

Full Length Research Paper

The effect of psychological counselling in group on life orientation and loneliness levels of the university students

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The present study was an experimental research which was applied for increasing of the life tendencies and decreasing the loneliness of the university students, and in which the effect of psychological counselling in group on loneliness level was analysed. The present study consisting of mix measurements was carried out by 2x2 split-plot in order to indicate that the factor A (Group: test-placebo-control) different test conditions and factor B (Measurements: pre-test/post-test) repetitive measurements depend on time. The independent variable of the research was “the psychological counselling in group programme” which was only applied between pre-test and post-test. The dependent variable of the research was the life orientation and loneliness levels of the students. There were 17 students in test group and 17 students in control group. Life Orientation Test and Ucla Loneliness Scale were used as a data collection tool. It was tested with two-factors variance analysis that whether there was a significant difference between pre-test and post-test points of “life orientation test” and “loneliness scale” of the group to which psychological counselling in group programme was applied (test group) and the group to which placebo activity was applied (placebo-control group). Findings of the research indicate that there was a significant difference between post-test life orientation and loneliness points of test and placebo-control groups according to the pre-test life orientation and loneliness points, and the differences on increasing of optimism points and decreasing of loneliness points of test group students were based on psychological counselling in group programme.

Key words: Life orientation, loneliness, psychological counselling in group, university students.

INTRODUCTION

Recognizing and expressing our feelings is important (Dökmen, 2009). One of the feelings which we have is optimism. Optimism is a generalized positive expectation for occurrence of good things in almost all cases (Seligman, 2007). Scheier and Carver (1992) describe optimism as tendency of expecting the best. According to Türküm (2001), optimism is the basic tendency for perceiving positive rather than negative cases. Optimism is evaluated as an important way for having positive feelings for life, high morale, determination, effective

problem solving, academic, military and vocational success, being popular, healthy long life, and getting rid of depression and trauma (Seligman, 2007). Pessimism is accepted as a reflection of depression, passiveness, failure, social incompetency, illness and death (Seligman, 2007). When the personality profile of the individuals is analysed, it is seen that these individuals have resilience. When optimistic individuals have problems, they try to find a solution for the problem rather than waiting for a solution. These individuals accept these problems as a

temporary period and they believe that their efforts will overcome the difficulties. Optimistic individuals not only block the negative flow of their thoughts but also they develop them by logical evaluations (Fellman, 2000). As long as individuals develop positive thoughts and positive experiences, they increase their life qualities and are happy (Wengler and Rosen, 2003).

Seligman (2007) stated that genetics, family and social environment are effective on optimism or pessimism and optimism is a learnable characteristic. Scheier and Carver (1992) generally state that optimism as a characteristic is different from a case and condition in which individuals live. Seligman discussed the explanation styles in three dimensions. These are permanence, extensity and personalization. Easy quitter pessimistic individuals believe that the reasons of the bad things they experience are permanent; the optimistic individuals who resist desperation believe that the reasons of the bad things they experience are temporary. The optimistic individuals believe that the reasons of the bad things pertain to the situations and good things will enrich many things in their life. However, the pessimistic individuals believe that the things have specific reasons, bad things have universal reasons. The pessimistic individuals personalise this in case of a failure (Gillham et al., 2000).

One of the protective factors in the scope of characteristics is optimism (Karairmak, 2007; Terzi, 2008). The variables about optimism are analysed in the optimism researches. In the study of Scheier and Carver (1985), they stated that as long as the optimism levels of the students increase, they have less exam stress and their success rates in the exams are higher. Aydın and Tezer (1991) state that the optimistic students have less health problems than the ones who are not optimistic and their academic success rates are higher. Hart and Hitter (1995) stated that optimistic students are healthier than the pessimistic ones among the university students. These researchers state that the optimistic students use problem based strategy for stress and they are in search of social support; on the other hand, the pessimistic students display escape behaviour. However, in the same research, when the optimistic people are disappointed and they are angry, they want to express their feelings more than the pessimistic students.

