Seventy-two percent reported that their husbands are not in agreement about women working outside the home. Ahmadi et al. (2009) found that between 70 and 80% of self-immolation patients in Iran are women and that marital conflict with spouse or conflict with other family members is an important causal factor in the process. The women are also at a higher risk of suicide in comparison with men in Iran. This has been explained by that fact that Iranian women's social situation (i.e. family problems, marriage and love, social stigma, pressure of high expectations, and poverty and unemployment) creates more psychosocial pressures compared with that of men (Keyvanara and Haghshenas, 2010).

In parallel with a growing general population, marriage rates are decreasing and divorce rates are increasing (Bankipour Fard et al., 2011). Statistics in Iran show a 23% increase in marriage rates, but an 86% increase in divorce rates between 2005 and 2011. The highest divorce rates were associated with young couples; women between 20 and 29 years and men between 25 and 34 years of age. In addition, the divorce statistics show that most of the couples who divorced were in the early years of their marriage; on average, divorces happened less than 5 years from the date of the wedding (Iranian National Organization for Civil Registration, 2011). The increase in the divorce rate among Iranian women could be a sign of women's emancipation. At the same time, divorce is considered a social problem because of the practical consequences for divorced women and children in a still traditionally organized patriarchal society. Because of women's lack of employment opportunities and a lack of support for women in Iran, divorce can lead to psychosocial and economic problems for both women and children that are not as prevalent in the West. The rate of remarriage is much lower among women than men. In addition, cultural factors mean that there are fewer chances of remarriage for divorced women in Iran; most Iranian men prefer



not to marry a divorced woman. The best option for an Iranian divorced woman, in an effort to escape poverty, could be to seek out a widowed man (older than her, with children from a previous marriage) or to marry a man who already has a wife. That is, to become the (legal parallel) second wife of a man. These preconditions make remarriage for divorced women so difficult that they may prefer to remain unmarried, but then they are faced with economic insecurity and weak social support. On the other hand, divorced women often face the problem of social control from their father and brothers. Due to financial problems and family prejudice, they develop difficulties in living alone and often find themselves dependent on a male (Aghajanian, 1986; Aghajanian and Moghadas, 1998). Considering these structural realities, Iranian women have a very difficult decision to make with regard to divorce and in trying to find the best avenue within systems of patriarchal control. Thus, the decisions they face require careful consideration of the consequences, as well as the support necessary for making empowered decisions in their lives.

# THEORETICAL FRAMEWORK

This chapter provides an overview of the theories used for this study. These theories played a vital role throughout the research process. The focus of this study is on theories for direct social work practice. It starts with empowerment, which involves the ideology for social work, and continued with clinical theories; cognitive behavioural interventions, coping, problem solving, and hope therapy. A description of the psychosocial intervention used in this study is also provided. The discussion of theory includes a consideration of how theories can be understood and organized according to function.

## Empowerment

Recently, empowerment has become a common concept in different disciplines. Empowerment in social work, having started with Jane Addam's pioneering movement, refers to social actions among marginalized populations such as Afro-American groups, women, and the poor who experience discrimination, stigma and oppression, and feelings of low self-esteem. The empowerment approach tries to integrate the two streams, social movements and clinical theories, to release human capacities into "one mighty flow" (Turner, 1996, pp. 223–224).

Empowerment is a democratic and humanistic approach, and it considers its clients as humans who have inherent capacities to develop rather than as patients (Payne, 1997/2005; Saleebey, 2006; Thompson and Thompson, 2001; Turner, 1996/2011). Empowerment seeks to help clients gain the power of deliberative action by reducing the effect of social or personal obstacles, by increasing capacity and self-confidence, and by transforming power from the environment to the client (Payne, 1997/2005). Empowerment-oriented social work can support individuals in discovering and developing their capacity to achieve client-defined goals (Moula, 2009, 2010).

Several authors have highlighted the internal dimension of empowerment process, therefore an individual cannot be empowered by others; others can only facilitate and enable clients in this empowerment process (Moula, 2009; Saleebey, 2006; Simon, 1994; Thompson and Thompson, 2001; Turner,

1996/2011). In consideration of this point, Turner (1996) put forward three interlocking dimensions of empowerment: (a) the development of a more positive and effective sense of self; (b) increasing knowledge and capacity building to provide more critical understanding of realities in the environment; and (c) the cultivation of resources and strategies, or more functional competence to achieve goals. Turner also noted that, in the empowerment approach, practitioners promote reflection, thinking, and problem solving by interaction between the individual and the environment in order to cope and adapt. Adams (2003) wrote that empowerment is “central to social work theory and practice” (p. 6). He indicated that empowerment focuses on self-knowledge, self-control and the fact that people can control their own lives by rational cognitive means.

The empowerment approach contributes to well-being and the overall goal of empowerment is to improve QOL and gain social justice by focusing on more control in personal decision making, learning new ways to think about situations, and implementing behaviours that lead to individually more satisfying and rewarding outcomes through self-determination (Turner, 1996/2011).

According to Thompson and Thompson (2001) “the social worker is called upon to use his or her skill to help people empower themselves, both individually and collectively.” (p. 65). They add that conceptualizing power takes place at three levels: the personal, cultural and structural. In this study, empowerment is considered as a philosophy in social work practice. This means individuals or groups that are engaged in problem solving should become empowered in these processes. People (clients) should be able to develop their capabilities and learn skills to address present problems and future challenges without being continually dependent on social services. In addition, the study focuses on empowerment at the personal level. However, in line with Thompson and Thompson (2001, p. 69), personal empowerment is a prerequisite for other forms of empowerment: further developments are unlikely if individuals do not recognize and take advantage of those aspects of their life over which they have direct control. At the same time, personal empowerment can be a shared experience and does not have to be restricted to isolated individuals.

## **Cognitive behavioural interventions**

In recent years, cognitive behavioural interventions have been one of the most popular approaches among practitioners in psychology and social work. Cognitive behavioural approaches originate from learning theories and behaviour therapy as well as cognitive theories. Learning theory focuses on learning new behaviours to meet individuals' needs and problems but cognitive behavioural therapeutic approaches argue that perceptions and interpretations of the environment have an impact on behaviours during the process of learning. Accordingly, misperceptions and misinterpretations create unsuitable behaviours (Cobb, 2008; Payne, 1997/2005). Lazarus and Folkman (1984) indicated this point when they mentioned "thoughts shape feeling and action" (p. 350). They emphasized cognitive processes and their role in determining emotion and behaviour. According to cognitive behavioural approaches, a changing process occurs when clients learn how to think differently and act on that learning. Patterns of thinking or behaviour that are causes of problems are changed and, consequently, individuals feel better. Payne (1997/2005), in line with Scott et al. (1996), categorized cognitive behavioural therapies in four groups: coping skills, problem solving, cognitive restructuring and structural cognitive therapy. Cognitive behavioural therapy (CBT) focuses on engagement with clients and involvement in learning about and changing their behaviour and cognitions. In brief, clients are active throughout the intervention process. CBT sees thoughts, cognitions, feelings, moods, and actions as covert and overt behaviours that can be learned through the processes of classic and operant conditioning or social learning (modelling). Some interventions in CBT focus on reinforcing positive behaviour or reducing negative behaviour, and others focus on learning cognitive skills for evaluation and change in people's beliefs (Cobb, 2008; Payne, 1997/2005).

## **Coping**

According to Lazarus and Folkman (1984) coping is a process of changing cognitive and behavioural efforts to manage specific external and/or internal demands that are challenging or exceeding the resources of the person. Coping processes are partly determined by people's resources (i.e. health and energy,

positive beliefs, problem-solving skills, social skills, social support and material resources) and limitations that moderate the use of these resources.

These limitations could be personal or environmental. We can denote internalized cultural values and beliefs that prohibit certain types of behaviour and psychological deficits as personal limitations and competing demands for the same resources as an environmental limitation (Lazarus and Folkman, 1984). This study focuses on the contextual approach to coping and it means that coping processes are not inherently good or bad. The evaluation of coping can occur in a specific stressful context; one coping process can be effective in one situation but not in another (Folkman and Moskowitz, 2004; Lazarus and Folkman, 1984).

## **Coping strategies**

Different scholars distinguish and categorize coping strategies in three theory-based functions: problem-focused coping, emotion-focused coping, and meaning-focused coping. Like problem-solving strategies, problem-focused strategies involve addressing the problem causing distress with the difference that they focus on strategies that are directed at the environment as well as self; problem-solving strategies focus mainly on the environment. Emotion-focused strategies, without changing the objective situation, are aimed at ameliorating the negative emotions associated with the problem. Meaning-focused coping is used to manage the meaning of a situation. These strategies focus on people beliefs, values, and goals to modify the meaning of a stressful situation (Folkman and Moskowitz, 2004; Lazarus and Folkman, 1984; Lazarus and Lazarus, 2006).

Problem-focused coping strategies have been found to be more effective in situations where people have greater control (such as marriage and family); emotion-focused and meaning-focused strategies are more valuable when people have to deal with situations in which they have less control (e.g. a national financial crisis) (Thoits, 2010). In line with Lazarus and Lazarus (2006), most problematic situations need these two strategies in parallel (i.e. change problematic situations and regulate emotions simultaneously).

## **Problem-solving approaches**

Campbell (1996) summarizes Dewey's ideas of human nature by stating that people constitute a part of nature but they are also social and capable of abstract problem-solving. Perlman's model for problem solving in social work was also influenced by Dewey's understanding of human nature and learning (Coady and Lehmann, 2008). She believed that learning a structured problem-solving approach could not only help clients to solve problems in the present but also in the future. Perlman integrated the diagnosis and treatment approach with a perspective that emphasizes starting where the client is in the present, partializing the problem into manageable pieces, and developing a supportive relationship between the client and social worker in order to strengthen the client's motivation, freeing their potential for growth. Perlman's model considers that "life is an ongoing, problem-encountering, problem-solving process" (Perlman, 1970, p. 139). She assumed that many clients in social work are in need of support to overcome social obstacles in order to improve their coping capacity (see Perlman, 1957, 1970).

Heppner (2008) defined applied problem solving as "highly complex, often intermittent, goal-directed sequences of cognitive, affective, and behavioural operations for adapting to what are often stressful internal and external" (p. 806). Heppner emphasized how people try to cope with and resolve their daily life problems and stressful events in a cultural context; how individuals perceive their problems and stressful events; acceptable problem-solving strategies and solutions; and the degree to which problem-solving strategies resolve the perceived problems.

## **Hope therapy**

According to Snyder (2000, 2002), hope has to do with having a goal, thinking about the best way to achieve that goal, and the determination to follow the chosen path. This can be defined as a cognitive skill set that is based on a reciprocally derived sense of successful agency (the ability to bring about change) and a clear pathway (planning to meet goals). Hope therapy refers to several principles: (a) a semi-structured, brief form of therapy in which the focus is on present goal clarification and attainment. The therapist attends to historical patterns of hopeful thought and desired cognitive, behavioural, and emotional change; (b) an educative process in which the aim is to teach the

clients to handle the difficulties of goal pursuits on their own; and (c) change is initiated at the cognitive level, with a focus on enhancing clients' agency and pathway-specific, goal-directed thinking (Lopez et al., 2000).

Snyder (2002) noted that hope is learned and that this learning occurs in the context of other people. People's relationships and life experiences have an effective role in learning hopeful and goal-directed thinking.

## **Psychosocial intervention**

Psychosocial interventions involve activities that relate to a person's psychosocial development in, and interaction with, a social environment. These interventions address a variety of activities including trauma counselling, peace education programmes, life skills, and initiatives to build self-esteem (Pupavac, 2001). There is evidence for the effectiveness of education programmes, family interventions, and CBT among psychosocial interventions (Pilling et al., 2010; SIGN, 1998). Findings support the usefulness of psychosocial interventions for adaptation and improving QOL (Antoni, 2012; Lonigan et al., 1998; Rehse & Pukrop, 2003).

Cognitive, behavioural and social factors affect how people adapt to challenges in interacting with an element of the social environment. Psychosocial interventions could be effective in individuals' psychological adaptations not only for controlling situations and solving problems but also for restoring a sense of self-control, personal efficacy, and active participation in the intervention (Antoni, 2012; Lonigan et al., 1998). Psychosocial intervention in this study consists of learning spaces that were designed and run to create mindfulness and develop the women's cognitive capacities, with an emphasis on problem-solving and decision-making skills. These learning spaces included group and private sessions to teach the Rahyab empowerment-oriented problem-solving model.

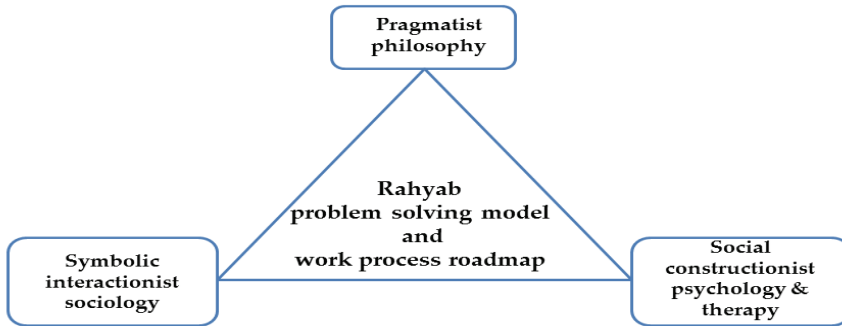
### ***Rahyab: a socio-cognitive empowerment model***

#### ***Theoretical framework of Rahyab***

Rahyab was designed to connect theory and practice in social work (Moula, 2009). Forte (2002) indicates that models are exemplary illustrations of the integrated use of two or more theoretical perspectives to generate starting points in practical work. The theoretical framework of Rahyab consists of a multidisciplinary knowledge base that includes pragmatist philosophy,

symbolic interactionist sociology, social constructionist psychology, and empowerment-oriented social work (Figure 1).

Pragmatism sees human beings as creative and active agents. Pragmatism is a way of investigating problems and highlighting communication rather than a fixed system of definitive answers and truths. Moula (2009) refers to some of the important principles in pragmatism, for example, looking for both opportunities and resources in the world, and the world is created by people and can be changed by human activities, conceptualizing life as the processes of problem solving, and the role of science is to contribute to social well-being.



**Figure 1.** The Rahyab knowledge base.

Pragmatism is the philosophical foundation of symbolic interactionism. Symbolic interactionism is a perspective in sociology and social psychology that sees human beings as active agents in their environment. According to this perspective, the environment is always changing as their goals change. One of the vital points in symbolic interactionism is the role of thinking; “we act according to how we are thinking in the specific situation we are in.” (Charon, 2004, p. 28-29) Another important concept in symbolic interactionism is “taking the role of the others; significant others”. This is so crucial and necessary for the development of self, understanding, learning, cooperation, morality, love, sympathy, empathy, social influence, helping others, taking advantage of others and understanding how not to be taken advantages of, social control, perceiving the consequences of our own actions; and



consequently what we do in situations depends on taking the role of those who are in the situation (Charon, 2004).

Burr (1995) explains that social constructionism means knowledge is sustained by social process; knowledge is constructed through daily interaction between people in the course of social life. According to Efran and Clarfield (1992), this approach determines the role of therapist as a “facilitator” instead of “coach” or “director” and Moula (2009), by drawing on Anderson and Goolishian (1992), emphasizes that a therapist is the “manager” of dialogical communication between therapist and client. The main aim is create a supportive context rather than to prescribe change directly. Psychotherapy is a type of education and the medium of therapy is language. Anderson and Goolishian (1988, 1992) emphasize the role of language, conversation, self, and storytelling. They indicate that (a) meaning and understanding are socially constructed; communicative action is essential for meaning and understanding; (b) the therapeutic system is a problem-organizing, problem-dis-solving system; (c) therapeutic conversation is a mutual search and exploration by dialogue; (d) the role of the therapist is a conversational artist, an architect of the dialogical process; (e) the therapist exercises a skill in asking questions from a position of not knowing such that it creates an excitement situation for the therapist who learns the uniqueness of each individual client’s narrative truth and the coherent truths in their storied lives.

