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ARAŞTIRMA

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The Relationship Between Solution-Focused Thinking, Depression, Anxiety, Stress and Psychology Well-Being Among University Students

Üniversite Öğrencilerinde Çözüm Odaklı Düşünmenin Depresyon, Anksiyete, Stres ve Psikolojik İyi Oluş İle İlişkisi

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ABSTRACT

The aim of this study is to determine whether university students' solution focused thinking has a significant relationship with their levels of depression, anxiety, stress and psychological well-being and whether solution-focused thinking predicts these variables. While gathering data, the Solution Focused Inventory, Depression Anxiety Stress Scale and Flourishing Scale were used. Multiple regression analysis, variance analysis, and independent t-test were performed to determine whether goal orientation, resource activation and problem disengagement which are the subscales of solution-focused thinking predict other variables. According to the findings of the study, there was a positive relationship between these subscales and psychological well-being, and a negative relationship between these subscales and depression, anxiety, stress, and the subscales of solution-focused thinking significantly predict university students' depression, anxiety, stress, and psychological well-being.

Article Information

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ÖZET

Bu araştırmanın amacı üniversite öğrencilerinin çözüm odaklı düşüncelerinin depresyon, anksiyete, stres ve psikolojik iyi oluş düzeyleri ile anlamlı bir ilişkisi olup olmadığını ve çözüm odaklı düşünmenin bu değişkenleri yordayıp yordamadığını belirlemektir. Veriler toplanırken Çözüm Odaklı Envanter, Depresyon Anksiyete Stres Ölçeği ve Psikolojik İyi Oluş Ölçeği kullanılmıştır. Çözüm odaklı düşünmenin alt boyutları olan hedefe yönelimin, kaynakları harekete geçirmenin ve problemden ayırmanın, diğer değişkenleri yordayıp yordamadığını belirlemek için çoklu regresyon analizi, varyans analizi ve bağımsız t testi yapılmıştır. Araştırmanın bulgularına göre, bu alt boyutlarla psikolojik iyi oluş arasında pozitif yönde, depresyon, anksiyete stres ile negatif yönde anlamlı bir ilişki bulunmuştur ve çözüm odaklı düşünmenin alt boyutları üniversite öğrencilerinin depresyon, anksiyete, stres ve psikolojik iyi oluşunu anlamlı düzeyde yordamaktadır.

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INTRODUCTION

The solution-focused therapy is a strength-based and constructive therapy that helps people solve their own present problems by building on their existing resources and previously used and effective solutions (de Castro & Guterman 2008; Tandor, 2019). This therapy is a future-oriented and goal-directed approach that emphasizes people's views to conceptualize their problems and solutions (Tandor, 2019). Solution-focused thinking (SFT) is derived from this therapy and like in this therapy, the SFT deals with both the problem and the parts apart from the problem (Köktuna, 2007). An important step of the SFT is that a person directly talks about solutions. The problem-focused person only copes with any problem and the details of that problem. On the other hand, the solution-focused person doesn't deal with the problem and its results deeply. This person detects the reachable goals, finds out the aspects of hers/him and the ways to reach these goals. The elements of a problem never stay fixed at different times and situations. There always are times and situations in which a problem less occurs and also never happens. Actually, that the individual is aware of the existence of the problem leads the individual to compare with another time and situation where there is no problem. For instance, a woman feeling depressed knows this only if she has the feelings of other times in which she has been very happy (Sharry, Darmody, & Madden, 2002). A depressed person thinks that social acceptance, interest and support have shown to hers/him decreases and the reason of this situation may be connected with her/his being boring, failure, idiot, insufficient, weak, or unattractive (Gilbert et al., 2009). Moreover, the thought that others reject her/him and behave her/him hostile may cause anxiety and stress. On the other hand, because a person with low self-confidence will have low happiness and positive affect together with many psychological problems such as depression, anxiety and stress (Sowislo and Orth, 2013; Orth, Robins and Widaman, 2012; Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009). Psychological problems like depression, anxiety and stress include cognitive, affective and physical symptoms (Sowislo & Orth, 2013). SFT aims to turn these cognitive, affective and physical symptoms into positive situations because solution-focused thought embraces a different thinking style. When you see the world from this point of view, everything appears different. With the term 'solution-focused', Steve de Shazer and Insoo Kim Berg are against all approaches supposing that changes in the way of solutions always need problem analyzes. According to this approach, solutions and problems are independent of each other. Ludwig Wittgenstein's philosophy is the basis of this approach but it was developed independently from this philosophy. Wittgenstein (2003) explains all the realities belong to the problem. Namely, if a person perceives something as a problem, realities, cases or conditions don't make this a problem but that person makes it a problem. Therefore, the point of view should change, not problem components to reach solutions. Solutions are different from problems. Generally, it is not simple to reach an easy or a difficult solution (Sparrer, 2012).

Solution-focused cognitive process is a thinking style that doesn't entirely focus on problems and their results; thus, SFT style is associated with well-being and positive affect. This situation provides a person to think entirely about his/her goals and the ways of realizing these goals related to well-being and level of self-efficacy. SFT has three components: goal setting, resource activation, and a perspective about solving by taking one's attention away from problem-focused thinking (Grant et al., 2012). The first part, Goal Orientation (GO) needs to proceed intentionally in a result and solution and avoiding unwanted results and problems (Grant et al., 2012). Change may happen by focusing on solutions and emphasizing and uncovering strengths (Dameron, 2016). Goals should be functional, productive, reachable, realistic and achievable (Beyebach, 2014). Resource Activation (RA) includes positive thoughts about solutions and the perception of resource availability to solve the problems. Finally, Problem Disengagement (PD)

