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Comparison of The Efficacy of Hope Therapy and Compassion Therapy on Rumination, Depressive Thoughts and False Beliefs Among Employees of Organizations

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A B S T R A C T

The present study sought to examine the effects of hope therapy and compassion therapy on rumination, depression, and erroneous beliefs within employees of organizations in Shiraz city. The statistical population included workers from Shiraz city during 2023 and 2025. The research methodology was experimental, including a design that contained both pre-test and post-test components, as well as experimental and control groups. In this pilot study, among the employees who scored one standard deviation below the mean on rumination, depression, and false beliefs questionnaires, 45 individuals were randomly selected and divided into two experimental groups and one control group. The overall count of people in each of the three groups was 15 people. The members of the initial experimental group participated in hope therapy training together over the course of 8 sessions. The second experimental group participated in compassion therapy for a total of eight sessions. In contrast, the control group did not receive any training. Ultimately, a post-test was given to all three groups. A follow-up examination was carried out after two months too. Covariance analysis was employed for data evaluation. The results showed that both hope therapy and compassion therapy helped with rumination, depression, and inaccurate beliefs among employees, with no significant difference in their effectiveness on rumination. However, compassion therapy was found to be more effective than hope therapy in addressing beliefs. Additionally, hope therapy had a greater effect on employees' depression compared to compassion therapy. It can be inferred that training in hope therapy and compassion therapy has led to decreased rumination, depression, and misguided beliefs among staff, with this enhancement remaining consistent throughout the three-month follow-up duration.

Introduction

In contemporary organizations, considerable emphasis is placed on individuals' actions, opinions, and emotions to thrive in a competitive landscape; nonconformist behavior falls under this category as well. The emergence of behaviors like dishonesty, defamation, gossiping, and counterproductive actions can jeopardize the health of the organization. Conversely, within the workplace, the capability of each individual to attain the desired outcomes is crucial, and there are times when employees experience feelings of inadequacy when observing the achievements of their peers. A sense of powerlessness leads to depression (Nasr Esfahani, & Heydari Agha Goli, 2017). Depression is a mood disorder and ranks among the most prevalent neurological conditions today. After the emergence of depression, an individual isolates from society, family or friends, causing disruption to their work, educational, and familial responsibilities. Thus, it is essential to identify the signs of this condition and offer suitable treatment options promptly. Depression is the most prevalent emotional disorder that brings significant personal, social, and economic burdens to individuals and society as a whole (Sadock et al., 2017). In other terms, depression is a widespread mental illness characterized by symptoms such as reduced activity levels, diminished interest and energy, difficulties with concentration and memory, feelings of guilt,

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hopelessness, a propensity to isolate oneself, reduced appetite, sleep disturbances, suicidal ideation, and shifts in verbal and cognitive capabilities (Sander et al., 2021), which may result in disability and dysfunction for those affected (Zrenner et al., 2020). As reported by the World Health Organization, depression ranks as the fourth most critical clinical health issue globally, affecting over 230 million individuals and resulting in social and economic burdens for communities (Park and Zarate, 2019). As per DSM-5, the estimated 12-month prevalence of depression is roughly 12%, with notable variations across age groups; specifically, the rate in individuals aged 18 to 29 is nearly three times higher than in other age brackets (American Psychiatric Association, 2022). The chance of developing major depressive disorder in a lifetime is about 15%. The annual prevalence of major depressive disorder is about 7%. Women are affected by depression one and a half to three times more frequently than men. (Sadock et al., 2017).

Rumination, marked by ongoing negative thoughts regarding one's emotions and experiences, has been recognized as a vital process in the onset and persistence of depression (Li et al., 2022; Li et al., 2023). People with depression typically feel a sense of inadequacy and diminished self-worth as a result of their harmful tendency to ruminate. Research indicates that rumination worsens depression by heightening attention to negative thoughts, diminishing problem-solving abilities, and impeding adjustment to difficult circumstances (Bardak, 2024). Cognitive distortions, which are incorrect interpretations of reality, can strengthen negative thinking and are closely linked to depression (Wang et al., 2023).

Metacognitive perspectives on emotional disorders identify rumination as a key element in the development and persistence of depression. These ideas are inactive, cyclical, and centered on the manifestations and consequences of those manifestations, obstructing effective problem solving, which results in a rise in negative thinking (Davis & Nolen Hokesema, 2000). Negative thinking can stem from misguided beliefs, which consist of a collection of thoughts, ideas, and views characterized by compulsion, obligation, duty, and absolutism. If an individual's attitudes and beliefs are not examined and assessed, they can turn counterproductive, leading to emotional and behavioral issues instead of resolving problems. These issues lay the groundwork for impulsive thoughts and actions in a person (Shafiabadi and Naseri, 2013). Ellis (2003) holds that the source of numerous discomforts, along with behavioral and psychological disorders in individuals, stems from their erroneous opinions and beliefs about the environment and the surrounding world. For instance, Ellis (2003) argues that when an activating event occurs to someone, they may experience two contrasting perceptions influenced by their inherent tendencies: one involving rational and logical thoughts, beliefs, and opinions, while the other consists of false and irrational thoughts and perceptions. This condition, where an individual succumbs to incorrect thoughts and beliefs, results in illogical outcomes. In this state, a person who is anxious and unusual exhibits an unhealthy personality. A person who adheres to logical reasoning and viewpoints will attain rational outcomes and possess a well-adjusted character (Karimi et al., 2015). Irrational beliefs possess two traits: Firstly, they are rigid and biased anticipations that are often communicated with a sense of seriousness. Secondly, self-confounding philosophies typically arise from these expectations and lead to unrealistic and overly generalized assignments (Prochaksa & Norcross, 2014). Concerning the traits of irrational beliefs, Ellis (2003) posits that these erroneous beliefs are absolute, biased, and dogmatic. He asserts that such beliefs lead to negative emotions like depression and anxiety. Consequently, they hinder the attainment of one's objectives (Ellis, 2003).

