IPA
International Journal of Psychology
Vol. 13, No. 1, Winter & Spring 2019
PP. 206-229

Iranian **P**sychological
Association

Effectiveness of Positive Psychology Training in Improving the Quality of Married Women's Lives: Spiritual Intelligence as a Moderator

Nazila Yazdani, PhD
Department of Educational Science and Psychology
Isfahan (Khorasgan) Branch
Islamic Azad University, Isfahan, Iran

Asghar Aghaei, PhD*
Department of Educational Science and Psychology
Isfahan (Khorasgan) Branch
Islamic Azad University, Isfahan, Iran
aghaeipsy@gmail.com

Received: 2/ 11/ 2016 Revised: 13/2/ 2018 Accepted: 23/ 5/ 2018
Doi: 10.24200/ijpb.2018.115408

The objective of this study was to investigate the effect of training in positive psychology on the quality of married women's lives referring to the family centers in Isfahan, Iran. It was also taken into account the moderating effect of spiritual intelligence using a quasi-experimental method by selecting two groups (an experimental group and a control one) with pretest, post-test, and a follow-up stage. The population of interest comprised of all married women seeking family counseling throughout the Isfahan city. Thirty (30) people from the above population were selected using the convenience sampling method. Then these people were randomly divided into two groups of fifteen (15) which one was called the experimental group and the other one the control group. The research tools used for this study included the WHO's 26-items questionnaire on quality of life (1998) and items questionnaire on spiritual intelligence (2008). A training course on positive psychology was held for the experimental group. This course consisted of ten sessions biweekly and each session was 90-minutes. The control group did not participate in any one of the training sessions. Findings from MA covariance analysis revealed that training for positive psychology had a significant effect on increasing married women's quality of life in the post-test period ($p < 0.05$). However, this observation was not seen during the follow-

up period. Likewise, the spiritual intelligence as a moderating variable was found to increase the degree at which conducting training on positive psychology affected the quality of life among married women within the post-test and the follow-up stages ($p < .05$).

Keywords: quality of life, spiritual intelligence, positive psychology, married women

Family is the main place for love, kindness, and nurturing which is the foundation of human's social life. People's quality of life and their idea about situation in life are among the major factors affecting the lifetime and growth of family. These factors themselves are dependent upon the cultural system as well as the system of values which depending on the location where they live. In fact, the criteria of each individual such as goals, expectations, principles and demands had profound effects on their physical and mental status, degree of independency, social relationships, and believe (WHOQOL SRPB Group, 1993).

According to Rahman, Mittelhammer and Wandschneider, (2011) the change in income level, life condition, health status, environment, psychological stresses of external sources, comfort, familial happiness, social relationships and some other variables in combination determine one's quality or change of life. In the course of the last three decades, lots of efforts have been made to define and measure quality of life (Hagerty et al., 2001). The quality of life is a comprehensive concept affected by physical health, personality growth, psychological states, independency level, social relationships, and communications with important environmental agents is based on one's perception (Newacheck & Taylor, 1992).

Findings of researches showed that everyone describes their quality of life based on their perception of concepts such as physical health, mental health, social and familial relationships,

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

and life expectancy (Liu, 2006). In light of the fact, the spiritual intelligence and spiritual well-being forms one's behaviors in the society. There are a set of capabilities that helps one use religious and spiritual resources solving problems in life. Therefore, one of the objectives of this study was to shed light on the importance of the role of spirituality (spiritual intelligence and well-being) on women's quality of life.

Importance of spirituality and spiritual growth of humans have increasingly drawn the attention of psychologists and mental health specialists in the course of the recent decades. On one hand growth of psychology and on the other hand the dynamic and complex nature of modern societies has caused spiritual needs of humans finding a higher position compared to their terrestrial needs. Amram (2007) believed that spiritual intelligence is expressive of a set of capabilities and capacities of spiritual nature application of which to one's routine life can lead to increase in adaptation.

King (2008) believed that spiritual intelligence raises unique capacity and ability in one to perceive spirituality in life and achieve higher spiritual ranks. Spiritual intelligence enables one to view difficulties in a gentler manner and exert more effort to find a solution, tolerate hardships of life in a better way, grant more dynamicity, and mobility to their life (Elkins & Cavendish, 2004). Nowadays, people from every corner of the world show tendencies towards spirituality and spiritual matters more than ever before. Therefore, scientific survey of spirituality has become one of the major and prevalent discussions in the area of physical and psychological health (Emmons, 2000).

