

1. Introduction

Psychological capital: is combined of optimistic psychological variables that could be measured, developed and nurtured and has the possibility of applying management on them.

These variables are as follows:

- Self-efficiency:

The source of its discovery is the research and social cognitive theory of Bandura and it could be named easily as the self-confidence and it could be defined as follows: believing oneself in his capabilities for achieving success in performing a specific duty from making motivation in himself, providing knowledgeable resources for himself and performing the necessary actions.

- Durability:

In terminology is defined as follows: a kind of developing state in person that based on it, is capable of confrontation with failures, damages and life's conflicts and even positive events continues his increased effort and for achieving more success, would not quit. (Luthans, Vogelesang Laster, 2006).

- Optimism:

Seligman, 1986, the father of optimistic psychology believes that: optimistic people would react in confrontation with failures and successes as follows:

- Would rely on general cues.
- Their support is sustainable.
- they allocate their successes to their inner capabilities.
- In confrontation with failures, they would allocate their loss to certain external and non-sustainable factors.

- Hopefulness:

Snyder, 1991, has defined hopefulness as follows: a motivational positive state that has been caused by agency (goal oriented energy) and planning for achieving the goal.

One of the major subjects in today's psychology that has attracted a lot of attention to itself is the complex matter of addiction. It is believed that, addiction to drugs is a psychological, genetically malfunction to physical and social. (Shahram Naderi and colleagues)

Statistical and guidance diagnostics of psychological malfunctions includes drugs and drug related malfunctions in psychotropic psychology that is effective on the brain part and apart from intentionally and unintentionally used, is included in the vocabulary of drug usage (Sadok, 2008).

Different psychological variables including a large number of malfunctions of axis 1 and 2 (Ghoreyshizade, 2002) and also malfunction in learning from penitentiary experiences, weakness

in prevention and being socialized in low levels from the perspective of learning and processing unsecured data in the foundation of cognitive-behaviorism hypotheses could be considered as addiction accelerators. (Falah, Azad, 2000)

Addiction is a complex and multi-factor phenomenon that is evaluated in different perspectives of biological, psychological, cultural and social and spiritual aspects and as one of the social intricate, in the society especially amongst youngsters is highly epidemic that this subject could lead to different social hygienic harms such as damage to the economic aspect of the person, increased rate of violence, high risk of AIDS, being a criminal and suicide (Dio Amaro, Matsomoto and Kays, 2003).

Addiction is presented as a serious and returnable proble. (Van Dan pring, and Hizen, 2006)

Based on Byndur's theory, strict criteria of self-assessment and negative perfectionism are amongst other effective factors on tendency to using drugs. (Abolghasemi and colleagues, 2007).

- Mind acknowledgment:

Amongst the new treatments for addiction especially about the psychological treatments we could line out the integration of arts and observant thought meditation (mindfulness) with behavioristic therapy traditional acknowledgment that this combination is known as the third wave behavioristic therapy (Masoda, 2006).

Mindfulness is full flexibility of attention to experiences of the present time with an accepting state and without applying any judgmental action (Kabat- Zain, 2003). Based on another definition, mindfulness is an art that with combining with mediation and special mind orientations in proportionate to an experience, would encourage the acknowledgment of the present time in a non-judgmental with lowering the rate of conflict in thoughts and emotions to a minimum state (Potek, 2012).

With aid from mindfulness it could be understood that how to transform the present moment into a more pleasant one for living because the present time is the only time that we could create, decide, listen, think, smile or live (Hamze Ganji, Ph.D., Salavan publishing, mindfulness principles).

All of the present exercises in mindfulness are designed in a manner that increases the attention to the body. In the researches that use mindfulness, the emphasis is on the interaction between physical, cognitive, and neurotic processes (Michalik, Berg and Hydrige). Mind consciousness is also used in the addiction areas and had positive results and effects in therapy (Teroler, Lee both, and Caratherz, 2010). mindfulness decreases the rate of drug usage, anxiety, and social misbehaviors in drug users and would increase their mind health (Dabbaghi, Asghar nejad farid, Atef vahid, and Boladi, 2008).

