

The Effectiveness of Adlerian Group Counseling on Mental Health and Social Adjustment of Parents

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Abstract

The present study aimed to investigate the effectiveness of Adlerian counseling on mental health and social adjustment of parents. The research method was quasi-experimental with pretest-posttest and a control group. The statistical population of this study included all the students' parents in Kermanshah during 2018-2019. The sampling method was cluster random sampling. The sample included 60 parents of students during the academic year of 2018 to 2019. They were divided into three groups of 20 individuals (two experimental groups and a control group with 20 individuals). Each of the experimental groups was assigned for a group counseling with either Adlerian or Rational Emotive Behavioral (REB) approach and the related approach was taught for 2 hours in 8 sessions. General health questionnaire scale of Goldberg and Hiller (1979) and Bell's adjustment scale (1961) were used to collect the data. The results showed that Adlerian counseling method was effective in increasing mental health and social adjustment.

Keywords: Mental Health, Social Adjustment, Adlerian Counseling

INTRODUCTION

Providing the well-being of society is one of the fundamental issues of any country that must be addressed from three physical, psychological, and social dimensions (Noorbala, 2002, cited by Golchin, 2018) [1]. Mental health is defined as an important component in life expectancy and interest in achieving specific goals. This component has a very valuable and basic contribution to physical health (Khimenes, quoted by Golchin, 2018) [1].

Mental health is a dynamic and complete state of the absence of symptoms of illness and the presence of health symptoms that have physical, mental, psychological, and social dimensions. Mental health is one of the branches of psychology that due to its great importance, nowadays, it has a special importance [2].

The World Health Organization considers mental health as a state of well-being in which everyone is aware of his/her abilities and is able to cope with the normal pressures of life and work efficiently and helps to the community (World Health Organization, 2013, quoted by Rohila and Comar 2015, 3) [3].

The primary goal of scientists in the field of psychology and medicine is to maximize the sense of health in individuals. In this regard, Sarason and Sarason showed that health is a

personal perception that changes under physical, psychological, economic and social factors [4]. In order to effectively intervene and increase mental health, each of the counseling approaches may offer its own interventions to assist clients [5].

Adler considers a person with mental health that has the power and courage to achieve his goals; this person is attractive, happy, confident and optimistic, and by accepting his problems, he tries to resolve them as much as possible (quoted by Astine and Edward, 2008) [6]. Adlerian

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How to cite this article: Jalilian, Kh., Amiri, H., Arefi, M., Afsharina, K. The Effectiveness of Adlerian Group Counseling on Mental Health and Social Adjustment of Parents. Arch Pharma Pract 2020;11(S1):143-51.

interventions have been widely applied to a diverse population of clients of all ages and different backgrounds [7].

Eivandz (2008) in a study found that social interest which is a form of Adlerian treatment, makes the older people's lives meaningful and reduces their depression (quoted by Bigdeli, Sadrpoushan, and Javadzadeh, 2013) [8]. In the studies of Khodabakhsh and Ja'fari (2014), Salem (2014), Gotyzer (2014), Belalok (2008), Esmalz (2010), and Kaymoler (2011), parental education has been investigated based on the Adlerian approach to children's maladaptive behavior, which have reported positive results (quoted by Kashani Nasab, Farzad, Navabinejad, and Zare Bahramabadi, 2016) [9]. However, Salimi Bejestani, Shafiabadi, Etemadi, and Ahmadi (2013) found that group interventions of cognitive reconstruction (based on allegory) were effective in enhancing the mental health of the study group and in the dysfunction subtest, they made a significant decrease in the social function, but the effect of Adlerian group interventions on mental health was not significant.