Research has shown that spiritual believes, religion and commitments are associated with positive results such as enhancement in quality of life, better life, health and sanity,

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

marital satisfaction and sustainable life, positive performance and social adjustment (Seybold & Hill, 2001; Koszycki, Raab, Aldosary & Bradwejn, 2010).

In order to achieve a better quality of life which is among the major components of robustness and soundness of family over the years, the psychologists and mental therapists have tested various methods and approaches. The positive psychology approach is one of the most modern and innovative ways for achieving this goal. Throughout the years, psychologists have focused on unhealthy dimensions of people's performance and behavior which to a lesser degree considered positive traits. Recently, a revolution happened in a realm which concentrating on positive behavioral aspects seeks to grow and develop the individual and society (Luthans & Jensen, 2002).

Positive psychology term is considered as an umbrella covering positive emotions, positive traits and sound organizations such as family (Seligman, Rashid & Parks, 2006). In reality, most study conducted on the positive psychology movement has been emphasis on the role of capabilities and abilities of humans particularly in clinical aspects (Seligman & Csikszentmihalyi, 2000). Indeed, in lieu of pessimistically searching for problems such as depression, over-stress, anxiety, thought of suicide and so forth, positive psychology is seeking to increase and enhance the well-being quality of life and happiness.

Extensive research has indicated the association between lack of positive thoughts about one's future and suffering from anxiety, depression, over-stress and thought of suicide (MacLeod & Salaminiou, 2001; Peterson, Park & Seligman, 2005; MacLeod et al., 2005; MacLeod & Conway, 2007). As stated by Isen, Daubman & Nowicki (2000), they believe that positive emotions extend our attention and make us be aware of a broader

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

physical and social environment, which helps us preparing to accept the new and innovative thoughts and measures. Forster (1991) used his research to prove that if one's view of themselves and their mentality in a positive way, then they will enjoy higher acceptance and health.

The field of positive psychology depends on the presumption that traits and special processes such as self-sacrifice, optimistic expectations, positive thoughts, and kindness are beneficial to a good life (McNulty & Fincham, 2012). Based on the aforementioned ideas, this study seeks to evaluate the effect of conducting positive psychology training on quality of married women's life referring to family counseling centers in city Isfahan and finding a proper answer to each of the following questions:

1-Does a training program in positive psychology influences the lives of married women who attended to the family counseling centers in the city of Isfahan?

2- Does the spiritual intelligence have a moderating effect using the positive psychology training on quality of lives of married women attending the family counseling centers in city of Isfahan?

This grouping was in line with the main objective of this study which was investigating the effect of training derived from positive psychology on married women's quality of life**.**

Method

Research methodology, statistical population and sampling: the present research is of a quasi-experimental type with control group in the form of pre-test, post-test and follows up. The statistical population consisted of married women who attended

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

at family counseling centers in Isfahan, Iran during the spring of 2015. The research sample comprised of thirty (30) married women who were selected using convenience sampling method. Then they were divided into two groups of fifteen (15) which one was the experimental group and the other one the control group.

The selection criteria included:

1-Being of female gender

2-Being married

3-Possessing at least high school diploma

4-Not being pregnant or exiting pregnancy throughout the training sessions (due to the hormonal changes that affect mood)

5-Not suffering from mental disorders (as stated by the subject)

6-Not receiving another psychothropic program (as stated by the subject)

7-Not taking mood-altering drugs (as stated by the subject)

8-Not having serious marital problems (as stated by the subject)

9-Not planning for getting divorce

10-Having tendency or consent to attend the training sessions according to the research objective

Criteria for leaving the program included:

1-Lack of subject's interest in continuing attendance in the training sessions

2-Not attending more than two sessions out of ten training sessions

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

Medical intervention (training based on positive psychology) was applied for the experimental group holding ten sessions weekly which each session lasted 90 minutes. This was according to group training protocol based on positive psychology proposed by Seligman, Rashid and Parks (2006). At the end of the training sessions, both groups were re-examined to evaluate the effect of the training. After six weeks, all of the materials were re-examined using the same research tools for verifying the effectiveness of training while the control group was not subjected to such medical intervention. The follow-up test was performed six weeks after the post-test for both groups in order to examine the sustainability effect of the medical intervention.

