

**THE EFFECTIVENESS OF FIVE FACTOR POSITIVE THINKING SKILLS TRAINING ON THE ATTRIBUTIONAL STYLE IN PRIMARY SCHOOL MALE STUDENTS**

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**ABSTRACT**

This study aims to determine the effectiveness of five factor positive thinking skills training on the attributional style among the primary school male students of Isfahan, Iran. This was a quasi-treatment study. The statistical population involved all 9-11 years old male students of the primary schools of Isfahan in educational year of 2013-2014, of whom 42 were selected using the available sampling method and were randomly divided into the treatment and control groups (each of 21). Research tools included the Revised Children's Attributional Style Questionnaire of Thompson et al (1998) and educational books including *Me and My Thoughts* by Ghanavati (2014). Participants in each group completed the Revised Children's Attributional Style Questionnaire before and after the intervention. The results of ANCOVA analysis indicated that five factor positive thinking skills training had not a significant effect on a pessimistic attribution style in terms of inclusive scale ( $P < 0.01$ ). Five factor positive thinking skills training had a significant effect on the pessimistic attributional style in terms of personalization and permanence scales ( $P > 0.01$ ). Five factor positive thinking skills training had a significant effect on the optimistic attributional style in terms of personalization scale ( $P < 0.05$ ). In general, difference between the scores of pre-test and post-test showed that five factor positive thinking skills training was effective on reducing the pessimistic attributional style.

**KEYWORDS:** Positive Thinking Skills, Attributional Style, Primary School Male Students

**INTRODUCTION**

Childhood is one of the critical life periods. In developmental psychology, childhood is divided into two parts: 1) early childhood or preschool years (age group of 3-5), and the middle childhood or primary school years (age group of 6-11) (Chamzadeh, 2014). Children are permanently grow and behave in a special manner or style based on the trainings they receive in their childhood. This behavioral style may lead to a constant pattern for them so that it determines the way they communicate or interact with others (Ghasemzadeh, 2012). Children may be faced with the problems in their daily life. If these kind of problems are not resolved, they may have adverse consequences in the future. Children's emotions and behaviors are more flexible and any kind of preventive and therapeutic measures brings about a healthy balanced personality for them in future (Shafiabadi, 2000).

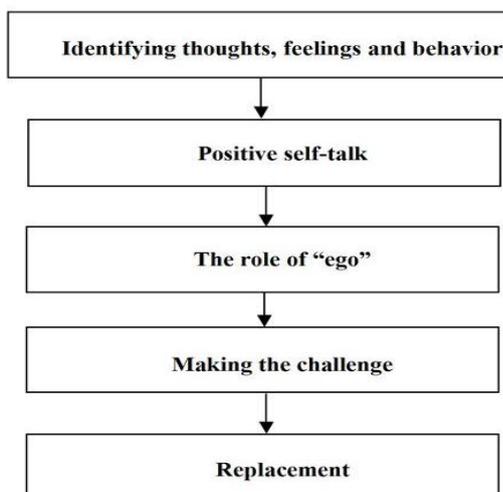
As children become familiar with the constructive skills and learn how to use it, they can effectively think and decide as the adolescents or adults in the different life situations. This helps them to be aware of their effective role to control their thoughts, manage the situations or circumstances. In this way, they may be relaxed and self-esteemed and improve their performances, so that if they are faced with the failure, they behave logically and effectively and solve the problem. Different schools of psychology have greatly emphasized on the importance of personality shaping in the childhood (Chamzadeh, 2014). Seligman (2012) sates that people can improve the skills of optimism and hopefulness to prevent the depression in their childhood that is genetically characterized by high risk. Previous studies showed that using the five factor positive thinking skills training, students' of creativity may be improved (Dastghib *et al.*, 2010). Primary school period plays an important role in children learning, since it is the basic stage for the learning and training. Thus, using the efficient methods of training helps the children to develop their capabilities during the whole life (Chamzadeh, 2014). The effectiveness of the five factor positive thinking skills training on achievement motivation, self-esteem, and happiness of the male students has been confirmed and the results have shown the training usefulness (Barkhori *et al.*, 2009). Individual attributional style is formed. If it is not affected by the external factors, it will be unchangeable for a lifetime. Children use three scales of stability, universality, and internality in order to explain the causes of the problems they encounter with (Seligman, 2012). In fact, the skill training is a kind of guidance for the children. The first childhood experiences, feelings, and thoughts can be the basis of the future actions and decisions. Children welfare is one of the main challenges in the world. If children receive the correct training, they can mentally help themselves (Chamzadeh, 2014). Based on the above-mentioned studies, a number of factors are effective

