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Stress

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: Counseling program :

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:Positive Psychology :

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Positive Psychology

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buffering

instilling hope

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:Psychological Adjustment :

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(Feldman: 1996, p.679 –Wade &Travis: 1996, p.G.1)

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: Diabetes :

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Positive Psychology :

Psychotherapy

(Seligman: 2002, pp3-9)



: ) Positive Psychology

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Leak & Leak: .

(2006, Pp.207-223)

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M. Seligman "

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Mihali Ntminalyi

" Client "



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(Martin: 2005, PP.

111- 131)

(Crabtree: 2006, p.1-3)

Industrial Field

(Skinner & Kelley: 2006, P.77-93)

(Sandra, et.al: 2007, P.30-40)

Quality of Life

. (Wigand, et.al: 2005, PP. 3-25)

Educational Field

Trejensen, et.al 2004

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( Trejensen, et.al: 2004, P.163-172)

(Jenson, et.al: 2004, p.67-79).

Clinical Field .

(Easterbrook: 2001, P.20-23)

Psychotherapy

Positive Psychotherapy

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(Seligman, et.al: 2006, PP. 774- 788)

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(Sandra, et.al: 2007, P.30-40)

Clinical Psychology

diagnosis

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:developmental -

:preventive -

:therapeutic -



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:Positive development

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(Littile & Littile: .

2004, Pp.155- 162)

Positive Prevention :

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Prevention  
Positive

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.(Seligman: 2002, PP. 3-9)

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adolescent .

Schizophrenia

.(Seligman: 2002, PP. 3-9)

:Treatment :



## Psychotherapy

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(Seligman: 2002, PP 3-9)

(Kelly: 2003, Pp.47-72)

Delinquent

(Ibid: 2003, p.48)

buffering

instilling hope

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Narration

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emotional intelligence

Seligman

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## Hope Treatment

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## Self forgetfulness



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Gardener

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: *Self Efficacy*

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(Wigand, et.al: 2005, P. 3-25)

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(Linley: 2006, PP. 313- 322)

Seligman, et.al: 2006, P. )

(338- 345

Harris, et.al 2007

Harris, et. al: )

(2007, P. 3-13



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(Trejensen,et.al: 2004, P.163- 172, Ingram& Snyder: .  
(2006, P. 117-122& Skalvic & Skalvik: 2007, PP. 611- 625)

Kashdan

Social Anxiety

(Kashdan: 2002, P. 799- 810)

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" Ingram & Snyder

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(Ingram

. & Snyder: 2006, P.117-122)

: Alex Linley " "

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(Linely: 2005, PP. 313- 322)

: Lopez, et.al

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(Lopez, et.al: 2006, p.205-221)

Seligman, M et.al 2006

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Positive Psychotherapy

Seligman, )

(et.al: 2006, PP. 774- 788

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Sandra,et.al

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Sandra,et.al: 2007, P.30-40)

: Harris, et.al

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(Harris, et.al: 2007, P. 3-13)

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هل لك أقارب مصابون بمرض السكري؟		
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. Contrast Validity : -

