

How Strength-based Counseling effects on Self-Compassion and Future Time Perspective in adolescents?

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Abstract

Introduction: Self-compassion helps adolescents to accept themselves unconditionally and Future Time Perspective (FTP) can make them motivated to do their meaningful tasks in the future.

Method: Method was semi experimental method (pre-test –post-test research) with control group. The statistical population of the study consisted of 6,232 male students (14-16 years of age) at the 13th district of Tehran (Iran), the sample size was 30 people who were selected by available sampling method and randomly assigned to experimental and control groups. Two questionnaires include self-compassion of Neff (2003) and FTP of Brothers, Chui& Diehl (2014) these will be administered three times, a pre-test, a post-test and a follow-up test. Group counseling held in twelve sessions for experimental group for three months, the collected data from pretest, posttest and follow up were analyzed by SPSS software with the help of factorial mixed design with repeated measure.

Result: The results show the effectiveness of strength-based group counseling on self-compassion (self-kindness, common humanity, mindfulness and over-identification) and FTP (opportunities, limitations and ambiguities) after three months of group counseling.

Conclusion: Finding signature strengths (five highest strengths) through analyzing life's experiences helps students to be aware of what they can do well, to learn how they can make decisions about their future, based on character strengths and to accept their limitations without self-censure.

Keywords: future time perspective, self- compassion, strength-based group counseling.

1. Introduction

Although identity formation is a continuous process throughout life, the identification issue is a crisis during adolescence when many internal changes occur in adolescents and numerous future commitments and obligations are presented to them [1].

Cognitive, social, and emotional developments can increasingly make adolescents encounter complications and make

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them particularly aware of the potential sources of success and obstacles in their lives [2] and this negative self-assessment, as the main cause of self-criticism can harshly impair the well-being of adolescents [3] [4] and may affect their attitude towards their future through the development of depression.

As Neff and McGehee (2010) suggest, it is required to seek a concept like self-compassion at this time this can be an effective intervention to reduce the amount of negative self-assessment in adolescents [5]. In fact, self-compassion is a phenomenon through which one will have a compassionate behavior with him/herself in difficult conditions rather than harsh self-criticism.

Neff (2003 a, 2003 b) defined self-compassion as a three-component structure. Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification [6] [7].

Identification, physical changes, and even the psychological pressures of modern life are among the causes of increased stress during adolescence. Based on recent studies, self-compassion can help adolescents succeed in controlling stress [8]. Research evidence also suggests that self-compassion leads to an increase in the range of positive outcomes, including happiness, optimism, emotional intelligence, wisdom, and adaptive coping [9] [10].

Two influential factors in the quality of life during adolescence are goals and perspectives. The FTP (future time perspective) is a component of personal life that lays emphasizes how people regard their futures compared to their present or past state and how they perceive the future as opportunities, limitations or ambiguities [11].

FTP is negatively related to risky behavior during adolescence [12], such as driving hazardously, negligence, and risky sexual behaviors [13] [14], substance and alcohol abuse [15], anxiety and depression [16] and is also positively related to healthy behavior [17], happiness and subjective well-being [18], professional maturity [19], decision-making [11], academic achievement [20].

Recently, the application of positive psychology has increased in schools and environments with young people [3]. Seligman (2002) suggests that authentic happiness has derived from the identification of the most substantial strengths and the application of them in areas such as workplace, love, recreation, and parenting [21]. He offered a comprehensive classification of six universal virtues (positive moral values) including wisdom, humanity, courage, justice, temperance, and transcendence of each which is composed of 24-character strengths. Strength-based counseling helps students to identify their signature strengths (five highest strengths) and use them in different arenas to solve problems and achieve their goals. This therapeutic model is based on the principles of psychology, counseling, prevention, positive psychology, positive development of youth, social work, problem-solving, and narrative therapy [22].

The following items will promote compassion in the students with a limited self-knowledge or permanent negative critique about themselves: identification and kind acceptance of their own strengths and weaknesses, and truly believing that they can't be strong in every aspect just the same as every other normal human being. Proctor, Maltby and Linley (2009) showed that the students who used their strengths greater enjoy a higher level of subjective well-being (such as happiness and flourishing)[23].

