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Primary And Secondary Capacities in Post-Traumatic Stress Disorder (PTSD) Patients in terms of Positive Psychotherapy

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Abstract
The aim of this study is to reveal the relationship between primary and secondary capacities with the Wiesbaden Positive Therapy and Family Therapy Inventory (WIPPF-2) among people having Post Traumatic Stress Disorder (PTSD). Participants of this study consisted of 50 volunteers, PTSD patients, who were observed in the Psychiatry Department of Gülhane Military Hospital in Ankara, Turkey, as an in-patient or out-patient. A control group consists of 50 volunteers with an absence of any specific psychiatric diagnosis. All participants were asked to answer the self-evaluation scale Wiesbaden Positive Psychotherapy and Family Therapy Inventory, the Beck Depression Inventory, and the Impact of Event Scale (Revised).

According to the analysis, there was a negative relationship between the depression inventory scores of patients who were diagnosed with PTSD and their secondary and primary capacities**.** It was observed that PTSD patients show less levels of primary capacities than secondary capacities. Since primary capacities tend to be more related to emotional needs and emotional relations, these capabilities seemed to be more affected by PTSD and less developed.
Keywords: Positive Psychotherapy, PTSD, primary capacities secondary capacities

Travma Sonrası Stress Bozukluğu Vakalarında Pozitif Psikoterapi Bağlamında Birincil ve İkincil Yeteneklerin İncelenmesi

Özet
Bu çalışmanın amacı, travma sonrası stres bozukluğu olan bireylerde Wiesbaden Pozitif Psikoterapi ve Aile Terapisi Envanterinde belirtilen birincil ve ikincil yetenekler arasındaki ilişkinin ortaya konulması amaçlanmıştır.

Araştırmanın katılımcıları Gülhane Askeri Tıp Fakültesi Ruh Sağlığı ve Hastalıkları Kliniğinde ayaktan ve yatarak takip edilen gönüllü 50 TSSB hastasından ve kontrol grubu olarak da herhangi bir psikiyatrik tanısı olmayan gönüllü 50 kişiden oluşmaktadır. Bireylerden Wiesbaden Pozitif Psikoterapi ve Aile Terapisi Envanterini, Beck Depresyon Ölçeğini ve Olayın Etki Ölçeğini doldurmaları istendi.

Yapılan analizlerin sonuçlarına göre, TSSB tanısı almış kişilerin depresyon ölçek puanları ile ikincil ve birincil yetenekler arasında negatif yönde ilişkili olduğu bulunmuştur. TSSB hastalarının birincil yeteneklerinin ikincil yeteneklere göre daha az geliştiği görülmüştür. Bulgular, Pozitif Psikoterapi bağlamında tartışılmıştır.
Anahtar Kelimeler: Pozitif Psikoterapi, TSSB, birincil yetenekler, kkincil yetenekler

Introduction

Traumatic events, such as traffic accidents, natural disasters, armed assaults, rapes, and so on, sometimes seem to be inevitable in people's lives. This suggests that some preparative factors could play an important role as to whether an event's impact is seen to be traumatic, or the extent to which it is traumatic. Genetic, biological and psychological predispositions such as: age, gender, social and cultural conditions, childhood adversities, negative life events, lack of social support and functionality, and any family history of psychiatric illness, can facilitate the emergence of such an effect (Bryant & Harvey, 1995).

In the treatment of stress disorders that often emerge after a traumatic event, attachment, interpersonal functioning, physical and psychological balance, and also social functioning disorders pose challenges for clinicians (Robertson et al., 2004). Despite there being a significant interest for the treatment of this disorder in both academic and clinical levels, there has not been a "gold standard" treatment program for stress disorder outlined in the scientific literature, nor any generally accepted treatment approach by clinicians (McFarlane & Yehuda, 2000).