Various interventions may work well in this area, yet it’s essential to pinpoint those that are more effective. This can occur when the effectiveness of diverse interventions is assessed, allowing for the identification and implementation of more efficient options. The impact of hope therapy on lowering depression levels in women with cautious husbands was explored, and the findings indicated that hope therapy decreased depression in these women, with its effects remaining significant (Golzari, 2013). Another approach for addressing depression, anxiety, rumination, and erroneous beliefs is compassion therapy. Various approaches are utilized in addressing these disorders, such as medication, counseling, or a mix of therapies. A recent approach in psychotherapy is compassion-focused treatment. The primary therapeutic method of compassion involves cultivating a compassionate mindset. In this method, therapists learn the abilities and characteristics of compassion. Instructing on the compassionate mind aids therapists in altering troubling cognitive and emotional habits associated with depression, anxiety, rumination, and misconceptions, which can lead to a reduction in the symptoms of depression and anxiety in individuals (Shiralinia, 2018). Some previous studies have shown that hope therapy decreses the depression (for instance, Manochehri et al., 2013; Aladdini et al., 2008; Raesian et al., 2010; Bahramian et al., 2014). Arnao et al. (2007) found that hope therapy can play a

significant role in reducing symptoms of depression and anxiety. Some findings also showed that hope therapy has a significant impact on rumination. In a study, Jahantigh et al. (2023) examined how hope therapy-based education influences the rumination in women diagnosed with breast cancer. The findings demonstrated that education centered on hope therapy decreased the level of rumination in cancer patients. Ataie Moghanloo and colleagues (2014) demonstrated that group hope therapy had a positive impact on the subjective wellbeing, acceptance, and rumination of HIV+ patients. Asadi et al. (2022) demonstrated that a training program focused on hope-based therapy significantly impacts the psychological wellbeing and rumination in parents of children with cancer.

Several studies have demonstrated that compassion therapy significantly affects psychological factors. For example, a study by Kalatian et al. (2022) demonstrated that mindfulness-based compassion therapy resulted in a notable reduction in mean hopelessness scores for the experimental group compared to the control group. Mousavi et al. (2023) showed that compassion-focused therapy significantly lessened social anxiety and rumination in female heads of households. Millard et al. (2023) stated that compassion-focused therapy encourages self-support and kindness while having a negative correlation with self-criticism, anxiety, depression, and rumination. Stroud and Griffiths (2021) found that compassion-focused therapy is an effective method for enhancing mental well-being in adults. Vidal and Soldevilla (2023) noted that CFT diminishes self-criticism and boosts the capacity to feel calm. Khoshvaght et al. (2021) showed that CFT is effective in decreasing anxiety and depression among mothers of children with cerebral palsy.

Some studies have shown that compation focused therapt and hope therapy have a significant effect on irrational beliefes. For example, Saleh Abadi and Naemi (2020) noted that self-compassion training enhances hope and lowers irrational beliefs in mothers of children who have learning disabilities. As a result, Self-Compassion training acts as a helpful intervention program for supporting mothers with Learning Disabilities. Malekzadeh et al. (2023) found that cognitive hope therapy using various methods can lessen negative emotions and ultimately decrease feelings of shame and guilt in women. Khalili Doabi et al. (2020) demonstrated that hope therapy was more effective than cognitive behavioral psychotherapy in lowering anxiety, though no significant difference was found between the two in reducing anger. Conversely, self-compassion is associated with improved psychosocial adjustment while mitigating the drawbacks linked to elevated self-esteem (Neff 2003b; Neff et al., 2007; Neff and Vonk 2009). Stephenson et al. (2018) noted that self-compassion had a negative correlation with irrationality, was associated with improved mental health, and clarified the reverse relationships between self-esteem and irrational beliefs.

This study focuses on improving the mental and emotional health of employees by implementing certain therapeutic methods. Two key interventions are hope therapy and compassion therapy. These approaches have shown promise in addressing various challenges that employees may face. These challenges include mental health issues, feelings of depression, excessive thinking, and misconceptions that can distort their reality.The current research aims to evaluate how effective hope therapy and compassion therapy are in reducing depression, minimizing rumination, and correcting false beliefs among workers in the city of Shiraz. The study seeks to gather data and insights that can help understand the impact of these therapies. By doing so, it hopes to contribute to better mental health support for employees in the region. This could lead to a healthier work environment and better overall employee satisfaction.

Method

Sample and Sampling Method

The individuals examined in this research are the workers of the Fars province organization. The statistical population comprised 305 employees from the Shiraz city organization during 2024-2025. In this study, once the research sample was established, the researcher went to the education department to gather the necessary information and data for the research, subsequently explaining the research's purpose to the staff and requesting that they fill out the research questionnaire thoroughly, aiming to leave no question unanswered as much as they could. Every participant filled out the research questionnaires on their own for approximately 45 minutes. The study included a sample size of 45 individuals, with each group comprising a minimum of 15 participants following experimental design guidelines (Gall et al., 1996; translated by Nasr et al., 2023). Participants were chosen through purposive sampling with random