Studies have shown that strength-based counseling approach can be effective in creation and maintenance of hope and growth of well-being in people [24]. This approach places its focus on present time and orientation towards future without remembering and repeating the frustrating experiences that students have experienced in their lives; therefore, such a focus leads to the achievement of successful and unique results.

Marrero, Carballeira, Martín, Mejías, Hernández (2016) showed that the effectiveness of the combined intervention of positive psychology and cognitive-behavioral therapy leads to a significant progress in happiness, self-acceptance, positive relationship with others, optimism, self-esteem, and awareness of the limitations and positive self-attitude [25].

Neff & Dahm (2015) have indicated that positive emotions are created in people by self-compassion via the acceptance and embracement of negative emotions [26]. Moreover, self-compassion is related to positive psychological strengths, such as emotional intelligence, wisdom, life satisfaction, and the sense of social connection [27].

A research entitled "Therapists Use of Clients' Strengths" carried out by Scheel, Davis and Henderson (2012) showed that therapists used clients' strength to expand their perspective and create hope and motivation, create positive meanings through reframing and metaphor, identify strengths through the interpersonal therapeutic processes, improve strengths in them via encouragement, and find positive exceptions [28].

The motivation of the present research was attempted to use a relatively new vision of strength-based group counseling for the first time in Iran to investigate its effectiveness in the promotion of self-compassion and FTP in students.

According to what has been discussed so far, this study seeks to respond to the following research question: Does strength-based counseling significantly affect self-compassion and FTP in students?

2. Method

A semi-experimental research design along with pre-test and post-testing plus a control group was utilized for this study. The statistical population of the study consisted of 6,232 male students (14-16 year of age) at the 13th district of Tehran, one high school was randomly selected. The sample size included 30 students that were selected among 96 students who had gained the lowest score in the main questionnaires through purposive sampling and were randomly assigned to experimental and control groups (15 students in each group).

The process and goals were explained to the students and their parents and both of groups completed informed consent letters. In addition to students' scores on the questionnaires, the exclusion criteria included parental divorce and serious mental disorders. Neff's Self-Compassion Scale (2003) and FTP Questionnaire (Brothers, Chui, Diehl, 2014) were completed by both groups before, after and a 3 month follow up questionnaire was also administered. The experimental group received strength-based counseling for twelve 120-minute sessions, which included one after school session per week. At the end of the study, the obtained data were statistically analyzed using descriptive statistics including mean and standard deviation and inferential statistics including analysis of repeated measure for the evaluation of the research hypotheses using SPSS version 23.

3. Data Collection Tools:

Self-Compassion Scale (SCS): Self-Compassion Scale (Neff, 2003) contains 26 items that are scored based on a five-point Likert scale from 1 (almost never) to 5 (almost always). This scale measures the reaction of people to feelings of inadequacy and failures with self-kindness and includes six sub-scales, namely self-kindness (items-5,12,19,23,29), self-open-mindedness (items-1,8,11,16,21), mindfulness (items-9,14,17,22), over-identification (items-2,6,20,24), common humanity (items-3,7,10,15), and isolation (items-4,13,18,25). The study of convergent validity, discriminant validity, internal consistency, and test-retest reliability of this scale has indicated the appropriateness of the scale (Neff, 2003 a). The scoring self-open-mindedness, over-identification and isolation is reversed, and the total score is between 26 to 156. This scale was translated and re-translated from English to Persian and the internal consistency is also evaluated properly in Iranian studies and the Cronbach's alpha of the scale was obtained equal to 0.84 [29]. In this research, the Cronbach's alpha coefficient of 0.74 was obtained for this scale.

FTP Questionnaire: In this study, Brothers, Chiu and Diehl's FTP Questionnaire (2014) was used. The questionnaire contains 12 items and 3 subscales, namely future opportunities, future limitations and future ambiguities, which are scored based on a Likert scale.

FTP Questionnaire was normalized by Jafari and Esmaili (2016). After translation and re-translation from English to Persian and vice versa, seven psychologists confirmed its contents validity. In the next step, it was piloted to a 48-subject sample and Cronbach's alpha coefficients for evaluating the reliability of the questionnaire for each of the components were obtained as follows: future opportunities (0.80), future limitations (0.77), and future ambiguities (0.82). Moreover, the investigation of the correlation matrix of each question with the relevant component indicates that the correlations between all questions and the questionnaire components are higher than 0.7 [30] (Mirshafiee, 2017). The alpha coefficients in this study were obtained as follows: future opportunities (0.78), future limitations (0.77), and future ambiguities (0.79).