Instruments

Quality of Life Questionnaire

The quality of life questionnaire provided by WHOOQOL (1998) was used in this research for examining the quality of life data. The questionnaire consists of 26 questions which examines the quality of life within four domains. These domains consisted of physical health (seven questions), mental health (six questions), social relationships (three questions) and environmental health (eight questions) through the five-item Likret spectrum. After performing necessary calculations, a score of 4 through 20 was given to each domain separately which 4 and 20 are indicative of the worst and best situations, respectively. The questions number one and two were general questions with regards to the subject's personal evaluation of their own quality of life and health contentment. The scores were separately calculated for each domain in a 0-100 range based on the standard scoring guide offered by WHOQOL (1998). A higher score in this

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

questionnaire was indicative of a better quality of life. Reliability of this questionnaire was stated by Bonomi (2000). Nejat, Montazeri, Holakouie Naieni, Mohammad and Majdzadeh (2006) conducted a study for verifying the validity of this questionnaire which they found its intra-cluster correlation and Cronbach's alpha to be above .70 for all domains. On the other hand, Cronbach's alpha .83 for all the cases, each question's correlation with its own domain was higher than the other domains. In the present study, Cronbach's alpha was found to be .68, .78, .61, .67 and .89 for physical health, mental health, social relationships, healthiness of the environment and the whole questionnaire, respectively.

Spiritual intelligence Questionnaire

This questionnaire which was constructed by King (2008) had 24 question and 4 subscales named critical existential thinking (7 questions), personal meaning production (5 questions), transcendental awareness (7 questions), conscious state expansion (5 questions) and was filled based on Likert's 5-item scale. High scores in this questionnaire signal higher spiritual intelligence or its capacity in the subject.

In 2007, King applied exploratory factor analysis to a sample comprising 619 students from Toronto University in Canada. He came up with a Cronbach α value of .92 and a value of .84 for reliability through split-half. He also found the Cronbach α value for the subscales to be .78, .78, .87 and .91 for the first, second, third and fourth factors, respectively. Hildebrandt (2011) found a Cronbach's alpha correlation between forms of .816 and a Guttman split-half coefficient of .894. Likewise, Yazdani, Etebarian and Abzari (2013), found Cronbach α for the whole questionnaire to be .94. In the present study, Cronbach α for the whole questionnaire was found to be .9.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

Results

The average age of the participants for the control group was 35.24 and experimental group was 32.93. Their average years of education were 15.73 and 15.26 years for both control and experimental groups, respectively. The duration of their marriage averaged 9.33 and 10.15 for both control and experimental groups, respectively. Listed in Table 1 were the average and standard deviation of quality of life and its components for both the experimental and control groups.

As illustrated in Table 1, the average score of cases in the experimental group in overall quality of life reached from 82.31 at the pre-test stage to 91.27 and 84.18 at post-test and follow-up stages, respectively. The results of the covariance analysis of quality of life at post-test and follow-up stages with pre-test control were shown in Table 2.

Results of covariance analysis showed that there were significant differences in domains of psychology, social relationship, and overall quality of life ($p<.05$). The results were not consistent in follow-up.

Furthermore, the mean and standard deviation from the quality of life and its components (physical health domain, psychological domain, social relationships domain, environment domain and overall quality of life) were listed in Table 3. These data were also listed for the two group of low and high spiritual intelligence in experimental and control groups at post-test and follow-up stages.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

Table 1
Descriptive Statistics of the Variables in Terms of Group and Stage

		Pre-test		Post-Test		Follow-up	
Variable	Group	Mean	S. D.	Mean	S. D.	Mean	S. D.
Physical Health Domain	experiment	24.87	4.18	25.91	4.71	25.4	4.32
	control	26.72	3.69	26.97	3.35	26.85	3.83
Psychology Domain	experiment	19.44	3.61	21.41	2.45	20.53	3.22
	control	19.5	3.9	19.43	4.01	19.51	4.05
Social Relationships Domain	experiment	10.56	2.55	12.68	3.71	10.19	2.36
	control	10.5	2.38	10.53	2.33	10.5	2.49
Environment Domain	experiment	27.44	3.52	29.24	3.22	28.05	3.93
	control	28.67	4.17	29.33	4.33	29.23	3.74
Overall Quality of Life	experiment	82.31	11.17	91.27	12.21	84.18	11.39
	control	85.39	12.3	86.28	11.97	86.1	11.71