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العبارة	معامل الارتباط								
١	٠,٦٣	١٧	٠,٣٤	٣٣	٠,٥١	٤٩	٠,٧٥	٦٥	٠,٦٧
٢	٠,٤٠	١٨	٠,٤١	٣٤	٠,٥٠	٥٠	٠,٤٢	٦٦	٠,٦٨
٣	٠,٣٥	١٩	٠,٤٩	٣٥	٠,٩٢	٥١	٠,٥٠	٦٧	٠,٤٣
٤	٠,٧٦	٢٠	٠,٦٤	٣٦	٠,٤٨	٥٢	٠,٦٥	٦٨	٠,٨٦
٥	٠,٤٨	٢١	٠,٥٨	٣٧	٠,٦٨	٥٣	٠,٥٢	٦٩	٠,٥٣
٦	٠,٣٦	٢٢	٠,٦٣	٣٨	٠,٩٣	٥٤	٠,٧٤	٧٠	٠,٤٤
٧	٠,٦١	٢٣	٠,٧٧	٣٩	٠,٦٩	٥٥	٠,٩١	٧١	٠,٦٩
٨	٠,٦٢	٢٤	٠,٣٧	٤٠	٠,٤٩	٥٦	٠,٥٧	٧٢	٠,٥٤
٩	٠,٩٢	٢٥	٠,٩٥	٤١	٠,٧٠	٥٧	٠,٩٧	٧٣	٠,٩٣
١٠	٠,٩٤	٢٦	٠,٣٨	٤٢	٠,٧١	٥٨	٠,٩٦	٧٤	٠,٤٥
١١	٠,٥٩	٢٧	٠,٩٥	٤٣	٠,٧٦	٥٩	٠,٤٦	٧٥	٠,٩٧
١٢	٠,٨٧	٢٨	٠,٥٩	٤٤	٠,٣٩	٦٠	٠,٨٥	٧٦	٠,٨٤
١٣	٠,٧٣	٢٩	٠,٩١	٤٥	٠,٩٥	٦١	٠,٤٧	٧٧	٠,٥٦
١٤	٠,٧٨	٣٠	٠,٩٠	٤٦	٠,٧٠	٦٢	٠,٧٣	٧٨	٠,٧٤
١٥	٠,٥٩	٣١	٠,٧٩	٤٧	٠,٧٢	٦٣	٠,٨٠	٧٩	٠,٨١
١٦	٠,٩٢	٣٢	٠,٨٩	٤٨	٠,٩١	٦٤	٠,٩١	٨٠	٠,٨٩

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الأبعاد	المجموعة	ن	م	ع	ت	الدلالة
التوافق الشخصي	ذكور	١٠٠	٣٤٦٧	٥١٣	٣,٠٥	دالة عند مستوى ٠,٠١
	إناث	١٠٠	٣٢١٢	٤١٨		
التوافق الصحي	ذكور	١٠٠	٣٤٩٤	٤٢٩	٥,٢٠	دالة عند مستوى ٠,٠١
	إناث	١٠٠	٣٢١٣	٣٣٨		
التوافق الأسري	ذكور	١٠٠	٣٢٤٧	٥١٤	٣,٢٨	دالة عند مستوى ٠,٠١
	إناث	١٠٠	٣٤٩٥	٥٤٨		
التوافق الاجتماعي	ذكور	١٠٠	٣٤٩١	٤٦٢	٤,٤٨	دالة عند مستوى ٠,٠١
	إناث	١٠٠	٣٢١٢	٤١٣		
التوافق العام	ذكور	١٠٠	١٣٦٩٩	١٩١٨	٣,٠٣	دالة عند مستوى ٠,٠١
	إناث	١٠٠	١٣٠٣٢	١٧١٧		

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Test - retest :

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الأبعاد	ن	معامل الارتباط	مستوى الدلالة
التوافق الشخصي	٢٠٠	٠,٦٧	دالة عند ٠,٠١
التوافق الصحي	٢٠٠	٠,٧٩	دالة عند ٠,٠١
التوافق الأسري	٢٠٠	٠,٧٣	دالة عند ٠,٠١
التوافق الاجتماعي	٢٠٠	٠,٨٣	دالة عند ٠,٠١
التوافق العام	٢٠٠	٠,٧٥	دالة عند ٠,٠١

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Split-Method :

Spearman - Brawn

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الأبعاد	ن	معامل الارتباط	مستوى الدلالة
التوافق الشخصي	٢٠٠	٠٥٨	دالة عند ٠.٠١
التوافق الصحي	٢٠٠	٠٦٥	دالة عند ٠.٠١
التوافق الأسري	٢٠٠	٠٧٣	دالة عند ٠.٠١
التوافق الاجتماعي	٢٠٠	٠٧٨	دالة عند ٠.٠١
التوافق العام	٢٠٠	٠٧٨	دالة عند ٠.٠١