4. Strength-Based Counseling Protocol

The educational intervention of sessions has been arranged based on the integration of Smith's strength-based counseling (2006).

Session 1: The purpose was getting to know each other. The session's activities were focused on strengthening the relationship between the counselor and the members of the group. The purpose, activities and rules of the group

therapy were explained, and supplementary assignments were given to the students.

Attention: At the end of all sessions, the completion assignments were given to the students and the assignments were reviewed at the beginning of the next meeting.

Session 2: The purpose was to create a therapeutic alliance. The counselor helped students to identify their strengths according to their experiences to deal with difficulties and enhanced their sense of hope and validation.

Session 3: The purpose was identifying strengths. The counselor instructed the students to narrate their life stories from the prospect of strengths, and search for self-control exceptions.

Session 4: The purpose was assessing current problems. Students were trained to find situations and behaviors that could increase their problems using problem-solving questions and understand the consequences of their problems.

Session 5: The goal was to encourage and inject hope. The counselor encouraged students to bring hope to their lives. This was done by asking the students to reflect on a time when their life felt hopeful.

Session 6: The goal was to frame solutions. The counselor actively sought out the exceptions that occurred within the problem and sought to help students find practical solutions to the current or main issues of the time.

Session 7: The goal was to build strengths and competencies. During the process of building competencies, the counselor helped students to understand that they have the power to make a difference in their lives.

Session 8: The goal was to empower students. The counselor helped them activate their own social resources.

Session 9: The goal was to make a change. The counselor taught students that change is a process, not a separate event. Students' strengths were considered as the basis for making the desired changes, and during the session, the counselor spoke with the students through change-based language.

Session 10: The goal was to create flexibility. The counselor actively sought to help students create flexibility that would strengthen them against returning to the previous problems or separate them from similar problems.

Session 11: Evaluation and termination. During this phase, both the counselor and students determined whether the students had succeeded in achieving their goals, changes could be attributed to interventions and self-pride.

Session 12: Post-testing was held, and the program was evaluated, and participant thanked for their participation and discipline. To observe ethical considerations in the present research, the purpose of the research was explained, and they were assured that the information would remain completely confidential and written consent was obtained from them. To analyze the data factorial mixed design with repeated measurements was used.

5. Results

To analyze the statistical data, repeated measures analysis of variance was used. Kolmogorov-Smirnov, Box's M and Mauchly's sphericity tests have been used to check the pre-assumptions of repeated measure analysis of variance. The results of the Kolmogorov-Smirnov test show that all z values obtained for the distribution of variables in all variables don't have significant differences at the level of $P \leq 0.05$ for separated tests. Therefore, the distribution of variables is normal. The first hypothesis: strength-based group counseling is effective on the FTP in male students. The value of the Box's M index in the assess of the covariance matrix in the experimental and control groups for the components of the future ambiguities, future opportunities and future limitations are 13.88, 8.14 and 12.71, which are not significant at the level of $P \leq 0.05$. So, the covariance matrix of the two groups is homogeneous. The Chi-square value obtained in the Mauchly's Sphericity test of future ambiguities is significant. Therefore, the variance of differences of all variance-covariance matrix combinations of this scale in the studied groups is not the same. So, the Geisser & Huynh-Feldt correction can be used. In this study, the Huynh-Feldt correction has been used. But in the components of future opportunities and future limitations, the obtained value is not significant at the level of $P \leq 0.05$. Therefore, the Sphericity assumed test can be used.

Investigation of the F values between the groups and the tests shows that the values obtained in future ambiguities and future limitations are not significant at the level of $P \leq 0.05$. Therefore, in these two components, the differences between two experimental and control groups are not significant.

In the components of the future opportunities the F value obtained for the difference in meanings in the various tests, as well as in the experimental and control groups at the level of $P \leq 0.01$ is significant.