Empowerment theory is central to both symbolic interactionism and social constructionism; it is based on (a) focusing on the power and capacities in individuals, groups, and communities; (b) considering individuals in groups and networks; (c) the individual moves on from a problematic situation and goes through this in life many times, and (d) dialog and cooperation are essential for the health and well-being of all individuals (Moula, 2009). Empowerment is a democratic and humanistic approach; clients are considered as humans who have inherent capacities to develop and flourish. Thus, professional workers are counsellors and educators. Saleebey (2006) emphasizes that social workers do not empower others, but instead, help people empower themselves. So, social workers try to empower their clients to become subjects rather than objects in their lives and transform from dependence on others to interdependence. In other words, empowerment is the intention and the process of assisting individuals and families to discover and develop their capacity.

William James (1907/1995) formulated the process by which an individual settles into new opinions, a process that is always the same for all individuals.

William James indicated every individual already has a stock of opinions and perceptions. When the individual meets a new experience or has a desire that does not fit in with the old ideas, the individual discovers a conflict between the old opinions and the new idea. The result is inward trouble. The individual escapes from this trouble by modifying the old opinions to integrate the new idea. In this integration process, the individual saves as many of the old opinions as possible; the individual first tries to change the new idea and then the old ones. Finally, some new opinion emerges that the individual can graft onto the stock of old opinions with a minimum of modification, stretching them just enough to allow them to admit the novelty, but keeping them as familiar as possible.

Moula (2009), with inspiration from James (1907), suggests three themes in change-oriented social work: (a) changing and learning should start with a respect for the individual's understanding, which includes knowledge and experience; (b) changes occur slowly because the individual's perceptions include individual identity and self; (c) change is about the integration of old and new.

Senge and Scharmer (2006) suggest that if people are to change how they think, they require tools to assist them. Vygotsky (1930/1997) introduced the idea of a psychological tool, emphasizing that the use of such tools in the process of interaction with the environment modifies mental processes (see also Blunden, 2010). Psychological tools are symbolic and cultural artefacts such as signs, symbols, texts, and, most fundamentally, language. These enable human beings to master psychological functions such as memory, perception, and attention in ways that are appropriate to our cultures (Kozulin, 1998). Blunden (2010, pp. 151–152) writes that the “use of any artefact has the effect of restructuring the nervous system, turning the natural nerve tissue into a product of cultural development, bearing the stamp of human activity while obedient every moment to the laws of nature.” Human brains and minds are shaped through individuals' interactions with their environment, and tools have an important role in this interaction process.

The Rahyab problem-solving model is a work process roadmap constructed for use in empowerment-oriented intervention and social work practice. Rahyab means “finding one's way” in Persian. This model had previously been applied in action-oriented research with Iranian families in Sweden (Moula, 2005, 2010) and since 2000, it has been taught to teachers and students of social work at two universities in Iran. With the help of UNICEF, social workers and psychologists have been learning this model through educational



mediate emotional functions with brain regions that mediate other cognitive functions. The resulting interactions ultimately guide behaviour.” (Purves et al., 2008, pp. 455–480) So, emotions and cognition do cooperate for proper behaviour and adaptation to the environment. From a cognitive control perspective, emotional signals should operate “under the radar of consciousness,” and produce alterations in reasoning so that the decision-making process is biased toward selecting the action most likely to lead to the most desired outcome (Damasio, 2003, p. 148). Consequently, we assume that cognitive control constitutes the faculty for achieving life goals, but is often hampered by unconscious emotional distress and obstructive habits. This means that increasing cognitive control while consciously exploring one’s emotions helps to mediate their unconscious influence, increasing the ability to deal with environmental resources and obstacles, and more effectively achieve life goals.

The Rahyab work process roadmap consists of five steps in the problem-solving process and each step develops special capacities. Rahyab is summarized in a conceptual chart (Table 1) used in interactions with participants in this study. Each step is described separately in the following.

### *The steps of the Rahyab work process roadmap*

**Step 1:** (a) *Defining the situation.* According to Thomas and Thomas (1928), if people define their situations as real, they are real in their consequences. This widely known and quoted theorem, which is often regarded as the original statement about how to define an individual’s situation, connects people’s understanding of their situations with their actions and the consequences thereof, and it justifies the first three steps of the model. Through dialogue, a practitioner and a client construct a picture of the general and the specific situation. The client is regarded as the expert on their own life and therefore the correct person to define the situation. There is always a risk that, at the beginning of the dialogue, the practitioner will associate the client’s story with their own experience/knowledge and consequently reach a premature conception. Notwithstanding, it is impossible for the practitioner to comprehend the client in a completely objective and neutral way, although the practitioner can proceed with patience and curiosity from the starting point of what Goolishian and Anderson (1988) and Anderson (1997) have called the “not knowing position.”

(b) *Defining the problem.* The dialogue process can be compared with a funnel and how a discussion becomes increasingly more specific. The top of the funnel represents the beginning of the dialogue, because it is wide and open and allows consideration of many relationships and experiences; somewhere in the middle is a definition of the concrete situation, which comprises a few relationships and experiences; near the bottom of the funnel may be the definition of a problem. On occasion, it can be necessary to classify problems as urgent or secondary. For instance, if a woman is seriously threatened by her husband and her life is in danger, then the urgent issue is to find her a safe place to stay. Thus, a problem can be regarded as urgent from a practical point of view.

**Step 2:** The practitioner and client continue the dialogue, and the client tries to imagine the desirable situation, based on the problems defined in step 1. It is possible that the dialogue in step 1 cannot lead to the construction of a clear picture of the situation or the definition of the problem. However, when the client talks about what would be advantageous and what they want, then it becomes more apparent what is *not* desirable. The practitioner should not work strictly according to the steps, but should instead be flexible enough to let the dialogue oscillate between the steps whenever necessary. Moreover, it is possible that the client will think of several desirable situations, in which case step 3 can help discern which desirable situation is most realistic from a practical standpoint.

**Step 3:** Calvin (1996) with reference to Piaget emphasized that intelligence is what you use when you don't know what to do. This captures the element of novelty, the coping and groping ability needed when there is no right answer. The third step is moving from a desirable situation towards choosing an alternative. Moula (2005) with reference to Engquist (1996) proposed that the best help we can give a person is to assist them in the process of finding an alternative. Initially, it is crucial to use what we refer to as intelligence, novelty, or creativity to find/construct all possible alternatives without prematurely attempting to rank them. Later, the likely consequences of each alternative should be considered as thoroughly as possible. Finally, barriers and resources affecting each alternative should be discussed, and only then can the client rank the alternatives. This process often generates three or four alternatives, each of which must be carefully considered with regard to consequences, barriers, and resources. The third step of the empowerment model demands most thinking and patience. Many people actually use this phase of the model in their daily life, but there is one major disparity between trained practitioners and clients in this context: usually only the professionals apply a systematic approach to carefully examine each alternative and its

barriers, resources, and consequences. It is this systematic approach that makes a difference. The client is sometimes confronted with very difficult decisions to make, and there are no desirable situations to select from, because all the alternatives have severe negative consequences. In other words, the client has sometimes to choose between what they consider to be bad, worse, or worst.

**Step 4:** It is often difficult for clients to choose an alternative; hence they may insist that the practitioner recommend one. However, the practitioner should encourage clients to study the alternatives and make their own choices. Selecting alternatives for clients can create dependency and does not fit with the empowerment practice. After the client has selected an alternative, the practitioner and client work together to make a plan of action.

**Step 5:** The client and practitioner can look back through the previous steps to determine whether a satisfactory course of action has been established.

### *Group sessions; social networks for empathy, sympathy and knowledge building*

Group sessions in these studies were aimed at teaching reflective thinking and mindfulness to clients and developing their capacity to express thoughts and feelings through communication in the group. These sessions were offered once a week and women could listen to each other and get a sense that “I am not alone, we are a group.” In these sessions, the participants used Rahyab to solve fictional problems and scenarios that were suggested by the participants themselves. Examples of topics addressed during the sessions include life skills, decision making and problem solving, creative and critical thinking, effective communication, interpersonal relationship, self-awareness, and coping with emotion and stress. A form was distributed at the beginning of each group session, and participants had 15–20 minutes to write down what they thought about that problem or scenario. For example, in the single mother project, one question asked “How do you consider your own self-trust?” Or “what would you do if your ex-husband wanted to take your child from you?” The examples from the newly married women were: “What would you do if your husband did not respond to your emotional needs?” Or “What would you do if you found out that your husband has a relationship with another woman?” There were also some common questions that were asked by both groups, such as “What role can you play to create a healthy and

**Table 1.** The Rahyab work process roadmap in interaction with participants

Capacities to develop	Steps in problem solving
Organize thoughts and emotions through storytelling or story writing	<p>1. <i>Define your situation and identify a problem.</i> You may talk to a friend or a family member but YOU are the expert of your own situation. You have lived your life and have experienced its ups and downs. You may pick up a piece of paper and a pen and describe the problem that most engages you. Simultaneously find out how your <i>thoughts</i> and <i>emotions</i> are involved in the situation you try to define. It is also important that you consider your relationships with significant others (family members, friends, etc.) who play an important role in your life and especially in the situation that you want to define</p>
Identify desires, strengths, and necessary changes	<p>2. <i>Identify (a) your desirable situation, (b) your strengths and (c) what is it in the problematic situation that you want to change.</i> Consider how your emotions/feelings are related to your desires. What do you feel when you think about the changes that you wish to make? Consider your relationships with significant others. How do these people affect your desires? When you think about necessary changes, what role can these people play in bringing about these changes? You should also think about how these changes can affect the lives of other people</p>
Mindfully consider various alternatives	<p>3. <i>Imagine and map several possible alternatives.</i> Think systematically to find out which alternative may help you move from the problematic situation toward the desirable situation. This includes thinking about (a) the possible consequences of each alternative, (b) the resources that you can identify and use to realize the chosen alternative, and (c) the barriers that can impede each alternative (it is hardly possible to manage this step of the model without writing your thoughts on paper). Consider:</p> <ul style="list-style-type: none"> <li>• Your emotions/feelings with regard to these various alternatives</li> <li>• How each alternative can affect the lives of others, and which roles others can play in realizing each alternative. Other individuals can be a resource for realizing an alternative or they may be a barrier</li> </ul> <p>How are your values attached to different alternatives? It is crucial that you are aware how your values influence the choice or rejection of any alternative</p>
Choose the best possible alternative, define a goal and plan for action	<p>4. <i>Plan to realize your goal.</i> Your goal relates to and gains strength from the desire that you identified in step 2. Now, after considering several alternatives (step 3) and in line with the possibilities of realizing each, you can choose the best alternative and then formulate your goal accordingly</p>
Evaluate and learn from the situation	<p>5. <i>Evaluate the situation</i> and learn from this for future actions</p>

*Note:* Rahyab problem-solving model is constructed for use in empowerment-oriented intervention and social work practice (for the theoretical cornerstone as well as the development of this model through its implication in teaching, research and practice, see Addelyan Rasi et al. (2012a,b) and Moula (2005, 2010).

successful life?" Later, participants presented their ideas, based on what each participant had written down, and a discussion took place. This part of the procedure was designed to help each participant think individually and be ready to discuss *her own* ideas with others. At the end of each session, each participant wrote down and talked about "what I have learned from this session."

### *Private sessions; opportunities for dealing with private problems*

Private sessions were devoted to a discussion of the participants' private lives and problems. Rahyab was used as a problem-solving model to meet the difficulty identified by the participant. An empowering dialogue between the social worker (researcher) and the participant was focused on the systematic application of Rahyab's steps to address a concrete problem. Through such meetings, the participant learned to organize her feelings and thoughts through storytelling and discussing desirable changes (steps 1 and 2). Later, the dialogue between the two experts (the social worker was the expert in using/teaching Rahyab and the participant was the expert of her own life) continued with the aim of finding several possible alternatives for action (step 3). The dialogue then continued in an effort to make more concrete plans on the basis of that option (step 4). Participants were encouraged to take a paper and pen and continue to think and write by following the steps of the model at home.



# AIMS

## Overall aim

The overall aim of this study is to explore whether teaching coping strategies can be a means for social welfare organizations to improve women's life situation and increase their QOL in societies where gender discrimination is prevalent.

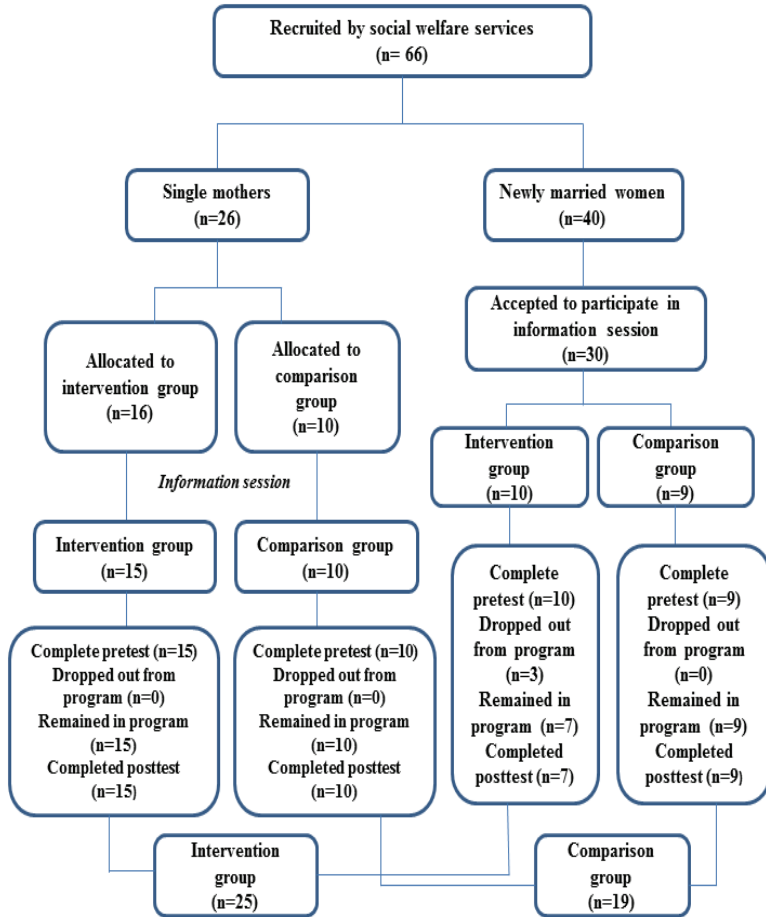
## Specific aims

- To assess if a group of single Iranian mothers could use the Rahyab problem-solving model, which was traditionally used by professionals only, to effectively and independently meet challenges in their own lives?
- To explore the process of personal empowerment among newly married Iranian women through an intervention that is based on group and individual learning spaces and the implementation of a structured problem-solving model.
- To construct a conceptual framework that can be used in social work practice with women in the Middle East countries.
- To assess whether a psychosocial intervention teaching coping strategies to women can improve the QOL in groups of Iranian women exposed to social pressures, represented by single mothers and newly married women.

## **METHODS AND PROCEDURE**

Quantitative and qualitative methods were combined at the level of data collection and analysis to investigate the study aims. According to Sandelowski (2000) mixed-method research expands the possibilities and helps to improve the analytic power of studies. A descriptive field study design (Heppner et al., 2008) based on qualitative methods was used for the data collection and analysis to investigate first two aims in this study. Content analysis was performed on the data collected from the participants during and after the intervention (studies I and II). A qualitative secondary analysis was performed on data from two research studies carried out among Iranian women, and the results were used to compile a framework for social work practice (study III). In particular, the “amplified analysis approach” (Heaton, 2008) was used, i.e. two existing qualitative datasets were compared and combined for the purposes of secondary analysis. A constant comparative analysis was used in the analysis process.