Table 2

Results of Covariance Analysis of Quality of Life at Post-Test and Follow-Up Stages with Pretest Control

Stage	Variable	Sum of Squares	DOF	Average of Squares	F Coef.	Significance	Partial eta square	Power of test
Post-test	Physical Health Domain	.02	1	.02	.002	.97	.001	.05
	Psychological Domain	28.92	1	28.92	5.39	.03	.17	.61
	Social Relationships Domain	25.24	1	25.24	4.41	.04	.16	.71
	Environment Domain	1.72	1	1.72	.31	.58	.012	.08
	Overall Quality of Life	38.94	1	38.94	6.42	.02	.21	.88
Follow-up	Physical Health Domain	.1	1	.1	.01	.91	.001	.051
	Psychological Domain	8.41	1	8.41	1.34	.26	.049	.2
	Social Relationships Domain	1.59	1	1.59	.47	.5	.02	.1
	Environment Domain	2.17	1	2.17	.42	.52	.016	.09
	Overall Quality of Life	.03	1	.03	.001	.98	.001	.05

[DOR: 20.1001.1.2008251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

Table 3

Mean and Standard Deviation of Components of Quality of Life in Experimental and Control Groups in Post-Test and Follow-Up Stages for the Two Groups of Low and High Spiritual Intelligence Respectively

Variable group		Post-test				Follow-up			
		Low spiritual intelligence		High spiritual intelligence		Low spiritual intelligence		High spiritual intelligence	
		mean	S. D.	mean	S. D.	mean	S. D.	Mean	S. D.
Physical Health Domain	control	25.7	3.89	28.25	2.81	25.7	3.8	28	2.88
	experimental	27.55	3.91	24.28	5.53	26.67	4.27	24.14	4.37
Psychological Domain	control	18.5	4.25	20.37	3.78	18.4	4.3	20.62	3.81
	experimental	22.55	2.55	20.28	3.09	21.78	2.68	19.28	3.77
Social Relationships Domain	control	9.7	2.54	11.37	2.13	9.6	2.72	11.5	2.27
	experimental	13.22	1.99	10.14	3.33	11.67	1.58	9.71	3.15
Environment Domain	control	28.3	4.45	30.37	4.21	28.1	3.9	30.37	3.58
	experimental	29.78	2.54	28.71	3.9	28.11	3.29	28	4.58
Overall Quality of Life	control	82.2	13.31	85.37	10.63	81.7	12.74	90.5	10.68
	experimental	91.11	9.67	83.43	12.21	87.22	10.87	79.14	11.92

The results of MANCOVA analysis from the quality of life in the post-test with pre-test control for spiritual intelligence are given in Table 4.

Table 4

Results of MANCOVA Analysis of Quality of Life in Post-test with Pre-test Control for Spiritual Intelligence

stage	variable	Sum of squares	DOF	Mean of Squares	F Coef.	Significance	Partial eta square	Power of Test
Post-test	Physical Health Domain	18.39	1	18.39	1.49	.23	.05	.22
	Psychological Domain	34.66	1	34.66	6.46	.02	.2	.69
	Social Relationships Domain	28.81	1	28.91	7.54	.03	.21	.71
	Environment Domain	8.25	1	8.25	1.49	.23	.05	.22
	Overall Quality of Life	245.88	1	245.88	8.2	.002	.28	.88
Follow-up	Physical Health Domain	14.28	1	14.28	1.63	.21	.06	.23
	Psychological Domain	39.54	1	39.54	6.31	.02	.19	.68
	Social Relationships Domain	27.31	1	27.31	1.73	.03	.18	.79
	Environment Domain	3.58	1	3.58	.69	.41	.03	.13
	Overall Quality of Life	206.78	1	206.78	6.54	.02	.21	.71