One of factors that can directly affect mental health is social adjustment [10]. Adjustment is one of the most important symptoms of psychological health (Hamidi and Mohammad Hosseini, 2010, quoted by Nahidpour, Hamidi, Zamanlou, Gholkhani, 2013) [11]. Adjustment is a general concept and refers to all the strategies that a person uses to manage the stressful situations of life and real or unreal threats. In other words, successful treatment with the community members is called adjustment [12]. Adjustment means that an individual has the ability to adapt to the environment and has various dimensions such as social, familial, emotional, health, educational, etc. [13]. Paying attention to adjustment as a dynamic, complex, and continuous process has a particular importance that is closely related to the mental health. By adapting to constantly changing needs, the individual adjusts himself to the ever-changing social environment and compatible individuals are identified as active participants in the practice environment [14]. Ebrahimi, Karami, Barzandehchaqaei and Bagian Koulehmarz (2016) in their research concluded that the parent's education program with Adlerian approach is effective in reducing impulsivity and improving their children's social adjustment [15]. Khodabakhsh and Jafari (2011) [16] in a study found that parents' training with Adlerian approach was effective on coping styles of mothers with ODD or oppositional defiant disorder (quoted by Nahidpour, Hamidi, Zamanlou, and Ghulkhani, 2013) [11]. According to the results of numerous studies on the high prevalence of social harm, especially in the field of mental health and adjustment among the study population and the important role of parents in the family and community, and especially in the education of children, this research aimed to determine the effectiveness of Adlerian group counseling on the parents' mental health and social adjustment.

METHODOLOGY

Research Design: The design of this study was quasi-experimental with pre-test, post-test, and control group. The statistical population included all the parents of students in Kermanshah during 2018-2019. They were selected by multistage cluster random sampling.

Research Instruments: Goldenberg and Hiler General Health Questionnaire (GHQ-28): This questionnaire was developed in 1979 and has 28 questions. The 28-item form of this questionnaire is designed for everyone in the society. This questionnaire as a screening tool can determine the possibility of a mental disorder. This questionnaire has four sub-scales: physical symptoms, anxiety and insomnia, social dysfunction and depression. The test yields 5 scores for each person that 4 scores are for the subscales and one score is the sum of subscale scores, which is the overall score. Four subscales could be obtained based on statistical analysis of responses (factor analysis). The method of scoring the General Health Organization is as follows: from options A to D, the scores are 0, 1, 2, and 3. As a result, the individual score on one of the subscales will be from 0 to 21 and the total questionnaire will be from 0 to 84. Each participant's scores on each scale are calculated separately, and after that the scores of 4 subscales are summed and the overall score is obtained. In this questionnaire, the lower score indicates better mental health. Cronbach's alpha coefficient was 0.88. In a medium meta-analysis study, Williams stated its validity as 0.84 (Yaghoubi, 1995, quoted by Naami, Alimohammad, 2015) [17].

Bell Adjustment Questionnaire: Bell adjustment questionnaire is used to measure the adjustment. This scale was developed by Bell in 1961 and is consisted of 160 questions on five subscales of 32 questions that measure the adjustment in five domains: home adjustment, health adjustment, social adjustment, and occupational adjustment. The subjects respond to the questions by yes or no. The scoring method of this scale is zero and one and based on the obtained scores, the degree of individual adjustment in each domain is evaluated. A high score indicates lower adjustment and lower scores indicate greater adjustment. The total validity of the inventory was estimated by Bell as 0.94. This scale is standardized by Delavari for Iranian athletic veterans. The reliability of this questionnaire has also been confirmed by Qasemi and Pourseyed (Pourseyed, Habibollahi and Faramarzi, 2009 quoted by Moradpour, Miri, Aliabai, 2013) [18]. In this study, 32-question forms related to the social adjustment have been used.

Data Analysis Method: In this study, descriptive and inferential statistics were used. Descriptive statistics include mean, median, standard deviation, chart and graphs. Multivariate analysis of covariance (MANOVA) was used in inferential statistics and finally raw scores were calculated and analyzed using SPSS software.