replacement. Stages were gathered based on specific entry criteria in collaboration with organizational officials, after which a meeting was conducted to explain the plan to them, leading to an agreement on the commencement of therapy sessions and obtaining their consent to take part in the study. The structural circumstances and obstacles in executing intervention programs were analyzed. Essential preparations were undertaken to eliminate barriers and restrictions regarding the venue of therapy sessions concerning physical factors, such as lighting, noise disturbances, comfort of the environment, etc. To minimize participant dropout, provisions such as a designated rest area, allowance for absence in fewer than one-third of the sessions (fewer than two sessions), a reception plan (featuring drinks, cake, and fruit), offering gifts at the conclusion of the sessions for participants, and planning programs for the control group after conducting the research were taken into account. Upon evaluating the required arrangements, utilizing the purposive sampling technique and adhering to the inclusion and exclusion criteria. Therefore, initially, the set of three questionnaires on rumination, depression, and quality of life was given out to the employees, totaling 274. Subsequently, from the gathering and evaluation of the questionnaires, 61 individuals were identified with scores one standard deviation below the average, and from this group, 45 individuals were chosen using a simple random technique and randomly assigned to three groups (two experimental groups and one control group). The initial experimental group comprised the hope therapy group, the second experimental group consisted of the compassion therapy group, and the third group was the control group. Throughout this time, the control group was not subjected to any tests and followed their regular program. Once the training sessions concluded, a post-test was administered to all three groups.

Tools Used

Irrational Beliefs Assessment (IBA). Jones (1968) created the 100-item IBT that asks participants to express their level of agreement or disagreement with every item using a 5-point scale. Half of the items show the existence of a specific irrational belief, while the other half reveal its nonexistence. Lohr and Parkinson (1989) indicated that the IBT showed favorable relationships with anxiety and depression measures. While the IBT was once among the most widely used assessments of irrational beliefs, its usage has steadily decreased owing to critiques that these beliefs were not evaluated separately from the emotional effects they were proposed to produce (1988). However, it continues to be used occasionally (Munoz-Eguileta, 2007). Woods (1992) contended that an adapted IBT might be beneficial; he pinpointed 47 IBT items that assessed beliefs and discovered that these items were associated with emotional distress, psychosomatic symptoms, and thoughts of suicide. Jones (1968) observed, using the test-retest method, that the reliability of the test is 0.92. The reliability of each of its ten subscales ranges from 0.66 to 0.80, and the average reliability of all subscales is 0.74. The alpha value for the 34 items of the Arabic IBI–34 was .76 for both sample one and sample two. The sub-scales for both groups largely demonstrated acceptable internal consistency reliabilities, with values between .71 and .76 for the first sample's sub-scales and from .71 to .75 for the second sample's sub-scales. The only exception was the 6-item rigidity sub-scale, which produced an alpha of .54 for sample 1 and .58 for sample 2, both considered quite weak. Test-retest correlations were carried out with a 30-day gap using the third sample (n = 67). The outcomes met the acceptable standards for the IBI–34 overall score (.79), Worrying (.79), Problem avoidance (.70), and demand for approval (.71). Test-retest reliability for emotional Irresponsibility (.66) and rigidity (.56) was relatively low, potentially indicating the influence of more fluctuating or time-sensitive factors, but essentially confirms the original findings. Further research and item creation are essential to develop more dependable sub-scales (AL-Heeti et al., 2012).

The Beck Depression Inventory (BDI) The Beck Depression Inventory (BDI) is a self-report assessment tool consisting of 21 items that evaluates typical attitudes and symptoms associated with depression (Beck et al., 1961). The BDI has been created in various versions, such as multiple computerized formats, a card version (Groth-Marnat, 1990), the 13-item brief form, and the newer BDI-II by Beck et al. (1996). (Refer to Steer et al., 2000 for details on the clinical usefulness of the BDI-II.) The BDI requires around 10 minutes to finish, but clients need a fifth to sixth grade reading proficiency to grasp the questions properly (Groth-Marnat, 1990). The internal consistency of the BDI varies from .73 to .92, with an average of .86. (Beck et al., 1988). Comparable reliabilities have been discovered for the 13-item brief version (Groth-

Marnat, 1990). The BDI shows strong internal consistency, with alpha coefficients of .86 for psychiatric populations and .81 for non-psychiatric populations (Beck et al., 1988). The reliability of this inventory in Iran was determined to be .92 using Cronbach's alpha (Hamidi et al., 2015).

Ruminative Response Scale This scale was developed by Treynor et al. (2003) to assess the rumanitive responses in individuals. The Ruminative Response Scale (RRS) is a self-assessment survey featuring 22 items that outline reactions to feelings of depression, organized into three subscales: depression, brooding, and reflection (Treynor et al., 2003). Reactions may involve either acting out or contemplating the depressive symptoms and considering potential causes and effects of the sad or depressed feelings. Every item is assessed on a 4-point Likert scale that ranges from 1 (never) to 4 (always). The overall score varies between 22 and 88, where elevated scores suggest greater levels of ruminative symptoms. The Cronbach's alpha for the overall score and each subscale exceeded 0.5, while the inter-subscale correlations for the total score and each subscale varied from 0.362 to 0.864 (Liang and Lee., 2019).

Procedure

Hope therapy utilizing Schneider's method focuses on discovering hope, enhancing hope, and sustaining hope in the following ways:

Table 1- Hope therapy protocol.