- Model:

Nowadays in depression chronic anxiety and characteristic damages therapy, the emphasis is on juvenile experiences (Yang and Glasgow, 1994; Yang, 1999; Yang, Winberger Bek, 2001, Yang, 2003).

Models are considered amongst the individual and psychological factors that has an exclusive attention in studying addiction to drugs, models cause orientation in description of each individual of occurrences and these orientations would show themselves as defined theories, incorrect thoughts, unrealistic goals, incompatible primary models, are patterns or deep and vast insights that is related to the relation of the individual with himself or others and is highly inefficient. (Yang and Kolskow, 2003)

Models are caused by unsatisfactory of neurotic basic requirements during juvenile times. These requirements are as follows: safe dependence to others, self-independence, adequacy and identity, freedom and stating the requirements and safe excitements, self-motivation and leisure, realistic limitations and self-assessment. In this therapy model, the pattern is divided based on five neurotics unsatisfied need that we call them model aspects. That follows: 1. Rejection area 2. self-assessment and different application 3. different limitations 4. Other orientations 5. Over attention and prevention. (Yang and Kolskow, 2003).

2. Methodology

The present study is considered as one of the researches with control and experiment groups alongside with pre examination and post examination. Addicted women from the sample group has been chosen randomly from the women in the quitting camps. In this research the effort was made to the point that the individuals would be equal from the demographic indicators approximately. Also the individuals who were used in the research had the same cleaning times. Then 2 examination groups during 8 sessions each separately with two methods of mindfulness and therapy model were educated.

After finishing the learning process, the Luthanz psychological capital questionnaire were given to the experiment groups that most of it were used as the pre examination. The society under study included the addicted women that were passing their rehab time in the Navid Aramesh camp in gorgan city. The research samples included 20 individuals In the examination group that 10 individuals were in the mindfulness examination group and the other 10 individuals were in the therapy model examination group and 10 other individuals were included in the control group. (the control group were chosen from the same camp or the same criteria)

The sampling method was done randomly and attaining into two groups of examination and control group were done as peer groups (based on education, level of durability, rehab time) that all of the groups have the most similarity.

In the present studies after time evaluation of the data the parametric examination was used that included Covariance Analyzer in order to use in the significant samples, pre examination and post examinations that using the SPSS software they have been analyzed.

2.1. Description of sessions

After the individuals were chosen for participation in therapy model and mindfulness groups, each group were given Luthanz questionnaire in addition to the questionnaire special pre examination was given to each therapy.

3. Therapy model sessions

First session:

1. Greeting and description about the method and procedure of the sessions and describing the rules related to the sessions and describing about goals and therapy logic
2. Motivating for therapy
3. Defining the model and the therapy model
4. Defining the evolutionary roots for methods

Second session:

1. Giving the therapy model questionnaires and explaining about the correct way of answering
2. Introduction of the model areas and primarily incompatible model
3. Describing the model applications

Third session:

1. Introducing the interactive incompatible answers in form of every days' life
2. Pictorial description of how the models would last by interactive incompatible answers
3. Creating preparation amongst the people for evaluation and alteration of the model
4. Evaluation of the models through questionnaire, neurotic illustration and neurotic characteristics

Fourth session

(beginning the usage of cognitive techniques)

1. Validity examination of the models by patients
2. New definition from accepting evidences by patients
3. Evaluating the advantages and disadvantages of the counter active methods of the patients

Fifth session

1. Creating a communicational relation amongst the healthy aspect and the model aspect by the patients
2. Creating educational cards accompanied with the patients

Sixth session

1. Description about the logic of this technique in the therapy models
2. Performing virtual debates

Point: from the point that the participant addictive individuals in this research were considered as the high risk addictive individuals and from the manner of memories were going through severe damages and devastating memories and also they were in the first periods of their therapy, the heavy techniques such as parental boundary periods and letter writings were not used.