In this component, the mean for the experimental group in the pre-test is 16. Increasing the score in the post-test of the experimental group is 1.07, and in the control group, there was a 0.55 decrease score. The two-to-two comparisons of

Table 1: Repeated measure analysis of variance Investigating the effect of strength-based group counseling on the FTP

Source changes	Statistical features	Sum of Squares	df	Mean Squares	F	Sig.	Effect size
future ambiguities	Test	80.22	1.39	57.7	1.36	0.43	–
	Training	75.04	1	75.04	0.36	0.58	–
	Test * Training	67.76	1.39	48.74	1.03	0.34	–
future opportunities	Test	2637.15	2	1318.57	7.34	0.003	0.34
	Training	2134.48	1	2134.48	13.90	0.002	0.49
	Test * Training	1154.70	2	577.35	3.21	0.05	0.20
future limitations	Test	19.46	2	9.73	1.06	0.34	–
	Training	34.25	1	34.25	1.13	0.24	–
	Test * Training	20.70	2	10.35	1.05	0.36	–

within-groups differences in this test indicates that the differences between the pre-test scores with both post-test and follow-up tests are significant at $P \leq 0.01$.

Also, the differences between post-test and follow-up test (at $P \leq 0.05$) are not significant. Considering the increase in the score in the post-test and the difference in the score of the follow-up and pre-test, it can be said that the effect of the trial has been maintained in the follow-up test in the experimental group.

Second hypothesis: strength-based group counseling is effective on self-compassion in male students.

The value of Box's M in the assess of the covariance matrix in the experimental and control groups was 5.09 in self-compassion variable, which is not significant at $P \leq 0.05$. Therefore, the covariance matrix of two groups is homogeneous. The Chi-square value obtained in the Mauchly's Sphericity test is significant at $P \leq 0.01$. Therefore, the variance of all variance-covariance matrix combinations in the studied groups are not the same. So, Huynh-Feldt correction has been used.

Table 2: Repeated measure analysis of variance Investigating the effect of strength-based group counseling on the self-compassion

Source changes	Statistical features	Sum of Squares	df	Mean Squares	F	Sig.	Effect size
	Test	8282.95	1.20	6902.47	178.26	0.0001	0.82
	Training	5450.40	1	5450.40	56.48	0.0001	0.81
	Test * Training	2866.39	1.20	2388.66	61.69	0.0001	0.81

The obtained F value for mean differences in various tests, as well as in the experimental and control groups, is significant at $P \leq 0.01$.

The mean for the experimental group in the pre-test is 85.25. Increasing the score in the post-test of the experimental group is 7.13, and in the control group, 1.74 increased scores. The two-to-two comparisons of within-groups differences in this test indicates that the difference between the pre-test scores with both post-test and follow-up tests is significant at $P \leq 0.01$. Also, the difference between post-test and follow-up test (at $P \leq 0.05$) is not significant. Considering the increase in the score in the post-test and the difference in the score of the follow-up test with the pre-test, we can say that in the self-compassion variable, the effect of the trail in the follow-up test is maintained in each experimental group.

Considering that self-compassion consists of six components, the effect of strength-based group counseling on each

component is investigated. The value of the Box's M in the examination of the covariance matrix of the experimental and control groups in all components of self-compassion is not significant at the level of $P \leq 0.05$. Therefore, the covariance matrix of the two groups is homogeneous. The Chi-square value obtained in the Mauchly's Sphericity test was significant in the components of mindfulness and over-identification at the level of $P \leq 0.05$. Therefore, in these components, the variance of all variance-covariance matrix combinations in the studied groups is not the same. So, the Geisser & Huynh-Feldt correction has been used. But in other components, the value of Chi-square is not significant, and Sphericity assumed test are used. In the components of self-judgment and isolation, the F value obtained for the

Table 3: Factor analysis of variance with repeated measurements
(the effect of strength-based group counseling on self-compassion components)

Source changes	Statistical features	Sum of Squares	df	Mean Squares	F	Sig.	Effect size
self-kindness	Test	283.63	2	141.81	3.34	0.01	0.75
	Training	130.27	1	130.27	3.21	0.04	0.71
	Test * Training	381.22	2	190.61	3.11	0.05	0.69
common humanity	Test	849.30	2	424.65	32.59	0.0001	0.71
	Training	2107.44	1	2107.44	74.53	0.0001	0.85
	Test * Training	960.96	2	480.48	36.88	0.0001	0.73
mindfulness	Test	1005.65	1.07	9325.65	155.71	0.0001	0.91
	Training	1133.41	1	1133.41	3.62	0.001	0.49
	Test * Training	1715.87	1.07	1592.09	26.58	0.0001	0.65
self judgment	Test	19.46	2	9.73	1.06	0.34	–
	Training	34.25	1	34.25	1.13	0.24	–
	Test * Training	20.70	2	10.35	1.05	0.36	–
Isolation	Test	47.48	2	23.74	1.25	0.33	–
	Training	36.93	1	36.93	1.75	0.25	–
	Test * Training	432.69	2	216.34	0.31	0.31	–
over identification	Test	8282.95	1.20	6902.47	178.26	0.0001	0.82
	Training	5450.40	1	5450.40	56.48	0.0001	0.81
	Test * Training	2866.39	1.20	2388.66	61.69	0.0001	0.81