Initial meeting: Overview, outlining the objectives and framework of the group. Presenting the group members to one another, establishing the objectives and guidelines of the group, outlining the session structure and the aims of the training program, and clarifying hope according to Schneider's theory.
Second Session: The Importance of Maintaining Hope Revisiting the content from the last session, elaborating on the key principles of hope theory, such as goal establishment, cognitive processes and agency or will, strategizing the journey or planning, and recognizing challenges. Describing and analyzing the development of hope, its importance, and its effect on self-efficacy.
The third session: Establishing your life narrative, revisiting the material from the earlier session, inviting participants to articulate their life stories centered around the key elements of hope theory, which includes goals, engaging group members in pinpointing each other's life narratives, and condensing and summarizing the information presented.
The fourth session: a review of the previous session's story analysis, along with an explanation of the narratives based on the three core elements of hope in Schneider's theory: goal, agent, and pathways. Focus on enhancing active thought by employing positive thinking, reciting affirmative words, and condensing and summarizing information.
The fifth session: offering a collection of current events, going over the material from the last session, introducing participants to planning strategies and how to work with the planning list, as well as addressing the list of identifying appropriate pathways to reach objectives, requesting members to compile a collection of current events and various life aspects themselves, while highlighting the significance of each for their own satisfaction. Condensing and encapsulating the material.
Sixth session: Discussing appropriate objectives Revisiting the material from the last session, highlighting the traits of appropriate objectives according to Schneider's theory, and then motivating individuals to establish goals across various life domains. Understanding how to confront challenges, recognizing the thoughts of deities to alter beliefs and unhelpful attitudes, and learning to manage obstacles by generating alternative solutions through creativity. Consolidating and recapping the information.
Seventh session: Discussing appropriate crossings. Recapping the previous session’s content, highlighting the traits of appropriate crossings, and encouraging group members to identify viable solutions for reaching the established objectives. Teaching how to navigate crossings through a series of incremental steps and designating alternative crossings to group members. Teaching methods for fostering creativity by enhancing thinking and navigation through incremental planning and techniques aimed at bolstering determination, utilizing imaginative methods, mental imagery, exemplars, encouraging self-dialogue, and condensing and recapping the material.
Eighth session: Recapping and wrapping up the prior session's review, offering solutions to develop and sustain

the agent, instructing team members to become hope therapists and implement hopeful thinking daily. This enables them to identify their goals and challenges, establish and uphold the essential elements to attain them, and acknowledge the necessary pathways. Utilizing optimistic thought in everyday life, condensing and recapping the material.

Table 2-Compassion Therapy Protocol.

First session: Initiating initial dialogue, forming groups, outlining the meetings' structure, familiarizing with core principles of compassion therapy and differentiating compassion from pity, evaluating the extent of emotional abuse, detailing and clarifying emotional abuse as well as factors associated with its symptoms, outlining the concept of self-compassion education.
Second Session: Mindfulness practice combined with body and breathing techniques, understanding brain systems linked to compassion, empathy development, and training to recognize and comprehend that individuals ought to approach situations with an empathetic mindset.
The third session: Understanding the traits of compassionate individuals, fostering feelings of compassion, warmth, and kindness for oneself and others, nurturing the awareness that everyone has flaws and struggles (a sense of shared humanity) as opposed to self-defeat and shame, and imparting empathy.
The fourth session: Promoting self-awareness and assessing the degree of compassion in an individual's character concerning educational matters, recognizing the importance of self-compassion and engaging in fostering a compassionate mindset while teaching empathy, sympathy, and forgiveness for oneself and others.
The fifth session: The exercise of nurturing a compassionate mindset through forgiveness, embracing without criticism and promoting acceptance, the capacity to confront diverse challenges, acknowledge issues, and endure tough and testing situations, while recognizing the unpredictability of life.
Sixth session: Engaging in the formation of compassionate imagery, exploring various teaching styles and approaches for expressing compassion (including verbal, practical, cross-sectional, and continuous compassion) and applying these concepts to oneself, partner, children, friends, parents, etc., while fostering the growth of meaningful and elevated emotions.
Seventh session: Instructing on how to compose a caring letter for oneself and others while demonstrating how to document and maintain a diary of actual circumstances rooted in compassion and detailing the individual's conduct in those situations.
Eighth session: Instructing and rehearsing the skills from prior sessions to assist participants in managing various life scenarios differently, offering strategies to preserve and utilize therapeutic skills in everyday life while summarizing the key points.

Results

To assess the hypotheses, multivariate analysis of variance (MANCOVA) and univariate analysis of variance (ANCOVA) techniques were employed.

As shown in table (3), there exists a variation between the pre-test and post-test scores of the experimental groups when contrasted with the control group regarding all three variables of rumination, depression, and false beliefs. Additionally, it appears that the follow-up scores of the experimental groups have not shown substantial changes when compared to the post-test scores. However, a significant analysis of these variations ought to be conducted by scrutinizing and evaluating the research hypotheses.

Table 3- Average and standard deviation of false beliefs, rumination, and depression during the pre-test and post-test phases of the experimental and control groups.

Variable	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Depression	Hope Thrapy	13.55	2.19	7.40	1.69	7.66	1.35
	Compassion Therapy	14.10	2.66	8.90	2.1	8.16	1.35
	Control	14.5	2.93	15.06	3.11	15.1	2.89
Rumination	Hope Thrapy	12.80	2.19	6.00	1.24	6.35	1.27
	Compassion therapy	11.20	1.89	7.00	1.49	6.80	1.02
	Control	11.55	1.94	11.95	1.72	12.36	1.90

False beliefs	Hope Thrapy	17.30	3.71	10.30	2.13	10.25	2.15
	Compassion therapy	16.45	4.03	12.55	2.11	12.50	2.11
	Control	16.40	3.37	16.76	2.97	16.70	2.95

Table 3 presents important findings that summarize the mean and standard deviation across three key stages: pre-test, post-test, and follow-up. This analysis compares the results from three distinct groups. The pre-test stage reflects initial measurements or scores before any intervention took place. Following this, the post-test stage shows the outcomes after the intervention. Finally, the follow-up stage highlights the results at a later time, providing insights into the lasting impact of the intervention. The mean gives an average score for each group at each stage, while the standard deviation indicates the variation in scores within each group. This detailed breakdown allows for a thorough understanding of how each group performed over time.

Hypothesis 1: There is a difference in the effectiveness of hope therapy versus compassion therapy on rumination in employees of organizations in Shiraz city.