Seventh session

1. Reintroducing the counteractive methods as probable targets for alterations
2. Preparation for application of behavioral nor breakings
3. Determining a certain behavior as the probable targets for alteration

4. Describing priorities and pressures for norm breakings

Eight session

1. Increasing the motivation for alteration
2. Educating the healthy behaviors' exercises through mind illustration and taking roles
3. Explanation about how to use the educational cards

Structure and content of the mindfulness sessions:

Session exercises: eating a raisin alongside conciseness and body inspection

Session assignments: forming groups- determining rules and principles of the group periods and borders- the participants should introduce themselves to the other members of the group.

Home exercises: a 45 minutes' body check (of course with regard to special condition of the participating individuals in this project the time has reduced to ten minutes instead of 45 minutes) orienting the attention to every day's activities such as taking a shower every day.

Eating a meal during a week accompanied with conciseness.

Week two: counteracting with the obstacles

Session training: body check

- Ten minutes of conciseness on breathing process
- Session assignment: thoughts and feelings training
- Home training: 45 minutes thinking body check
- Ten minutes of breathing with conciseness
- Orienting the attention to a single daily activity in a different method
- Documenting daily report from an acceptable occurrence experience

Week three: conciseness on breathing (and on body while moving)

Session training: participation with mindfulness state

Stretch and breathing practice

Session assignments

- Identification and stating the calendar of acceptable experiences or stating unacceptable experiences
- Home training: stretch and breathing training in the first, third and fifth days of the week, moving training with mindfulness state in the second, fourth and sixth days of the week.
- Documenting a report from an unacceptable experience
- Performing three minutes breathing atmosphere three times in a day

Week four: staying in the present time

Session assignment: 5 minutes of visual or audial conciseness

- Thinking in sitting state (acknowledgment of breathing, body, sounds, thoughts and non-oriented acknowledgments)

- A three minutes breathing atmosphere- introducing this method as a counteractive approach for utilization in times that it brings out harsh sensual conditions.
- Walking with conciseness
- Session assignment: identifying what counts as unacceptable experiences.
- Defining the domain of depression- or another area that is the group's problem
- House training: sitting thinking
- Three minutes breathing atmosphere- based on the rules (three times in a day)
- Three minutes breathing atmosphere- as a counteractive approach (in times of unacceptable experiences)

Week five: acceptance and permission/ license of presence

Session training:

- Thinking in a sitting condition- acknowledgment of breathing and body
- Emphasis on acknowledging the reflectivity to thoughts, emotions and body senses created
- Introducing a hard state in training and exploration of the effects of fire on body and mind and three minutes of breathing atmosphere

Session assignments: training on explorations of behavioral patterns of reaction and true application of conciseness capabilities for facilitation of responsiveness to the present time

House training: thinking in sitting condition

- Three minutes of breathing atmosphere – (once a day)
- Three minutes of breathing atmosphere – as a counteractive approach (once you find out experiencing unacceptable feelings) and in order to explore a way for opening a body door

Week six: thoughts not fact

Session trainings: thinking in a sitting area – acknowledgment of breathing and body – introducing the related problem to the training and finding out its effects on the body and mind – three minutes of breathing atmosphere

Session assignment: teaching that in addition to our way of thinking affects our senses and that our state of feeling affects our thoughts.

Specifying an indicator for the person that might be different for every individual and an applicable program for counter effecting it, preparing the participants for the end of the period.

House training: 40 minutes of daily training – working with different combinations of three major trainings; acknowledgment with utilization of a domain of shorter trainings.

- Three minutes of breathing atmosphere - (once a day)
- Three minutes of breathing atmosphere – as a counteractive approach and as a first step in developing a wider perspective in relation with thoughts, reopening a thought door,

deep thinking and more working on the application plan for preventing from a personal return.

Week seven:

Session trainings: thinking in sitting state – acknowledgment of breathing, body, sounds, thoughts and neurotics

Three minutes of breathing atmosphere and stating a problem that has been created in performing assignments and finding out its effects on body and mind

Session assignments:

- Requesting the individuals for conduction of a list of their daily activities that creates a sense of happiness or sorrow and sense of joy or dominance in them and educating the individuals that in sorrow times what should they do to look after themselves.
- House training: choosing the trainings that the individuals had made a connection whilst the period for continuing at the period's final.