A quasi-experimental nonequivalent groups design (Shadish et al., 2001) involving two study groups, each divided into nonrandomized intervention and comparison groups, was applied to investigate the fourth aim of this study (study IV). The intervention groups were invited to participate in a 7-month psychosocial intervention; the comparison groups were provided with treatment as usual by the social welfare services. QOL was used as the primary outcome measure in the analyses. Because the study had to rely on convenience samples, no formal power calculations were performed. The study participants were recruited from programs supplied by social welfare service organizations to single mothers and newly married women, respectively (Figure 3). The WHOQOL-BREF instrument (WHO, 1996) was used to measure QOL, comparing each intervention groups’ scores before and after the intervention and with respective comparison groups. Table 2 provides an overview of the methods used in the four studies. The interventions were performed by the author of this thesis and the participating women, and the data for the evaluation of each session was provided by the participating women.



**Figure 3.** Flowchart for recruitment of participants to the intervention and comparison groups

**Table 2.** Overview of the methods used in the study

Study	Research design and method	Subjects	Data collection	Data analysis
I	Descriptive field study – qualitative	Single Iranian mothers ( $n=15$ )	Participants' evaluations and texts, oral interviews and discussions in group sessions and a semi-structured questionnaire	A two-step analysis; Conventional content analysis; Directed content analysis
II	Descriptive field study – qualitative	Newly married Iranian women ( $n=10$ )	Participants' evaluations and texts, oral interviews and discussions in group sessions and a semi-structured questionnaire	Conventional content analysis
III	Descriptive field study – qualitative	Iranian women; single mothers ( $n=15$ ) and newly married women ( $n=10$ )	Participants' evaluations and texts, oral interviews and discussions in group sessions and a semi-structured questionnaire	Qualitative secondary analysis of the two projects Constant comparative analysis
IV	Quasi-experimental with two intervention groups and two comparison groups – quantitative	Iranian women; single mothers ( $n=25$ ) and newly married women ( $n=19$ )	WHOQOL-BREF questionnaire for measuring the participants' level of QOL	Statistical analysis; nonparametric tests; Wilcoxon test and Mann-Whitney test Assessment of effect sizes (Cohen's $r$ )

## Participants

Inclusion criteria for single mothers were: being a single mother, living in poverty, and having requested social assistance. The exclusion criteria were: having significant medical, mental or substance-abuse problems. A social welfare service organization in a large urban area in Iran agreed to identify 26 single mothers who had contacted their offices and who fulfilled the inclusion and exclusion criteria. A meeting was arranged to explain the procedure and aims of the study to these women. The first 16 of the women identified were invited to participate in an intervention group and the 10 remaining women were invited to participate in a comparison group provided with traditional

social welfare services. One woman invited to the intervention group declined participation in the study. All women signed a consent form (Table 3).

Inclusion criteria for the newly married women were: to be newly married (first marriage, less than 5 years married, and no children) and having contacted a social work office. Exclusion criteria were: having significant medical, mental or substance-abuse problems.

**Table 3.** Single mothers' sociodemographic characteristics

Sociodemographic characteristics	Intervention group (n=15)	Comparison group (n=10)
<b>Age (years)</b>		
27–33	6	4
34–48	9	6
<b>Education</b>		
Primary school ≤5 years	5	3
Primary school 7–8 years	5	3
High school diploma	5	4
<b>Work situation</b>		
Part time or temporary employment	9	4
No employment	6	6
<b>Number of children</b>		
1–2	8	7
3–4	5	2
5–7	2	1
<b>Housing situation</b>		
Independent house	5	7
Living with parents	10	3
<b>Reason for being a single mother</b>		
Divorce due to husband's addictions	8	4
Divorce for other reasons	5	3
Death of husband	2	2
Other	0	1

In Iran, financial support from the social welfare services is available to newly married couples in need. In order to access such support, it is necessary to participate in at least one family educational program. A social welfare service organization in a large urban area in Iran agreed to identify 40 women eligible for the study. Thirty of these women agreed to participate in an information session. Having been informed about the study, 10 women agreed to participate in an intervention group, and 9 women agreed to participate in a comparison group provided with traditional social welfare services. All women signed a consent form (Table 4).

**Table 4.** Newly married women's sociodemographic characteristics

Sociodemographic characteristics	Intervention group( <i>n</i> =10)	Comparison group( <i>n</i> =9)
<b>Age (years)</b>		
20–24	6	4
25–28	4	5
<b>Education</b>		
High school diploma	1	0
Undergraduate study	9	9
<b>Work situation</b>		
Employment	5	5
No employment	5	4
<b>Age difference with husband (years)</b>		
0	1	3
1–3	5	4*
4–6	4	1
≥6	0	1
<b>Married for</b>		
≤6 months	4	2
≥12 months	6	7

\*Three of the participants in the comparison group were older than their husbands.

## Data collection

### *Qualitative method*

The single mothers project started in May 2008 and ended in November 2008. The newly married women project started in July 2008 and ended in February 2009. Before the intervention, the women were asked to write down “what is their situation and problems?” and “how do they meet the problems and challenges in their own lives?” Both private and group sessions were conducted in parallel and Rahyab was used in all sessions. In line with Rahyab, two forms (Appendix A and B) were designed for collecting data in all sessions and participants wrote down their understanding and evaluation of thoughts, emotions, relationships, desires and goals on these forms. In total, 19 group sessions were arranged for each project. The author of this thesis put in approximately 10 hours a week over a period of 7 months, totalling 300 hours of intervention in each project. The women's evaluations and other texts produced during the intervention were collected and used for analysis. Through a semi-structured questionnaire (Appendix C), additional qualitative

data were also collected at the end of the project, when all women were asked to evaluate their achievements and state what they had learned. Additional data were collected for the single mothers project. We were interested in finding out to what extent these women used what they had learned after the project. Nine women contributed data 17 months after the end of the project through a focus group and writing individually about “what happened to you after the end of the project? Could you use something from the project? How did you address your problems during this time?”

All individual and group sessions were tape-recorded and transcribed. An assistant and secretary attended the group sessions to facilitate data collection.

### *Quantitative method*

The primary outcome measure was the participants’ level of QOL as measured by the WHOQOL-BREF, the short form of the WHOQOL-100 instrument developed by the World Health Organization (WHO). The WHOQOL-BREF is a 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), environmental health (8 items), as well as two overall ratings of QOL and general health. There is no overall score. The physical health domain includes items on mobility, daily activities, functional capacity and energy, pain, and sleep. The psychological domain measures self-image, negative thoughts, positive attitudes, self-esteem, mentality, learning ability, memory and concentration, religion, and mental status. The social relationships domain contains questions on personal relationships, social support, and sex life. The environmental health domain covers issues related to financial resources, safety, health and social services, living in the physical environment, opportunities to acquire new skills and knowledge, recreation, general environment (noise, air pollution, etc.), and transportation. All scores were transformed to reflect a scale of 4 to 20 for each domain with higher scores corresponding to a better QOL (WHO, 1996). The Iranian version of the WHOQOL-BREF has recently been validated, displaying that the social relationship dimension had uncertain reliability (Jahanlou and Alishan Karami, 2011; Nedjat et al. 2008). The WHOQOL-BREF questionnaire was distributed in the intervention and comparison groups before starting the project (pre-intervention) and after the project (post-intervention).

## Data analysis

### *Qualitative method*

Considering the aims of this thesis, techniques of conventional content analysis (Hsieh & Shannon, 2005; Patton, 2002) were used in studies I and II. Patton (2002) stipulated that content analysis is a suitable method for the examination and categorization of data when the primary material is available as text (interview transcripts, or documents) rather than observation-based field notes. In this study, the data consist of participants' texts according to their understanding and evaluations as well as oral interviews and discussions in group sessions. Because the meaning is interpreted from the content of textual data attained from real-world settings, our content analysis adhered to a naturalistic paradigm focusing on language as a means for communication by considering the contextual meaning of the text. According to Patton (2002), when developing codes and categories, a qualitative analyst should deal with the challenge of convergence and divergence, figuring out what things fit together and what are different, and finding recurring regularities in the data. "These regularities reveal patterns that can be sorted into categories" (Patton, 2002, p. 465). The content analysis described what happened during the projects, including convergence and divergence. Since this research consisted of an inductive, exploratory procedure, some unforeseen categories emerged from analyzing the data. This research focused on learning from the participants' comments and texts more than relying on pre-existing theory. The two researchers, well versed in Persian, initiated the process by reading through the entire set of data in their native language, uncovering and discussing key preliminary themes. This was done to identify ideas grounded in the language of the participants. We then used open coding to break down, investigate, compare, conceptualize and categorize the data. The same two researchers coded the texts separately, and then integrated their results. This process continued until both researchers concluded that the coding scheme covered the entire data set. The codes were sorted into categories based on the relationships between codes. These emergent categories were used to organize codes into meaningful groups (subcategories). After considering the relationships between subcategories, the subcategories were combined or organized into a smaller number of categories. These processes were discussed by the research group and a process of reflection and discussion resulted in



agreement about how to sort the codes; consequently, the underlying meaning of the categories was formulated into themes.

In study I, as well as conventional content analysis, directed content analysis was performed. The person-in-environment formula (Figure 1) was used to examine the participants' post-project achievements. The data were coded into three major categories: individual capacity, environmental capacity and achievements. Then inductive within-category coding of the data was used to identify these themes. In addition to this qualitative content analysis, supplementary quantitative data on the intervention outcomes were collected by counting the number of women in each of the achievement categories.

In study III, the participants' data were analyzed using constant comparative analysis (Boeije, 2002; Strauss and Corbin, 1998; Corbin and Strauss, 2008). This method, which involves constantly comparing and contrasting data and results, was used in all steps throughout the constant comparative analysis. The data analysis involved three stages: (a) comparison within a participant's texts, (b) comparison between participants' texts in the same group, and (c) comparison of participants' texts across different groups. The analytic process was followed according to Strauss and Corbin (1998) and Corbin and Strauss (2008) for open, line-by-line coding of the textual data (participants' texts), whereby the initial concepts and properties were developed (90 initial concepts) as they emerged from the data. Next, axial coding was used to combine similar concepts into categories to develop analytical connections between a category and its subcategories (29 categories were identified). Tables 5 and 6 shows the categories that emerged from the data before, during and after the intervention. Table 7 illustrates a small part of the analysis process to arrive at the concept of problem-focused coping during and after the intervention. Then by selective coding, the 29 categories were systematically compared to build a theoretical proposition founded on the participants' responses. The core theoretical variable was described as a change process – socio-cognitive empowerment – based on central concepts described by the women before, during, and after the intervention. In the final step, the theoretical proposition was situated within existing theory to help generate a conceptual framework that can be used in social work with women in the Middle East and other settings where women consistently have limited access to resources.

**Table 5.** Categories that emerged from the data before the intervention

Axial coding (10)	
Subcategories	Categories
	Stressful situations
*Acceptance *Denial *Anger *Seeking support *Positive reappraisal	Life management/coping strategies
*Physical problems *psychological problems	Health situation

**Table 6.** Categories that emerged from the data during and after the intervention

Axial coding (19)	
Subcategories	Categories
*Reflective thinking *Deliberate decision making *Mindful problem solving	Problem-focused coping
*Understanding emotion *Regulating emotion	Emotion-focused coping
	Meaning-focused coping
*Communication skills *Other life skills	Life skills
*Self-awareness *Self-efficacy * Social awareness	Consciousness building
*Being hopeful and positive *Changing thought, and behaviour	Changing thought, feeling and action
	Learning spaces

**Table 7.** An example of the analysis process leading to the category of problem-focused coping during and after the intervention

Initial concepts	Axial coding	
	Subcategories	Categories
*Thinking rationally *Stop and think *Open mind	Reflective thinking	Problem-focused coping
*Management of the problem through writing *Finding the main problem/core of problem *Categorizing the problems *Understanding the problem/situation *Scrutinizing the problems * Getting help from institutional and human resources * Creativity; different alternatives * Evaluation and reflection * How can I meet my problems	Mindful problem solving	
*Selecting the best alternative *Individual is in the centre of decision making/ individual responsibility in decision making *Mindful decision making * The role of others in decision-making; thinking about them *Decision making in my own situation	Deliberate decision making	

## Quantitative method

In study IV, SPSS Statistics 19.0 was used to apply nonparametric tests for comparing results in WHOQOL scores between groups and within each group (95% confidence interval). The analyses were initially performed separately for each project and thereafter on the data from both projects combined. Only the data from women who had completed the prescribed treatments were included in the analysis. Because of personal issues (e.g. health problems during pregnancy), 3 of the newly married women in the intervention group did not complete the individual and group sessions. The data for these women were excluded from further analysis.

First, the Mann–Whitney test was used to compare the results between the intervention and comparison groups, then the Wilcoxon test was applied to compare the pre-test and post-test WHOQOL scores within each group. In addition to significance tests, Cohen's  $r$  (Cohen, 1988) was calculated to assess effect sizes. Effect size calculations were computed in the 6 specific domains,

and for the two overall perceptions of self-rated health and QOL in the intervention and comparison groups. Cohen's guidelines for  $r$  suggest that a large effect is 0.5, a medium effect is 0.3 and a small effect is 0.1. Fritz et al. (2011) indicated that effect sizes create a more generally interpretable, quantitative description of the size of an effect.

## **Ethical considerations**

There were a number of ethical considerations made in this research in order to better protect the rights of the participants. These considerations and the research design received ethical clearance according to the Helsinki Declaration of Research Ethics from the research ethics board for social services in Iran.

Participation in this study was voluntary; this kind of participation requires that people are not forced into participating in the research and informed consent is an important requirements. Informed consent means that research participants are fully informed about the procedures, aims, and potential risks involved in the research and must give their consent to participate. In this study, a meeting was arranged to explain the procedure and the aims of the intervention project in details to the initial recruitment of women. All participating women gave their consent by signing an ethical consent form. The participants in the intervention projects had the right to stop the intervention at any time.

To help protect the privacy of the participants, pseudonyms were used throughout to protect anonymity and confidentiality. Researchers at Linköping University, Sweden, were responsible for safeguarding the data.

Protecting participants from harm during the research process is another important ethical issue, and researchers should consider a favourable risk/benefit ratio in the research process. The potential benefits of this research clearly focused on empowerment; developing the capacity for social competence in group discussions such as learning to listen to others with empathy; learning to make decisions in daily life; learning to use the resources in the environment; a mutual sharing of knowledge, experiences and skills among the participants and researcher; and acting according to the participants best interests. This research was not without risks. A serious risk could be occurred in group sessions in particular: (a) the group may put pressure on the individual towards unfavourable conversation or actions; (b)

participants in the group may scorn each others feelings; (c) the group may favour some participants and neglect others.

To reduce such risks, participants in individual and group sessions were taught how to resist group pressure and how to assert their right to decline participation in activities they disliked as well as how to avoid feeling scorned in group sessions. The participants were encouraged to describe behaviours rather than make judgment, pay attention to needs and feelings instead of blaming each other and focus on the reality that others are likely to have a different worldview. We tried to ensure equitable use of group time for each individual by inviting silent members to become involved, acknowledging nonverbal attempts to communicate, and discouraging rambling and monopolizing of time by participants. In addition, by starting from daily life and best interests, focusing on issues that were indicated by participants in group sessions decreased compelling risks in the group.

The combination of group work with individual work was another way to decrease the negative effects of participation in the group. In this way, private matters came up only during individual sessions. In other words, group sessions were more oriented toward education, whereas the individual sessions took the form of an intervention act; however both individual and group sessions had the aim of empowering participants.