According to the results of a research carried out by 180 university students in North Wisconsin in America, low level optimism and social support increase loneliness (Todd et al., 2000). Gillham et al. (2000), in their study, determine that there is a mutual interaction among optimism, pessimism and life difficulties and the pessimistic people have psycho-social adaptation problems. Carver and Scheier (2005) determine that the optimistic people who have had by-pass surgery have a short physical and emotional recovery period and they go back to their normal life quickly. It is seen that the optimistic life tendencies are effective in overcoming stress and taking decision of the individuals, and these individuals have

objective evaluations against the problems and they use the social support systems better (Brissette et al., 2002; Erözkan, 2009). Baker et al. (2005) analysed optimism and well being in the families of children who have development disorder and those who do not have. At the end of this research, it is seen that the mothers who have behavioural problem and whose optimism levels are low are under depression risk and have dysfunctional family rather than the mothers whose optimism levels are high. Gençoğlu (2006) determines that as long as the students have high level optimism, their self-realization, family relations and social relations levels are higher.

Mannix et al. (2009) analysed the effect of optimism on the life quality of adolescents who have cancer. It is seen that the young whose optimistic life orientation points are high have less ache and they have better communication with health personnel, and their life qualities are higher. Mellor et al. (2008), in a research that they carried out on 436 volunteer participants who live in Australia, determined that people who live alone have lower sense of belonging and are less satisfied than the people who live with another people. However, the discrepancy scores, life satisfaction scores and loneliness scores did not differ between these groups. Loneliness mediated the relationship between unmet need for belonging and wellbeing (life satisfaction). Certain researches determine that optimism is one of the substantial predictors of psychological resilience (Gürkan, 2006; Karairmak, 2007; Terzi, 2008).

Wong and Lim (2009) analysed the effects of hope and optimism on depression and life quality on students from Singapore, and they determined that hope and optimism have positive effect on preventing depression and increasing of life satisfaction. Fernández-Alonso et al. (2012), in a study they carried out, determined that women whose loneliness points are high have lower life satisfaction and they may not have longlasting friendships. Yongquan and Feng (2013) analysed the correlation between loneliness and variables related to loneliness in a study they carried out on the university students from China. Findings showed that loneliness moderated the association between self-esteem and life satisfaction. When students reported a low level of loneliness, those with high self-esteem reported higher scores in life satisfaction than those with low self-esteem. However, the high and low self-esteem group had low level of life satisfaction when loneliness was high. Heinrich and Gullone (2006) reported that loneliness prevalence is stated with points between 15-30% in a clinical collation they carried out.

Although there are different interpretations and descriptions related to loneliness, the agreed and accepted description of it is "loneliness is an unpleasant mood encountered as a result of differences between social relations of the individual and social relations that he/she desires" (Peplau and Perlman, 1984). In a research, it is stated that loneliness is related to pessimism, misery, anxiety, shame, cannot be understood, alienation, alcoholism, suicidality, depression, alexithymia (Koçak, 2003)

or tendency to crime (Swami et al., 2007). Loneliness experiences are expected as prevalent in young-adult period and have many interactions. Certain studies which emphasize the relation between the psychological problems as anxiety, stress and especially depression and loneliness in young-adult period are carried out (Karaoğlu et al., 2009; Hawkley et al., 2003; Taniguchi and Ura, 2002; Manfusa, 2001). Loneliness is a psychological condition which triggers negative biological stressors affecting the health of individuals (Nausheen et al., 2007). There exists certain studies which emphasize the relation of loneliness with physical illnesses (Steptoe et al., 2004), and drug addiction (Rokach and Orzeck, 2003). Also, it is determined that life satisfaction has close relations with loneliness feeling, depression and suicide attempts (Swami et al., 2007).

According to Ceylan et al. (2003), depression is a sensual collapse situation which is characterized by sorrow, pessimism and loneliness. From this description, it can be understood that pessimism and loneliness are related to each other and, they may cause depression. It is possible to find studies which explain the relation of loneliness with social anxiety, schizophrenia, personality disorders, neurotic disorders (Hawkley et al., 2003) and obesity (Jones and Hebb, 2003).