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

Table 5

Results of the MANCOVA Analysis in Post-Test and Follow-up Stages with Pre-Test Control for Interaction of Group Membership and Spiritual Intelligence

Stage	Variable	Sum of squares	DOF	Mean of squares	Coef.	Significance	Partial eta square	Power of test
Post-test	Physical Health Domain	71.8	1	71.8	5.82	.02	.18	.64
	Psychological Domain	46.91	1	46.91	8.74	.007	.25	.81
	Social Relationships Domain	25.11	1	25.11	6.1	.02	.19	.66
	Environment Domain	12.56	1	12.56	2.26	.14	.08	.3
	Overall Quality of Life	570.17	1	570.17	7.41	.01	.22	.75
Follow-up	Physical Health Domain	44.53	1	44.53	5.08	.03	.16	.58
	Psychological Domain	59.15	1	59.15	9.44	.005	.27	.84
	Social Relationships Domain	26.9	1	26.9	7.96	.009	.23	.77
	Environment Domain	6.42	1	6.42	1.23	.28	.04	.19
	Overall Quality of Life	487.73	1	487.73	7.83	.01	.23	.77

In Table 5, the results of the MANCOVA analysis in post-test and follow-up stages for the interaction of low and high spiritual intelligence with group membership for the experimental and control groups were listed.

Regarding the results of Table 5, in the domains of physical health, psychological, social relationship, and overall quality of life, the interaction of group membership and spiritual intelligence is significant ($p<.05$). The results are consistent in the follow up ($p<.05$). That is, spiritual intelligence influence the effectiveness of positive psychology in improving the quality of married women's life

Discussion

As shown in Table 2, there was a significant difference in overall quality of life between experimental and control groups in the post-test stage ($p <.05$). Thus, the research hypothesis was supported that attending the positive psychology training affect, in a significant manner, by increasing in overall quality of life of women participating at the Isfahan's family counseling centers in the post-test stage. However, in the case follow-up stage, there was not any significant difference found to exist between the experimental and control groups in overall quality of life. Therefore, the research hypothesis in the case of follow-up stage did not confirmed that conducting the positive psychology training had significant effect on overall woman's quality of life who attended at the Isfahan family counseling centers.

Findings of this study were in parallel with those obtained by various researchers were as follows:

The findings of research carried out by Poursardar, et al., (2013) showed that the optimism variable had a direct effect on sanity; the results of the study conducted by Rostami Ravari and Rostami Ravari (2014) were indicative of the effectiveness of positive psychology in enhancement of mental health among workers suffering from palpitation; the findings of the study ran by Busseri, Choma & Sadava (2011) showed that optimism

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

promises positive performance on mental and physical health and social relationships; the results obtained by Coffey, Wray-Lake, Mashek & Branand (2014) confirmed that optimism affects physical health of college students; the findings of a meta-analysis research on controlled random studies obtained from positive psychology interventions was carried out by Haverman et al. (2013). their results from 39 studies confirmed that positive psychology interventions increased mind power and sanity; the findings of the study performed by Shoshani and Steinmetz (2013) had implied effectiveness of positive psychology in enhancement of the youth's mental health and well-being; the results of the longitudinal study conducted by Davidson, Mostofsky & Whang (2010) had confirmed that coronary artery disease had a lesser progress in happier people; the findings of Fincham and Beach (2007) had implied effectiveness of forgiveness in marital quality; the results of research conducted by Bhattacharyya, Whitehead, Rakhit & Steptoe (2008) had indicated the association between depressed mood and positive affect and palpitation in patients susceptible to coronary artery disease; the findings of the study performed by Steptoe and Wardle (2005) showed that there existed a relationship between positive effectiveness and healthy heart.

Thus, the past researches showed that the treatment program of positive psychology could be helpful in enhancing the quality of life in various dimensions. The above program included training about increasing the positive energy in life, reinforcement of capabilities and strengths, forgiveness, hope and optimism, affability, gratefulness, friendship, generosity, financial management and happy shopping, contentment, increasing the awareness and constructive interaction.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

Despite, noting to the fact that the effect of conducting the positive psychology training was confirmed for the post-test stage but not the follow-up stage, such intervention has short-term effects on quality of life, and achieving a long-term effect entails a larger number of sessions.