on the optimistic attributional style. However, the formation of positive attributional style in children and childhood positivism is of great importance. Therefore, a large number of the skill training methods have proposed for the children. In this study, the educational book of five factor positive thinking skills has been used. This book includes five categories. The effects of five factor positive thinking skills training on the optimistic attributional style (attributing the bad events to the external, unsustainable and specific causes) and reducing the pessimistic attributional style (attributing bad events to the internal, sustained and general causes) in children, and the relationship between five factor positive thinking skills and attributional style are considered with regard to the research variables.

**MATERIALS AND METHODS**

This is a quasi-treatment research with a pretest - posttest with peer groups (in terms of age and gender) in the two treatment and control groups. The statistical population includes all the male students of 9 - 11 years old of the primary school of Isfahan, Iran in educational year of 2013-2014, of whom 42 were selected using the available sampling method and were randomly divided into two control and treatment groups (each of 21). The sample size of 21 with regard to the minimum sample size of 15 and possible sample loss were considered for this kind of the study. Since the age variable was 9-11, the selection was homogenous. Five factor positive thinking training in 12 sessions of 90 min was considered as the indecent variable and the dependent variable was considered as the optimistic and pessimistic attributional style. Only 9-11 male students (for controlling the sex factor) could be considered in the test with the consent of the parents and students to participate in the research. Initially, using questionnaire, the attributional styles were explained for all 42 samples. All the students of both treatment and control groups simultaneously and separately responded the questions at the presence of the researcher after training the five factor positive thinking skills to the treatment group.

Attributional style questionnaires were again administered to both the treatment and control groups. Five factor Positive thinking skills for children in this study that were considered as the independent variable, were based on the some cognitive and behavioral skills derived from the Chamzadeh's *Me and my thoughts* (five factor Positive thinking skills training for the children) (Chamzadeh, 2014). These skills were trained in 12 sessions of 90 min, two days per week (for six weeks) by the researcher. The content of the sessions of five factor positive thinking skills for the children included: identifying the feelings, thoughts and behavior, their difference and importance; focusing on the positive self-talk, emphasizing on the role of "ego"; and replacing the educational and group activities. Five factors positive thinking skills model for children, firstly designed by Ghanavati is shown in figure (1-2).



**Fig1. Five factor Positive thinking skills model for the children (Chamzadeh, 2014)**

Research instruments of this study included: *Me and My Thoughts*, a book written by Ghanavati (2014) (five factor positive thinking skills training for the children), the Children's Attributional Style Questionnaire-Revised (Thompson

*et al.*, 1998) with 24 items in three subscales of inclusiveness, stability and internalization for positive events (12 items) and a negative events (12 items). This questionnaire has a desirable reliability and validity and the revised version of the questionnaire with regard to the total score Cronbach's alpha of 0.61, had a good internal stability (internal consistency). Cronbach's alpha for combined positive score fluctuated between 0.53-0.60, and for combined negative score fluctuated between 0.45-0.46. The results of the total combined score were obtained from the retest (0.53) over a period of six months (Thompson *et al.*, 1998). This questionnaire has a desirable concurrent validity and there was a significant correlation for the combined total scores of the positive and negative events together as predicted with the scores of the Vanderbilt depression inventory (Thompson *et al.*, 1998).

## RESULTS AND DISCUSSION

### Results

The results indicate that observed frequencies were the same in terms of the age groups distribution of the treatment and control groups (Table 1).

**Table 1: Frequency distribution of the research sample in terms of age groups**

Row	Age group	Experiment group		control group	
		percentage	F	percentage	F
1	9	6.28	6	6.28	6
2	10	3.33	7	3.33	7
3	11	1.38	8	1.38	8
4	Total	100	21	100	21

The results of the presuppositions of covariance analysis based on the fact that a five factor positive thinking skills training has a significant effect on the optimistic attributional style (inclusiveness, consistency and personalization) show that the variable of the optimistic attributional style is not normally distributed. However, there is an equal error variance between the treatment and control groups ( $P > 0.05$ ). As shown in table 2, there is a significant difference between the two research groups in terms of the optimistic attributional style ( $P < 0.01$ ). ETA share square is equal to 0.81 that shows that there is 81% of the difference between treatment and control groups in terms of the optimistic attributional style of the five factor positive thinking skills training. Based on the results shown in table 2, five factor positive thinking skills training have a significant effect on the attributional optimistic style (inclusiveness, consistency, and personalization).