In the frame of learned optimism model of Seligman, optimism is analysed with attributions for the cases. While some people describe noncontrollable negative situations as permanent, general and inner, others describe them as temporary, outer and based on the situations. During the next periods, in the studies of Seligman based on misery and depression, the optimistic explanation method as an attribution type is determined in relation to success in many fields such as happiness, motivation, physical health, effective problem solving skills, high spirits, low level depression signs and work, school, sport and policy (Seligman et al., 2005). Rook (1984) offers four methods as *cognitive therapy, social skill training, group therapy and interaction group therapy* for treatment of loneliness. Thus, in the relations of the alone individuals who are trained about social skills in the interaction groups, social increasing, and decreasing in the loneliness and shyness levels are seen in the research results (Cited in Coşkuner, 1994).

Çakıl (1998) discussed that social skills education in groups is effective in decreasing of loneliness levels of students. Bilgiç (2000) analysed the effect of friendship skills education on the loneliness levels of primary education to secondary stage in the research. The fellows whose loneliness levels are found low and thought as a model about their friendship skills to the group members are used in this experimental study. At the end of training, significant decrease in the loneliness of the students in the test group is seen, and it is observed that this decrease is kept after one-month following up period. However, it is determined that there is no significant change in the loneliness of the students in the control

group (Bilgiç, 2000).

In order to decrease the loneliness levels of university students, social skills training is one of the most used methods. By using this method, Çakıl (1998) who has the aim of decreasing the loneliness of university students, in his study, does not have any process for the subjects in the control groups while giving training of social skills to the subjects in the experimental groups in 12 sessions.

The results received indicate that there is a significant difference between the loneliness point averages of the individuals in test groups and the loneliness point averages of the individuals in control groups. Şahin (1999) gives communication skills training to the test group children with the aim of increasing the assertiveness levels and decreasing the loneliness levels of the children in his study. In the last measurements, it is found that the difference between the received loneliness points on behalf of test group disappears after the process.

The study of Koçak (2003) has a cognitive-behaviorist basis. In this study, "Emotional Expression Training Group Programme" which is prepared with dramas and plays about educational factors and experience are applied. It is understood that this programme is effective on decreasing the loneliness levels of the students, and this effect is longlasting. Duy (2003) found that the psychological counselling experience with group which is based on cognitive-behaviourist therapy approach is effective on decreasing the non-functional attitudes and the loneliness of university students and this effect is longlasting.

Different approaches and trainings are used in decreasing loneliness and increasing optimism. It is seen that there are three basic approaches for decreasing loneliness in the literature analysis. These are respectively, social skills training; social support group and cognitive-behaviourist approaches (McWhirter, 1990; Rook, 1984; Rook and Peplau, 1982). In this framework, Seligman (2007) states that thinking of problems style may ease or compound depression. He determines that a failure or defeat will make individual feel desperate, but if the individual does not have a pessimistic explanation style, learned helplessness only reveals the instant depression indications. He states that pessimistic explanation style has a depression function; optimistic explanation style has stopping depression function. Also, it is stated that cognitive therapy may be changed with pessimistic explanation style, and pessimistic explanations styles of children may change the optimistic explanation styles with cognitive behaviourist interventions such as problem solving skills applications (Seligman et al., 2005). Carver and Scheier (2005) determine that genetic and environmental factors are effective on pessimism and optimism, but substantially childhood experiences form these characteristics. They determine that by changing the unrealistic believes under the frame of cognitive behaviourist approach (such as "I will never be successful") pessimistic point of view may turn into optimistic point of view. The change in learned optimism model is based on

rationalist sentimental behaviourist approach developed by Ellis and *cognitive therapy* of Beck. Depending on these approaches, Seligman states that pessimistic attribute forms related to negative cases and events of individuals may change with optimistic attribute forms.

According to Kendall (1992, 1994), it is impossible to change by operations or mechanically “tuning” of these non-functional cognitive structure. In other words, original experiences and structures can not be cured; instead, non-functional cognition, perception and behaviours may be restructured by using cognitive strategies. It is determined that non-functional negative thoughts decrease with cognitive-behaviourist therapy (Kendrick et al., 1982; Harris and Johnson, 1983; Arnkoff, 1992). Optimism affects physical and mental health and academic success positively (Aydın and Tezer, 1991; Akçamete and Kargın, 1994; Tekek, 1994; Tuna, 1997). Optimism may be taught at the same time and as an overcoming skill (Seligman, 2000; Csikszentmihalyi, 1998).