The Summary of Adlerian Counseling Protocol Therapy

Preliminary Session: Performing pre-test, providing necessary information and guidance, familiarizing with the purpose of mental training programs, preparing members for the program.

Session One: Understanding the goals of the group, providing information and making an intimate relationship between members, introducing the consultant, and explaining the process of meetings and principles of confidentiality, and participation of the members in the announced date and time, and familiarizing of the group members to each other.

Session Two: Understanding the lifestyle of the members and the role of person and parents' attitudes in shaping familiarity with the lifestyle and the influential factors in shaping that session's duty.

Session Three: Exploring individual dynamism around the family system, birth arrangement and early memories, understanding the roles of parents and family members' attitudes on forming the life style of members and rewriting their early memories from a new perspective.

Session Four: Examining, recognition and challenge with life assignments and personality priorities, mastering the three common duties and assessment of the five assignments by the members.

Session Five: Evaluating the individual dynamics, recognition and challenge with basic mistakes, understanding the fundamental mistakes in one's thinking and its relationship to the current lifestyle, asking the members to discover their fundamental mistakes by considering their initial memories.

Session Six: Encouraging self-knowledge and insight, challenging with a private logic, reassessing of life's goals in order to reinforce social interest and encouraging the most obvious method of Adler.

Session Seven: Identifying goals and obstacles to their achievements, self-encouragement, and daring to change the purpose of our voluntary behavior, practicing the topic of encouragement and a practical assignment.

Session Eight: Summarizing the subjects and subjects of the previous sessions and reorientation to provide the insights and reviewing the pre-session subjects, family system, initial memories, personality priorities, fundamental mistakes, life tasks, the birth order, purposefulness and goal orientation.

Data Analysis
Descriptive Findings

The Status of the Research Subjects according to the Age

The following table shows the frequency and percentage of the sample members by age.

Table 1: Frequency Distribution of Sample Members by Age

Age	Frequency	Frequency percentage	Cumulative frequency percentage
20-30	10	16.7%	16.7%
31-40	37	61.7%	78.3%
41 and more than 41	13	21.7%	100%
Total	60	100%	

As it can be seen, among 60 sample members, 10 (16.7%) members were between 20 and 30 years old, 37 (61.7%) were between 31 and 40 years old, and 13 (21.7%) were more than 41 years old.

The Education Status of the Research Subjects

The following Table shows the frequency distribution of sample members by education.

Table 2: Frequency Distribution of the Sample Members by Education

Education level	Frequency	Frequency percentage	Cumulative frequency percentage
Secondary degree	18	30%	30%
High school degree	33	55%	85%
University degree	9	15%	100%
Total	60	100%	

As it is shown in the above table, 18 (30%) individuals of the sample members had a secondary school degree, 33 (55%) had a high school degree, and 9 (15%) had a university degree.

Occupational Status of the Research Subjects

The following Table shows the occupational status of the research subjects:

Table 3: Frequency Distribution of Sample Members by their Job

Parent type	Occupational status	Frequency	Frequency percentage	Cumulative frequency percentage
Father	Unemployed	2	7.4%	7.4%
	Self-employed	14	51.8%	59.2%
	Governmental	11	40.8%	100%
Mother	Total	27	100%	
	Housewife	15	45.5%	45.5%
	Self-employed	8	24.3%	69.8%
	Governmental	10	30.2%	100%
	Total	33	100%	

As it can be seen in the above table, among the fathers, 2 (7.4%) were unemployed, 14 (51.8%) were self-employed, and 11(40.8%) were government employees. Among the mothers, 15 (45.5%) were housewives, 8 (24.3%) were self-employed and 10 (30.2%) were government employees.

Table 4: Frequency Distribution of Sample Members by Gender

Gender	Frequency	Frequency percentage	Cumulative frequency percentage
Female	33	55%	55%
Male	27	45%	100%
Total	60	100%	

As it can be seen in the above Table, 60 (100%) of the sample members were female.