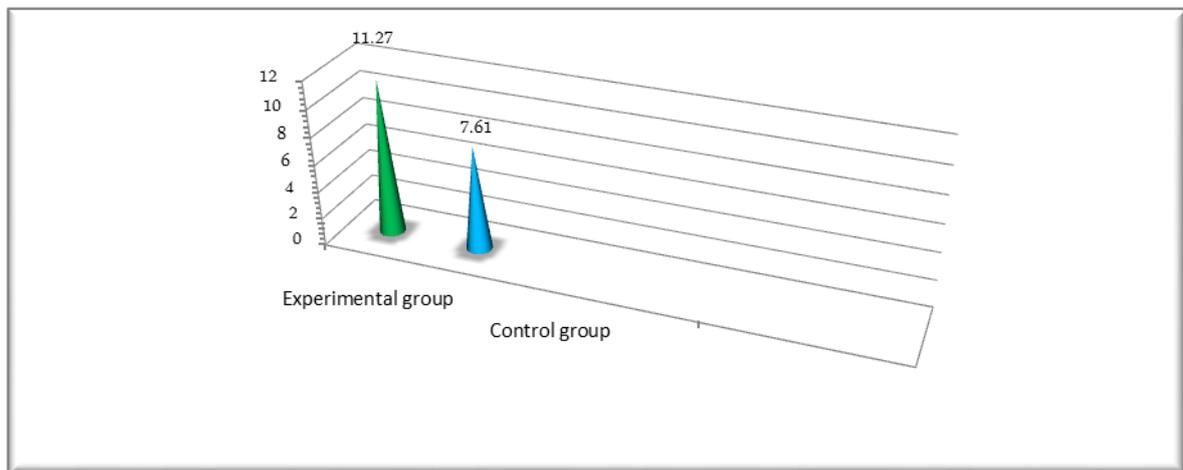
**Table 2: Results of covariance analysis on optimistic attributional style in pre-test and post-test in the control group**

Variable	Sum of square	DOF	F	Mean square	Significant	Eta squared share	Power of Test
Optimistic attributional style	107.82	1	154.74	107.82	0.001	0.81	1

Moderated mean of the optimistic attributional style in posttest in the control group is equal to 7.61 and in the treatment group is equal to 11.27. Moderated mean diagram of the optimistic attributional style in the post-test in the control and treatment groups is shown in figure 1.

Variable mean of the inclusiveness scale in the optimistic attributional style in the control group of the pre-test and post-test is respectively equal to 1.67 and 1.71, and in the treatment group is respectively equal to 2.67 and 3.7. Covariance analysis showed there is 44% difference between the control and treatment groups in terms of the inclusiveness scale of the optimistic attributional style of the positive thinking skills training ( $P < 0.01$ ). The moderated

mean of the inclusiveness scale of the optimistic attributional style in posttest of the control group is equal to 2.01, and in the treatment group is equal to 3.27 that indicates the effect of the five factor positive thinking skills training on the inclusiveness scale of the optimistic attributional style. In the consistency scale of the optimistic attributional style, the mean of the control group in pre-test and post-test was respectively equal to 3.09 and 3.02 and in the treatment group was respectively equal to 2.95 and 3.9.