Week eight: finalizing physical check

Session assignments:

A review on first warning systems and applicable programs that are developed in times of high risk of return and determining a general program for application in the life outside of the rehab period.

4. Findings

Table 1: Abundance and percentage of abundance of the age of the sample individuals in groups

Percent of prevalence	Prevalence	Groups	Spectrum	Variable
26/67	4	Evidence	20-25 years	Age
33/33	5	Test 1		
40	6	Test 2		
40	6	Evidence	26-30 years	
33/33	5	Test 1		
26/67	4	Test 2		
33/33	5	Evidence	Up to 31	
33/34	5	Test 1		
33/34	5	Test 2		

Table2: Statistical indicator of psychological capital of individuals in three steps under the method of mindfulness

Confidence interval	Standard deviation	Average	Levels	Index
20/90 \pm 1/901	1/901	20/90	Evidence	Psychological capital
21/475 \pm 2/113	2/113	21/475	Pre-test	
27/90 \pm 1/752	1/752	27/90	After the test	

Table3: Statistical indicator of psychological capital of individuals in three steps under the method of therapy model

Confidence interval	Standard deviation	Average	group	Index
20/90 \pm 1/901	1/901	20/90	Evidence	Psychological capital
22/385 \pm 2/436	2/436	22/385	Pre-test	
28/36 \pm 1/864	1/864	28/36	After the test	

Table4: Statistical indicators of sub factors of psychological capital of individuals in two steps under mindfulness method

Confidence interval	Standard deviation	Average	group	Index
21/50 \pm 3/206	3/206	21/50	Pre-test	Hope
28/30 \pm 1/337	1/337	28/30	After the test	
20/60 \pm 2/756	2/756	20/60	Pre-test	Optimism
28/80 \pm 1/686	1/686	28/80	After the test	
21/80 \pm 2/859	2/859	21/80	Pre-test	Resiliency
28/20 \pm 1/988	1/988	28/20	After the test	
22/00 \pm 2/667	2/667	22/00	Pre-test	Efficacy
26/30 \pm 1/252	1/252	26/30	After the test	

Table5: Statistical indicators of sub factors of psychological capital of individuals in two steps under therapy model method

Safety factor	Variance	average	Group	Index
22/17 \pm 2/576	2/576	22/17	Pre-test	Hope
28/54 \pm 1/869	1/869	28/54	After the test	
21/37 \pm 2/324	2/324	21/37	Pre-test	Optimism
28/20 \pm 1/167	1/167	28/20	After the test	
22/57 \pm 2/667	2/667	22/57	Pre-test	Resiliency

29/23 ±1/431	1/431	29/23	After the test	
22/43 ±2/684	2/684	22/43	Pre-test	Efficacy
27/46 ±1/239	1/239	27/46	After the test	

Table6: Brief results of the Kalmograph-Smirnoff examination in order to evaluate the dispersion of variables being normal

Significant Level	Statistic of Kolmogrov-Asmyrnov	Group	Variable	Treatment
0/946	0/524	Pre-test	Psychological capital	Mindfulness
0/824	0/629	After the test		
0/905	0/567	Pre-test	Psychological capital	Schema therapy
0/733	0/733	After the test		

Table 7: Results from the homogenous variances examinations' variable marks of the subject of study under two therapy methods

The significance level	Freedom degrees of denominator	Freedom degrees of numerator	Statistics Levene	Variable	Treatment
0/164	27	2	1/936	Psychological capital	Mindfulness
0/389	27	2	0/977	Psychological capital	Schema therapy

Table8: Analyzing the Covariance of the marks of the psychological capital of addicted women

Eta coefficient η^2	The significance level	F statistic	average of squares	Degrees of freedom	sum of squares	Sources of Change
0/838	0/000	44/912	107/300	3	321/901	Model
0/411	0/000	18/178	43/429	1	43/429	constant number
0/242	0/008	8/314	19/864	1	19/864	Evidence
0/829	0/000	60/344	151/019	2	302/037	Group
			2/389	26	62/118	Erorr
				29	384/019	Total

Table9: Two by two comparison marks of psychological capital of addicted women in the three groups under study