Table 5: Descriptive Indicators of Pre-Test and Post-Test Scores of Mental Health Subscales

Variable	Group	Subscale	Mean	Standard deviation
Mental health	Pre-test Control group	Physical symptoms	14.1	2.251
		Anxiety	13.6	3.156
		Social	15.1	2.415
		Depression	16.2	3.448
		Total	49.3	2.317
	Post-test Control group	Physical symptoms	14.9	2.923
		Anxiety	14.6	1.286
		Social	15.9	2.558
		Depression	16.8	2.337
		Total	51.3	4.914
	Pre-test Experimental group 1	Physical symptoms	15.2	4.489
		Anxiety	15.3	2.603
		Social	14.4	2.442
		Depression	17.5	3.794
		Total	50.6	3.756
	Post-test Experimental group 1	Physical symptoms	19.8	2.480
		Anxiety	20.1	2.605
		Social	21.2	1.549
		Depression	23.7	2.706
		Total	64.9	2.886
Pre-test Experimental group 2	Physical symptoms	13.9	3.371	
	Anxiety	14.6	2.830	
	Social	15.2	2.573	
	Depression	16.3	4.682	
	Total	48.1	2.849	
Post-test	Physical symptoms	22.2	2.490	

Experimental group 2

Anxiety	21.1	2.643
Social	20.4	1.947
Depression	25.7	2.113
Total	53.6	3.227

Table 5 shows the descriptive statistics of mean and standard deviation of pre-test and post-test scores of mental health subscales in the control and experimental groups. As it can be seen, the mean values of post-test scores in the control group did not change compared to the pre-test, and in the two experimental groups, the post-test scores of mental health dimensions were changed in comparison to the pre-test.

Table 6: Descriptive Indicators of Pre-test and Post-Test Scores of Social Adjustment Subscales

Variable	Group	Subscale	Mean	Standard deviation
Social adjustment	Pre-test Control group	Home adjustment	4.3	3.109
		Health adjustment	2.9	2.522
		Social adjustment	3.9	2.115
		Occupational adjustment	4.5	4.269
		Total	15.6	3.015
	Post-test Control group	Home adjustment	4.5	4.305
		Health adjustment	3.2	1.237
		Social adjustment	4.0	3.441
		Occupational adjustment	4.4	3.394
		Total	16.1	3.383
Pre-test Experimental group 1	Home adjustment	4.1	2.715	
	Health adjustment	3.0	2.194	
	Social adjustment	3.7	3.984	
	Occupational adjustment	4.2	3.366	
	Total	15.0	3.265	
Post-test Experimental group 1	Home adjustment	6.3	4.256	
	Health adjustment	5.8	4.397	
	Social adjustment	5.1	2.557	
	Occupational adjustment	5.0	2.809	
	Total	22.2	4.259	
Pre-test Experimental group 2	Home adjustment	3.9	1.379	
	Health adjustment	4.5	3.166	
	Social adjustment	4.5	3.166	
	Occupational adjustment	4.5	3.166	
	Total	17.4	2.514	

Post-test Experimental group 2	Social adjustment	4.5	3.654
	Occupational adjustment	3.7	4.354
	Home adjustment	6.4	3.455
	Health adjustment	6.1	3.209
	Social adjustment	5.9	3.385
	Occupational adjustment	6.0	3.285

Table 6 shows the descriptive statistics of mean and standard deviation of pre-test and post-test scores of social adjustment subscales in the control group and the two experimental groups. As it can be seen, the mean values of post-test scores in the control group did not change in comparison to the pre-test, and in the two experimental groups, the post-scores of social adjustment dimensions changed in comparison to the pre-test.