According to cognitive therapy, automatic thoughts and rules, assumptions and interim believes are developed from basic believes (Beck, 1995). Beck (1995) analyses the basic beliefs in two categories such as desperation and not to be liked. While desperation basic belief consists of certain sub-beliefs “I’m not strong, events are out of my control, I’m inefficient, I’m unsuccessful”, also consist of beliefs such as “I’m worthless, I’m not attractive, I’m undesirable one, I’ll be left”. Koçak (2003) deals with occurrence of loneliness in certain stages and determines that the staggering events among the people cause occurrence of unrealistic thoughts and beliefs (people do not like me, they do not understand me, nobody will be friend with me, I’m alone since I’m charmless, ugly and clumsy, I can not be friend with anybody...)

In his study in which he integrates cognitive-behaviourist approach and role changing techniques and film therapy, Şimşek (2003) states that this approach may decrease the non-functional thoughts of individuals and help to develop optimism. It is stated that the cognitivite-behaviorist approach and psychodrama help the techniques such as role reversal, mirroring, and matching to combine, and the cognitive distortions and the basic beliefs supposed to be behind these distortions to be revealed (Hamamcı, 2002).

It is seen that the number of the studies about how individuals who have loneliness feeling is rare when it is compared with the number of the researches who try to explain the loneliness. There are quite a little experimental study on loneliness and optimism studied in literature. In order to receive effective results in short time about psychotherapy and psychological counselling during recent years, integration initiations among the approaches are seen. Cognitive psychology and psychotherapy are affected from this process. The alternative approaches live their place to integrating approaches increasingly. Many pragmatists prefer eclectic approaches instead of depending on a theory. The pragmatists use

techniques of different models and scopes of them in order to be more beneficial to the clients.

Purpose of the study

The general purpose of this research is testing the effect of psychological counselling programme which is prepared based on PRP on life tendencies and loneliness levels of university students. In accordance with this purpose, the hypotheses below are tested.

Hypothese 1: *On the optimism levels of the university students on whom psychological counselling programme in group is applied an increase is seen when they are compared to the optimism (life orientation) of university students on whom psychological counselling programme in group is not applied.*

Hypothese 2: *Decrease is seen on the loneliness levels of university students on whom a psychological counselling programme in group is applied in comparison with the loneliness levels of university students on whom a psychological counselling programme in group is not applied.*

METHOD

This research was an experimental study in which the effect of the psychological counselling programme in group was prepared for optimism and loneliness of university students on life orientation and loneliness levels. The pretest-posttest control group experimental design application was preferred in this research. In this split-plot study, 2x2 split-plot design of factor A (Group: test-palcebo control) indicated different experimental conditions and factor B (Measure: pretest-posttest) indicates repetitive measurements depending on time. The independent variable of the research was a “psychological counselling programme in group” which was applied in only experimental group between pretest and posttest. The dependent variable of the research was life orientation level of the students.

Participants

This research was done in 2012-2013 academic periods in Balıkesir and Anatolian Universities Education among Fine Arts, Economics, Engineering Faculties of 2nd, 3rd, and 4th classrooms students. There was a total of 34 volunteer students who are appropriate in the group and receive life orientation pretest points under average (Life Orientation $X=36.23$, $s= 4.44$); they were chosen by impartial assignment. In the test group, there are 17 students (8 males and 9 females) and in placebo control group, there are 17 students (8 males and 9 females). 16 (52. 9%) subjects in the research are males while 18 (%47. 1) of them are females. The average age of the subjects in the research is 22, 4. The distribution of the income levels of the subjects is 1500 TL and below is 41.2%; between 1501-2250 is 11.8%; 2251 TL and above is 47.1%. 14.7% of the subjects reside with their families, 29.4% reside in dormitories, and 55.9% reside at homes. One of the reasons this research is experimental is because the subjects were chosen for the research

by impartial assignment (Hovardaoğlu, 2000). Thus, before beginning the experimental process, the determined scales are applied to the volunteer students of 2nd, 3rd, and 4th classrooms (n= 956) who take part in research population. The points the students received from the scales are calculated and the results are explained to all the students who joined the research and want to learn the test results.