Participation in this research could also lead to severe conflicts with significant others such as spouses, parents, children, and friends regarding empowerment and potential life changes. To reduce this risk, participants were informed that, even though they might be pleased with some changes they make in their behaviour, others in their lives might not welcome such changes. It should also be taken into account that the researcher/therapist was a professional social worker with more than 10 years' experiences in clinical social work with women and families, and this could help to reduce the potential risks in group sessions.

## RESULTS

The results are presented in two parts: qualitative results (studies I, II and III) and quantitative results (study IV). First, qualitative methods were used in both projects and the results are presented in study I (single mothers) and study II (newly married women). The two projects were then combined and a qualitative secondary analysis, amplified analysis, was used to describe what happened during and after the projects, including convergence and divergence (study III). Quantitative methods were used to assess whether teaching coping strategies to these women via the psychosocial intervention can improve their QOL and health (study IV).

### Qualitative results

#### *Summary of the qualitative results*

##### *Study I (single mothers)*

All 15 women completed the project and, to varying degrees, utilized Rahyab effectively in their daily lives and demonstrated an improvement in their reasoning towards more reflective and deliberative thought. They learned to better connect with and regulate their emotions, which helped to clarify their desired goals and better identify the role of their emotions in the problem-solving process. For most of the women, their family relationships improved, and for almost half of the women, the financial situation of their family also improved. The analysis revealed three areas of life management where capacity developed during the project: developing problem-solving skills for self-management, learning to manage the family economy, and learning to manage family relationships. Three concrete areas of post-project achievement were: individual capacity, environmental capacity, and achievements.

### *Study II (newly married women)*

The findings revealed the primary and secondary learning processes that helped women to discuss their problems, explore possible solutions, and make decisions that brought about positive change in their lives. Reflective thinking was a theme that ran through each of the women's experiences, enabling clear analysis and focused decision making, which was essential to a sense of empowerment for the women.

**Primary learning processes:** the three primary learning processes were identified by how the women internalized knowledge and skills in the intervention: (a) acquiring knowledge about problems common to newly married women and problem-solving strategies; (b) self-management of emotions; and (c) reflection of one's life processes over time and through changing contexts.

**Secondary action-oriented processes:** the women were able to resolve their relationship problems in practice using secondary action-oriented processes. By participating in the primary learning processes, these secondary processes could be utilized effectively in the various problem-based contexts of their lives. These secondary action-oriented processes included (a) establishing a dialogue for change and (b) using sex-related knowledge as a basis for reclaiming sexual integrity.

### *Study III (single mothers and newly married women)*

By constant comparison of the women's reports before, during and after the intervention, a process of change was discovered, denoted as socio-cognitive empowerment. This process involved the development of four mental capacities for coping and life management.

**Women's life situations before the intervention:** before the intervention, women talked about three different types of problems: financial, relational, and individual. Maintaining the family economy was a major concern for all single mothers. Many of these women could not afford to have their own apartment, and had to live with their relatives. Therefore, they felt dependent on their relatives. Relational problems were another important difficulty reported among the women. The single mothers focused on relations with their children and newly married women on their spousal relations. In addition, many of the women indicated individual problems, such as lack of self-confidence and fear of the dark. Single mothers, more than newly married

women, presented health problems regarding physical and psychological health. Common coping strategies among all women were acceptance, denial, anger, seeking support, and positive reappraisal; single mothers were used to trusting God for support, and the newly married women reported focusing most on their own self-reliance. A comparison of the two groups before the intervention is shown in Table 8.

**Table 8.** Comparing the two groups before the intervention

Criteria for comparison	Single mothers (15)	Newly married women (10)
<b>Problems</b>		
Financial	15	0
Relational	12	8
Individual	4	9
<b>Evaluation of health situation</b>		
Physical health	4	2
Psychological health;		
Hopelessness	7	2
Lack of self-confidence	2	5
Fear/worry/anxiety	5 (about their children)	5 (about their relationship with their husbands)
Confusion	2	–
Feeling intensive dependency	3	–
depression	2	1
<b>Coping strategies</b>		
Acceptance	8	8
Denial	1	1
Anger	2	4
Seeking support	1	2
Positive reappraisal	10 (focus on trusting God)	4 (focus on self-reliance)

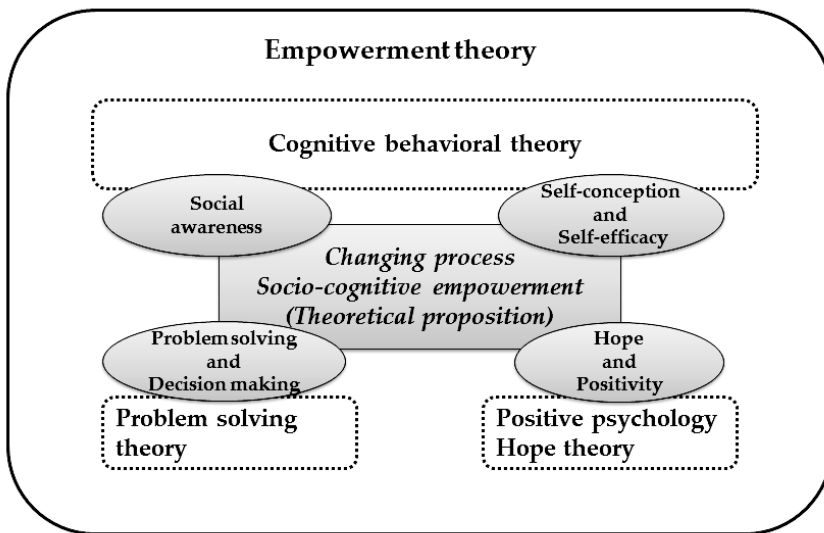
*Women's life situations after the intervention:* after the intervention, the women had improved their situation. Seven of the single mothers had succeeded in finding a job and most of the women in both projects reported that they had improved their family relationships. The theoretical proposition in this study pictured a cognitive change process among women during and after the intervention by developing the mental capacities necessary for coping and life management: (a) mindful problem solving and deliberate decision making; (b) achieving social awareness through learning spaces; (c) self-conception and self-efficacy; and (d) goal directedness, positivity and the chance of a hopeful life.

The results of the analytical comparison of the women's progress before and after the intervention suggest that it is possible to empower women through



the creation of positive learning spaces. Here, women can better express their feelings and thoughts to gain knowledge and consciousness about themselves, their capacity and environmental resources, and consequently increase their opportunities to achieve their goals. The results also bring to light the possibility of how women can become mindful and hopeful and make decisions that improve their life situation.

*Toward a conceptual framework:* the basis for the concepts emerging in the theoretical proposition were supplemented by integrating them with existing theory to provide a conceptual framework for social work practice. This conceptual framework includes mindfulness and the problem-solving tradition, the empowerment tradition, cognitive behavioural theories, and hope theory, borrowed from the novel movement called “positive psychology” (Figure 4).



**Figure 4.** Conceptual framework for socio-cognitive empowerment of women in the Middle East.

At the heart of this conceptual framework is the following theoretical proposition: participation in learning spaces including individual and group sessions and learning/using a problem-solving model can lead to socio-cognitive empowerment. This process includes four mental capacities:

problem solving and decision making; social awareness; self-conception and self-efficacy; and hope and positivity.

### *Overall view of the qualitative results*

The analysis showed a process of change —socio-cognitive empowerment— with regard to thinking, feeling and acting among women during and after the intervention. The women developed a number of mental capacities essential to coping and life management. Women learned and used a problem-solving model (Rahyab) through creating learning spaces where they could better express their feelings and thoughts to gain knowledge and consciousness about themselves, their capacities and environmental resources, and consequently increase their opportunities to achieve their goals. They developed their capacity to access resources and make decisions, and accordingly they flourished. The results revealed six mental capacities necessary for coping and life management: (a) mindful problem solving; reflective thinking, and deliberated decision making; (b) creating consciousness about expressing emotion; (c) acquiring self-conception and self-efficacy; (d) acquiring knowledge through group sessions; (e) meaningful relationships; and (f) goal-directed and hopeful life through learning Rahyab. These themes are presented as they emerged from both projects.

The participants in this study presented the six mental capacities to help them manage their situational demands according to their goals and individual and environmental resources and make their situations more controllable. These capacities are the overall resilience resources used by people to cope with persistent problems in their lives. Meanwhile, they can develop and improve through learning and experiences.

#### *Mindful problem solving, reflective thinking and deliberate decision making*

The way we think affects the way we plan our lives, the personal goals we choose, and the decisions we make. Participants in this study showed that they had learned to understand how they think, and that they can use this comprehension to think more reasonably in order to achieve their goals.

For example, Elaheh, 24, newly married woman (NMW), indicated that she has made an important change in her behaviour, and when she is anxious or stressed, she does not make a decision right away, but waits until later.

Another participant, Vida, 22, NMW, stated that “I learned that before acting I should stop and think and then make a decision.”

Women indicated that writing down narratives about their lives provided them with a means to reflect on their decisions from a bird’s eye perspective and over an extended time frame. Writing helped them to have an open mind and find better solutions. Tara, 28, NMW, says that she has learned that writing down her problems really helps her to identify the main problem, find different alternatives, and choose the best possible solution. Leyla, 22, NMW, said that she learned that if she uses the model, it helps her to know her problems better, and find a proper solution. She also realized that if she does not think clearly, and lets issues pass her mind quickly, then she cannot find a proper solution. Being in charge of the decision making in their life and the role of the individual in the decision-making process was emphasized (Table 9).

Yasaman, 28, single mother (SM), classified the process of her thinking and problem solving as follows: to express my problems, reason towards finding solutions, look at problems from several views, be hopeful that there is a solution, and finally, to be thoughtful and “with patience, unlock the puzzle.”

Banafsheh, 28, SM, concluded that, in general, using the model’s different steps helped her to remember important issues while working through problem-solving situations. Susan, 36, SM, described her situation, and explained how she even tried to teach her daughter what she had learned about mindful problem solving and deliberate decision making during her participation in the project:

I learned how to meet problems through Rahyab: what is the problem, where do I want to go, how can I go there, how can I choose the best option... Some time ago, my daughter met a man and wanted to marry him in a rush. I talked to her and informed her about rushing a marriage and the possible negative consequences. She became mindful and changed her decision... Now I can embrace problems with joy and understand that I can meet problems with the help of Rahyab... I should not make decisions based [only] on emotions, I should be more thoughtful.

**Table 9.** Illustrative quotations on how the women realized the relationship between problem solving, decision making and thinking

<b>Reflection on decision making through writing</b>	<p>"Writing down problems is hard but it helps to decrease stress and [through writing] we can manage problems easier. Consequently, we don't see them as big problems [any longer]." (Negar, 25, NMW)</p> <p>"When we write down different alternatives our mind has to think which option is better." (Shirin, 22, NMW)</p> <p>"Before the project, I thought my problems were the biggest problems in the world, occupying my sleep and waking time. When I learned the five steps of the model, and wrote the problem on paper, seeing it in only a few lines of text, I became calm... This was the best way to approach problems that I have ever learned..." (Laleh, 29, SM)</p> <p>"The model helps me to think deeply and make my thoughts creative, especially by writing down my problems and not behaving in a rush." (Hortensia, 36, SM)</p>
<b>Raising consciousness in decision making</b>	<p>"Rahyab puts the person in the center [of the action] and she should accept the responsibility of decision-making and the consequences of it." (Negar, 25, NMW)</p> <p>"The most important point in this model [Rahyab] is that each person should be active and flexible in solving their problems." (Sara, 23, NMW)</p> <p>"I should be active in making my own decisions; before, my parents made decisions in my situations..." (Roze, 31, SM)</p> <p>"I have learned that the individual is always in charge of her/his life and should pursue her/his problems and solve them and not put her/his trust in others so much." (Banafsheh, 28, SM)</p>

### *Creating consciousness about expressing emotion*

Through the intervention, the women reflected over the self-management of their emotional life (Table 10). Laleh, 29, SM, considered both her emotions and what she called "deep thinking", and indicated that when she is conscious about her emotions, she can regulate them and make better decisions.

Shirin, 22, NMW, had problems with her step-father, and they did not talk to each other. She wrote that:

I feel that he has taken my mother from me... I wish that he could treat me like he treats my sister and brother, and now... I don't feel happy to be at gathering occasions with others but when I have to be present in such occasions, I don't speak to anyone and for instance I watch TV and I think that my self-confidence is low and I have problems in presenting my feelings to others.... I hate men especially if they are fathers and respect their daughters. I couldn't tolerate such scenes [a lovely scene between a father and his daughter] and I weep.

She classified her problems into three parts: (a) low self-confidence; (b) lack of constructive communication with others; and (c) her problem with her step-father. Later, she used Rahyab to address each problem. Shirin concluded that:

Through this project I could better understand myself and my problems and learn how to meet realities in my situations... I decided to communicate with my father... I learned to love others and accept them as they are and if there is a problem I as well as others can have a role in the creation of the problem. Now, my opinion and behaviour has changed and I am more social than in the past. I express my feelings better with my close relatives.

Poneh, 27, SM, indicated that she has learned to think more deliberately before immediately reacting, and reported that before joining this project "I created 90% of my own problems." She also refers to her temperament when she indicates that "Earlier I talked before thinking, but now I do not talk quickly and do not become angry. Even if I become mad at someone I think before talking or acting."

**Table 10.** Illustrative quotations on expressing emotion

<b>Regulating emotion</b>	<p>"I have learned to overcome my anger and not to behave illogically if I want to manage my situation well..." (Vida, 22, NMW)</p> <p>"I realized that problems should not be addressed without considering thought and feelings. I should control my past negative feelings and emotions..." (Ziba, 27, NMW)</p> <p>"I have learned that people can control their feelings and emotions through laying aside those that are not useful [negative emotions]... I realized that I should not let the feelings overcome me..." ( Zohreh, 23, NMW)</p> <p>"Life model [Rahyab] helped me not only see negative feelings in a problematic situation but also see positive feelings." (Banafsheh, 28,SM)</p> <p>"I have learned to control my feelings and emotions and behave with patience and logic."(Orkideh, 44, SM)</p> <p>"I should not make my decisions and behave emotionally...I should find my emotions and feelings, this helps me to live healthily..."(Susan, 33, SM)</p>
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### *Acquiring self-conception and self-efficacy*

All women reported self-perception, defined as understanding their own attitudes, emotions, and other internal states. Self-perception is an important basis for self-efficacy. Such perceptions included generating respect for one-self, valuing one's own desires, accepting responsibility in planning one's own life, and the self as a deliberate decision maker. Single mothers emphasized respect for self and responsibility for direction in life, whereas newly married women emphasized personal valuations and desires. Narges, 38, SM, who was

a shy person and was often quiet in family gatherings, indicated that “In these meetings I learned to think about myself ... I exist and have to value myself ... to see the windows of hope and think logically ... to show others that I am a human being with feelings.” Hortensia, 36, SM, a religious person, admitted that she put her trust in God and hoped that God would solve her problems. After participation in the project, she realized that besides placing her hope in God, she can also gain self-confidence from being active in making her own decisions. Hortensia concluded: “Rahyab clarified that being satisfied with present possibilities and accepting the present situation leads to barriers for success and stops one’s development ....” She also wrote “Rahyab is like a mirror; its transparency and especial clearness help us to see ourselves in a better way ...” Sara, 23, NMW, reflected on her thoughts and wrote that “I learned that the empowerment process starts with doubt, uncertainty and questions, so I am not worried about my situation, it is the time to learn new things. What happens in our lives helps us to grow.” During the project she indicated that she should look back to evaluate and think about what has happened in her life; especially regarding her husband. Reflecting on this, she asked: “Is my husband a suitable partner for me? I should think about my own desires and wants and then see him as a husband.” Zohreh, 23, NMW wrote that Rahyab could open her mind about issues that are important to her and stated that evaluating situations was very helpful, allowing her to “look back [critically] and evaluate different things.” She also indicated how she learned to control her emotions and feelings by using the model but added that “I learned not to be silent all the time with my husband but also to tell him [my opinion] so he would not think that I am weak and would try to control me.”