Inferential Findings Investigating the Normality of Research Variables

Table 7: Investigating the Normality of Pre-test and Post-test Scores of Social Adjustment Subscales in Three Groups

Variable	Group	Number	Pre-test		Post-test	
			Shapiro-Wilk statistic	Significance	Shapiro-Wilk statistic	significance
Home adjustment	Control	20	0.949	0.480	0.920	0.168
	Experimental 1	20	0.945	0.415	0.914	0.136
	Experimental 2	20	0.948	0.455	0.920	0.171
Health adjustment	Control	20	0.912	0.124	0.897	0.072
	Experimental 1	20	0.898	0.073	0.950	0.486
	Experimental 2	20	0.955	0.568	0.954	0.550
Social adjustment	Control	20	0.965	0.748	0.911	0.120
	Experimental 1	20	0.849	0.013	0.925	0.203
	Experimental 2	20	0.891	0.57	0.890	0.057
Occupational adjustment	Control	20	0.926	0.207	0.960	0.670
	Experimental 1	20	0.923	0.188	0.979	0.953
	Experimental 2	20	0.957	0.603	0.948	0.459

Table 7 shows the normality of pre-test and post-test data of the scores of social adjustment subscales in the control and experimental groups, respectively. It is observed that the

Shapiro-Wilk statistics for all dimensions of social adjustment was close to one and its corresponding significance in the pre-test and post-test was greater than 0.05, which means that the data in three study groups had 95% confidence level and had a normal distribution.

Table 8: Studying the Normality of Pre-test and Post-test Scores of Mental Health Subscales in Three Groups

Variable	Group	Number	Pre-test		Post-test	
			Shapiro-Wilk statistic	Significance	Shapiro-Wilk statistic	significance
Physical symptoms	Control	20	0.939	0.472	0.936	0.465
	Experimental 1	20	0.912	0.432	0.975	0.593
	Experimental 2	20	0.935	0.469	0.922	0.449
Anxiety	Control	20	0.955	0.570	0.979	0.596
	Experimental 1	20	0.898	0.096	0.951	0.502
	Experimental 2	20	0.918	0.436	0.963	0.586
Social	Control	20	0.947	0.498	0.909	0.114
	Experimental 1	20	0.899	0.107	0.936	0.470
	Experimental 2	20	0.896	0.102	0.901	0.109
Depression	Control	20	0.936	0.465	0.971	0.594
	Experimental 1	20	0.901	0.109	0.988	0.601
	Experimental 2	20	0.940	0.475	0.959	0.579
Total	Control	20	0.961	0.583	0.971	0.578
	Experimental 1	20	0.977	0.594	0.985	0.598
	Experimental 2	20	0.933	0.458	0.950	0.561

Table 8 shows the normality of the pre-test and post-test scores of mental health subscales separately in the control group and the two experimental groups. It is observed that the value of Shapiro-Wilk statistics for all mental health dimensions was close to one and its corresponding significance value in the pre-test and post-test was greater than 0.05, which means that the data in the three study groups followed the normal distribution at confidence level of 95%.

In response to the research hypotheses, it is necessary to first consider the default conditions. Multivariate analysis of covariance can be used after confirming the default conditions.

Adlerian counseling is effective on mental health. Studying the Assumptions Homogeneity of Covariance Matrices

Table 9: M. Box Test of Covariance Matrix Homogeneity in Post-test Mental Health Dimensions in Control and Experimental Groups (Treatment with the Perspective of Adler)

Box's M	F	Freedom degree 1	Freedom degree 2	Significance level
3.850	0.572	6	6520.755	0.753

According to Table 9, the results of Box's M test were used for checking the equality of the observed covariance matrices in post-test scores of mental health dimensions between the control and experimental groups (treatment with Adlerian perspective). It is observed that the obtained significance level for $F=0.572$ was greater than 0.05, so the assumed equality of covariance matrices of the dependent variables was confirmed.