Development of psychological counselling programme in groups

"The psychological counselling programme in groups" in the research is developed by scanning local and foreign literature. It is prepared for university students based on the programmes of which the efficiencies are experimentally tested before with the purpose of coping with loneliness and increasing optimism. In this programme, The Penn Resiliency Programme (PRP) is benefitted from with the purpose of increasing optimism. PRP is a 12-session based Cognitive Behaviourist Approach prepared by Reivich et al. (???). The purpose of the programme is changing the pessimistic explanation style of children and teenagers with optimistic explanation style. The basic purpose of the PRP is preventing depression by changing the inner, permanent and general attributions for negative events of children and teenagers. The programme is structured in the frame of 2 basic models as cognitive approach and problem solving skills. In the scope of changing non-rationalize beliefs of Ellis, ABC Model and "Automatic Thought" scope are used. The first two sessions of the programme cover the changing of way of thinking and beliefs, third and fourth sessions cover awareness of automatic thoughts and find out alternatives and turn this into functionality, and the next sessions cover social skills training, coping with strategies, social problem and assertiveness of the students. The 13 groups which are under control indicate that the programmes are effective on negative explanation style, depressive symptoms, anxiety symptoms of totally more than 2000 of 8-15 age children. They formed two different versions of PRP for children and teenagers and adults.

The programme which is in the scope of this study is carried out according to practice, play, share stages which take place in classic psychodrama and determined as effective in study of Hamamcı (2002). In the psychodrama sessions, the relation of cognitive model, emotions, thoughts and behaviours are not explained didactically to the group members and homeworks are not given. Instead of this, benefitting from film therapy, researches which indicate basic beliefs are used (Şimşek, 2002). Seligman (1999), with cognitive behaviourist approach, states that "discussion" technique used in learning optimism is the common point of positive psychology. In this respect, discussion technique is included in the applications.

The basic reason for using play in many sessions of this study is its significant functions in the life of human (Dökmen, 2000). These functions which may be accepted as contributing functions to development of optimism and coping with loneliness are indicated in three main groups: a) play is an activity in which individuals are trained about communication, role and values and they develop skills, b) play develops the potentials of joy, spontaneous and creativeness, c) play presents a controllable life situation for developing their skills of coping with real problems (Dökmen, 2000).

In this programme, these subjects are focused. In the first sessions, the activities related to communication skills (effective listening, using you-I language, empathy) are included. In the next sessions, developing awareness, nonverbal communication, understanding of feelings, considering emotional contradictions, assertiveness, coping with social anxiety/shyness, relaxation exercises, knowing automatic thoughts and basic beliefs, non-rationalist beliefs, the relations of attributions with negative feelings and non-functional thoughts, cognitive restructuring, increasing the

value of me are discussed. In the cognitive therapy, role changing and mirroring and matching techniques are of benefit. At the end of each session, the impressions of students about session, how they will transfer these in their life and at the beginning of the next session by asking how they transfer to their daily life are asked and the session begins.

Established research group

Before application of the programme prepared during the research process, with the purpose of decreasing the effect of test and Hawthorne, the placebo control group is established partially for controlling. As pretest measurements, "Life Orientation Test and UCLA Loneliness Scale" gained into Turkish by Aydın and Tezer (1991) are applied. According to the results of pre-interviews and the points received from the scales, the groups are established by researcher by nonpartisan assignment.