Furthermore, as it could be seen in Table 5, the interaction between group membership and spiritual intelligence was significant in overall quality of life ($p < .05$); meaning that spiritual intelligence influenced the overall quality of life for doing training in positive psychology. Hence, this was confirmed by the research hypothesis that spiritual intelligence moderates, in a significant manner, the effect of conducting the positive psychology training. This training had increased the overall quality of life among married women who participated at family counseling centers in city of Isfahan.

Our results for this study were in accordance with the following research findings of: Hossein dokht et al. (2013) had implied that there was a relationship between spiritual intelligence, well-being and quality of life among the staffs of Maragheh city hospitals; Ardalan, Sarchehani & Sarchehani (2014) had proven the existence of relations between spiritual intelligence and quality of life among the elementary school teachers in Shiraz city; Koszycki, Raab, Aldosary, & Bradwejn, (2010) indicated that the spirituality had shown a positive impact on improvement of social adjustment among the patients whom participated in the study and finally the findings of the research conducted by Seybold and Hill (2001) had pointed out that religious beliefs, religions and commitments were related with positive results such as better quality of life, well-being, and physical and mental health.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

Conclusion

An interesting observation was made when reviewing those data for the experimental group. The people with low spiritual intelligence had a higher mean value than those with high spiritual intelligence. Apparently, the positive psychology had deeper effect on people who had lower spiritual intelligence. This was quite logical since people of higher spiritual intelligence have already used various components of spiritual intelligence such as contentment, hope and optimism in their lives and in all had higher levels of psychological health. This situation had also continued into the follow-up stage in a similar manner.

Limitations of the Study

- This study was of cross-sectional type wherein the data were obtained at a specific cross section of time.
- This study was solely performed on women as its samples, and care must be exercised should its results be used for men.
- As credibility of any study is contingent upon its extensiveness of scope, one of the limitations of the present study was that it was performed on married women who referred to family counseling centers of Isfahan city. Thus, its results should be extended to other populations with caution.
- In view of the cultural diversity throughout different geographical regions of the country, results of this study apply only for the Isfahan city and extending them to other cities should be done with care.
- The research tools used in this study included questionnaires and training sessions on positive psychology. Likewise, some limitations on extending the findings of this research result from its use of questionnaires.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

– Self-assessment was used in this research to assess the variables, and the questionnaires were merely used to gather data. This sort of assessment might be one of the limitations [of this research].

– This research was conducted on groups and thus extending its results to individuals should be with caution.

Acknowledgement

Our deepest appreciation to Dr. Atashpour who undertook the responsibility of holding training workshops to prevent research bias. Likewise, the authors inly thank the Parto-e-Aftab counseling center for their cooperation in holding the training sessions. Our thanks also go to all the women who attended the training sessions and followed the teachings with care and patience.

References

Amram, Y. (2007). *The Seven Dimensions of Spiritual Intelligence: An Ecumenical Grounded Theory*. (pdf) Paper presented at the 115th Annual (August 2007) Conference of the American Psychological Association, San Francisco, CA.

Ardalan, M., Sarchehani, Z., & Sarchehani, M. (2014). The Relationship of Teachers' Spiritual Intelligence to Quality of Work Life and Maturity. *Quarterly Journal of New Approaches in Educational Administration, 5,* 81-102.URL: http://en.journals.sid.ir/ViewPaper.aspx?ID=382261.

Bhattacharyya, M. R., Whitehead, D. L., Rakhit, R., & Steptoe, A. (2008). Depressed mood, positive affect, and heart rate variability in patients with suspected coronary artery disease. Psychosom Med, 70, 1020-7. Doi:

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

http://www.ncbi.nlm.nih.gov/pubmed/18941130/doi/10.1097/PSY.0b013e318189afcc.

Bonomi, A. E. (2000). Validation of the United States' version of the world health organization quality of life (WHOQOL) instrument. *Journal of Clinical Epidemiology 20(3),* 485-493.