### *Women learn from each other, acquiring specific knowledge through group sessions*

The group sessions created an opportunity for women to reflect on and learn from each other’s experiences (Table 11). They gained knowledge of women’s problems and solutions from different perspectives. These reflections led to new insights and established self-efficacy as a predisposition for taking action. For example, Vida and Shirin, 22, NMW, explained that the group sessions were suitable situations for comparing different opinions about similar challenges. Shirin added that even if she does not have similar problems right now, she can learn from that and use those lessons in the future. Yasaman, 28, SM, wrote: “I learned from other women’s experiences what I could not personally experience and got some answers to the questions that I had.” Tara,

28, NMW, reflected on the issue of pluralistic understanding of one and the same issue and said that it was interesting for her to realize that there could be several meanings for one phenomenon. Most of the women emphasized that group sessions were useful because they realized that they were not the only women who have a problem; they shared many problems with the other women. For instance, Leyla, 22, NMW, said that in the beginning “I was confused and I thought of my problem as a big disappointing challenge but when the group sessions started I realized that others had problems like me.”

Participants referred to the affection that developed between them in the group sessions and wished that it could continue. Hortensia, 36, SM, wrote that the women became like members of a family, with a special empathy and sympathy for each other.

**Table 11.** Illustrative quotations on acquiring specific knowledge

<b>Learning and experiencing in a group</b>	<p>“At the start of the project, I was quiet and did not talk in the group sessions... other women talk easily and explain what is in their mind...I like and enjoy their behaviour... I have learned in these group sessions that listening to others and talking to them could help me not only think for myself...and I have experienced a lot.” (Banafsheh, 28,SM)</p> <p>“These sessions helped me to learn from my friends [other participants] and this improved my life and communication with others...” (Mikhak, 39, SM)</p> <p>“I have learned and used others experiences... the group sessions played a crucial role in improving my skills.” (Sara, 23, NMW)</p> <p>“This project, especially the group sessions, were so useful for my mentality. They helped women to free their mind.” (Sadaf, 25, NMW)</p>
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### *Building meaningful relationships*

Through using Rahyab in private sessions, the women learned to control their emotions and frustrations, and improved their relationship with their significant others (Table 12). Single mothers focused more on their relationship with their children and the newly married women showed improvements in their relationship with their husbands. Susan, 36, SM, wrote that

... I was depressed and angry, and I punished my child... I felt that I was not able to do anything... Joining this project helped me to learn to live and learn how to interact better with my children. My first child had lots of psychological damage. There was a gap between us that was increasing more and more.

Susan learned to apply Rahyab to improve her relationship with her first daughter. Susan realized that she should start by modifying her own behaviour, remaining calm and patient, and not shouting at her child. She says

that the calmer she became, the better she could interact with her children, and they would become calm in turn. She said that

With the help of the model, I could embrace my problems and try to solve them. Last night my daughter and I talked and listened to each other. I have been waiting for this moment for several years.

Most newly married women indicated that learning to communicate dialogically improved their relationship with their husbands. For example, Negar, 25, NMW, indicated that

I decided to talk to my husband and tell him that I have put away much of what I wanted to do just because I love him and so I expect to get much happiness in our common lives... I, more and more, came to the conclusion that my husband and I are free and independent human beings who share a common life and can trust each other.

Sara, 23, NMW, reflected on her husband and his family. For example, she indicated that she needed to learn some skills and understand which barriers impede a good relationship with her husband. Sara added that

I learned that I should talk to my husband and we should not let our close relatives intervene too much in our life...I learned three different ways of having a proper relationship with my husband's family: (a) have patience and not take things so hard, (b) have more self-esteem, and (c) ask my husband to help me in this.

**Table 12.** Illustrative quotations on relationships

<b>Establishment of respect for others to improve relationships</b>	<p>"I have learned how to talk to her [her handicapped daughter], how to judge her behaviour, and what to ask her to do or not to do." (Mikhak, 39, SM)</p> <p>"I imposed my will on my children. Now, I try to understand what they want." (Mina, 38, SM)</p>
<b>Establishment of dialogue for improving relationships</b>	<p>"I learned how to talk and communicate with my husband through expression of my feelings and emotions..." (Zohreh, 23, NMW)</p> <p>"I learned to openly talk to my husband about my wishes in our sexual relationship." (Shirin, 22, NMW)</p>

### *Goal-directed and hopeful life through learning Rahyab*

All women, to varying degrees, utilized Rahyab effectively in their daily lives. They developed their problem-solving skills as well as emotion control skills to create concrete achievements in their life situations.

Laleh, 29, SM, explained: she realized that applying Rahyab to her problems was just what she needed as a complement in her life. By developing these acquired skills, she was better able to logically explore her life problems by writing down their possible consequences, and checking whether her anxiety



was proportionate to the facts. Even though the problems did not go away entirely, Laleh was able to reduce her worries. She wrote "...This was the best way to approach problems that I have ever learned..."

Ziba, 27, NMW, believed that her engagement in the project facilitated mindfulness and wrote that in an empowering process, she should be able to identify and define problems and then try to meet these problems in a way that will allow her to realize her goals. Orkideh, 44, SM, wrote that we should think about the problematic situation "step by step" and mentioned that there are different solutions in life and we should seriously consider alternatives that could help us to manage our lives properly. Sara, 23, NMW, wrote

By thinking about the roots of my problems, I realized what the causes of my problems are; I need to meet challenges in a proper way... I learned to use my skills—through using Rahyab—so I can respond in the best way... I learned to consider the advantages and disadvantages of different options...

Tara, 28, NMW, indicated that "Rahyab helped me to categorize problems and find the best solution... I could choose the best option after considering factors like time, energy, my abilities and their consequences in my life." Sara, 23, NMW, stressed that she learned to recognize what the main problem was, what really bothers her and how she could meet these challenges. In the same way, another participant, Leyla, 22, NMW, placed emphasis on categorizing the problems and then dealing with them according to a priority list. She indicated that it is important to learn from our actions and consequences and consider these in our future decision-making situations. Aghaghia, 40, SM, indicated that

Rahyab helped me to be liberated and get hope, realizing that I can find solutions for my problems... Earlier I thought I cannot continue this life and did not have any hope. I wanted to die. Now, I realize that life is difficult but I have hope and know that I can succeed.

Hortensia, 36, SM, emphasized that "personal empowerment is the same as finding a solution and seeing the window of hope." She added that "financial problems are still putting pressure on our family, but I have changed. Hope has come alive in me, and I am much more mindful and more focused in looking for solutions." Susan, 36, SM, indicated that

Several times I tried to commit suicide... Life was meaningless for me... I had depression... I punished my child... When I became a participant in this project I learned how to live, I learned how to interact with my child... When she was aggressive and was shouting and crashing doors, unlike previous times, I met her with calmness and did not shout back. A new hope was born inside me; I started to realize what life is about... What happened in my life was just like being reborn... To live again, this time, with hope.

Zohreh, 23, SM, learned that she cannot let problems get out of control, such that she cannot realize her wishes and wants. Now she is mindful that every problem has a solution, and she should meet these problems in a manageable and confident way.

### *An illustrative case*

A narrative analysis (Cortazzi, 1993, 2001; Fisher, 1985) was used in the case of Hortensia, a single mother from this study, to illustrate how this woman had changed the quantity and quality of her thinking, perception, and behaviour by learning a problem-solving model to strengthen her coping strategies and consequently, succeeded in improving her life (Hortensia has contributed much more data to the project than the other women).

#### *Initial orientation*

At the start of the project, Hortensia was a 36-year-old single mother with elementary formal education who did not have permanent employment. She had three children of her own and had the custody of one child from her previous marriage. Following her father's suggestion, she married a new husband who was 28 years older than herself. However, this man soon left Hortensia and her children's lives. The main contribution from this husband to Hortensia's family was a new child. Once more, Hortensia was alone, this time with financial problems and the challenge of raising five children. As she herself put it, she was "the mother, the father and the lone care-taker."

#### *Complication: problem recognition, re-conceptualizing and establishing agency*

When Hortensia joined the project, she reported financial problems. She also complained that her 16-year-old boy had left high school in order to find a job. She worried that he listened more to his friends than his family, and was jeopardizing his future by leaving school. Before joining the project, Hortensia thought that she had been a good friend to her children. Now, after joining the project, she is wondering what is wrong in her interaction with the children. According to Hortensia's understanding, Rahyab suggested that people can trust their own abilities to move forward, while God will help in this pursuit. Before attending the Rahyab sessions, Hortensia slept well by trusting God to

get support. However, after three private and group sessions, she told the researcher/therapist that she had difficulty sleeping at night. In the past, she did not worry about not having enough money to pay her rent, since she trusted in God. Now, she took the initiative to actively think about and take responsibility for the problem. By this point, paying the rent had become her own responsibility, which was an awakening for her. In effect, Hortensia had not only re-conceptualized the problems facing her (paying rent), but had also placed herself in charge of her problems, and hence, established a greater sense of agency over her own affairs.

*Evolution (step 1): enhancing relationships and taking ownership of problems*

Hortensia continued to join individual and group sessions, ten more in total. By this time, she began to report a change in attitude towards her children. She now understood that she had several children that required equal priority; she should not only think about her son and forget her daughters. She also started to think more about her children's nutrition and health. Hortensia then put effort into developing an improved understanding of her children's perspectives, and tried to use these to foster a greater sense of mutual understanding. "I understood that my expectations on my son should not be only according to my own values but also take into consideration my son's desires and interests." Hortensia began to learn how to use the Rahyab model to reflect on her daily life. She wrote "I should not only think about paying my expenses [for example by borrowing from relatives] but consider different options for finding a job." By applying the model, Hortensia decided to get a financial contribution from the social services office to buy a tailoring machine. To establish this, she met with her social worker. Hortensia actively talked about her problems and how to solve them, which was a big change from her previous responses to difficulties. Hortensia told the social worker that she felt like an active participant of the Rayhab project, which had helped her to better comprehend and master her life situation. In parallel to putting her hope in God, a person gains self-confidence from being active in making her own decisions. Indeed, Hortensia concluded, "Rahyab clarified that being satisfied with the present possibilities and accepting the present situation leads to barriers to more success and stops one's development."

*Evolution (step 2): meeting problems with patience and confidence*

By the end of the program, Hortensia reflected differently on her environment, as well as her own position in it. She explained that “in interaction with my son who left school, I had many problems and could not find a solution to them, until I joined this project. Then I could change my temperament, be gentler, and give my son more chances to act on his own.... So far I have not been completely successful. However, I do not have as much anxiety and my son has had the chance to find out things on his own. The emotional relationship between us has improved and we understand and respect each other.... Even if the financial difficulties are the same as before, I have learned to meet these challenges with a new understanding and patience. I have learned to wait and think carefully about what I should do, using my limited time to best meet the challenges in my life.... Time management and self-confidence helped me to be active and move towards realizing my aims. Financial problems are still putting pressure on our family, but I have changed. Hope has come alive in me, and I am much more conscious and more focused in looking for solutions.”

*Evolution (step 3): achieving lasting confidence through reflective thinking*

Hortensia summarized what she took away from the project in a few sentences: “During the project more and more I understood that empowering ourselves is that promising light. I found out how to use my healthy body, and the power of thinking and reasoning as the gift of God to us humans, to meet life’s problems. It helps to prevent me from deciding in a hasty manner and without thinking.... Through using the model, especially steps three and four, I tried different job possibilities, like tailoring, and I am preparing myself to drive special taxis devoted only to women...”. Hortensia did not learn to think through the project. However, she learned to think more systematically. She wrote “I realized that empowering an individual in problem-solving situations is the window of hope that appears to save us from badly puzzling situations.”

*Resolution and coda*

“Thinking” was Hortensia’s favourite expression in her narrative. She used the term to illustrate how she had discovered the power and joy of reasoning.

For example, she wrote “I need to give more room to my thought” and “I should not deprive myself from deep thinking”. From a life management perspective, Hortensia’s conquest of thinking appeared to have provided her with the possibilities to cope with life problems or at least reach tranquillity, especially in situations where the resources in the environment were lacking. She identified a direct association between the Rahyab tool and reflective thinking when she wrote: “the model helps me to identify my problems and see them more clearly.” Describing this association more figuratively, she wrote “the model is a mirror and its transparency and especial clearness helps us to see ourselves in a better way and understand how our own faults and problems can become a barrier impeding against solutions of the main problems in our lives.” Regarding control of habits and emotions, she repeatedly referred to how she had changed her habit of relying on God for solving her problems to relying on God in parallel with relying on her own ability to think and act. She also indicated that her emotional relationship with her son had changed and they understood and respected each other more than before. The weakest points for Hortensia were the resources in the environment. During the entire project, she was a single mother who had to take care of five children with only a part time job. Her overall judgment of the project outcome is interesting. She wrote that her economic situation had not changed radically as a result of the project, but that her relationship with her son had improved. She understood that she should not impose her own desires on her son. She repeated several times that Rahyab had helped her to reach tranquillity. This was unexpected for the social workers and researchers in the project. We wondered how one could have such tranquillity despite these severe problems. Hortensia gave a surprising answer to this question when she thoughtfully, like a chief executive officer of her family, divided her problems into: (1) those that she solved through hard struggle, (2) “problems” she had learned not to address or to define as problems, and instead learn to live with them, and (3) problems she expected to solve in the near future. Through her problem classification, Hortensia taught the social workers that a single mother can have tranquillity and a sense of personal empowerment through problem-focused and emotion-focused forms of coping even in the face of severe problems.

## Quantitative results

The scores for each intervention group were compared before and after the intervention and with respect to comparison groups in each project (Tables 13 and 14), and then we analyzed the data from both projects combined. At the pre-test and post-test stages, no statistically significant differences were observed between the aggregated intervention and comparison groups. In the aggregated intervention group, statistically significant increases in scores were observed after the intervention for all WHOQOL-BREF domains (physical health ( $p \leq 0.001$ ), psychological health ( $p \leq 0.001$ ), social relationships ( $p \leq 0.01$ ), environmental health ( $p \leq 0.01$ ) and the overall perception of QOL ( $p \leq 0.001$ ). No statistically significant change was found in overall self-rated health in this group. In the aggregated comparison group, no statistically significant changes were observed. Large and statistically significant effect sizes were observed in the intervention group in all WHOQOL-BREF domains and the overall perception of QOL. The effect size for overall self-rated health was between small and medium and not statistically significant. In the aggregated comparison group, the effect sizes were small or medium and not statistically significant (Table 15).

**Table 13.** Pre- and post-intervention scores for the single mothers

Domains of health	Pre-intervention			Post-intervention			Effect size, <i>r</i>	
	Intervention group (n=15), mean (SD)	Comparison group (n=10), mean (SD)	Between-group score difference	Intervention group (n=15), mean (SD)	Comparison group (n=10), mean (SD)	Between-group score difference	Intervention group (n=15)	Comparison group (n=10)
1. Physical	12.86 (3.56)	13.30 (3.62)	-0.44 <sup>n.s.</sup>	14.40 (2.55)	12.60 (3.33)	1.80 <sup>n.s.</sup>	0.60*	0.24 <sup>n.s.</sup>
2. Psychological	10.46 (3.02)	10.70 (4.37)	-0.24 <sup>n.s.</sup>	12.73 (2.18)	10.60 (4.57)	2.13 <sup>n.s.</sup>	0.70**	0.10 <sup>n.s.</sup>
3. Social relationships	10.13 (3.56)	10.70 (2.58)	-0.57 <sup>n.s.</sup>	12.33 (3.43)	10.10 (4.01)	1.73 <sup>n.s.</sup>	0.51*	0.30 <sup>n.s.</sup>
4. Environment	10.26 (2.21)	10.40 (2.83)	-0.14 <sup>n.s.</sup>	11.40 (1.84)	10.10 (3.44)	1.30 <sup>n.s.</sup>	0.50 <sup>n.s.</sup>	0.11 <sup>n.s.</sup>
Overall perception of QOL	2.60 (0.98)	2.70 (0.82)	-0.10 <sup>n.s.</sup>	3.66 (0.61)	2.90 (0.73)	0.76*	0.80**	0.45 <sup>n.s.</sup>
Overall perception of health	3.20 (1.20)	2.10 (0.99)	1.10*	3.33 (0.89)	2.60 (0.96)	0.73 <sup>n.s.</sup>	0.10 <sup>n.s.</sup>	0.60 <sup>n.s.</sup>

\* $p < 0.05$ . \*\* $p < 0.01$ . n.s., not statistically significant.