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individual counseling: -

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Positive Psychological Counseling :

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ideas modification

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مرضى السكر قبل خضوعهم للبرنامج العلاجي ن=٤٠			نوع التوافق
ع	م	ت	
٤,٩٥	٨٢,١٣	١٧٤٩	توافق عام
٢,١٠	٢٠,٦٠	٤٠٦	توافق شخصي
٣,٤٨	٢٠,١٠	٤٤٥	توافق صحي
١,٩٧	٢٠,٨٣	٤٤٧	توافق أسري
٢,٢٦	٢٠,٤٠	٤٥١	توافق اجتماعي

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مرضى السكر بعد خضوعهم للبرنامج العلاجي ن=٤٠			نوع التوافق
ع	م	ت	
٤,٩٥	٨٢,١٣	٣٢٨٥	توافق عام
٢,١٠	٢٠,٦٠	٨٢٣	توافق شخصي
٣,٤٨	٢٠,١٠	٨٠٤	توافق صحي
١,٩٧	٢٠,٨٣	٨٣٣	توافق أسري
٢,٢٦	٢٠,٤٠	٨٢٥	توافق اجتماعي

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دلالة ت	ت	عينة مرضى السكر بعد الخضوع للبرنامج ن=٤٠			عينة مرضى السكر قبل الخضوع للبرنامج ن=٤٠			نوع التوافق
		ع	م	ت	ع	م	ت	
دالة عند مستوى ٠,٠١	٣٩,١٨-	٤,٩٥	٨٢,١٣	٣٢٨٥	٣,٦٤	٤٣,٧٣	١٧٤٩	توافق عام
دالة عند مستوى ٠,٠١	٢١,٧٧-	٢٠,١٠	٢٠,٦٠	٨٢٣	٢,١٠	١٠,١٥	٤٠٦	توافق شخصي
دالة عند مستوى ٠,٠١	١٣,١٩-	٣,٤٨	٢٠,١٠	٨٠٤	٢,٤٢	١١,١٣	٤٤٥	توافق صحي
دالة عند مستوى ٠,٠١	١٥,٨٢-	٢٠,٩٧	٢٠,٨٣	٨٣٣	٢,٣٦	١١,١٨	٤٤٧	توافق أسري
دالة عند مستوى ٠,٠١	١٨,٦١-	٢,٢٦	٢٠,٤٠	٨٢٥	٢,١٠	١١,٢٨	٤٥١	توافق اجتماعي

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Seligman, et.al.2006

(Seligman, et.al:2006, Pp.774-

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## Efficacy of using some techniques of Positive Psychology in improving level of The psychological adjustment for a sample of diabetic patients

### *Abstract*

Diabetic disease is one of the Chronic diseases that many children, youth and men may have. There are a lot of side effects in Somatic, Physical, Psychological, Social and Sexual disorders as results of Diabetic Disease. There is a strong relation between diabetic disease and Psychological disorder such as psychological stresses, so diabetic patients suffers from a lot of psychological disorders and mal psychological adjustment, and this disease will stay with the patient as a friend for along time. and hence, the patient is in need of achieving acceptance and agreement with this disease avoiding to any side effects, so this study aimed to improving level of psychological adjustment for a sample of diabetic patients by using some techniques of Positive Psychology. The sample of this study consisted of forty(40) diabetic patients divided into two groups , one were the patients from Tanta University hospital and the other were the patients from Mahalla hospital, The main age of the whole sample was 40,10 years .The tools of this study were a form of collecting main data prepared by researcher, the psychological adjustment scale, prepared by Dr. Zinab Shoker and the Counseling program which prepared by the researcher and based on some principles of positive psychology. The results confirmed (proved) improving in the level of psychological adjustment for the diabetic patients. The main conclusion of this study: there is efficacy of counseling program which biased on principles of positive psychology and positive counseling in improving level of the psychological adjustment for a sample of diabetic patients.