Table 4- Showing the disparity in the efficacy of hope therapy versus compassion therapy concerning rumination.

Groups	Mean differences	SD.E	F	Sig.
Hope Therapy- compassion Therapy	-2.41	1.37	3.03	0.09
Hope Therapy- control	2.74	1.37	4.25	0.04
compassion Therapy – Control	_	1.37	14.60	0.001

The post hoc analysis examining the average effectiveness of hope therapy versus compassion therapy on employee rumination indicates that the average difference (2.41) is not statistically significant. Thus, it can be inferred that the impact of hope therapy versus compassion therapy on employees' rumination is similar.

Hypothesis 2: There is a difference in the effectiveness of hope therapy versus compassion therapy on depression among organizational employees.

Table 5- Showing the effectiveness of hope therapy compared to compassion therapy on depression.

Groups	Mean differences	SD.E	F	Sig.
Hope Therapy- compassion Therapy	3.87	1.37	9.16	0.004
Hope Therapy- control	6.69	1.38	14.98	0.001
Compassion Therapy – Control	2.82	1.38	7.54	0.001

A post hoc analysis assessing the average effectiveness of hope therapy relative to compassion therapy on employee depression indicates that the mean difference (3.87) is statistically significant (P<0.01). Thus, it can be determined that compassion therapy is more impactful on depression compared to hope therapy.

Hypothesis 3: The effectiveness of hope therapy compared to compassion therapy is effective on the false beliefs of organizational employees.

Tabe 6- Showing the effectiveness of hope therapy compared to compassion therapy on false beliefs.

Groups	Mean differences	SD.E	F	Sig.
Hope Therapy–Compassion Therapy	3.92	1.37	8.16	0.005
Hope Therapy–Control	6.69	1.38	13.88	0.002
Compassion Therapy–Control	2.82	1.38	6.44	0.001

The post hoc analysis comparing the average effectiveness of hope therapy with compassion therapy on the incorrect beliefs of Shiraz city commandants indicates that the mean difference (3.92) is statistically significant (P<0.01). As a result, it can be determined that hope therapy's effectiveness in

relation to compassion therapy on employees' false beliefs varies, with hope therapy exerting a more significant influence than compassion therapy on these false beliefs.

Discussion and Conclusion

The first hypothesis posited that hope therapy's effectiveness differs from that of compassion therapy regarding rumination among Shiraz city organization employees was disconfirmed. It was determined that the effects of hope therapy compared to compassion therapy on employees' rumination were alike. Certain findings indicated that both hope and compassionate therapies are effective in combating rumination. For example, Jahantigh et al. (2023) explored how hope therapy-based education influences the rumination in women diagnosed with breast cancer. The findings indicated that education based on hope therapy diminished the level of rumination in cancer patients. Ataie Moghanloo and colleagues (2014) demonstrated that group hope therapy had a beneficial impact on the subjective wellbeing, acceptance, and rumination in individuals with HIV+. Asadi et al. (2022) demonstrated that a training program centered on hope-based therapy significantly influences the psychological wellbeing and rumination of parents with children who have cancer. Others discussed that compassion therapy has also an effective impact on rumination, for example, Kalatian et al. (2022); Mousavi et al. (2023); Millard et al. (2023); Vidal and Soldevilla (2023); Khoshvaght et al. (2021). Stroud and Griffiths (2021) found that compassion-focused therapy is an effective method for enhancing mental well-being in adults. The findings of this study indicated that hope therapy and compassion therapy have a similar impact on reducing rumination among employees.

The second hypothesis, there is a difference in the effectiveness of hope therapy versus compassion therapy on depression among organizational employees was not approved.This suggests that the two therapeutic methods can be equally effective in this area. It is important to note that there is little existing research directly comparing the two approaches. Most studies have focused on the effects of hope therapy alone. For instance, Manochehri et al. (2013) showed that found hope therapy to be effective in lowering depression levels in women who had cautious husbands. Similarly, Aladdini et al. (2008) discovered that group hope therapy could significantly reduce depression symptoms in participants. Other studies by Raesian et al. (2010), as well as Bahramian et al. (2014), reinforced these findings, indicating that hope therapy can be an effective tool against depression. Additionally, research by Arnao et al. (2007) showed that hope plays a key role in decreasing both depression and anxiety levels. Overall, while this study compared hope therapy and compassion therapy, it highlights the established benefits of hope therapy in various contexts, especially regarding mental health challenges like depression.

In discussing the efficacy of hope therapy, it can be asserted that the justifications provided by Schneider in his renowned theory of hope for depression and its ruminative effects align closely with the experiences of depression and rumination among employees. He noticed that they were unable to excel in their jobs or staff members who did poorly in their roles and got dismissed. The proponents of hope therapy view as capable of displaying signs of depression, leading to rumination and experiencing depressive disorder, which:

- Their primary objective is obstructed.
- They selected objectives that do not fulfill their needs.
- Having previously encountered failure, they have generalized this experience and are now anticipating failure.
- Their path to achieving the goal is obstructed.
- Lacking the capability to form a different route to achieve the objective.

The instances noted are precisely like the circumstances in which employees who underperformed or failed to meet expectations, or those dissatisfied with their jobs, are observed. Rumination has been increasingly connected to socio-psychological elements in workers. Rumination is a response to the

challenging progression of the illness, the management of a condition with an uncertain outcome, and the unpredictable nature of the disease, the decline in the individual's previous capacity to fulfill responsibilities at work and home, the development of difficulties in maintaining relationships with relatives, family members, partners, children, etc., and the potential impact that the patient has on the organization's productivity. The employee's inadequate performance hinders the achievement of one's goals. Decreased life expectancy leads to a lack of motivation for the individual to set new goals and establish a different route to achieve a path that significantly differs from their prior performance conditions. Through hope therapy, we aim to lessen the harm inflicted on the individual and diminish the severity of depression. Through this intervention, we guide patients to view their lives and objectives from a new perspective. They must feel content with the selection of that objective, it ought to align with their current resources and circumstances, they should explore various methods to achieve their aim, maintain encouraging self-dialogue, anticipate achievement, and break down their goals into manageable parts to experience success. They experience increased motivation. An individual characterizes himself using language. All the aforementioned instances enhance an individual's life expectancy, leading to a reduction in employee turnover.