**Fig 2: diagram of the moderated mean of the research groups in terms of the optimistic attributional style**

The results of covariance analysis of the consistency scale of the optimistic attributional style in the pre-test and post-test of the research groups showed a significant difference ( $P < 0.05$ ). This shows that there is 40% of the difference between the treatment and control groups in the consistency scale of the optimistic attributional style of the five factor positive thinking skills training. Moderated mean of the consistency scale of the optimistic attributional style in posttest of the control group was equal to 2.99 and in the treatment group was equal to 3.93 that shows the effective five factor positive thinking skills training on consistency scale of the optimistic attributional style. Furthermore, the results of the variance analysis showed that there is a significant difference between two research groups in terms of the personalization scale of the optimistic attributional style ( $P < 0.05$ ). There is 69% of the difference between the treatment and control groups in terms of the personalization scale of the optimistic attributional style in five factor positive thinking skills training. The moderated mean of the personalization scale of the optimistic attributional style in posttest of the control group was equal to 2.6 and in the treatment group was equal to 4.06. The effect of five factor five factor positive thinking skills training on the pessimistic attributional style (inclusiveness, consistency and personalization) showed that the mean pessimistic attributional style in the control group in pre-test and post-test group is respectively equal to 3.14 and 3.36 and in the treatment group is respectively equal to 2.67 and 0.71. Table 3 shows the mean and standard deviation of the pre-test and post-test of the pessimistic attributional style in the control and treatment groups.

**Table 3: The mean and standard deviation of the pessimistic attributional style in the control groups in the pre-test and post-test**

Variable	Group	pre-test		post-test	
		M	SD	M	SD
Pessimistic attributional style	Control group	3.14	1.39	3.36	<b>1.27</b>
	Treatment group	2.67	16.8	0.71	<b>0.92</b>

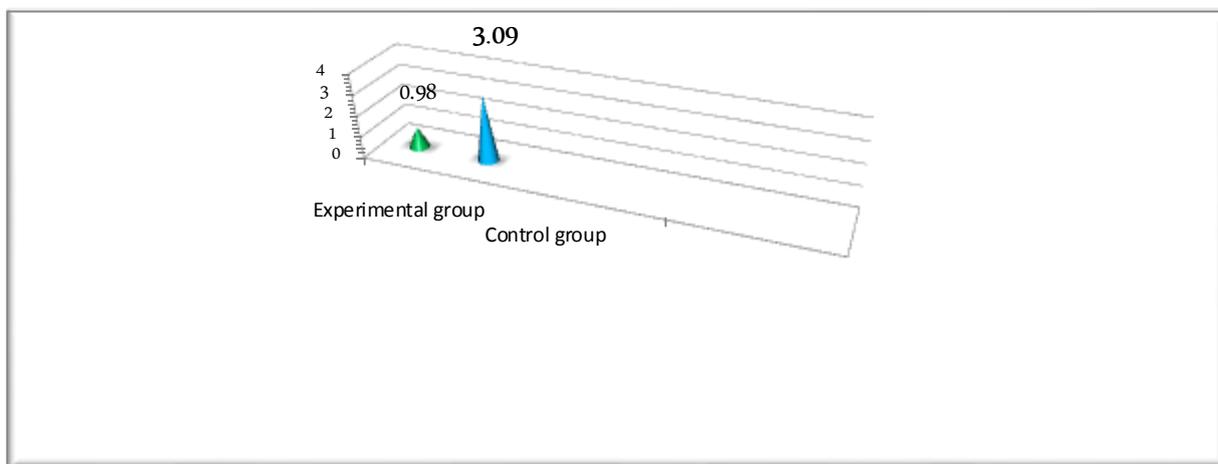
As shown in table 4, there is a significant difference between the two research groups based on the results of covariance analysis on the pessimistic attributional style in pre-test post-test ( $P < 0.01$ ) and shows that 51% of the difference between the treatment and control groups in the pessimistic attributional style is related to five factor positive thinking skills

training. The results of covariance analysis of the pessimistic attributional style in post-test after controlling the pre-test are shown in table 4.

**Table 4: The results of analysis of covariance on the pessimistic attributional style in the pre-test and post-test of the control group**

Variable	Sum of square	DOF	F	Mean square	Significant	Eta squared share	Power of Test
Optimistic attributional style	26.99	1	38.57	26.99	0.001	0.51	1

Moderated mean of the pessimistic attributional style in posttest of the control group is equal to 3.09 and in the treatment group was equal to 0.98. This confirms that five factor positive thinking skills training have a positive effect on the pessimistic attributional style. Moderated mean diagram of the pessimistic attributional style is presented for the post-test for control and treatment groups in figure 2.