Data collection

According to pretest points, the psychological counselling programme in group prepared for individuals who suffer from loneliness and whose life orientation (optimism) is low, 11 sessions are applied for test group of 17 people. In the group sessions which last for 120 min, 15-20 min breaks are given. Certain factors such as different group application levels and completion of activities by the small groups established in groups and the density of voluntarily shares of group members are effective in the different time periods of group sessions. Care is taken not to extend the group time and to finish on time. In the meeting with placebo control group, alternatives of the activities which are not related to the research topic that they will choose and attend intentionally are presented and the chosen ones are applied for 7 weeks. Test group and placebo control group applications are carried out without leaving any of the groups until the end of test process by 17 individuals. Other than the researcher, the post test measurements are performed by the determined experts at the end of the 11 weeks application.

Data analysis

In this research, whether there is a significant difference between pretest and posttest points of "life orientation test" of the group to which the psychological counselling programme is applied (test group) and the group to which this programme is not applied (placebo control group) and the assumptions are tested by two way analysis of variance (ANOVA). Also, life orientation (Mean= 19.26, Median= 18.50, Skewness=.412, Kurtosis=.066) and loneliness (Mean= 44.91, Median= 43.50, Skewness=-1.076, Kurtosis=.591) pretest points are determined that they indicate normal distribution. It is determined by t-test that there is not a significant difference according to pretest points among the groups (test-placebo control) (life orientation: $t=1.805$, $df=32$, $p=.08$; loneliness: $t=-1.231$, $df=32$, $p=.227$). The significance level of this study is .05.

Instruments

The Life Orientation Test (Aydın and Tezer, 1991), Revised UCLA Loneliness Scale (Russell et al., 1980) and Demographic Information Form were used to collect data.

The Life Orientation Test (LOT) is originally developed by Scheier and Carver (1987) and adapted to Turkish by Aydın and Tezer

Table 1. The arithmetical average and standard deviation values of pretest and posttest points of life orientation of test and placebo control groups.

Measurement Group	Pretest			Posttest		
	N	Mean	Sd	N	Mean	Sd
Test Group	17	20,24	3,13	17	24,47	2,56
Placebo-Control Group	17	18,29	3,14	17	17,24	4,65

(1991). It is a 12-item self-report survey designed to measure global optimism on a 5-point scale ranging from strongly disagree (0) to strongly agree (4). The LOT is composed of four positively expressed, four negatively expressed (reverse scored), and four filler items to disguise the purpose of the test that are not included in the scoring. Scores for optimism range from 0 to 32, with a higher score indicating greater optimism. Cronbach alpha is .72. The four-week interval test-retest reliability coefficients of the test was .77 ($n=97$; $p<.001$). In the validity study of the test, Beck Depression Inventory was used as a criterion and the correlation between BDI and LOT was examined. The instruments were administered to two different university student groups ($N_1=50$ and $N_2=97$) and the correlation coefficients were $-.56$ ($p<.001$) and $-.45$ ($p<.001$) respectively (Aydin and Tezer, 1991). Wrosch and Scheier (2003) determine that the points received from Life Orientation Inventory indicate a continuous distribution. The individuals are qualified not according to the points they received from Life Orientation Inventory, but as optimistic or pessimistic in comparison with each other.

UCLA Loneliness Scale (LS): The 20-item University of California Los Angeles (UCLA) Revised Loneliness Scale was used to measure loneliness. Responses on a 4-point Likert-type scale are summed for a total score such that high scores indicate greater loneliness. The scale has been shown to possess high internal consistency (Russell et al., 1980). Demir (1989) reported an internal consistency coefficient of the Turkish version of loneliness scale to be .96, and test-retest (one-month interval) reliability coefficient to be .94. The Cronbach alpha coefficient of the UCLA-Loneliness Scale ($N=180$) was .93. Loneliness scores may be transformed into high-loneliness and low-loneliness categories by using the mean and standard deviation obtained from the sample. The lowest point is 20 and the highest point is 80 which can be received from the scale. The lowness of the point refers to the scarcity of loneliness feeling, and highness of the point refers to increasing the density of loneliness feeling.

Data analysis

During the research process, whether there is a difference between pretest and post test points of "Life Orientation Scale (LOS)" and "Life Orientation Test (LOT)" of the group to which the psychological counselling is applied and to the group psychological counselling is not applied is tested by two factors of variance analysis. Whether there is a significant difference between post test points and following scales carried out 3 months after the results of experimental process is tested by t-test. Also, in order to find out between which groups there is a significant difference, Life Orientation Scale (LOS) pretest, post test, following test points, "scheffe" test is used. The findings received as a result of statistical analysis are presented in a chart form. The findings are in accordance with the subjects.