The third hypothesis concerning the effectiveness of hope therapy compared to compassion therapy highlights differences in addressing false beliefs among employees in the Shiraz city organization. The research supports that hope therapy is markedly effective in comparison to compassion therapy. The statistical data reveals a significant mean difference, indicating hope therapy's superior influence on altering false beliefs among these employees. Thus, it is clear that hope therapy offers a valuable approach to enhance well-being and reshape perceptions, leading to reduced rumination and improved overall performance. The results of this hypothesis are in agreement with the results of the researches of Saleh Abadi and Naemi (2020); Malekzadeh et al. (2023); Khalili Doabi et al. (2020); Stephenson et al. (2018). Research shows that both hope therapy and compassion therapy can help reduce irrational beliefs among employees. These irrational beliefs often lead to negative thoughts and behaviors in the workplace. While both methods are beneficial, studies indicate that hope therapy tends to be more effective than compassion therapy for this specific purpose. This suggests that fostering a sense of hope helps employees challenge and change their irrational beliefs more successfully. In a work environment, where positive thinking can significantly impact morale and productivity, hope therapy may provide a stronger foundation for personal growth and improvement. Employees who engage in hope therapy are more likely to develop a clear vision for the future, which can lead to more constructive attitudes and behaviors in the workplace.

Limitations

The study faced several limitations that impacted its findings. First, there was a noticeable lack of research studies focusing on the subject matter. Despite efforts made, the researcher could not locate a study that compared the two treatment methods in question. This gap in existing literature posed a challenge and limited the ability to draw on previous work. Second, obtaining the agreement from employees within the organization took considerable time. Building trust and ensuring participant satisfaction was essential for their involvement in the research. This process resulted in delays and prolonged the overall timeline of the study. Third, the questionnaire used in the research included a wide range of questions. While this was necessary to gather comprehensive data, it led to some participants feeling bored or overwhelmed. As a result, response times increased, and this affected the treatment process, causing further delays. Lastly, the research was conducted specifically among employees in Shiraz city. Due to this localized focus, the findings cannot be generalized to apply to all provinces or different groups. Each region may have unique factors influencing the results, limiting the broader applicability of this study's conclusions.

Suggestions

1. Future studies should include employees from various organizations. Comparing results across different workplaces can provide valuable insights. Additionally, it is important to research the treatment programs

discussed in this study in different cities. This can help determine if the findings hold true in various settings.

2. Public health officials should utilize the outcomes of this research to design educational and therapeutic services specifically for employee groups within organizations. Tailoring these services to meet the needs of employees can enhance their well-being and productivity.

3. Practical suggestions based on the study's findings include supporting employees who experience job loss or injuries. Hope therapy and compassion therapy can empower these individuals, aiding them in their journey back to work. Providing these therapeutic options can foster resilience and motivation in employees facing challenges.

4. The research showed that hope therapy significantly impacts depression, rumination, and irrational beliefs more than compassion therapy. Therefore, it is crucial to consider implementing additional therapeutic interventions. These interventions should focus on helping injured employees regain a sense of control and direction. This can lead to greater success and progress in their work lives.

5. Hope therapy's effectiveness on irrational beliefs suggests its potential for helping employees change negative thoughts. It would be beneficial to apply hope therapy in organizations across other provinces. This approach can help employees address irrational beliefs and replace them with positive, progress-oriented thoughts. Using hope therapy can lead to better outcomes for employees in various regions, driving their development and success.

References

Aladdini, Z., Kajbaf, M.B., & Molavi, H. (2008). The Effects of Group Hope Therapy on Depression, Hopelessness and Hope of Female Students in Isfahan University. *International Journal of Psychology*, *2*(1), ----. URL: http://ijpb.ir/article-1-113-fa.html

AL-Heeti, K. N. M., Hamid, A. A. R. M., & Alghorani, M. A. (2012). The Irrational Beliefs Inventory: Psychometric Properties and Cross-Cultural Validation of its Arabic Version. *Psychological Reports*, *111*(1), 47-63. https://doi.org/10.2466/02.08.09.PR0.111.4.47-63

American Psychiatric Association. (2022). *Diagnostic and statistical Manual of Mental Disorder (Revised 5 ed)*. Washington: American Psychiatric Association.

Arnau, R., Rosen, D., Finch, J., Rhudy, J., & Fortunato, V. (2007). Longitudinal Effects of Hope on Depression and Anxiety: A Latent Variable Analysis. *Journal of Personality, 7*5, 43-64. https://doi.org/10.1111/j.1467-6494.2006.00432.x

Asadi, P., Farhadi, H., & Golparvar, M. (2022). Effectiveness of Training Package of Hope-Based Therapy Through Cognitive Spiritual Method on the Psychological Wellbeing and Rumination of the Parents of the Children with Cancer. *Medical Journal of Mashhad university of Medical Sciences*, *64*(3), 3253-3268. doi: 10.22038/mjms.2022.19633

Ataie Moghanloo, R., Ataie Moghanloo, V., Babapour –Kheiroddin, J., Poursharifi, H., Pishvaei, M. (2014). The effect of Group Hope Therapy on subjective wellbeing, acceptance and rumination in HIV+ patients. *Journal of Kermanshah University of Medical Sciences, 18*(5), e74095. https://doi.org/10.22110/jkums.v18i5.1763.