According to Peseschkian (1996, 2002), Positive Psychotherapy is an approach that has its own theoretical explanations and techniques, and, at the same time, it incorporates other therapeutic approaches. Positive Psychotherapy has a primarily positive approach to human nature; it looks at the existing and developable capacities first. Differently from the classical psychoanalytic approach, it indicates that people do not behave only from sexual and aggressive impulses (Peseschkian, 2002). It defends the position that specific capacities and capabilities are important in people's lives. Positive Psychotherapy indicates that people are born with two fundamental basic capacities (Peseschkian, 1996). The first of these capacities is the ability to love, and the second is to know or understand. The capacities to love and to know are seen as congenital. Depending on the capacity to love, other primary capacities emerge: capacities such as love, patience, time, sexuality, contact, hope, trust and faith are included in this group of primary capacities. Depending on the basic capacity of knowing, the secondary capacities develop (Peseschkian, 1987, 2002): these are the capacities such as orderliness, cleanliness, punctuality, honesty, politeness, achievement, reliability, obedience, faithfulness, thrift and justice. Primary and secondary capacities are inter-related: primary capacities are mostly related to the emotional aspects of a person and the secondary capacities are mostly related with their behavioral aspects (Peseschkian & Walker, 1987).

Both an over- and an under-development of the primary and secondary capacities are sources of substantial problems. Under-development of a capacity means a failing to be able to use that capacity. Over-development of capacities means the person is using their energy at a high

level and being over-active in that area (Peseschkian, 1997). Acting at such high energy levels consumes the individual and eventually causes problems to emerge. For this reason, the use of all these capacities in a balanced way is very important for a person's physical and mental health (Peseschkian & Walker, 1987). These explanations are obviously very theoretical. However, testing the validity of theoretical explanations with research can contribute to the literature as well as to therapeutic understanding.

In the literature, no studies about post-traumatic stress disorder being treated with Positive Psychotherapy were found. This study is intended to give an idea about what particular capacities should be emphasized while applying Positive Psychotherapy to PTSD patients.

The aim of this study is to reveal the relationship – if any – between the primary capacities (love, patience, time, tenderness &/or sexuality, contact, hope, trust and faith &/or meaning) and the secondary capacities (orderliness, cleanliness, punctuality, openness &/or honesty, politeness, achievement, reliability, obedience, faithfulness, thrift and justice) that are mentioned in the Wiesbaden Inventory of Positive Psychotherapy and Family Therapy (WIPPF-2) in patients with post-traumatic stress disorder (PTSD).

Method and material

Participants

The participants in the study consisted of 50 volunteer patients, all with PTSD, who were being treated in the Department of Psychiatry, Gülhane Military Medical School, in both out-patient and in-patient settings, and with a control group consisting of 50 similar volunteers with no psychiatric diagnoses. Ethics committee approval and informed consent forms regarding the study were obtained for all participants.

Patients were diagnosed with PTSD, by applying clinical observation, interview, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and the Clinician Administered PTSD Scale (CAPS).

The criteria for inclusion in the study were: being 18 years of age or older; having enough education to understand the tests and structured interview forms (at least, primary school level); volunteering to participate in the study; being diagnosed with PTSD in accordance with the SCID-1, SCID-2 and DSM-IV diagnostic criteria; and not having a history of alcohol or drug use. After performing the face-to-face interviews with individuals who met these criteria, the demographic history and the data were obtained by filling the case report form, prepared by researchers. Then, the individuals were asked to fill in the Wiesbaden Inventory of Positive Psychotherapy and Family Therapy (WIPPF-2), the Beck Depression Inventory (BDI) and the Impact of the Event

Scale-Revised (IES-R).

Data Collection Tools

Wiesbaden's Inventory of Positive Psychotherapy and Family Therapy (WIPPF-2) was developed by Peseschkian and Deidenbach (1988). The WIPPF-2 version with 88 items, adapted by A. Remmers in 1995 for international use, was used this study. This is a four-point Likert-type scale to measure the structures of Positive Psychotherapy, such as primary and secondary capacities. It was adapted into Turkish by Sari at al. (2010). Both exploratory and confirmatory factor analysis studies were carried out while adapting the scale. According to the results of second level factor analysis that were performed for the primary and secondary capacities, capacities were found in two factors, namely primary and secondary capacities. According to the results of confirmatory factor analysis, it was found that; Chi square value = 398.49; degrees of freedom = 151; and RMSEA = 0.074. When results are evaluated in terms of the equilibrium model; it was found that the Chi square value = 2.52; degrees of freedom = 2; and RMSEA = 0.029, respectively. When results were evaluated in terms of the quad model, it was found that the Chi square value = 0.02; degrees of freedom = 2; and RMSEA = 0.00. In the study, the reliability of the sub scales were analyzed by Cronbach's Alpha technique. According to the results, the Cronbach's Alpha reliability was found to be 0.77 for the secondary capacities, and 0.75 for the primary capacities (Sari et al., 2010).