**Table 14.** Pre- and post-intervention scores for the newly married women

Domains of health	Pre-intervention			Post-intervention			Effect size, <i>r</i>	
	Intervention group (n=7), mean (SD)	Comparison group (n=9), mean (SD)	Between-group score difference	Intervention group (n=7), mean (SD)	Comparison group (n=9), mean (SD)	Between-group score difference	Intervention group (n=7)	Comparison group (n=9)
1. Physical	12.85 (1.95)	15.55 (2.24)	-2.70*	16.57 (1.39)	15.33 (2.73)	1.24 <sup>n.s.</sup>	0.90*	0.19 <sup>n.s.</sup>
2. Psychological	13.14 (1.95)	14.66 (1.32)	-1.52 <sup>n.s.</sup>	14.57 (1.39)	14.22 (2.22)	0.35 <sup>n.s.</sup>	0.86*	0.29 <sup>n.s.</sup>
3. Social relationships	13.28 (1.70)	16.00 (1.73)	-2.72*	14.71 (2.05)	16.33 (1.58)	-1.62 <sup>n.s.</sup>	0.57 <sup>n.s.</sup>	0.32 <sup>n.s.</sup>
4. Environment	13.85 (1.77)	13.33 (2.44)	0.52 <sup>n.s.</sup>	15.85 (1.06)	13.55 (1.66)	2.30**	0.78*	0.17 <sup>n.s.</sup>
Overall perception of QOL	3.57 (0.97)	4.11 (0.60)	-0.54 <sup>n.s.</sup>	4.28 (0.48)	3.88 (0.60)	0.40 <sup>n.s.</sup>	0.62 <sup>n.s.</sup>	0.33 <sup>n.s.</sup>
Overall perception of health	3.28 (1.25)	4.11 (0.33)	-0.83 <sup>n.s.</sup>	4.00 (0.57)	4.11 (0.60)	-0.11 <sup>n.s.</sup>	0.62 <sup>n.s.</sup>	0.00 <sup>n.s.</sup>

\* $p < 0.05$ . \*\* $p < 0.01$ . n.s., not statistically significant.

**Table 15.** Pre- and post-intervention scores for the aggregated intervention and comparison groups

Domains of health	Pre-intervention			Post-intervention			Effect size, <i>r</i>	
	Intervention group (n=22), mean (SD)	Comparison group (n=19), mean (SD)	Between-group score difference	Intervention group (n=22), mean (SD)	Comparison group (n=19), mean (SD)	Between-group score difference	Intervention group (n=22)	Comparison group (n=19)
1. Physical	12.86 (3.09)	14.36 (3.18)	-1.50 <sup>n.s.</sup>	15.09 (2.44)	13.89 (3.29)	1.20 <sup>n.s.</sup>	0.68***	0.20 <sup>n.s.</sup>
2. Psychological	11.31 (2.96)	12.57 (3.80)	-1.25 <sup>n.s.</sup>	13.31 (2.12)	12.31 (4.01)	1.00 <sup>n.s.</sup>	0.72***	0.17 <sup>n.s.</sup>
3. Social relationships	11.13 (3.39)	13.21 (3.47)	-2.08 <sup>n.s.</sup>	13.09 (3.22)	13.05 (4.40)	0.04 <sup>n.s.</sup>	0.52**	0.07 <sup>n.s.</sup>
4. Environment	11.40 (2.66)	11.78 (2.99)	-0.38 <sup>n.s.</sup>	12.81 (2.66)	11.73 (3.21)	1.08 <sup>n.s.</sup>	0.55**	0.02 <sup>n.s.</sup>
Overall perception of QOL	2.90 (1.06)	3.36 (1.01)	-0.46 <sup>n.s.</sup>	3.86 (0.63)	3.36 (0.83)	0.50 <sup>n.s.</sup>	0.72 ***	0.00 <sup>n.s.</sup>
Overall perception of health	3.22 (1.19)	3.05 (1.26)	0.17 <sup>n.s.</sup>	3.54 (0.85)	3.31 (1.10)	0.23 <sup>n.s.</sup>	0.20 <sup>n.s.</sup>	0.38 <sup>n.s.</sup>

\* $p < 0.05$ . \*\* $p \leq 0.01$ . \*\*\* $p \leq 0.001$ . n.s., not statistically significant.



## DISCUSSION

The overall aim of this study was to explore whether teaching of coping strategies can be a means for social welfare organizations to improve women's life situation and increase their QOL in societies where gender discrimination is prevalent. The results provide provisional support for that teaching of coping strategies using the Rahyab model can be a means to increase women's QOL in societies where they are discriminated. The main findings from the four studies in this thesis can be summarized as follows:

- All single mothers used the model effectively, and consequently, made more deliberate decisions to improve their life situations. Some of the women succeeded in finding a job and many improved their family relationships. The study suggests that an empowerment-oriented social work approach can be a useful model for social work among women in Iran and similar societies.
- The analysis of the processes by which a personal empowerment-oriented intervention based on learning spaces and the Rahyab problem-solving model showed how newly married Iranian women could influence their intimate relationships by altering their thoughts, their management of emotions, and their overt behaviour.
- The practical lessons from the Iranian projects highlighted a process of change, denoted here as socio-cognitive empowerment. This process involved the development of four mental capacities for coping and life management. A conceptual framework was constructed to provide structural support for social work practice with women in the Middle East, integrating theories on problem solving, empowerment and CBT, and associated with what can be referred to as an "extended hope therapy."
- In the quasi-experimental study, large post-intervention effect sizes on QOL scores were observed among women provided with the intervention. The scores in a comparison group provided with treatment as usual showed no statistically significant changes. The results suggest that psychosocial interventions based on learning spaces for coping strategies can improve the QOL in groups of Iranian women exposed to social pressures.

## **Psychosocial intervention teaching coping strategies empowers women**

Social inequalities affect women's opportunities to access resources and their decision-making capacity. Moreover, women have lower coping abilities compared with men, because the socio-economic position of women is less advantageous than that of men (Kristenson, 2006). This study suggests that teaching coping strategies using a psychosocial intervention could improve women's coping abilities and consequently improve their lives.

Before the intervention, only 5 of 25 women had full employment and 9 worked part time or had a temporary job. Eleven of the women were unemployed. This led to the women being financially dependent on their husband or on other male relatives and thus the women had less control over their lives. Women had limited resources, i.e., limited decision-making power, which meant a limitation on making choices, but not on the capacity to make decisions. Consequently, this situation increased both physical and psychological problems among women. Acceptance and positive reappraisal, often through religion, were common coping strategies among Iranian women before the intervention. Culture and tradition remain powerful influences on Iranian women's life situations. Padyab (2009) confirmed that Iranians are used to coping through positive reappraisal that is deeply influenced by their culture and tradition. The results of the analytical comparison of the women's progress before and after the intervention suggest that it is possible to empower women through the creation of positive learning spaces. Here, women can better express their feelings and thoughts to gain knowledge and consciousness about themselves, their capacity and environmental resources, and consequently increase the opportunities to achieve their goals. Gaventa and Cornwall (2006) noted that knowledge, consciousness, and action are dimensions of participatory research and there is a strong relationship between knowledge and power. In this project, women learned and used, independently, a problem-solving model to address any problems they encounter in their own lives. Rather than maintaining a dependency on the practitioner, this new approach is tailored to maximizing empowerment, autonomy, and self-direction in clients who face difficult circumstances on an ongoing, day-to-day basis.

## **Psychosocial intervention teaching coping strategies improves women's QOL**

The aggregated data from the two categories of Iranian women provided with the intervention showed significant improvement in overall self-rated QOL and in the particular domain of self-rated health. The effect size on overall self-rated health in the aggregated intervention group was not statistically significant. One explanation for this finding could be that as a result of the nonrandomized study design, by various selection mechanisms, already healthy women were allocated to the more demanding intervention groups. This interpretation is supported by the fact that the pre-test scores on overall self-rated health in the aggregated intervention group were higher than in comparison group and higher than in the other WHOQOL-BREF domains. When the categories of women and instrument domains were considered separately, no statistically significant post-intervention change was found in the social relationships domain among the newly married women in the intervention group and no change in the environment domain among the single mothers. Recent re-evaluation of the Iranian version of the WHOQOL-BREF has shown an unsatisfactory reliability of the social relationship domain, which may explain why no change was recorded in this domain. According to the Iranian researchers, re-evaluation studies from other countries have reported similar results, implying that this domain of the WHOQOL-BREF requires a general revision (Jahanlou and Alishan Karami, 2011; Nedjat et al. 2008). Regarding the scores for the single mothers in the environmental domain, a positive trend that did not reach statistical significance was observed. However, single mothers may be more likely to face structural and environmental problems that are resistant to change efforts. The results are in agreement with other studies that emphasize the vital role of coping strategies for dealing more effectively with stressful life events and improving the QOL (Braun-Lewensohn et al., 2011; Folkman and Moskowitz, 2004; Somerfield and McCrae, 2000).

## **How psychosocial interventions work**

The starting point for this study was that how women act and feel depend on how they think. If they want to change their lives, feelings, and behaviours,

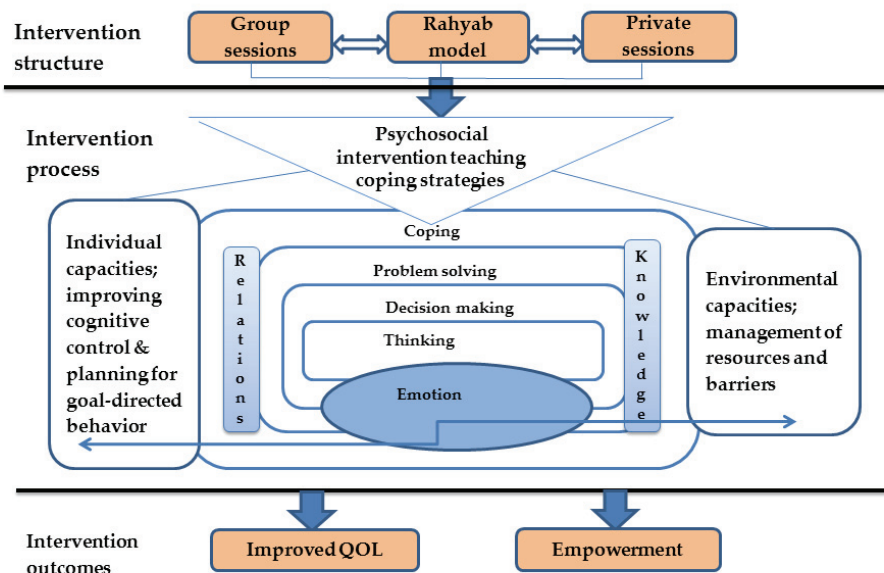
they should first learn to think systematically – with the help of Rahyab – and define their life situations accordingly. What this study succeeded in taking into consideration during the project is the close relationship between emotion and cognition. By using Rahyab, the women learned to meet challenges through a cognitive framework that encourages expression of emotion. One possible explanation for the study outcomes is that both problem-solving and emotion control coping strategies were supported in the intervention model. Pearlin et al. (1981) refer to the role of mastery in the stress-coping process, defining it as “the extent to which people see themselves as being in control of the forces that importantly affect their lives”. (p. 340) However, not all problems in life can be mastered, but the problems can often be managed, i.e. people can learn to accept and live with existing troubling circumstances (Lazarus and Lazarus, 2006). This standpoint applies to the situation for Iranian women in the present study. These women, particularly in the single mothers’ project, faced severe structural problems in their day-to-day lives. Although there were few opportunities to realize several of the desirable changes in their life situations, the women still used the intervention to increase their QOL and influence several aspects of their self-rated health. This may be because they gained insight and personal empowerment despite persisting hardships. From this aspect, the findings of this study conducted in Iran correspond with results from previous studies of coping in relation to QOL and health. (Ahmadi et al., 2009; Braun-Lewensohn et al., 2011; Heppner, 2008; Kristenson, 2006; Thoits, 2010) The observations in our study are also understandable in light of Antonovsky’s salutogenic health model based on a sense of coherence (Antonovsky, 1979, 1987, 1993), i.e. that individuals accomplish resilience by using general psychological resources to conceptualize the world as organized and understandable.

From an intervention design perspective, the model used in this study is similar to Frisch’s model for QOL therapy (Frisch, 1998). Frisch’s model is based on the CASIO framework for QOL and involves both problem-solving and emotional support components, i.e. steps and methods ranging from influencing circumstances to changing priorities and boosting satisfaction in other areas not previously considered. The role of emotional control in improvement of QOL among individuals who face difficult circumstances that they are not able to change in specific areas of their life has been demonstrated in other contexts (e.g. management of chronic disease). For example, in a study of patients with kidney failure, Rodrigue et al. (2010) reported that central mediators of effect in QOL therapy were improvement in social intimacy and reduction of psychological distress. Both QOL therapy and the present

intervention based on the Rahyab model emphasize the individual's perceptions and interpretations, goal setting, and value clarifications. However, in contrast to QOL therapy, group sessions were a central part of the study intervention.

The results also bring to light the possibilities of how women can become mindful and hopeful and make decisions that improve their life situation. The results show how well the intervention helped to enhance the women's mental capacities necessary for coping and life management in this intervention: (a) mindful problem solving; reflective thinking, and deliberated decision making; (b) creating consciousness about expressing emotion; (c) acquiring self-conception and self-efficacy; (d) acquiring knowledge through group sessions; (e) meaningful relationships; and (f) goal-directed and hopeful life through learning Rahyab.

Figure 5 summarizes the relationship between the structure, process and outcome of this intervention project.



**Figure 5.** The relationship between the structure, process and outcome of the intervention

## *Mindful problem solving and coping*

Learning spaces were created in individual and group sessions and a problem-solving model was taught to the Iranian women to empower them to make decisions based on their own definitions of situations and desired goals.

Some researchers connect the daily exercise of decision making and executing responsibility to mindfulness (Langer, 1989; Langer and Rodin, 1976; Rodin and Langer, 1977). This connects with what Dewey (1910/1997) called reflective thinking, which is crucial for being mindful and active in transforming an indeterminate situation into a determinate situation – when an individual succeeds in creating a cognitive map to solve a problem. Mindfulness can improve the capacity to regulate emotions and improve patterns of thinking. “Instead of being on automatic and mindless, mindfulness helps us awaken, and by reflecting on the mind we are enabled to make choices and thus change becomes possible” (Siegel, 2007, p. 5). The women in this study developed capacities and learned skills to meet present problems and future challenges without being continually dependent on social services. They learned and used the Rahyab model, which is focused on problem-focused coping strategies; those directed at the environment (focusing on altering the environment) and those directed at the self which include motivational or cognitive changes.