**Fig 3: moderated mean diagram of the research groups in pessimistic attributional style**

Results show that there is not a significant difference in terms of the inclusiveness scale of the pessimistic attributional style between the two research groups ( $P > 0.01$ ). The mean of the inclusiveness scale of the pessimistic attributional style in pre-test and post-test of the control group is respectively equal to 0.57 and 0.59 and in the treatment group is respectively equal to 0.33 and 0.14. It shows that five factor positive thinking skills training has not effect on the inclusiveness scale of the pessimistic attributional style. The variable of the consistency scale of the pessimistic attributional style in the control group in the pre-test and post-test is respectively equal to 1.33 and 1.47, and in the treatment group is respectively equal to 0.52 and 0.19.

Covariance analysis showed a significant difference between the two research groups ( $P < 0.01$ ) and showed the effect of five factor positive thinking skills training on inclusiveness scale of the pessimistic attributional style. Moreover, the moderated mean of the consistency scale of the pessimistic attributional style in post-test in the control group is equal to 1.18 and in the treatment group is equal to 0.49. The mean of the personalization scale of the pessimistic attributional style in the pre-test, post-test of the control group is respectively equal to 1.24 and 1.28, and in the treatment group is respectively equal to 1.81 and 0.38. The results of the covariance analysis of the personalization scale of the pessimistic attributional style in the pre-test and post-test of the control group showed a significant difference between the two research groups ( $P < 0.05$ ). The moderated mean of the personalization scale of the pessimistic attributional style in posttest of the control group is equal to 1.41 and in the treatment group is equal to 0.25. The significant effect of the

five factor positive thinking skills training on the personalization scale of the pessimistic attributional style was confirmed.

## DISCUSSION

Recently, optimism in social relationships has been considered in the academic studies (Carver & Scheier, 2014). According to Snyder and Lopez (2002), Seligman and Mihalyi (2000), positive perspective psychology is a new field of psychology that mainly focus on improving the abilities and individual merits. Results showed that there is a significant difference in terms of the inclusiveness scale of the optimistic attributional style between the two research groups ( $P < 0.01$ ). Therefore, there were significant effects of the five factor positive thinking skills training on inclusiveness scale of the optimistic attributional style. Consistency scale of the optimistic attributional style related the positive events to the general conditions. Five factor positive thinking skills training help the children to consider the causes of the positive events in other general and inclusive situations. findings of this study are consistent with those of Akbari *et al.*, (2010) who showed cognitive rebuilding training and internality scales improves the consistency and inclusiveness scales of the optimistic attributional style, because the five factor positive thinking skills training is a cognitive training.

Moreover, the research findings are consistent with those of Jacqueline *et al.*, (2014), Zhang *et al.*, (2013), Seligman *et al.*, (1984) and Rooney *et al.*, (2013). However, there was not significant differences in the inclusiveness scale of the pessimistic attributional style between the two research groups ( $P > 0.01$ ).

There was a significant difference in the consistency scale of optimistic attributional style between the two research groups ( $P < 0.05$ ). There was a significant difference between the two research groups in consistency scale of the pessimistic attributional style ( $P < 0.01$ ). Five factor positive thinking skills training is effective on the consistency scale of the optimistic attributional style. The research findings are consistent with the those of Akbari *et al.*, (2010), Jacqueline *et al.*, (2014), Rooney *et al.*, (2013), Seligman *et al.*, (1984), Barkhori *et al.*, (2010), Mohammadi and Baneadam (2013). In explaining of the research findings, it may be said that in the consistency scale, attribution of the events to the expressions of *sometimes* or *always* in the optimistic attributional style occurs when people think that the cause of the good events is permanent. Five factor positive thinking skill training helps people to develop the optimistic attributional style by improving their abilities. In terms of the personalization scale of the optimistic and pessimistic attributional styles, there was a significant difference between the two research groups ( $P < 0.05$ ).

Research findings show that the personalization scales of the optimistic attributional style consider the internal factors as the cause of the good events. According to the results of this study, skills training increase the personalization of the optimistic attributional style in the treatment group. The findings of this research are consistent with those of Jvanbkhsh and Sohrabi (2010), Akbari *et al.*, (2010), Ledrich and Gana (2013). According to the findings of the previous studies and this study, five factor positive thinking training causes the desired changes and effectiveness results for the people notably children. Therefore, it can be concluded that five factor positive thinking skills training causes the optimistic attributional style (attribution of the positive events to the internal, stable, and overall factors). In general, it can be concluded that five factor positive thinking skills training may change the pessimistic attributional style into the optimistic attributional style. This is of great importance in attributing the unpleasant events to the external, unstable, and specific factors. Generally speaking, five factor positive thinking skills training was effective on children's attributional style. According to Seligman (2012), children should learn how to explain and interpret the cause of the events because the attributional style is developed during the childhood and if it is not affected by the external factors, will be permanent for whole life. In addition, the importance of five factor positive thinking skills training is clear and it will be followed by further studies in future.