Beck Depression Inventory (BDI): This was developed by A.T. Beck to determine the potential risks of depression in healthy individuals and groups of patients and to measure the level of depressive symptoms and changes in the severity. It includes 21 self-assessment statements and provides four-point Likert-type measurements (Beck, 1961).

Impact of Event Scale (IES-R): This was prepared by Weiss and Marmar (1997) according to the American Psychiatric Association PTSD (Post Traumatic Stress Disorder) criteria. The original IES was developed by Horowitz et al. (1996) to evaluate-traumatic stress symptoms. It includes 22 self-assessment statements and provides four-point Likert-type measurements.

Scale Structured Clinical Interview for DSM-IV Axis Disorders (SCID-1): This was developed by First et al. in 1997. Axis-1 is a structured clinical interview schedule, administered by an interviewer, to investigate the psychiatric disorder diagnoses. Information resources are: patients, the patients' family and relatives, clinical observations and medical sources. The application takes about 30-60 minutes. A validity and reliability study in Turkish was carried out by Özkürkçügil et al. with the name of 'Structured Clinical Interview for DSM-IV Axis-1 disorders'. (First et al., 1997; Özkürkçügil et al., 1999).

Clinician Administered PTSD Scale (CAPS): This was developed by Blake et al. to evaluate PTSD symptoms, to monitor the effectiveness of treatments, and to diagnose PTSD in patient groups. Each item provides a five-point Likert-type measurement. A validity and reliability study in Turkish was carried out by Aker (Blake, 1995; Aker et al., 1999).

Statistical Methods

Statistical analysis of the collected data was performed using a SPSS-15.0 package program, where frequency and distribution of percentages were used in the analysis of the demographic characteristics of the participants. A Pearson correlation analysis was used to examine the relationships between variables in the study. At least $p < 0.05$ level was considered statistically significant in the analysis of the data.

Results

In the study, a group of 50 men diagnosed with PTSD between the ages of 20 and 44, were the experimental group. The average age of participants was 32. The control group consisted of 50 male participants, without any psychiatric diagnosis, between the ages of 21 and 53: the average age of this group was 29.

17 (34%) of the experimental group had no significant job, and 18 (34%) of the control group had no job. Individuals participating in the study were also evaluated in terms of their education level: 17 (34%) were primary school graduates, 24 (48%) were high school graduates and 9 (18%) were college graduates in the experimental group. In the control group, 15 (30%) were primary school graduates, 24 (52%) were high school graduates, and 9 (18%) were college graduates.

The relationships between the Beck Depression Inventory and the IES-R and the primary and secondary capacities, were evaluated using Pearson's correlation technique. Relationships between the variables are included in the Tables 1, 2, 3 and 4 (at the end).

Table 1 shows the relationship between BDI and the secondary capacities in the experimental group. According to the results, negative significant relations were found between BDI and politeness ($r = -.40$ $p < .01$), honesty ($r = -.34$ $p < .05$), achievement ($r = -.32$ $p < .05$), obedience ($r = -.36$ $p < .01$), and justice ($r = -.36$ $p < .01$). The same table shows the relationship between secondary capacities and BDI in the control group. According to the results, no significant relationship was observed between BDI and secondary capacities ($P < .05$).

Table 2 shows the relationship between BDI and the primary capacities in the experimental group. According to the results, negative significant relationships were found

between BDI and patience (r = - .48 p <.01), time (r = - .48 p <.01), contact (r = - .52 p <.01), trust (r = - .58 p <.01), hope (r = - .59 p <.01), sexuality (r = - .36 p <.01), love (r = - .59 p <.01), and faith (r = - .30 p <.05). When we look at the capacities of the control group, negative significant relations were found between BDI and patience (r = - .59 p <.01), contact (r = - .41 p <.01), trust (r = - .25 p <.01), hope (r = - .39 p <.01) and love (r = - .30 p <.01).