## *Emotion regulation, coping and a hopeful life*

The women in these projects demonstrated that, through the intervention, they could reflect over the self-management of their emotional life. Through coping abilities, they could recognize their emotions and how and when they experience and express them as well as regulate them through ameliorating negative emotions associated with problems or promoting positive emotions. In addition, they showed how they could control emotional behaviours in some part of their lives. This point confirms two types of emotion regulation as indicated by Folkman and Moskowitz (2004): emotion regulation and emotion-behaviour regulation. Lazarus and Folkman (1984) noted that models of emotion-focused coping led to a change in realizing an event, such as changing the meaning of a situation without changing the real situation. They indicated that these kinds of coping help people to maintain hope and optimism although they could be self-deceiving if they occur without

consciousness. The results of this study showed these effects of emotion-focused coping.

The aim of the intervention was to empower women, but not to explicitly create hope among them. Nevertheless, the analysis of the data showed that when these women evaluated the projects, they consistently referred to hope and meeting life challenges with a positive attitude. Snyder (2000, 2002) and Snyder and Lopez (2007) have argued that the creation of hope is a cognitive process that includes having a goal, a strategy for achieving that goal, and a strong feeling of agency to meet these challenges in their path to goal realization. The findings about positivity from this Iranian study are in line with those of Fredrickson (2009), who indicated that positivity is a vital component for flourishing. She adds that hope and serenity are two forms of positivity. She suggested that “positivity broadens our minds and expands our range of vision” (p. 55). It helps us to think, choose, and act more appropriately, so that we will be able to picture future prospects and solutions properly. She explained that being open minded establishes creativity in finding solutions for daily life problems, and improves relationships through balancing self-interest and constructive relationships with others (Addelyan Rasi et al., 2012a, 2012b). In other words, as the data and other studies suggest, hope and positivity can be a byproduct of socio-cognitive and goal-oriented activities. The findings of this study are in line with other studies that see hope as a potential factor that enables individuals to cope well and achieve well-being in stressful situations (Braun-Lewensohn and Sagy, 2011; Folkman and Moskowitz, 2004).

### *Social support and coping*

Pearlin et al. (1981) see social support as access to and use of individuals, groups, or organizations in dealing with life's changes. Social support is considered to be a coping resource whereby people can receive emotional and informational support (Lazarus and Folkman, 1984; Nahum-Shani et al. 2011). But it is obvious that there is an interaction between coping and social support and this means that coping strategies could help to improve social support and in addition, social support could help people to cope more effectively in their lives.

## *Social relationships*

There is a link between social support and health. Social support could be positive and nurturing. Positive social relationships influence health outcomes and provide opportunities for support, influence, social engagement and access to resources (Berkman and Melchior, 2006; Lazarus and Folkman, 1984). Folkman and Moskowitz (2004) indicated that the social aspects of coping have an influence on coping in social relationships and vice versa. The results of this study are in agreement with this point. The qualitative results showed that Iranian women improved their relationships; in the single mothers project, they emphasized their relationships with their children and in the newly married project, they focused on their relationships with their husbands. Furthermore, the quantitative results in the aggregated intervention group showed improvement in the social relationships domain and other domains of health (physical, psychological, environmental and perception of QOL). The women in this study indicated that how their relationship with significant others could affect how they coped when they met with a problem. At times, they saw these relationships as a supportive resource. Iranian women in this research used a more prosocial type of communal coping. They applied the coping model, which emphasizes responses that are influenced by and in reaction to the social context. For instance, in solving their problems, they thought about others and the impact of their decisions on them and how they feel instead of being firm and holding their ground (antisocial). These findings are in line with those of Folkman and Moskowitz (2004) that using prosocial coping is more common among women and these coping strategies are associated with better emotional outcomes.

## *Social networks*

Group sessions are important in interventions aimed at improving women's life situations and creating learning spaces where women can gain insight into feelings of sympathy and empathy when dealing with difficult structural problems (Addelyan Rasi et al. 2012a, 2012b). The group sessions probably also mediated effects in domains other than that of social relationships. All women emphasized that the group sessions played a vital role in both learning the model and using it, claiming that these gatherings became a strong source of environmental support. Folkman and Moskowitz (2004) stated that being



engaged in a social network could help people to feel good about themselves and their lives and could be a valuable resource for coping. With reference to the Early Mothering Project, Barret (2006, pp. 228–235) emphasizes the importance of “the therapeutic potential” of women’s ordinary talk. Saulnier (2008, p. 355) adds that group work is common in feminist practice and the activities of these groups can include “consciousness-raising” and “women-specific skill-building.” Payne (1997/2005) describes women-centred work and, among other things, refers to consciousness raising and increasing women’s autonomy as a part of emancipatory work. Accordingly, some other principles of women-centred work include a focus on women’s needs, involving women in decision making, and creating a code for feminist practice through establishing women’s groups.

### *How society affects coping strategies and the role of Rahyab in this process*

Society, through social structure and culture, influences people’s thoughts, feelings, and actions. These components shape individuals’ values and desires, emotions, and how they should be expressed and managed (Braun-Lewensohn and Sagy, 2011; Lazarus and Folkman, 1984). For example, life conditions shape life’s expectations, which consequently lead to decisions and actions. The Iranian women participating in this study chose goals and coping strategies based on their interpretations of the existing cultural and environmental conditions, as well as how they perceived that these choices affected their QOL and health. Heppner (2008, p. 810) clarifies this point using the concept of “different worldviews of coping”, emphasizing the role of culture and social beliefs in applied problem solving and coping. For instance, in Asian countries collectivist coping styles are prevalent, and these collectivistic cultural values and norms affect the choice of goals and strategies for coping activities, e.g. by aiming for interpersonal harmony, filial piety, and saving face. In this research, we see that women seem to feel the onus of responsibility for fixing their relationships. One might question whether this is the result of logical calculation, or rather the transmission and burden of cultural expectations. Is this guilt overblown given their unfair social environment, or a fair-minded analysis of the situation enabled by the Rahyab model? Women are encouraged to be the decision makers and experts of their own lives. Rahyab does not allow us to preach, judge or give guidance for or against any set of cultural norms or traditions. Rahyab provides the tools for

Careful rational analysis of the situation for the purpose of problem solving, and allows women to be the directors of their chosen actions. Therefore, following the steps in the Rahyab model, a chosen act—based on the individual's own desires and goals—can be in line with or against a cultural expectation. For example, in Iranian society, divorce may still be condemned in many situations, but a woman can use Rahyab and come to the conclusion that she wants a divorce.

### *A conceptual framework for social work practice with women*

The findings of this study revealed a socio-cognitive change process among women through psychosocial interventions by developing the mental capacities necessary for coping and life management. The concept of self helped us to understand the data on women's emotions, thoughts and behaviour; the concepts of mindful problem solving and deliberate decision making refer to how the projects engaged the women in self and group-based empowering processes. Putting these two concepts together brings us closer to what Bandura (1997) called self-efficacy, which is defined as people's belief in their capabilities to produce desired effects by their own actions. The findings of the study showed that women focused on a goal-directed and hopeful life. In line with hope therapy, hope is a cognitive process to derive pathways to desired goals and motivated individuals by agency thinking to use those pathways (Snyder, 2002; Snyder and Lopez, 2007).

This thesis project began from the International Federation of Social Workers and the International Association of Schools of Social Work joint definition of social work as a profession that promotes "social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being" (IASSW, 2001). Valentich (2011, pp. 205–224) states that this definition "clearly embraces" feminist social work practice. This definition has been developed so that it fits social work with women in the Middle East. In harmony with the IASSW definition of social work, the basis for the concepts emerging in the theoretical proposition (study III) was supplemented with existing theory to provide a conceptual framework for social work practice (Figure 4). The findings are in line with the problem-solving tradition, the empowerment tradition, cognitive behavioural theories, and hope theory.

The use of problem-solving models, by educated social workers, has a long tradition in social work (Coady and Lehmann, 2008; Perlman, 1957; Turner,

1996). However, these models have seldom been taught directly to socially marginalized populations. Baron (2000, p. 5) points out that "Thinking is important to all of us in our daily lives. The way we think affects the way we plan our lives, the personal goals we choose, and the decisions we make. Good thinking is therefore not something that is forced upon us in school: It is something that we all want to do, and want others to do, to achieve our goals, and theirs." If marginalized people learn to understand how they think, they can use this comprehension to think more reasonably to achieve their specific goals. Medical and business decisions, as well as ordinary life choices, are, in the most general sense, about finding and selecting among possible actions, beliefs, and goals. CBT, which aims to change dysfunctional thought into functional thought, has been overwhelmingly successful for decreasing anxiety, depression and destructive behaviour in clinical populations worldwide (Arch and Craske, 2009). Social work practitioners should help clients to develop independent cognitive capacities and skills, which are vital for creating necessary changes in their lives. This brings us to cognitive empowerment. In its broadest definition, cognition incorporates many of the elements of human thought processes that are vital for social work. "Such a broad definition would include the processes by which information (input) from the environment is translated, considered, integrated, stored, retrieved, and eventually produced as some form of activity (output). Simply stated, how people think about their experiences shape their experiences" (Thomlison and Thomlison, 2011, p. 84). Therefore, the process of examining one's thoughts, emotions and behaviours is important for establishing the clients' current situation and where they want to be; that is, the process of achieving desirable changes in social work practice.

According to Snyder (2000, 2002), hope is a positive motivational state that is based on an interactively derived sense of successful agency and pathways. Hope derives pathways to desired goals and motivates people to use the pathways by agency thinking. There is a relationship between hope and psychological adjustment, focusing on the fact that higher hope is related to better overall adjustment (Snyder, 2002). Sympson and Qualls Elder (2000) refer to feminist therapy as empowering hope, and emphasize the egalitarian relationship between the therapist and clients. They discuss how this relationship should activate the clients' abilities to generate ever new and challenging goals for themselves. It may be that the psychosocial intervention proposed here can become just as successful for helping others who may be lacking equal opportunities to better exercise reason in socially challenging

situations. From a global social work perspective, the need to support problem solving capabilities in marginalized populations is immense.

## **Methodological considerations**

This thesis has some methodological strengths and a number of limitations that must be taken into account when interpreting the results. Meyrick (2006) indicated that awareness and acknowledgement of errors distinguish good research.

### *Strengths*

A strength of this thesis lies in the combination of qualitative and quantitative methods to expand the scope of the study, while keeping control of the analytic rigor (Sandelowski, 2000). We strived for trustworthiness or validity in the qualitative studies throughout the research project using different techniques. The aim of trustworthiness in qualitative inquiry is to assure that an inquiry's findings are worth paying attention to (Lincoln and Guba, 1985). Trustworthiness in this study was addressed from three perspectives: credibility, dependability and confirmability. Prolonged engagement, persistent observation and triangulation were used to increase the credibility of the findings in this study. Prolonged engagement with the clients and persistent observation in the intervention process were sought by the in-depth process of understanding the participants' experiences over 7 months in both individual and group sessions in each project. Triangulation was achieved by (a) combining sources by comparing subjects with different viewpoints, both single mothers and newly married women, and comparing and cross-checking the consistency of information derived at different times and by different means; this study used dialogues gathered in individual sessions, discussion in group sessions, participants' texts, and the researcher's memos and logs. (b) analytic triangulation by having the two researchers well versed in Persian review the data and code the texts separately, and then integrating their results. This process continued until both researchers reached consensus regarding analysis of the data. Dependability was demonstrated through similar findings or conclusions reached by two other researchers. Conformability of this research was enhanced through reflexivity. Several

times, the research group referred back and critically investigated their assumptions and actions during the research. For the fourth study, statistical methods were used to analyze the quantitative data in cooperation with experienced statisticians.

## *Limitations*

Because the author worked mainly on intervention projects, this study focuses more on qualitative research. Gilgum and Sands (2012) emphasize the importance of qualitative research in the design, development, testing, and reformulation of interventions and see these activities as the central tasks of social work research. Threats to internal and external validity in qualitative research could have occurred at the different stages of the research process of this study: research design, data collection, data analysis, and data interpretation. Observational bias arises at the research design and data collection stages when there is not sufficient information about the participants and this also affects the data analysis. In this study, prolonged engagement and persistent observation were applied to reduce such threats. Another threat is researcher bias; this could arise during data collection, analysis and interpretation. In this research, the researcher and therapist was the same person so there is a risk that the researcher's assumptions subconsciously transferred to the participants and affected their behaviours, attitudes, or experiences. In addition, there was a focus on learning Rahyab in interventions presented by the researcher/therapist, which perhaps made the participants aware of the researcher's preferences. Evaluation of a project is best done by a researcher other than the researcher carrying out the intervention. However, an arm's length evaluation was not possible in this study due to financial and logistical constraints. Prior assumptions, preconceptions, or potential experiences could threaten internal credibility at the data analysis and interpretation stages so the researcher should be aware of them. Analytic triangulation, repeated validations of the primary data, and in-depth supervision sessions were applied to reduce this risk. Onwuegbuzie and Leech (2007) noted that reactivity as a threat refers to changes in people's responses because they are aware that they are participating in a research project. One of the components of reactivity is the Hawthorne effect, the risk of reporting contrived situations by participants. This threat is common in intervention research. It can be considered as a potential bias in this intervention research.

Due to the design of the intervention, which included both individual and group sessions over a period of 7 months, we had to work with relatively small convenience samples. This makes it difficult to generalize the results beyond these groups of women. However, such findings generate new knowledge and they offer helpful reflections on how to approach social work and intervention projects with women in the Middle East. According to Corbin and Strauss (2008), generalization is not the aim of qualitative research. In qualitative research, we want to understand some phenomenon. Further research and practice is necessary to complete and evaluate this conceptual framework. Another limitation in this study is that the research was based on a combination of group and private sessions, so we cannot study what would happen if we only used one intervention strategy.

The fact that we only worked with women may be considered a limitation from the point of view of couples and family therapy in the newly married project. This restriction might be surmounted in future interventions by extending the sessions to couples and two social workers (a male and a female). Furthermore, three types of group sessions could be utilized: (1) a series of male-only sessions, (2) a series of female-only sessions, and (3) joint sessions with all participants and both social workers. In the intervention reported for the newly married women study, we focused more on empowering women as individuals to expand their capacities, skills and resources to gain control over their lives. This was done at the expense of using a fully holistic and integrative approach of family therapy.

Moreover, there are several specific factors that must be taken into account when interpreting the results of the quasi-experimental study (study IV). A fully randomized study design could not be realized because only a limited number of participants could be included in the intervention program due to scarcity of resources and because the distribution of information about a study addressing strengthening of coping capacities of women was sensitive in the implementation context. The number of participants could therefore not be predetermined using power calculations and the women in the newly married category could not be randomly allocated to the intervention and comparison groups. This implies that neither type 2 errors based on insufficient power nor type 1 biases due to subject self-selection can be ruled out. The analyses of the pre-test ratings in the intervention and comparison groups in the two projects also showed some statistically significant differences (in the single mothers' project regarding overall self-rated health and in the newly married women project in the physical health and the social relationships domains). The quasi-experimental nonequivalent groups design requires that multiple comparisons

(between groups, within group, effect sizes) must be taken into account when interpreting the results of the study. In addition, the study end point was defined as the end of the intervention period, implying that the lasting effects of the intervention were not recorded. Furthermore, it is important to take into account both participants' and therapists' personal characteristics in the evaluation of therapeutic interventions (Garfield, 1998). The women who agreed to participate might have been more amenable to QOL interventions, so they may have been more likely to report therapeutic gains than those who chose not to participate. Kendall (1998) expands on this point when he writes that "empirical evaluation of therapy is a step in the right direction, but it does not guarantee that empirically evaluated treatments will be effective when applied by different therapists." (p. 4) Therefore, before wider distribution, the intervention model should be evaluated in studies involving social workers with different training and backgrounds.

## CONCLUSIONS

This study contributes to the knowledge on social work with women in the Middle East and other settings where women are consistently limited in their access to resources and, as a result, their decision-making capacity. The results provide provisional evidence for that psychosocial interventions that are based on group and individual learning spaces and teaching coping strategies can be a means for social welfare organizations to improve women's lives and increase their QOL in societies where gender discrimination is prevalent.