FINDINGS

Hypothesis 1: *On the optimism levels of university*

students to whom psychological counselling in group is applied, an increase is seen rather than on the optimism levels (life orientation) of university students to whom psychological counselling in group is not applied.

While LOT arithmetical average point of the students in the test group before psychological counselling is 20.24, this value changes after psychological counselling to 24.47. While LOT arithmetical average point of the students in the placebo control group is 18.29, this value changes after psychological counselling to 17.24 (Table 1). In this case, considering the average points, it can be stated that an increase is seen on the life orientation points of the students who received psychological counselling in group in test group rather than control group.

In the life orientation points of the students from test and control groups who are exposed to two separate experimental processes, two-factors ANOVA results related to whether the changes have significant differences or not after the application comparing before psychological counselling in group are indicated in Table 2.

When the group and measurement basic effect test results are analysed, it is seen that the life orientation points of the subjects who attend the psychological counselling in group have significant differences from before test and after test. In other words, the common effect of the factors which indicate being in different process groups and in different time scales on life orientation points of subjects are significant [$F_{(1; 32)} = 77.791$, $p < .05$]. On the other hand, it is seen that there is a significant difference to be in different groups [$F_{(1; 32)} = 21.411$, $p < .05$] and from the view of different measurements [$F_{(1; 32)} = 21.411$, $p < .05$]. These findings indicate that attending to the test groups and placebo control groups have different effects to increase the life orientation points of subjects. On the life orientation points of subjects who attend psychological counselling in group, it is seen that the changes seen on the life orientation points of the subjects in placebo control group are different, on behalf of test group, from the changes seen before test. In other words, the life orientation points of the subjects in test and placebo control group are different depending on the applications.

Hypothesis 2: *On the loneliness levels of university students to whom psychological counselling in group is applied a decrease is seen comparing to the loneliness levels of university students to whom psychological*

Table 2. Life orientation pretest-posttest points ANOVA results.

Variance Source	Total Square	df	Total Mean	F	p
Bet Among subjects	892,764	33			
Group (Test/P.Control)	357,882	1	357,882	21,411	,000
Error	534,882	32	16,715		
Wit in Subjects	211	34	213,365	12,676	
Measurement (Pretest-Posttest)	42,882	1	42,882	28,005	,000
Group*Measurement	119,118	1	119,118	77,791	,000
Error	49,000	32	1,531		
Total	1103,764	67			

*p<.05.

Table 3. The arithmetical average and standars deviation values of loneliness pretest and posttest points of test and control groups.

Group	Measurement			Posttest		
	N	Mean	Sd.	N	Mean	Sd.
Test Group	17	42,65	7,52	17	34,77	8,16
Placebo-Control Group	17	47,18	13,18	17	46,00	12,90

Table 4. ANOVA results of Loneliness pretest-posttest points.

Variance Source	Total Square	df	Total Mean	F	p
Bet Among subjects	8428,529	33			
Group (Test/P.Control)	1056,235	1	1056,235	4,585	,040*
Error	7372,294	32	230,384		
Wit in Subjects	579,001	34			
Measurement (Pretest-Posttest)	348,765	1	348,765	285,305	,000*
Group*Measurement	191,118	1	191,118	156,343	,000*
Error	39,118	32	1,222		
Total	9007,53	67			

*p<.05.

counselling in group is not applied.

While loneliness (LS) average point of the students in test group before psychological counselling in group is 42.65, this value changes to 34.77 after psychological counselling in group. While the (LS) average point of the students in the placebo control group before psychological counselling in group is 47.18, this point changes to 46 after psychological counselling in group (Table 3). When the loneliness average points are considered, it is stated that a decrease is seen on the loneliness points of students in test groups compared to placebo control group.