Busseri, M. A., Choma, B. L., & Sadava, S. W. (2011). Subjective temporal trajectories for subjective well-being. *Journal of Positive Psychology*, *7(1),* 1-15. Doi: http://www.tandfonline.com/doi/abs/10.1080/17439760.2011.565784

Coffey, J., Wray-Lake, L., Mashek, D., & Branand, B. (2014). A Multi-Study Examination of Well-Being Theory in College and Community Samples. *Journal of Happiness Studies*,1-25. Doi: http://doi/10.1007/s10902-014-9590-8

Davidson, K. W., Mostofsky, E., & Whang, W. (2010). Don't worry, be happy: Positive affect and reduced 10-year incident coronary heart disease: The Canadian Nova Scotia Health Survey. *Eur Heart, 31*, 1065–1070. Doi: http://dx.doi.org/10.1093/eurheartj/ehp603

Elkins, M., & Cavendish, R. (2004). Developing a plan for pediatric spiritual car. *Holistic Nursing Practice*, *18*, 179-186. Doi: http://www.ncbi.nlm.nih.gov/pubmed/15346712

Emmons, R. A. (2000). Is spirituality intelligence? Motivation cognition, and the psychology of ultimate concern. *International Journal for the Psychology of Religion, 10*, 3-26. Doi: 10.1207/S15327582IJPR1001_2

Fincham, F. D., & Beach, S. (2007). Forgiveness and marital quality: Precursor or consequence in well-established relationships? *The Journal of Positive Psychology, 2*, 260-268. Doi: 10.1080/17439760701552360

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

Forster, J. R. (1991). Facilitating positive changes. International in Self-Constructions. *Journal of Personal Construct Psychology*, *4*, 281-292. Doi: 10.1080.8936039108406120

Hagerty, M. R., Cummins, R. A., Ferriss, A. L., Land, K., Michalos, A. C., Peterson, M., Sharpe, A., Sirgy, J., & Vogel, J. (2001). Quality of life indexes for national policy: Review and agenda for research. *Social Indicators Research*, *55*, 1, 1-96. Doi: 10.1023/A:1010811312332

Haverman, M., Westerhof, G., Riper, H., Smit, F., & Bolier, E. (2013). Positive psychology interventions: a meta-analysis of randomized controlled studies. *BMC Public Health, 13*, 119-131. Doi: 10.1186/1471-2458-13-119.

Hildebrandt, L. S., (2011). *Spiritual intelligence: is it related to a leader's level of ethical development?* A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy Capella University.URL: http://gradworks.umi.com/34/43/3443322.html

Hossein Dokht, A. et al. (2013). Relationship between spiritual intelligence and spiritual wellbeing and quality of life and marital satisfaction. *Psychology and Religion*, 22, 59-77. URL : http://www.noormags.ir/view/fa/articlepage/996758.

Isen, A. M., Daubman, K. A., & Nowicki, G. P. (2000). Positive affect facilitate creative problem solving (Electronic version). *Journal of personality & social psychology, 52,* 1122-1131. Doi: http://dx.doi.org/10.1037.022-3514.52.6.1122

King, D. B. (2008). Rethinking claims of spiritual intelligence: A definition, model, measure. MA Thesis, Trent University, Peterborough, Ontario, Canada. Retrieved January 7, 2013 from International *Journal of Transpersonal Studies*, 28, 68-85.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

Koszycki, D., Raab, K., Aldosary, F., & Bradwejn, J. (2010). A Multifaith Spiritually Based. Intervention, Intervention for Generalized Anxiety Disorder: A Pilot Randomized Trial, *Journal of Clinical Psychology,* Vol. 66, 438-439. Doi: 10.1002/jclp.20663, URL: http://www.ncbi.nlm.nih.gov/ pubmed /20143382

Liu, L. (2006). Quality of life as a social representation in china. A qualitative study. *Social Indicators Research, 75,* 217-240 Doi: 10.1007/s11205-004-3198-z

Luthans, S. M., & Jensen, M. (2002). Hope: A New positive strength for human resource development. *Human Resource Development Review, 1,* 304-322. Doi:10.1177/ 1534484302013003

MacLeod, A. K., & Salaminiou, E. (2001). Reduced positive future thinking in depression: Cognitive and affective factors. *Cognition and Emotion,* 15(1), 99–107. Doi: 10.1080.2699930125776