Homogeneity of Variances

Table 10: Levin Test of Homogeneity Variance in Mental Health Dimensions of Two Control and Experimental Groups (Treatment with Adlerian Approach)

Variable	F	Freedom degree 1	Freedom degree 2	Significance level
Post-test of physical symptoms	3.552	1	40	0.069
Post-test of anxiety	3.367	1	40	0.076
Social post-test	0.932	1	40	0.342
Depression post-test	2.475	1	40	0.062
Total number	1.315	1	40	0.212

According to Table 10, the results of Levin test of homogeneity of variances of error of error scores in the mental health dimensions of two control and experimental groups (treatment with Adlerian approach) shows that the obtained significance level for all values of F was greater than 0.05, so the assumption of the homogeneity of the variables variance was confirmed.

Table 11: Multivariate Analysis of Covariance to Compare Mean Scores of Mental Health Dimensions in Two Control and Experimental Groups

Effect	Indicator	Value	F	Freedom degree	Freedom degree error	Significance
Group	Pillai's trace	0.732	22.791	3	35	0.001
	Wilk's Lambda	0.268	22.791	3	35	0.001
	Hotelling's trace	2.735	22.791	3	35	0.001
	Roy's largest root	2.735	22.791	3	35	0.001

Table 11 shows the significant effects of the independent variables of the group (Adler's perspective- control and experimental groups) and the pre-tests of marital burnout (exhaustion). As it can be seen, all four tests of Pillai's trace, Wilk's Lambda, Hotelling's trace, and Roy's largest root for the post-scores were significant at $P<0.01$, and it can be concluded that the independent group variable had a significant effect on post-test scores of mental health dimensions.

Table 12: Inter-subject Effect Tests for Comparing the Mean Scores of Post-test Mental Health Dimensions in the Control and Experimental Groups

Changes resource	Dependent variable	Sum of squares	Freedom degree	Average of squares	F	Significance	The effect size	The test power
Group	Post-test of physical symptoms	38.701	1	38.701	14.593	0.001	0.351	0.957
	The post test of anxiety	66.306	1	66.306	20.844	0.001	0.436	0.993
	Social post-test	60.919	1	60.919	24.426	0.001	0.475	0.997
	Depression post-test	62.639	1	62.639	18.303	0.001	0.516	0.975
	Total number	64.596	1	64.596	18.118	0.001	0.559	0.991

Table 12 shows the results of the inter-subject effects for comparing the mean scores of mental health dimensions in the two groups of control and experiment (treatment with the perspective of Adler). According to Table 4.8, for the source of group changes, the F-test statistic for the dimensions of physical symptoms, anxiety, social and depression and total score were 14. 593, 20.844, 24.426, 18.303, respectively, and there was a significant difference between the post-test scores in the two groups of control and experimental at the level of $P<0.01$. Therefore, the null hypothesis was rejected and the research hypothesis on the effectiveness of treatment with Adlerian perspective on increasing mental health was accepted. It is also observed that the effect size of Adlerian counseling approach on the mental health enhancement for the five mentioned mental health dimensions was 0.35, 0.43, and 0.47, 0.51. and 0.55, respectively.

Adlerian Counseling is Effective on Social Adjustment.
 Checking the Assumptions
 Homogeneity of Covariance Matrices

Table 13: Box's M Test of Homogeneity of Post-test Matrices Covariance of Social Adjustment Dimensions in the Control and Experimental Groups (Treatment with Adlerian Perspective)

Box's M	F	Freedom degree 1	Freedom degree 2	Significance level
4.720	0.701	6	6240.312	0.649

According to Table 13, the results of Box's M test for checking the equality of observed covariance matrices in the post-test scores of social adjustment dimensions between control and experimental groups (Adler's perspective) showed that the obtained significance level for $F=0.701$ was greater than 0.05, so the assumed equality of covariance matrices of the dependent variables was confirmed.