Looking at **Table 3**, the relationship between secondary capacities and the IES-R in the experimental group is seen. According to the results, no significant relationship was observed between IES-R and the secondary capacities (P <.05). In the same way, the relations between the secondary capacities and the IES-R in the control group is seen. According to the results, no significant relationship was observed between the IES-R and the secondary capacities (P <.05)

When we look at the **Table 4**, the relations between the primary capacities and the IES-R in the experimental group is shown. Negative significant relationships were found between IES-R and time (r = - .34 p <.05), contact (r = - .37 p <.01), trust (r = - .41 p <.01), hope (r = - .37 p <.01), love (r = - .31 p <.05) and belief (r = - .36 p <.05). The relations between the primary capacities and the IES-R in the control group are also shown. According to the results, no significant relationship was observed between the IES-R and primary capacities (P <.05)

Discussion

In this study, the relationships between trauma and the primary and secondary capacities that are found in the description structures of Positive Psychotherapy, were studied in patients with traumatic injuries. According to the results of the analyses, it was found that there was a negative relationship between the depression scale scores and politeness, honesty, achievement, obedience, and justice (primary capacities) and patience, time, contact, trust, hope, sexuality, love, and faith (secondary capacities) in persons with a diagnosis of PTSD. In other words, there seems to be a correlation between the depressive symptoms and these capacities, because these capacities mentioned are not being used.

On the other hand, considering the IES-R scores of patients with a diagnosis of PTSD, only, time, contact, trust, hope, love, and faith (the primary capacities) were found to be negatively associated. Like the depression scale scores, traumatic stress symptoms were observed when these capacities were not being used.

No other study that shows any relationships between, trauma and primary and secondary capacities from the structures of Positive Psychotherapy have been found in the literature. So, this study is intended to correct the lack of any previous evidence on this subject.

In Positive Psychotherapy, the ‘capacity of patience’ means supporting the appropriate

development of capacities, despite the doubts and expectations of others, while gently pushing forward with one's own path of development. Accordingly, patience corresponds to a ‘waiting’ capability, to delay partial satisfaction and allow time to others (Peseschkian, 2002). In this study, an increase in the symptoms of depression was observed in trauma patients who cannot use their capacity of patience. Individuals, who have experienced trauma, do not want to talk or share much with anyone, whether or not the subject is about the traumatic incident. Therefore, the reason behind their lack of patience is possibly rooted in a deficiency of knowledge, or a misunderstanding. The conflict here might result from over-sensitivity, high expectations, an inability to belong, silence and pessimism (Peseschkian, 2002).

According to the results of the study, trauma patients who cannot use the capacity of time, one of the primary capacities, had higher depressive symptoms and trauma scores. In Positive Psychotherapy, using the capacity of time means having enough time for hobbies and interests besides work, spending time to get to know new people, and believing that expectations would take time to happen (Peseschkian, 1996, 2002). According to Davison and Neale (2004), traumatic patients tend to avoid stimuli associated with the traumatic events and their capacities to react are blunted. These people try not to think of the traumatic event and stay away from stimulants that remind them of the event. Therefore, they do not use the capacity of time when they feel estranged or alienated. Regarding our findings, the increase in symptoms of depression and trauma in traumatized patients resulted from their inability to use the capacity of time.

Primary and secondary capacities develop when individuals stay in contact with their physical and social environment for a certain period of time (Peseschkian, 2002). Socialization processes are important in the development of primary and secondary capacities. At this point, the importance of relationships with their parents in the development of these capacities is largely undeniable (Peseschkian, 1988). Capacities effectively become usable as a part of the person’s status at the end of their socialization processes. Thus, the primary and secondary capacities influence our personal and social attitudes, judgments and values (Peseschkian, 2002). Defects in development of capacities in personality can lead to the emergence of mental disorders (Peseschkian, 1996).

In Positive Psychotherapy, what is meant by the term ‘capacity of contact’ is the ability or willingness to tend to other people, parents, spouse, co-workers, social groups, even the animals, plants and objects (Peseschkian, 2002). In the study about this situation, it was found that trauma patients who cannot use their capacity of contact had higher depressive symptoms, as well as symptoms of trauma. According to the DSM IV-TR, avoidance from trauma-associated stimulants, decrease in level of reactions, avoidance from trauma-associated thoughts, feelings, and talks,

efforts to stay away from trauma-related memories, places, persons or activities, loss of interest in significant events and decrease in participation are observed as a characteristic of traumatic patients. Related to all of these reasons, there may be significant negative relationships between trauma and capacity of contact.