MacLeod, A. K., & Conway, C. (2007). Well-being and positive future thinking for the self versus others. *Cognition & Emotion, 21,* 1114–1124. Doi: 10.1080.2699930601109507

MacLeod, A. K., Tata, P., Tyrer, P., Schmidt, U., Davidson, K., & Thompson, S. (2005). Hopelessness and positive and negative future thinking in parasuicide. *British Journal of Clinical Psychology, 44,* 495–504. Doi:10.1348. 14466505X35704

McNulty, J. K., & Fincham, F. D. (2012). Beyond Positive Psychology? Toward a contextual view of psychological processes and well-being. *American Psychological Association, 67,* 101–110. Doi:10.1037/a0024572

Nejat, S., Montazeri, A., Holakouie Naieni, K., Mohammad, K., & Majdzadeh, S. R. (2006). The World Health Organization

[DOR: 20.1001.1.20081251.2019.13.1.10.5]
[DOI: 10.24200/ijpb.2018.115408]

quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version . *Journal of School of Public Health and Institute of Public Health Research, 4*, 1-12 URL: http://sjsph.tums.ac.ir /article-1-187-en.html.

Newacheck, P. W., & Taylor, W. R. (1992). Childhood chronic illness: prevalence severity and impact. *American Journal of Public Health, 8*2, 364-371.

Peterson, C., Park, N., & Seligman, M. E. (2005). Orientations to happiness and life satisfaction: the full life versus the empty life. *Journal of Happiness Studies, 6,* 25–41. Doi: 10.1007/s10902-004-1278-z

Poursardar, N., Poursardar, F., Panahandeh, A., Sangari, A., & Abdi Zarrin, S. (2013). Effect of Optimism on Mental Health and Life Satisfaction: A Psychological Model of Well-being. *Hakim Research Journal, 16*, 42- 49. URL: http://hakim.hbi.ir/browse.php?a_id=1128&sid=1&slc_lang =en

Rahman, T., Mittelhammer, R. C., & Wandschneider, P. R. (2011). Measuring quality of life across countries: A multiple indicators and multiple causes approach. *The Journal of Socio-Economics, 15*, 63-74. Doi: http://www.sciencedirect.com/science/article/pii/S10535357 10000752

Rostami Ravari, M., & Rostami Ravari, M. A. (2014). The effect of positive psychology based on the model Prema Seligman on life style of psychosomatic workers with heart palpitations in Sarcheshmeh copper mine. *Journal of Birjand University of Medical Sciences, 20*, 224. URL: http://journal.bums.ac.ir .

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]

Seligman, M., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *Journal of American psychologist*, *55(1),* 5-14. Doi: org/10.1037.003-066X.55.1.5

Seligman, M. E. P., Rashid, T., & Parks, A., C. (2006). *Positive Psychotherapy*. *American Psychologist, 61(1),* 774-788

Seybold, K. S., & Hill, P. C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science*, *10,* 21-24. Doi: 10.1111/1467-8721.00106

Shoshani, A., & Steinmetz, S. (2013). Positive Psychology at School: A school-based intervention to promote adolescents' mental health and well-being. *Journal of Happiness Studies, 15,* 1289-1311. Doi: 10.1007/s10902-013-9476-1

Steptoe, A., & Wardle, J. (2005). Positive affect and biological function in everyday life. *Neurobiology of Aging, 26,* 39-49. Doi: org/10.1016/j.neurobiolaging.2005.08.016

WHOQOL Group. (1993). Measuring Quality of life. *World Health Organization.*

WHOQOL Group. (1998). The World Health Organization Quality of Life Assessment (WHOQOL): *Development and general psychometric properties. Social Science and Medicine, 46,* 1585- 1596.

Yazdani, M., Etebarian, A., & Abzari, M. (2013). The Moderating Effect of Organizational Commitment on the Relationship between Employees' Perceptions of Workplace Spirituality and Spiritual Intelligence in Isfahan steel company. *Knoeledge & Research in Applied Psychology, 14,* 79-88. URL:http://journals.khuisf.ac.ir/jsr-p/browse .php? a_id=971& sid=1&slc_lang=fa.

[DOR: 20.1001.1.20081251.2019.13.1.10.5]

[DOI: 10.24200/ijpb.2018.115408]