Bahramian, J., Zahrakar, K., & Rasouli, M. (2014). The effect of hope based group therapy approach on the severity of depression in multiple sclerosis patients. *Iranian Journal of Rehabilitation Research in Nursing, 1*(1), 12-22.

Bardak, F. (2024). Depresyon hastalarında ruminasyon ve bilişsel esneklik düzeylerinin i ncelenmesi. *Cukurova Anestezi Ve Cerrahi Bilimler Dergisi*, *7*(1), 1-7.

Beck, A. T., Steer, R. A., Ball, R., & Ranieri, W. (1996). Comparison of Beck Depression Inventories -IA and -II in psychiatric outpatients. *Journal of personality assessment, 67*(3), 588–597. https://doi.org/10.1207/s15327752jpa6703_13

Beck, A. T., Steer, R.A., & Garbin, M.G. (1988) Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.

Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961) An inventory for measuring depression. *Archives of General Psychiatry*, *4*, 561-571.

Davis, R. N. & Nolen Hokesema, S. (2000). Cognitive inflexibility among ruminations and on ruminators. *Cognitive Therapy and Research, 24*, 699-711.

Demaria, T. and Kassinove, H. (1988) Predicting guilt from irrational beliefs, religious affiliation, and religiosity. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6*(4), 259-272.

Ellis, A. (2003). *Overcoming resistance: A rational emotive behavior therapy in degraded approach* (2nd Ed.). New York: Springer.

Estévez, A., Jáuregui, P., Momeñe, J., Macía, L., & Etxaburu, N. (2022). Mediating role of rumination between anger and anxious-depressive symptomatology in family members [of people with gambling disorder. *Journal of Gambling Studies*, 39(3), 1225-1238.

Gall, M.D., Gall, J.P., & Borg, W.R. (1996). *Educational Research: An Introduction. (6th Eds)*, Longman Publishers USA. Translated by Nasr, A.R., Oreyzi, H.R., Abolghasemi, M., Bagheri, K., Alamatsaz, M.H., Pakseresht, M.J., Delavar, A., Kiamanesh, A.R., Khoynezhad, G.R. (2023). Tehran: Samt Publications.

Golzari, M. (2014). Effectiveness of hope therapy training by using positive stress coping methods in women with addicted husbands. *Journal of Sciences*, *6*(21), 78-90.

Groth-Marnat, G. (1990). *The handbook of psychological assessment* (2nd ed.). New York: John Wiley & Sons.

Hamidi, R., Fekrizadeh, Z., Azadbakht, M., Garmaroudi, G., Taheri Tanjani, P., Fathizadeh, S., & Ghisvandi, E. (2015). Validity and reliability Beck Depression Inventory-II among the Iranian elderly Population. *Journal of Sabzevar University of Medical Sciences*, *22*(1), 189-198.

Hojat, M., Shapurian, R., Mehrya, A.H., (1986). Psychometric properties of a Persian version of the short form of the Beck Depression Inventory for Iranian college students, *Psychological Reports*, *59*(1), 331-338.

Jahantigh, M.,, Kondori Fard, N., & Rezaee, N. (2023). Effect of Hope Therapy-based Education on the Rumination of Women With Breast Cancer. *Iran Journal of Nursing, 35*(139), 454-465. SID. https://sid.ir/paper/1069917/en

Jones, R.A. (1968) A factored measure of Ellis' irrational belief system with personality and maladjustment correlates. *Dissertation Abstracts International, 29*(11-B), 4379- 4380.

Kalatian, M., Salehzadeh, M., & Bakhshayesh, A. (2022). Effectiveness of Mindfulness-Based Compassion Therapy on Despair and Rumination in Older Adults. *Elderly Health Journal, 8*(1), 43-48. URL: http://ehj.ssu.ac.ir/article-1-254-en.html

Karimi, F., Nikoy, E., Nikkhah, L., Asode, Z., and Babaei, M. (2016). The Relationship Between Irrational Beliefs, Controlling Source, and Attitude to Delinquency Among High School Students. *Criminal Law Research, 7*(2), 223-243.

Khalili Doabi, M., Goodarzi, K., Karimi, J., & Roozbahani, M. (2020). Comparison the Effectiveness of Hope Therapy and Cognitive Behavioral Psychotherapy on Anger and Anxiety of Adolescents. *Journal of Social Psychology, 58*, 177-188.

Khoshvaght, N., Naderi, F., Safarzadeh, S., & Alizadeh, M. (2021). The Effects of Compassion-focused Therapy on Anxiety and Depression in the Mothers of Children With Cerebral Palsy. *Arch Hyg Sci, 10*(3), 225-34. https://doi.org/10.32598/ahs.10.3.225.

Li, H., Lee, B., Reyneke, T., Haque, S., Abdullah, S. Z., Tan, B. K. W., Liddell, B., & Jobson, L. (2022). Does culture moderate the relationships between rumination and symptoms of posttraumatic stress disorder and depression?. *PloS one, 17*(11), e0278328. https://doi.org/10.1371/journal.pone.0278328

Li, W., He, Y., & Xiao, J. (2023). Rumination as a moderating factor for different dimensions of depressive and anxiety symptoms in adolescents with subthreshold depression: A multi-wave longitudinal study. *International Journal of Mental Health and Addiction*. Advance online publication. https://doi.org/10.1007/s11469-023-01194-9

Liang, L.J., & Lee, Y.H. (2019). Factor Structure of the Ruminative Response Scale and Measurement Invariance across Gender and Age among Chinese Adolescents. *Advances in Applied Sociology, 9*, 193-207. https://doi.org/10.4236/aasoci.2019.96016

Lohr, J.M. and Parkinson, D.L. (1989) Irrational beliefs and bulimia symptoms. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 7*(4), 253-262.