Homogeneity of Variances

Table 14: Levin Test Homogeneity of Variance of Social Adjustment Scores in the Control and Experimental Groups (Treatment with Adlerian Perspective)

Variable	F	Freedom degree 1	Freedom degree 2	Significance level
Home adjustment	0.056	1	40	0.814
Health adjustment	2.842	1	40	0.102
Social adjustment	0.078	1	40	0.782
Occupational adjustment	0.095	1	40	0.603

According to Table 14, the results of Levin test of homogeneity of error scores variance of social adjustment dimensions in the two control and experimental groups (treatment with Adlerian perspective) showed that the obtained significance level for all values of F was greater than 0.05, so the assumed homogeneity of the variables variances was confirmed.

Table 15: Multivariate Analysis of Covariance to Compare the Mean Scores of Social Adjustment Dimensions in Control and Experimental Groups (Adler's View)

Effect	Indicator	Value	F	Freedom degree	Freedom degree error	Significance
Group	Pillai's trace	0.820	37.858	3	35	0.001
	Wilk's Lambda	0.180	37.858	3	35	0.001
	Hotelling's trace	4.543	37.858	3	35	0.001
	Roy's largest root	4.543	37.858	3	35	0.001

Table 15 shows the significance of independent variable effects of the group (control and experiment-treatment with Adler's view) and the pre-test of the social adjustment dimensions. As it can be seen, all four tests of Pillai's trace, Wilk's Lambda, Hotelling's trace, and Roy's largest root for the post-test scores were significant at $P<0.01$, and it can be concluded that the independent variable of group had a significant effect on post-test scores of social adjustment dimensions.

Table 16: Inter-subject Effect Tests for Comparing the Mean Scores of Social Adjustment Dimensions in the Two Control and Experimental Groups (Treatment with Adler's Perspective)

Changes resource	Dependent variable	Sum of squares	Freedom degree	Average of squares	F	Significance	The effect size	The test power
Group	Home adjustment	113.704	1	113.704	25.842	0.001	0.489	0.998
	Health adjustment	119.840	1	119.840	44.057	0.001	0.620	1.0
	Social adjustment	192.339	1	192.339	54.538	0.001	0.669	1.0
	Occupational adjustment	143.552	1	143.552	29.394	0.001	0.503	0.995

Table 16 shows the results of inter-subject effect tests for comparing the mean scores of social adjustment dimensions in the two control and experimental groups (treatment with Adler's view). According to Table 4.16, it is observed that the source of group changes, the F-test statistic for home adjustment, health adjustment, social adjustment, and occupational adjustment with the values of 25.842, 44.057, 54.538, and 394.539 showed the difference between post-test scores in two experimental groups (treatment with rational-emotional-behavioral perspective) and control group, and they were significant at $P<0.01$. Therefore, the null hypothesis was rejected and the research hypothesis regarding the effectiveness of Adlerian treatment perspective on enhancing social adjustment was accepted. It is also observed that the effect size of treatment with rational-emotional-behavioral perspective on increasing social adjustment for the four mentioned dimensions of social adjustment was 0.48, 0.62, 0.66, and 0.50, respectively.

DISCUSSION AND CONCLUSION

The results of univariate analysis of co-variance showed that Adlerian counseling was effective on mental health. The results of this hypothesis were consistent with the results of the research conducted by Ebrahimpour (2018), Chandar and Joshi (2013) [19], Yi, Sue and Susan (2015) [20], Chips (2015),