Trauma patients who cannot use the ‘capacity of trust’ had increased depressive symptoms and trauma symptoms. According to Peseschkian (2002), trust is an experience itself that requires the person to be treated as a unique individual entity and this uniqueness to be a part of the persons’ expectations. Traumatized individuals often interpret their own traumatic event as, "I am a disaster magnet", "Bad things always happen to me," and often exaggerate the probability of deadly events happen to them in the future. This situation does not only create fear about the event, but also generalization and event-related avoidances (Yagci-Yetkiner, 2011). In addition, there was a significant relationship between not being able to use the capacity to trust and traumatic symptoms that were found in trauma patients.

The ‘capacity of hope’ means believing that there is always a way out, even in cases which seem desperate, that there is a better future for themselves and their families, and having life plans (Peseschkian, 1996, 2002). In our study, depressive symptoms and trauma symptoms had increased in trauma patients, who cannot use the capacity of hope. The reason for this is probably that hope is an important skill that allows people to stand up on their feet and to direct their lives (Argyle, 2001; Snyder, 2000). In the literature, it is found that hope has some features enhancing individuals' mental and physical health and has a negative relationship with psychiatric disorders, such as depression (Peterson, 2000; Snyder, 2000). This could explain the reason for the capacity of hope having a negative relationship with post-traumatic stress disorder.

The ‘capacity of sexuality’ means knowing the behavior and customs of showing love. Accordingly, sexuality means to love someone else, and to be loved by someone else, in the same way (Peseschkian, 2002). An increase in depressive symptoms was found in traumatized patients who could not use the capacity of sexuality. Patients with traumatic problems were having trust problems, both within themselves and in the outside world, so they cannot use the capacity of sexuality. As a result, these conflicts are probably resulting in a inability to love, instability, not having enough number of relations and emotional shortness (Peseschkian, 2002).

There was an increase in both depressive symptoms and trauma symptoms in trauma patients who cannot use the ‘capacity of love’. In Positive Psychotherapy, ‘love’ means emotional care and is always associated with a variety of behavioral areas and features. Accordingly, some people cannot get a positive response because they do not act in ways to meet the expectations of others. Love and attention can be used as a weapon. The withdrawal of love is done through

threats, warnings and penalties and therefore emotional areas cannot develop properly (Peseschkian, 2002).

Faith is another basic human capacity. Expectations and attitudes about the unknown, attracts men, not only to the unknown within, but also to those unknown around him, and to the incomprehensible in the universe. This can also indicates a belief in the concept of God (Peseschkian, 2002). In this study, both depressive symptoms and trauma symptoms had increased in trauma patients, who cannot use their 'capacity of faith'. In a previous study, a significant relationship was found between the perception of God and trauma. Accordingly, individuals who consider God as punishing, intimidating or remote sensing, seem to have higher post-traumatic stress symptoms (Dinvar, 2011). Individuals who develop resistant PTSD after traumatic events, by contrast with self-healing individuals, cannot seem to realize that the traumatic event is unique and is something that has happened, so it does not refer to negative inferences about the future. In these individuals, presence of a sense of the current threat regarding the traumatic event and its damage, causes negative assessment about their present situation. This threat can be external, such as their perception of the world as a dangerous place, or - more often - it can be internal, such as perception of himself as incapable of reaching the objectives of life. With this point, our findings coincided with the literature.

Significant negative relationships were also found between trauma and the 'capacity of achievement'. In the terms of Positive Psychotherapy, capacity of achievement means individuals' beliefs that laziness will lead to poor results in general, evaluating themselves as work- and success-oriented individuals, and not feeling so good if or when they consider themselves as lazy (Peseschkian, 1996). Increased depressive symptoms were found in trauma patients who were not using their capacity of achievement. Trauma patients cannot control events, because they cannot judge them. Thus, they feel worthless and insecure. They can see themselves as useless and depressed because the capacity of achievement is not used enough.