difference in meanings in all tests, as well as in the experimental and control groups, is not significant at $P \leq 0.05$. Therefore, the strength-based group counseling did not have a significant effect on these components.

In the components of self-kindness, common humanity, mindfulness and over-identification, the value of F obtained for the difference in meanings in different tests, as well as in the two groups, is significant. The two-to-two comparisons between group differences in this test indicates that the difference between the pre-test scores with both post-test and follow-up tests is significant at $P \leq 0.01$. Also, the difference between post-test and follow-up test (at $P \leq 0.05$) is not significant. Considering the increase in the score in the post-test and the difference in the score of the follow-up test with the pre-test, we can say that in these components, the effect of the trail in the follow-up test is maintained in each experimental group.

6. Discussion

First hypothesis: Strength-based counseling is effective in students' FTP. The obtained F-value for future opportunities was positive while it was negative for future ambiguities and future limitations. This finding is consistent with those of the studies carried out by Chodkiewicz & Boyd (2016) [31], Zhou, Chan, Stewart, Leung, Wan & Lam, (2015)[32], Williams, (2013)[33], Scheel, Davis, & Henderson, (2012)[34].

Hope is the cornerstone of strength-based counseling. Hope protects people from psychological diseases [35]. People are ranked in different ranges of hope for themselves and their future. Strength-based counseling attempts to encourage clients to increase their hope [36] through identification and application of the strengths creating hope and motivation in the students [34]. Those with high rates of hope have set the goals and paths required for the maintenance of this hope [37], they will have a sense of satisfaction and motivation and will seek goals and opportunities to be able to practice in the future and do their developmental tasks [38]. Guvindji & Linely (2007) showed that the individuals who had used their strengths enjoyed higher levels of self-esteem, self-efficacy, subjective wellbeing, and happiness [39].

The results of this study showed that group strength-based counseling could not significantly decrease future ambiguities and future limitations factors in the post-test and follow-up testing. Since students in strength-based group counseling are taught to use their revealed strengths and decision-making processes in their lives, it seems that other intervening variables also play some roles. Among these variables, one can refer to the following: an invariable educational system that is inattentive to the uniqueness of students' strengths, parental important roles in decision-making, students' beliefs in the pursuit of societal rules and social requirements, high rate of unemployment, absence of a clear future perspective, unfamiliarity with different fields of studies and related job opportunities, maturity crisis and confusion due to a lack of identification in life goals, and a lack of hope because of their feelings about the insufficiency of strengths. Therefore, it seems that environmental factors may deter the growth and use of strengths. In such situations, Peterson and Seligman (2004) use the term strengths maker conditions, including educational and job opportunities, strong and supportive families, secure schools and neighborhoods, democracy, etc. and claims that it can lead to the reinforcement of strengths [1]. As strengths are shaped in the cultural and social background, if there are some obstacles, it can affect strength-based counseling outcomes.

Second hypothesis: Strength-based counseling is effective in self-compassion and the related variables in students.

The obtained results showed that strength-based counseling was effective in the improvement of self-compassion and its components, including self-kindness, common humanity, mindfulness, and over-identification in the students, which is consistent with those of the studies conducted by Finlay-Jones, Kane, & Rees, (2016)[8], Marrero, Carbalreira, Martín, Mejías & Hernández, (2016)[25], Blutha and Blanton, (2015) [39], Neff and Dahm, (2015)[26], Neff and McGehee, (2010) [5], and Duckworth et al. (2005)[40].