95% Confidence interval		The significance level	The mean difference between groups 1 from 2	Second group	First Group
High limit	Lower Limit				
8/599	5/401	0/000	7/00	evidence	After the test
8/024	4/826	0/000	6/425	Pre-test	

Table10: Analysis of the covariance of the marks of addicted women's psychological capital

Eta coefficient η^2	The significance level	Statistics F	average of squares	Degrees of freedom	sum of squares	Sources of change
0/798	0/000	34/285	162/918	3	488/753	Model
0/173	0/028	5/434	25/820	1	25/820	constant number
0/221	0/012	7/356	34/953	1	34/953	Evidence
0/786	0/000	47/750	226/900	2	453/800	Group
			4/752	26	123/574	Error
				29	612/300	Total

Table11: Two by two comparison of the marks of addicted women's psychological capital in the three groups under study

95% confidence interval		The significance level	The mean of difference between group 1 from 2	Second group	First group
High limit	Lower limit				
8/732	6/192	0/000	7/46	Evidence	After the test
7/905	4/028	0/000	5/97	Pre-test	

H₀: there is no meaningful difference between two methods of therapy model and mindfulness

H₁: there is meaningful difference between two methods of therapy model and mindfulness

For evaluating this hypotheses, the T-test was used that is given in the following table.

Table12: The examination of comparing two therapy methods in increasing psychological capital in addicted women.

According to the results from the table above we attain primarily to evaluate the hypotheses of equal variances in two groups that $\text{sig}=0.765$ based in the level of meaningfulness given, the hypotheses of equal variances of the two groups is verified.

And meaning that in the following of the table, the high row should be considered for examination comparing.

Now for answering the hypotheses under study according to the numerical rate of the meaningfulness in the seventh column of the table, it can be said that there is no meaningful difference between the psychological capital mark in two examinations.

5. Discussion and conclusion

In this study, the mindfulness education has increased the psychological capital of addicted women meaningfully and as it was expected mindfulness therapy of this finding cooperates with the results of the effective research for other individuals including the study about curing psychological malfunctions for ill and not-ill individuals. (Chista and Serti, 2009) anxiety malfunction (wolstad, siverten and nelson, 2011) and also Fenel (2004) in their studies have shown that with mindfulness education based on mindfulness, the depression of the patients was recovered and in addition to healing the depression, this study caused an increasing rate in their self-confidence.

In exclusion to the therapy model area it should be said that the results of the study copes with the findings of Yang and colleagues about principals of model perspective.

In definition of these findings it could be said that due to the primary un-agreeable models has caused the fundamentals of psychological and social damages, therefore addiction as one of the damages capable of having an important impact on the relation of the individual with himself and others, it could be formed based on these inefficient foundations.

- Generally based on this research it could be claimed that the addicted people have more models in contrast with non-addictive individuals and also have less psychological capital. With regard to the point that un-agreeable thought foundations form in the early years of life, it seems that these thoughts, have a significant role in vulnerability of the individual therefore it seems that the occurrence of prevention projects and also therapy programs could interest these thoughts and thought foundations for the patients.
- Also in this research, the mindfulness therapy was effective and caused an increasing rate in the psychological capital of addicted women. In fact, regarding results gathered, it could be said that one of the ways if improving the level of conciseness and acknowledgment of individuals, is to present and introduce approaches that would increase the rate of their efficiency.

6. Obstacles

From the obstacles of this study we could mention the non-understandability of the questionnaire for most of the individuals. That the time of one session was specified for learning the meaning and the main point of the questions to the patients. From the point that addiction is a multi-aspect disease and unfortunately the women who suffered a long time from this disease, in addition to

the disease itself suffer a number of cognitive behavioral diseases for instance a number of them were raped and suffered permanent anxiety or even PTSD and one of the other problems was the insufficient cooperation of the camp authorities especially presence of the camp supervisor in therapy sessions and even sometimes suggesting their thoughts to human individuals. Also in most of the times the individual was rejected from the family and during the therapy session has been stressed out for the time of release from the camp and his idea was about not having a place for the night.

Resources

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