The 'capacity of politeness' is more determined by cultural and social inputs than the other capacities. It depends on the forms and rules of social relationships. However, the request for excessive politeness may mean the rejection or suppression of aggressive impulses (Peseschkian, 2002). In this study, depressive symptoms in traumatic individuals had a negative relationship with the capacity of politeness. Our findings thus coincide with the literature in this context.

According to Positive Psychotherapy, a person who is using their 'capacity of honesty' is described as expressing their ideas clearly; a person who is not using this capacity is described as timid, or one that responds to white lies (Peseschkian, 2002). However, they mostly have aggressive characteristics, because it can also be regarded as reduction of aggression. Our study

revealed a negative correlation between depressive symptoms and the capacity of honesty, which supported the prevalent information.

Depression scores in trauma patients who cannot use the ‘capacity of obedience’ were increased. In Positive Psychotherapy, obedience means adherence to requests, instructions and orders from external authorities. However, obedience can also be applied to the tension between one’s desire and anxiety. A person may seem unyielding: however, this ‘disobedience’ can be incorporated with an internal dependency, and may be the expression of this dependency (Peseschkian, 2002).

According to Positive Psychotherapy, the ‘capacity of justice’ generates trust and hope. Not using the capacity of justice refers to rebellion, hopelessness, helplessness and abandonment. In this study, the capacity for justice had significant negative relationships with depressive symptoms. Accordingly, trauma patients with high depressive symptoms were found to be not using their capacity of justice. The reason for this is considered to be that these trauma patients feel as if: they are the victims of social injustice; they are more sensitive; and they consider themselves as weak.

Conclusion

It was found that, in patients with PTSD, their primary capacities were less developed than any secondary capacities. From this fact, it is concluded that the primary capacities are more related with the emotional aspects of people. It has also been considered that the underdevelopment of these primary capacities had increased their depression scores, and their IES scores, in parallel. From within the context of Positive Psychotherapy, it is concluded that working on the primary capacities of these patients could make sense in terms of the progress of their therapy. It is assumed that the progress in the development of these basic capacities could help the patients with PTSD in their therapeutic processes.

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Table 1. Pearson correlation results for relationships between secondary capacities and BDI in experimental group and control group.

Experimental Group	BDI	Ord.	Cle.	Pun.	Poli.	Hon	Achi.	Relia.	Thri.	Obed.	Just.	Fai.
BDI	1											
orderliness	-.176	1										
cleanliness	.171	.554**	1									
punctuality	-.108	.360*	.274	1								
politeness	-.401**	.367**	.272	.304*	1							
honesty	-.345*	.491**	.322*	.224	.590**	1						
achievement	-.328*	.440**	.442**	.476**	.461**	.368**	1					
reliability	.150	.393**	.212	.444**	.466**	.443**	.503**	1				
thrift	-.094	.287*	.250	.239	.258	.261	.342*	.270	1			
obedience	-.368**	.457**	.508**	.390**	.586**	,546**	,660**	,522**	,558**	1		
justice	-,362**	,417**	,225	,512**	,587**	,418**	,281*	,485**	,192	,404**	1	
faithfulness	-,230	,585**	,228	,537**	,357*	,501**	,346*	,463**	,223	,453**	,469**	1
Control Group												
BDI	1											
orderliness	.188	1										
cleanliness	-.039	.109	1									
punctuality	.226	.253	.321	1								
politeness	-.040	.187	.235	.311	1							
honesty	.158	.222	.227	.266	.193	1						
achievement	-.082	.185	.424**	.415**	.218	.186	1					
reliability	-.023	.122	.193	.114	.282*	.101	.313*	1				
thrift	-.010	.153	.535**	.308*	.041	.328**	.406**	.173	1			
obedience	-.221	.084	.287*	.194	.356*	.457**	.320*	.276	.203	1		
justice	.156	.117	.250	.451**	.262	.461**	.383**	.351*	.193	.398**	1	
faithfulness	.053	.271	.116	.289*	.412**	.498**	.259	.319*	.101	.479**	.433**	1

*p<.05; **p<.01

Table 2. Pearson correlation results for relationships between primary capacities and BDI in experimental group and control group.