Malekzadeh, A., Aslami, E., Bakhtiari, S. (2023). The Effectiveness of Cognitive Hope Therapy Training on Feelings of Shame and Guilt in Women in Garmsar City. *Quarterly Journal of Women and Society, 13*(52), 1-16.

Manouchehri, M., Golzari, M., & Kordmirza, E. (2015). The Effectiveness of Hope Therapy on Reducing Depressive in Women That Have Addict Husband. *Psychological Models and Methods, 5*(18), 25-38.

Millard, L.A., Wan, M.W., Smith, D.M., & Wittkowski, A. (2023). The effectiveness of compassion focused therapy with clinical populations: A systematic review and meta-analysis. *J Affect Disord, 326*, 168-92. [PubMed ID: 36649790]. https://doi.org/10.1016/j.jad.2023.01.010.

Mousavi, S., Mousavi, S., Shahsavari, M.R. (2023). Effectiveness of Compassion-Focused Therapy on Social Anxiety and Rumination Among Female Heads of Households. *J Clin Res Paramed Sci, 12*(2), e139058. https://doi.org/10.5812/jcrps-139058.

Munoz-Eguileta, A. (2007) Irrational beliefs as predictors of emotional adjustment after divorce. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 25*(1), 1-16.

Nasr Esfahani, A., & Heydari Agha Goli, P. (2019). The effect of jealousy in the workplace on employees' deviant behavior. *Improvement and Transformation Management Studies, 28*(91), 119-138.

Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250.

Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: two different ways of relating to oneself. *Journal of Personality, 77*(1), 23–50.

Neff, K. D., Kirkpatrick, K., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 41*(1), 139–154.

Park, L.T., & Zarate Jr, C.A. (2019). Depression in the primary care setting, *New England Journal of Medicine, 380*(6), 559-568.

Prochaksa, J., Norcross, J.C. (2014). *Theory of psychotherapy (systems of psychotherapy)*, translated by Yahya Seyed Mohammadi (2015), 12th edition, Tehran: Rovan Publications

Raesian, A.S., Golzari, M., & Borjali, A. (2011). Effectiveness of Hope Therapy on Reducing Depressive Symptoms and Preventing of Relapse in Cure-Seeker Women with Dependency to Narcotic Drugs. *etiadpajohi, 5*(17), 21-40. URL: http://etiadpajohi.ir/article-1-358-fa.html

Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.) (2017). *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. Wolters Kluwer.

Saleh Abadi, A., and Naemi, A. (2020). Effectiveness of Self-Compassion training on hope and Irrational Beliefs in Mothers of Children with Learning Disabilities. *Psychology of Exceptional Individuals, 10*(39), 157-178. doi: 10.22054/jpe.2021.47203.2058

Sander, J., Moessner, M., & Bauer, S. (2021). Depression, Anxiety and Eating Disorder-Related Impairment: Moderators in Female Adolescents and Young Adults, *Int. J. Environ. Res.Public Health, 18*(5), 2779.

Shafiabadi, A., & Naseri, G. (2013). *Counseling and psychotherapy theories*. Tehran: Academic Publishing CenterURL: http://ijrn.ir/article-1-37-en.html

Shiralinia, K., Cheldavi, R., and Amanelahi, A. (2018). The effectiveness of compassion-focused psychotherapy on depression and anxiety of divorced women. *Journal of Clinical Psychology, 10*(1), 9-20. doi: 10.22075/jcp.2018.13055.1272

Steer, R. A., Rissmiller, D. J.& Beck, A.T., (2000) Use of the Beck Depression Inventory with depressed geriatric patients. *Behaviour Research and Therapy, 38*(3), 311-318.

Stephenson, E., Watson, P. J., Chen, Z. J., & Morris, R. J. (2018). Self-compassion, self-esteem, and irrational beliefs. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues, 37*(4), 809–815. https://doi.org/10.1007/s12144-017-9563-2

Stroud, J., & Griffiths, C. (2021). An evaluation of compassion-focused therapy within adult mental health inpatient settings. *Psychol Psychother, 94*(3), 587-602. [PubMed ID: 33629804]. https://doi.org/10.1111/papt.12334.

Treynor, W., Gonzalez, R., & Nolen-Hoeksema, S. (2003). Rumination Reconsidered: A Psychometric Analysis. *Cognitive Therapy and Research, 27*, 247-259. https://doi.org/10.1023/A:1023910315561

Vidal, J., & Soldevilla, J.M. (2023). Effect of compassion-focused therapy on self-criticism and self-soothing: A meta-analysis. *Br J Clin Psychol, 62*(1), 70-81. [PubMed ID: 36172899]. [PubMed Central ID: PMC10087030]. https://doi.org/10.1111/bjc.12394.

Wang, B., Zhao, Y., Lu, X., & Qin, B. (2023). Cognitive distortion based explainable depression detection and analysis technologies for the adolescent internet users on social media. *Frontiers in Public Health*, 10.

Woods, P.J. (1992) A study of "belief" and "non-belief" items from the Jones Irrational Beliefs Test with implications for the theory of RET. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 10*(1), 41-52.

Zrenner, B., Zrenner, C., Gordon, P.C., Belardinelli, P., McDermott, E.J., Soekadar, S.R., Fallgatter, A.J., Ziemann, U., & Müller-Dahlhaus, F. (2020). Brain oscillation-synchronized stimulation of the left dorsolateral prefrontal cortex in depression using real-time EEG-triggered TMS, *Brain Stimulation, 13*(1), 197-205.