The intervention could become a model for practitioners in health promotion, particularly if gender discrimination is common in the community in question. In the intervention model used in this study, the focus was on individual lifestyle and social networks rather than on the structural conditions in Iranian society. According to Dahlgren and Whitehead (1991), health is realized at three levels; from the individual lifestyle and community networks to structural socio-economic, cultural, and environmental conditions. A coping process necessarily interacts with all these determinants of health. Therefore, change and improvement at any of these levels will influence the other levels. For instance, an individual-level lifestyle change among Iranian women is likely to create pressure to match changes at the levels of community networks and structural conditions. Moreover, coping, health, and QOL are inclusive concepts.

Although structural factors are known central causes for social inequalities and health outcomes, these factors cannot always be altered in a short time perspective. The importance of enhancing individual-level coping for QOL and health should therefore not be neglected. The results of the present study support the implementation and continued evaluation of such psychosocial interventions focusing on the ability to handle exposures and interaction between the environment and individuals in social welfare services. The results are encouraging but require reproduction in larger studies with a more rigorous design and longer time frame for follow-up before the intervention model can be recommended for widespread distribution.



## Implications for social work practice

This study has constructed a conceptual framework that can be used as background when planning or reflecting on social work practice with women in the Middle East and other settings where women are limited in their access to resources and decision-making capacity. The socio-cognitive empowerment of women, mediated through learning spaces, can open up the potential to develop mindfulness and improve the QOL for female populations in countries like Iran, bringing into play social work theories on problem solving, CBT, and empowerment; hope theory, combined with use of a practice-oriented model, facilitates the long-term implementation and dissemination of such interventions.

This conceptual framework can become a structural support for social work practice, but only if social workers obtain the resources to implement such psychosocial interventions. The intervention in Iran included three parts: private sessions, group sessions, learning and using an empowerment-oriented problem-solving model. None of these three practices is especially Iranian. Private sessions with clients are common practice in social work. Group sessions for clients who share the same challenge are also common. The Rahyab problem-solving model, which was first constructed and used in Sweden, has much in common with many other problem-solving models in social work. However, creating learning spaces with group and private sessions while teaching an empowerment-oriented problem-solving model for independent use is a novel approach, and this project in Iran has shown promising results.

Scrutinizing this intervention in Iran raises some important questions about what in social work practice and policy is local and what is universal. Can the success of this project be deemed uniquely an Iranian phenomenon? Or, could this integrated multi-layer approach be successful anywhere? Would such a combination of interventionist approaches be successful only for single mothers or newly married women, or could this benefit other client groups? The answers to these questions can be provided only after further research and practice. The results of this thesis project are aligned with social work policies that involve cognitive empowerment and try to expand clients' long-term and independent problem-solving capacities through fostering positive learning spaces. Quick fix policies and practices can lead to clients becoming dependent on continuous support from social workers. They also encourage a philosophy

of practice that empowers people by developing their cognitive skills, and maximizes their capacity to handle problems independently.

## **Future research**

Future studies will require larger and representative samples to (a) test how women cope with their situations and solve their problems in different societies and (b) better understand how to develop effective training strategies to teach coping skills to different client populations in social work practice with women. More research is therefore needed to assess whether a psychosocial intervention teaching coping strategies to women can empower and improve their health and QOL where women are limited in their access to resources and decision-making capacity. Particularly, the research needs to focus more on what factors would be important in learning and applying coping strategies among women. For instance, does education play a vital role in learning coping strategies and implementing them throughout life? In the present research, none of the women in the single mother project had a university education, some had difficulties in writing, and three needed a secretary to write for them. Nonetheless, they still managed to learn to use *Rahyab* effectively to enhance their reasoning capacity and better confront problems in effective ways. We need to assess various factors and the multiplicity and interconnection between them in learning and using coping strategies with large samples. Consideration of cultural contexts to better understand how people cope with life situations could be a critical area of study in the future to develop the conceptualization of coping within different cultural contexts.

# SUMMARY IN SWEDISH

## (SVENSK SAMMANFATTNING)

### **Ökad egenmakt bland kvinnor i Mellanöstern genom psykosociala interventioner**

### **Genom pedagogiska möten och lärande av bemästringsstrategier kan livskvalitet stärkas bland utsatta kvinnor i Mellanöstern.**

Hamideh Addelyan Rasi, socionom och doktorand, har tillsammans med en forskargrupp vid avdelningen för samhällsmedicin använt kvalitativa och kvasi-experimentella kvantitativa forskningsmetoder för att utveckla ett konceptuellt ramverk som kan användas i socialt arbete med kvinnor i Mellanöstern. Den empiriska basen utgörs av data från två interventionsprojekt bland iranska kvinnor, ensamstående mödrar och nygifta kvinnor. 44 ensamstående mödrar och nygifta kvinnor som sökt hjälp från socialtjänsten fördelades mellan en interventions- och en kontrollgrupp.

Syftet var att studera psykosociala interventioner i form av pedagogiska möten för att kunna bedöma om iranska kvinnor kunde använda en problemlösningsmodell, med fokus på både kognitive och emotion, för att möta utmaningar i sina egna liv och förbättra livskvalitet.

Resultaten av den kvantitativa studien visar statistiskt signifikant effektstorlekar bland kvinnor i interventionsgruppen och små och icke-signifikant effektstorlekar i jämförelsegruppen. De kvalitativa studierna visar att kvinnorna använde modellen effektivt och tog mer medvetna beslut för att förbättra sin livssituation. Praktiska erfarenheter från arbetet med de iranska kvinnorna belyser möjligheten för ökat medinflytande genom att främja medvetenhet och medvetet beslutsfattande.

Avhandlingen visar att psykosociala interventionsprojekt som bygger på lärande för att stärka bemästringsstrategier kan vara en användbar modell för praktisk socialt arbete med kvinnor i Mellanöstern. Ramverket kan hjälpa socionomer att överbrygga klyftan mellan teori och praktik och genom psykosociala insatser förbättra tillämpning av teorier i sitt praktiska arbete med kvinnor i utsatta sociala miljöer.

# SUMMARY IN PERSIAN

## خلاصه پژوهش

**مقدمه:** این پژوهش با هدف ایجاد یک چارچوب مفهومی<sup>۱</sup> در مددکاری اجتماعی در کار با زنان خاورمیانه و سایر نقاطی که زنان در دستیابی به منابع و در نتیجه توانایی تصمیم گیری شان با محدودیت روبه رو هستند، طراحی و اجرا شد. این چارچوب مفهومی از یک پایه ی تجربی و یک پایه ی نظری برخوردار است. بخش تجربی شامل داده هایی از دو پروژه درمانی در میان زنان ایرانی می باشد که عبارتند از: **زنان سرپرست خانوار** و **زنان تازه ازدواج کرده**. و بخش نظری از نظریه های مرتبط روانشناسی و مددکاری اجتماعی گرفته شده است که با بخش تجربی در ارتباط و هماهنگ است. مداخله های روانی-اجتماعی<sup>۲</sup> به منظور ایجاد دوره های یادگیری برای "راهبردهای مقابله با چالش ها و دشواری ها"<sup>۳</sup> طراحی و سازماندهی گردیدند تا ارزیابی گردد که آیا زنان می توانند از یک مدل حل مسأله (که به طور همزمان بر شناخت و احساسات متمرکز است) به طور مؤثر و مستقل در زندگی شان استفاده کنند و آن را در مقابله با دشواری ها و چالش های پیش روی خود به کار گیرند و بدین طریق کیفیت زندگی شان را بهبود بخشند؟

**روش:** روش های کیفی-توصیفی و کمی-شبه تجربی برای جمع آوری و تحلیل داده های پژوهش به کار برده شد. چهل و چهار زن سرپرست خانوار (۲۵ نفر) و تازه ازدواج کرده (۱۹ نفر) از اداره های خدمات اجتماعی معرفی و به صورت غیر تصادفی به گروه های مداخله<sup>۴</sup> و کنترل تقسیم شدند. گروه های مداخله در یک فرآیند درمانی روانی-اجتماعی هفت ماهه شرکت کردند در حالی که گروه های کنترل از مداخلات و درمان های متداول که از طریق سرویس های خدمات اجتماعی ارائه می گردید، بهره مند شدند. فرم کوتاه پرسشنامه کیفیت زندگی سازمان بهداشت جهانی<sup>۵</sup> برای اندازه گیری کیفیت زندگی، مقایسه نمره های قبل و بعد از درمان در هر گروه مداخله و همچنین در مقایسه با گروه های کنترل، به کار گرفته شد. همچنین از تحلیل محتوا و تجزیه و تحلیل مقایسه ای ثابت بر روی داده های کیفی جمع آوری شده از زنان در مراحل مختلف مداخله (قبل، در طی و بعد از مداخله) استفاده گردید.

**نتایج:** نتایج مطالعه شبه تجربی نشان داد که تأثیر مداخله در میان زنان گروه مداخله، به طور معناداری بیشتر از گروه کنترل (زنانی که از خدمات اجتماعی متداول و مرسوم استفاده کردند) بود. به این ترتیب مداخله های روانی-اجتماعی مبتنی بر ایجاد دوره های یادگیری برای "راهبردهای مقابله با چالش ها و دشواری ها" می توانند ابزار مؤثری در جهت بهبود کیفیت زندگی زنان باشند، خصوصاً در جوامعی که تبعیض جنسیتی شایع است. تحلیل کیفی در این پژوهش یک فرآیند تغییر (توانمند سازی

<sup>۱</sup> - Conceptual Framework

<sup>۲</sup> - Psychosocial Interventions

<sup>۳</sup> - Coping Strategies

<sup>۴</sup> - Intervention groups

<sup>۵</sup> - World Health Organization-Quality of Life (WHOQOL-BREF)

شناختی-اجتماعی) را در میان زنان، در طی و بعد از مداخله نشان می دهد. این فرآیند شامل تغییرات تفکر، احساسات و عملکرد در زنان می باشد. نتایج نشان داد که زنان موفق شدند که مقداری از ظرفیت ها و توانایی های روانی خود را که در روش های مقابله با چالش ها و دشواری ها و مدیریت زندگی مؤثر است، رشد و توسعه دهند. تمام زنان مدل حل مسأله را به طور مؤثر به کار گرفته و بدین گونه تصمیم های آگاهانه و همراه با تعمق و تفکر گرفتند و بدین طریق وضعیت زندگی شان را بهبود بخشیدند. زنان سرپرست خانوار آموختند که استدلال خود را در مدیریت زندگی شان افزایش دهند. برخی در یافتن شغل موفق گردیدند و بسیاری روابط خانوادگی خود را بهبود بخشیدند. زنان تازه ازدواج کرده توانستند بر ارتباط های زناشویی خود از طریق تغییر تفکر، مدیریت احساسات، هیجان ها و رفتارهای ارادی<sup>6</sup> تاثیر بگذارند.

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<sup>6</sup> - Overt behaviour

<sup>7</sup> - Mindfulness

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# APPENDIX A: INDIVIDUAL SESSIONS' FORM\*

<b>First stage:</b> <b>My definition about my situation and problem</b>	<ul style="list-style-type: none"> <li>- My present situation:</li> <li>- My present problem:</li> <li>- The role of significant others in my situation:</li> <li>- My feelings about my situation; problem, significant others...:</li> </ul>																						
<b>Second stage:</b> <b>My favourite situation (what I want)</b>	<ul style="list-style-type: none"> <li>- I like to.....</li> <li>- I am interested to.....</li> <li>- I want to change.....</li> <li>- My feelings about my desires.....</li> </ul>																						
<b>Third stage:</b> <b>My alternatives for solving the problem</b>	<p>I could improve my situation. I could solve my problem through:</p> <table border="1" data-bbox="325 860 1127 1170"> <thead> <tr> <th data-bbox="325 860 400 933" rowspan="2">Row</th> <th data-bbox="400 860 608 933" rowspan="2">Alternative</th> <th colspan="2" data-bbox="608 860 854 897">Consequences</th> <th data-bbox="854 860 986 933">Resources</th> <th data-bbox="986 860 1127 933" rowspan="2">Obstacles</th> </tr> <tr> <th data-bbox="608 897 728 933">Positive</th> <th data-bbox="728 897 854 933">Negative</th> </tr> </thead> <tbody> <tr> <td data-bbox="325 933 400 1170">1-</td> <td data-bbox="400 933 608 1170" rowspan="4"></td> <td data-bbox="608 933 728 1170" rowspan="4"></td> <td data-bbox="728 933 854 1170" rowspan="4"></td> <td data-bbox="854 933 986 1170" rowspan="4"></td> <td data-bbox="986 933 1127 1170" rowspan="4"></td> </tr> <tr> <td data-bbox="325 933 400 970">2-</td> </tr> <tr> <td data-bbox="325 970 400 1006">3-</td> </tr> <tr> <td data-bbox="325 1006 400 1170">...</td> </tr> </tbody> </table>						Row	Alternative	Consequences		Resources	Obstacles	Positive	Negative	1-						2-	3-	...
Row	Alternative	Consequences		Resources	Obstacles																		
		Positive	Negative																				
1-																							
2-																							
3-																							
...																							
<b>Fourth stage:</b> <b>My best alternative and plan</b>	<ul style="list-style-type: none"> <li>- I choose alternative No. (...), because of ...</li> <li>- I do this alternative by following steps:               <ul style="list-style-type: none"> <li>1-</li> <li>2-</li> <li>3-</li> <li>.....</li> </ul> </li> </ul>																						
<b>Fifth stage:</b> <b>My evaluation</b>	When I look at the previous stages, I think.....																						

\* The women called this form "My Life Model".

## APPENDIX B: GROUP SESSIONS' FORM

**My PROBLEM:**

**First stage:** where am I? (my situation, feelings, significant others)

**Second stage:** where do I want to go? (what I want to change and happen)

**Third stage:** what are my alternatives in achieving what I want?

1-

2-

3-

.....

**Fourth Stage:** what is the best alternative for me? Why? How can I plan it?

**Fifth stage:** what is your evaluation of the previous stages?

## APPENDIX C

# FINAL EVALUATION FORM

- 1- What I have learned during this project.....
- 2- How could the model (Rahyab) be effective in your life?
- 3- Which stage of the model was interesting to you?
- 4- What is the important point in this model? Why?
- 5- What do you do now in meeting with your problems?
- 6- Are you satisfied with participating in this project? Low( ) medium ( ) high ( ) very high ( )
- 7- Are there any changes in your life, after the project? Please, describe.
- 8- Is there any change in your opinion after the project? Please, describe.
- 9- Are there any changes in your behaviour in interactions with other people after the project? Please describe.
- 10- After the project, are there any changes in your family and friends' opinions about you? Please describe.
- 11- **My final evaluation:**
- 12- **Comments:**

# APPENDIX D: WHOQOL-BREF

## QUESTIONNAIRE\*

The following questions ask how you feel about your quality of life, health, or other areas of your life. **Please read each question and the response options, and then choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks**.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

\* World Health Organization (2004), The World Health Organization Quality of Life (WHOQOL)-BREF. Retrieved 10 December 2012 from: [http://www.who.int/substance\\_abuse/research\\_tools/whoqolbref/en/](http://www.who.int/substance_abuse/research_tools/whoqolbref/en/).

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5
20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Do you have any comments about the assessment?

.....

.....

.....

[The following table should be completed after filling the questionnaire]

		Equations for computing domain scores	Raw score	Transformed scores*	
				4–20	0–100
27.	Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ $\square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:
28.	Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ $\square + \square + \square + \square + \square + \square$	a. =	b:	c:
29.	Domain 3	$Q20 + Q21 + Q22$ $\square + \square + \square$	a. =	b:	c:
30.	Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ $\square + \square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:

\* See Procedures Manual, pages 13–15.