## REFERENCES

- Barkhori H., Refahi, Z. H. and Farahbakhsh K. (2009).** Effectiveness of group positive thinking skills on achievement motivation, self-esteem and happiness of Jiroft 1st grade high school students. *J Edu Man.* 2(5):131-144.
- Carver S. C. and Scheier M. (2014).** Dispositional optimism. *Tre in cog Sci.* 18(6):293-299.
- ChamzadehGhanavati M. (2014).** Educational books: me and my thoughts. Isfahan, Iran: Isfahan Books.
- Dastgheib M. H., Alizadeh H. and Farokhi N. (2010).** Thinking positive impact on the creative skills of first year high school female students in Tehran. *J. Inno. Creat. Human.* 1(4):17-1.
- Ghasemzadeh M. G. (2012).** Child Behavior Therapy. Tehran. Iran.

- Jacqueline D., Pillister M. P., Hassan S. h., Rosanna M., Rooney D., Kane R. and Roberts T. (2014).** The efficacy of the enhanced Aussie optimism positive thinking skills program in improving social and emotional learning in middle childhood. *J. Fron. Psyc Edu Psyc.* 5(909):3389.
- Johnson A. B. and Tsang C. D. (2010).** Chapter name in an edited book. In K. L. Lee (Ed.), *Understanding Student Engagement*. Hong Kong: Longman.
- Ledrich J. and Gana K. (2013).** Relationship between attributional style, perceived control, self-esteem, and depressive equation-modeling approach. *J. Psyc Psyclo The Res. Pra.* 86(4):413-430.
- Leung E. F. (2010).** *Online Learning*. Singapore: Pearson.
- Wong G. H. and Yuen I. J. (2011).** Open educational resources: Opportunities and threats. *J Firs Clas Onli Lea.* 18(2):128-138.
- Mikaeili N., Zare H. and Akbari A. (2010).** Study of the efficacy of cognitive restructuring teaching at students attribution style and academic performance. *Iran Reha J.* 8(12): 43-49.
- Mohammadi M. and Bani-Adam L. (2013).** Effectiveness of positive thinking skills training on student's happiness. *J. Euro. Psyc.* 28(1):1.
- Rooney R. M., Morrison D., Hassen S., Kane R., Roberts C. and Manicini V. (2013).** Prevention of internalizing disorders in 9-10 year old children: efficacy of the aussie optimism positive thinking skills program at 30-month follow-up. *Front [syc.* 10.3389/fpsyg. 2013.00988.
- Seligman M. E. P., Kaks L. and Gillham J. (2012).** Optimistic Child (the program has been proven to secure children against depression). *Translation: F. Davarpanah, Third Edition*. Tehran: Publication growth. (p. 371).
- Seligman M. E. P., Peterson C. H., Kaslow J., Alloy L. B. and Abramson L. Y. (1984).** Attributional style and depressive symptoms among children. *J. Abno. Psyc.* 93 (2):235-238.
- Shafiabadi A. (2008).** Child advice (concepts and applications). *Tehran University of humanities study.* (p. 127). Tehran: Iran.
- Sohrabi F. and Jvanbkhsh A. (2009).** Effectiveness of reinforce the positive thinking skills to students in Gorgan on the Locus of Control. *Scientific Journal Knowledge and Behavior Research. Clin. Psyc. Pers.* 16 (37):68-59.
- Snyder C. R. and Lopez S. J. (2002).** *Handbook of positive psychology. United states of America.* Oxford university press.
- Thompson M., Kaslow N. J., Weiss B. and Nolen-Hoeksema S. (1998).** Children's Attributional style questionnaire revised. *Psyc Exam-Psyc. Asse.* 10 (1):166-170.
- Zhang J., Miao D., Sun Y., Xiao R., Ren L., Xiao W. and Peng P. (2013).** The impacts of attributional styles and dispositional optimism on subject well-being: A structural equation modeling analysis. *J. Soc. Indic. Res.* 10. 1007/5 11205-013-0520-7.