Experimental Group	BDI	Patience	Time	Contact	Trust	Hope	Sexuality	Love	Faith
BDI	1								
patience	-,483**	1							
time	-,486**	,685**	1						
contact	-,523**	,638**	,650**	1					
trust	-,580**	,597**	,594**	,518**	1				
hope	-,586**	,685**	,749**	,682**	,689**	1			
sexuality	-,361**	,587**	,579**	,507**	,549**	,617**	1		
love	-,593**	,572**	,722**	,515**	,666**	,728**	,575**	1	
faith	-,300*	,411**	,388**	,336*	,450**	,546**	,606**	,558**	1
Control Group									
BDI	1								
patience	-.587**	1							
time	-,028	.453**	1						
contact	-.415**	.487**	.314*	1					
trust	-.249**	.483**	.613**	.459**	1				
hope	-.391**	.610**	.461**	.260**	.467**	1			
sexuality	-.104	.084	.403**	.081	.286*	.251	1		
love	-.299*	.471**	.440**	,523**	.564**	.414**	.145	1	
faith	-.061	.503**	.454**	.140	.350*	.238	.145	161	1

*p<.05; **p<.01

Table 3. Pearson correlation results for relationships between secondary capacities and IES-R in experimental group and control group.

Experimental Group	IES-R	Ord.	Cle.	Pun.	Poli.	Hon	Achi.	Relia.	thrift	Obed.	Just.	Fai.
IES-R	1											
orderliness	-,037	1										
cleanliness	-,153	,554**	1									
punctuality	,097	,360*	,274	1								
politeness	-,146	,367**	,272	,304*	1							
honesty	-,187	,491**	,322*	,224	,590**	1						
achievement	-,203	,440**	,402**	,476**	,461**	,368**	1					
reliability	,003	,393**	,212	,444**	,466**	,443**	,503**	1				
thrift	,028	,287*	,250	,239	,258	,261	,342*	,270	1			
obedience	-,109	,457**	,508**	,390**	,586**	,546**	,660**	,522**	,558**	1		
justice	-,098	,417**	,225	,512**	,587**	,418**	,281*	,485**	,192	,404**	1	
faithfulness	-,091	,585**	,228	,537**	,357*	,501**	,346*	,463**	,223	,453**	,469**	1
Control Group												
IES-R	1											
orderliness	,211	1										
cleanliness	,185	,109	1									
punctuality	,040	,253	,321*	1								
politeness	-,154	,187	,235	,311*	1							
honesty	-,009	,222	,227	,266	,193	1						
achievement	,081	,185	,424**	,415**	,218	,186	1					
reliability	-,160	,122	,193	,114	,282*	,101	,313*	1				
thrift	,183	,153	,535**	,308*	,041	,328*	,406**	,173	1			
obedience	-,029	,084	,287*	,194	,356*	,457**	,320*	,276	,203	1		
justice	,073	,117	,250	,451**	,262	,461**	,383**	,351*	,193	,398**	1	
faithfulness	,042	,271	,116	,289*	,412**	,498**	,259	,319*	,101	,479**	,433**	1

*p<.05; **p<.01

Table 4. Pearson correlation results for relationships between primary capacities and IES-R in experimental group and control group.

Experimental Group	IES-R	patience	time	contact	trust	hope	sexuality	love	faith
IES-R	1								
patience	-.210	1							
time	-.341*	,685**	1						
contact	-.366**	,638**	,650**	1					
trust	-.409**	,597**	,594**	,518**	1				
hope	-.370**	,685**	,749**	,682**	,689**	1			
sexuality	-.199	,587**	,579**	,507**	,549**	,617**	1		
love	-.308*	,572**	,722**	,515**	,666**	,728**	,575**	1	
faith	-.360*	,411**	,388**	,336*	,450**	,546**	,606**	,558**	1
Control Group									
IES-R	1								
patience	-,176	1							
time	-,107	,453**	1						
contact	-,079	,487**	,314*	1					
trust	-,200	,483**	,613**	,459**	1				
hope	-,011	,610**	,461**	,260	,467**	1			
sexuality	,052	,084	,403**	,081	,286*	,251	1		
love	-,192	,471**	,440**	,523**	,564**	,414**	,145	1	
faith	-.021	,503**	,454**	,140	,350*	,238	,145	,161	1

*p<.05; **p<.01