Bradley (2003) ^[21], Lizabeth, Lint and Sink (2011) ^[22]. In explaining these findings, it can be said that the Adlerian model, which has a developmental and preventive orientation, pays particular attention to the cognitive aspects of personality. Interventions based on Adlerian theory help individuals to adapt to critical periods of growth, life crises, and changes in their lives. Adlerian approach is developing a way to challenge clients to inform them of the ways to actively participate in situations where they have difficulty in understanding. According to Adler, the human lives with goals and his actions stem from goals with social nature. Adlerian counseling method helps group members to raise their awareness and insight into life's goals and objectives. (Korey, 2016, Rosalyn, 2013 quoting Amani, Sohrabi, Bagheri, Ghaffar Nasiri Hanis, 2017) ^[23]. In Adler's view, the meaning of life is equal to the cognition of life, and the way of living means to guide all human behavior and experiences. Adlerian method is aimed at understanding the group members' lifestyles and the impact of their understanding on the current functioning. (Fada'i, 2016, Rosaline, 2013, quoting Amani, Sohrabi, Bagheri, Ghaffar Nasiri Hanis, 2017) ^[23]. Therefore, it can be said that Adler's counseling affects the mental health.

Also, the results of co-variance analysis showed that Adlerian group counseling is effective on social adjustment. The results of this hypothesis were in line with the results of researches carried out by Hosseinian Qasemzadeh Alavi and Hashemi Bakhshi (2014), Gol Mohammadnejad Bahrami and Rahimi (2016) ^[24], Fereydooni, Kohikar Famidi and Forouzandeh (2017) ^[25], Barimani Asadi and Khajvand (2018) ^[26], Ibrahim Pour (2018) ^[15], Dartaj Masaebi and Asadzadeh (2009) ^[27], Moradpour Miri Ali Abadi and Pour Sadegh (2013) ^[18], Shahi and Oujinejad (2014) ^[28], Ahmadi (2014) ^[29], Azin and Mousavi (2009) ^[30], Mazaheri, Baghban and Fatehizadeh (2006) ^[31], Pele Rune and Spinella, Sidotti and Mikic (2015) ^[32], Gill (2014) ^[33], Sinha (2014) ^[34], Chinaa (2015) ^[35].

In explaining these findings, it can be said that social adjustment involves the adaptation of the individual to his or her social environment, which may be achieved by changing oneself or the environment. In general, adjustment is defined as the ability to intercommunicate, adapt, compromise, collaborate and deal with themselves, the environment and others. On the other hand, adjustment refers to all the strategies that a person uses to manage him/her-self in stressful situations. The characteristics of the person and the sensitivity of the situations that he/she faces are among the factors that influence social adjustment. Social adjustment is closely related to emotional intelligence and motivational strategies. Adlerian treatment can reinforce a person's social interest and change his or her lifestyle, which enhances one's social adjustment. Adler has greatly contributed to the application of therapy in today's world; facing the fact that in recent years, interventions have shifted from morbidity point of view, to empowerment point of view, Adler's perspective is more preventative. In Adler's view, mental

problems are the result of an overwhelming sense of inferiority that is diminished by a self-defense approach to a life of minor social interest. Adler's treatment focuses on helping individuals create a lifestyle characterized by more productive compensation tools for a sense of inferiority and greater social interest. Adler's approach with its preventive aspect reinforces people's adjustment. Therefore, it can be concluded that Adler's counseling is effective on social adjustment.

Limitations of the study

1. Since the questionnaire's measurement tool was self-reporting, the obtained information and person's insights and feelings are more intangible.
2. Because the present study was conducted on parents in Kermanshah, its generalization to the parents in other cities should be considered cautiously.
3. Due to the limitations on the place and time of the courses, the follow-up period was not possible.
4. Because of the use of questionnaire tools, social orientation of individuals will be possible.

Suggestions for further studies

1. It is suggested that during the school year, the Parent-Teacher Association use consultants to promote mental health by conducting numerous workshops.
2. It is recommended that parents' mental health be assessed by school counselors during special sessions and that special sessions be held thereafter.
3. It is suggested that monthly courses be conducted through the cultural centers of different neighborhoods in collaboration with the Welfare Organization, using the Adlerian approach to increase the level of mental health of those who concerned.
4. It is recommended that in collaboration with Kermanshah Medical Sciences and Welfare Organization, monthly courses be held in different neighborhood mosques for those who are interested in enhancing life skills and personal skills to increase social adjustment.

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