On the loneliness points of test and control group students who are exposed to two separate test processes, two ways ANOVA results related to whether significant changes are seen or not after application compared to

before psychological counselling in group are given in Table 4.

It is found that the group effect is significantly received as a result of variance analysis on points averages from UCLA Loneliness Scale pretest and posttest of subjects in test and control groups ($F_{(1;32)} = 4.585$; $p < .05$). Without making discrimination among pretest, posttest and follow up measurements of test, placebo and control groups, there is a significant difference among the point averages received from UCLA Loneliness Scale. However, it is seen that there is a significant difference among the measurements carried out at different times ($F_{(1; 32)} = 285.305$; $p < .001$). This finding indicates that the difference among the points received from pretest, posttest and follow up measurements is significant without making discrimination. Also, it is seen that common effect is at the significant level ($F_{(1;32)} = 156.343$; $p < .001$). It is seen

that, on behalf of test group, the changes observed before the test on the loneliness points of subjects in the psychological counselling in group are different from the changes observed at the loneliness points of subjects who are in placebo control group.

DISCUSSION

At the end of an application carried out on university students in 11 sessions, it is determined that the optimism points of the students increase and their loneliness points decrease. For decreasing loneliness and increasing optimism, certain different approaches and trainings are used. When the literature is analysed, three basic approaches for decreasing loneliness are mentined; Social skills training, social support group and cognitive-behaviourist approaches (McWhirter, 1990; Rook, 1984; Rook and Peplau, 1982). The effectiveness of the programme prepared in this research indicates that trying to find solutions to problems from the eclectic view by benefitting from all approaches of which efficiencies in literature are determined will be beneficial.

Change in learned optimism model is based on cognitive behaviourist approach. Depending on these approaches, Seligman states that negative and positive attribution styles of individuals related to negative cases may be changed. These research results are parallel with views of many researchers who determine that optimism may be learned and unrealistic beliefs, negative way of thinking under the frame of cognitive therapy of Beck and rationalist sentimental behaviourist approach developed by Albert Ellis (Seligman, 2000; Carver and Scheier, 2005; Seligman et al., 2005).

It is seen that these applications take attention of students in the group, orientation of the group in a short time and having belonging feeling and contribute to learning social skills. This finding may be interpreted as the group members find the group enjoyable and beneficial. Completion of the programme without any leaving from the group also supports this finding. In this study, the accelerator and facilitator effects of film therapy which is determined by Şimşek (2002) on the reflections and realization of negative feelings of counselees and non-functional thoughts which have not any relation with these are seen. Cause of increase of optimism of the programme supports the view of Seligman (2000) who describes pessimism as “destructive, catastrophic way of thinking” and by the way of “discussion” changing catastrophic thoughts, the individuals may be optimistic and supports the experimental studies on this issue (Csikszentmihalyi, 1998; Fredrickson, 2000; Peterson, 2001). Without doing a follow up study prevents us to see whether the effect received is long-term or not.

CONCLUSION AND SUGGESTIONS

Certain suggestions are developed which are thought to

be beneficial for future researches. These suggestions are presented below.

1. After completion of the applications, follow up process is carried out in this research. The follow up process may help us to see how long the study is effective in medium and long term.
2. This research is carried out on the university students. Carrying out the next researches on different sample groups may be beneficial in respect of generalizing the results.
3. Turning this application into a systematic education programme, as a requirement of developmental psychological counselling and guidance service, in order to help the students cope with their problems, may be used with the purpose of preventing and safing.
4. In the researches which analyse the psychological factors which may be used effectively to make people healthy from the view of physical, emotional, mental and holistical, it may be used in developing of optimism and accelerate the recovery process of the patients who suffer from physiological illnesses which increase pessimism.
5. In future studies of this programme, rather than loneliness and optimism, effects on the psychological resilience, well being, self-respect, depression, anxiety, attribution styles may be analysed.
6. In order to solve the problems of students and increase the potential coping with sources in universities, certain applications which increase functional ways of thinking and optimism may be carried out.
7. According to preventive and protector functions of developmental guidance and psychological counselling services, for the coping with skills for the problems of students, preparing application programmes of which the efficiencies are tested may be offered.

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