Positive psychology enables one to achieve their best possible situation and as a result increases self-worth and internal peace self-compassion and kindness for others. One goal identification is to overcome problems that could occur [40]. In the strength-based counseling process, students experience all the three components of self-compassion, including self-kindness, other-kindness and receiving other's kindness through the increase of positive emotional interactions between members while they identify their own and other's strengths in the group, provide feedback, and accept them [41]. Attention, empathy, and cooperation among group members in the identification of others' strengths leads to opportunities for giving and receiving kindness. One of the important factors in self-compassion is self-acceptance which means that one accepts his/her strengths and weaknesses [42].

Positive psychological interventions, such as strength-based group counseling leads to self-acceptance by using their strengths and accepting the limitations and constraints [25].

In the strength-based counseling, it is necessary for people to focus deeply on their thoughts, emotions, and experiences to be able to diagnose their real strengths and design their life style now and in the future based on these strengths. In this way, they can have a strong relationship with the environment and improve their mindfulness.

Regarding to the non-significance effect of strength-based counseling on self-judgment and isolation, the following reasons can be provided. Neff & McGehee (2010) confirmed the relationship between adolescents' self-compassion and egocentrism [5]. Blutha and Blanton (2015) believed that one of the reasons for self-criticism is the comparison of oneself with others at the same age, which often leads to a decrease in self-confidence and self-concept [39]. Therefore, it can be concluded that students, because of higher levels of self-criticism due to the egocentrism related to developmental period, are more confident in their critical judgments because of their comparisons with others. The result of such reaction would be isolation and distance from others.

On the other hand, the school studied in this research had high standards for registration, students are self-judged and self-criticized by their parents and teachers because of the competition for obtaining high grades and admissions at the university level could prevent a change in the isolation component of this research, even after three months from the

final strength-based group counseling. As individuals' unique strengths are emphasized in strength-based counseling, no direct intervention has been conducted to reduce isolation, including emotional intelligence.

Nevertheless, according to Neff (2003), the components in one continuum are not necessarily against each other and can also have independent grades; as individuals can experience high self-kindness with high self-judgment [27].

Neff & McGehee (2010) consider maternal emotional support as an effective factor in self-compassion while maternal criticism is negatively related to self-compassion [5]. On the other hand, the overall family function is one of the effective factors in self-compassion and, thereby, intimate families benefit from more self-compassion whereas stressful families have a lower degree of it. Given the fact that group counseling sessions only devoted to the students, the change in some aspects of self-compassion that is influenced by the environment is more limited.

7. Conclusion

Strength-based counseling helps students identify five of the signature strengths (the strongest strengths) and explore situations which students can use these strengths to solve problems and achieve life satisfaction through the establishment of a relationship accompanied by care and support.

Neural processes in self-criticism and self-compassion are like the time that others criticize and compassion us [41]. In strength-based group counseling, students receive and deliver higher levels of kindness with themselves and other members. In addition, they will have stronger connections with the present time and will be aware of opportunities for the future based on their strengths.

Overall, this approach helps vulnerable students manage character strengths to successfully face the future challenges based on the previous experiences [33].

However, strength-based counseling is influenced by different social and physical factors that can be both facilitative and debilitating. To help students improve all the components of mental health, including FTP and self-compassion, the facilitation of the environmental conditions that reinforce strengths (e.g., parents' behavior, teachers' behavior, necessary facilities in life, and provision of conditions for utilizing signature strengths) along with strength-based counseling can increase the effectiveness of results.

8. Suggestions

As strength-based counseling did not have a significant effect on self-judgment and isolation, the investigation of the other effective factors that may have prevented this effect should be considered. For example, students' cognitive schema is internalized over judgment of parents, schools' emphasis on competition rather than kindness, and weak social skills can play important role in changing the dependent variables in this study. Moreover, it seems that the application of strength-based counseling and training on how to use strengths can have valuable results.

The results of this study showed that group strength-based counseling had no significant impact on future limitations and future ambiguities. Hence, it seems necessary to identify the personal and social factors that may have acted as preventive factors in the occurrence of changes and students' thoughts about the dependence of their future on family and financial support should qualitatively be investigated.

Since the present study was an experimental research, other studies should be carried out to enhance FTP and self-compassion factors.

Because of group strength-based counseling on future opportunities, self-compassion, self-kindness, common humanity, and mindfulness in students, school-based counseling is suggested to be used in schools to improve students' motivation and well-being.

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