means the tendency to focus on negative thoughts related to the problem which prevents achieving one's goals (Neipp, Beyebach, & Martinez-Gonzalez, 2017). One of the basic principles of Solution-Focused Therapy is the solution doesn't directly need to be related to the problem. This principle indicate PD of the solution-focused thinking. This is different from the problem-solved thinking which has a view of eliminating a problem rather than becoming a solution-built approach (De Jong & Berg, 2012). Solution-building focuses on new and valuable created things which are connected with strengths, resiliency and growth without paying attention to and ignoring or reducing problems and symptoms Zatloukal, Žákovský, & Bezdíčková, 2019). Thus, the third one includes awareness, optimism, resource recognition, flexibility, and positive restructuring (Al-Ma'seb, 2018). In general, solution-focused thinking focuses on the goals and identify ways to reach those goals, which will help increase solution-focused thinking, leave problem-focused thinking and is engaged with positive effects and a person's well-being (Grant, 2012; Grant et al., 2012; Yang & Hai, 2015; Al-Ma'seb, 2018). Solution-focused thinking is related to well-being and positive affect because this thinking style ensures a person to think the exit ways from the problem practically, construct her/his self-efficacy and increases its level, affects well-being positively, provides resilience against problems, displays the most powerful sides of hers/him instead of her/his weakness and insufficiency and also provides hope for her/his future.

According to Güler et al. (2014), the young people who start to study at any university may face some problems like university entrance exams, new education life, separation from family, a new circle of friends, loneliness, financial problems, future-focused anxiety, future work life during this period. This process is seen to be normal for depression but it affects the whole life of a person. Depression is the most affecting mental disorder among university students (Güler et al., 2014). There are researches showing the high level psychological problems such as depression, anxiety, stress among university students (Bayram & Bilgel, 2008; Adewuya, Ola, Olutayo, Mapayi, & Oginni, 2006; Nerdrum, Rustoen, & Ronnestad, 2006; Ovuga, Boardman, & Wasserman, 2006; Wong, Cheung, Chan, Ma, & Tang, 2006; Voelker, 2003; Stewart-Brown, Evans, Patterson, Petersen, Doll, Balding, & Regis, 2000; Tomoda, Mori, Kimura, Takahashi, & Kitamura, 2000). According to these researches, high-level depression, anxiety, and stress may affect both the health, development, education life and life quality of university students and their families, universities and others destructively (Bayram & Bilgel, 2008). It is possible that solution-focused thinking decreases or eliminates these destructive effects. So, solution-focused thinking helps a person discover her/his powerful sides and she/he understands that there are solutions as well as problems. Thus, the level of communicative and social skills may be high because her/his thinking system will be used in the direction of solutions (Siyez & Tan-Tuna, 2014). The solution-focused student can be aware of the problem and search solution ways for her/his problems by seeing that solutions are more important than problems.

The purpose of this study is examining if the significant relation between solution-focused thinking, depression, anxiety, stress and psychological well-being among university students and determining whether solution focused thinking predicts depression, anxiety, stress and psychological well-being.

The Study's Basic Hypotheses

1. Is there a significantly meaningful relation between solution focused thinking and psychological well being, depression, anxiety and stress levels of university students?
2. Does the solution focused thinking style significantly predict their depression levels?
3. Does the solution focused thinking style significantly predict their stress levels?

4. Does the solution focused thinking style significantly predict their anxiety levels?
5. Does the solution focused thinking style significantly predict their psychological well being levels?

METHOD

Research Model

The model of this research is the correlational survey model. The correlational survey model is one of the research models that aim to determine the existence or degree of co-change between two or more variables (Karasar, 2009). In this study, it was tried to determine whether there is a significant relationship between the solution-focused thinking of university students and their depression, anxiety, stress, and psychological well-being.

Study Group

The population of this research constitutes the undergraduate students from the education faculty and medical faculty at Konya Necmettin Erbakan University. The departments of these students were Special Education, Guidance and Psychological Counseling, English Learning Education, and Medical Education. The sample constitutes first, second, third and fourth class students of these departments by the simple random cluster sampling. The sample includes 433 females (66.8%), 215 males (33.2%), 648 students in total. The age range of the students was 18-28 years and the age average was 21.20.

Ethical Statement

The authors declare that they have carried out the research within the framework of the Helsinki Declaration and with the participation of volunteer students. In line with this, the study was permitted by Usak University, Social and Human Sciences Ethics Committee (Ref: 2020-93).

Data Collection Tools

Solution-Focused Inventory (SFI). The Solution-Focused Inventory (SFI) was developed by Grant et al. (2012). SFI has 12 items which are marked by the client by herself/himself. It is a 6-Likert type scale (1= I strongly disagree, 6= I strongly agree). The subscales of SFI are 1. Problem Disengagement (1., 2., 4., 5. items), 2. Goal Orientation (9., 10., 11., 12. items), 3. Resource Activation (3., 6., 7., 8. items) and 1., 2., 4., 5. items are scored reversely. The test-retest reliability of this inventory was .84 and the Cronbach's Alpha value was .84. Also, The values were TLI= 0.900, GFI= 0.925 , CFI= 0.923, RMSEA= 0.077. Şanal-Karahan and Hamarta (2015) translated and adapted this inventory in Turkish. The linguistic convenience and validity were supported by the positive correlation between the scores of the English and Turkish forms. The correlation coefficients were .92 for Problem disengagement sub-scale, .94 for Goal-orientation sub-scale, .91 for Resource Activation. This inventory's Confirmatory Factor Analysis (CFA) results were RMSEA= .072 CFI= .94, IFI= .94, TLI=.91, GFI=.93, AGFI=.87. A higher score means the solution-focused thinking level of a person is high.

Depression Anxiety Stress Scale (DASS). The Depression Anxiety Stress Scale (DASS) was developed by Lovibond and Lovibond (1995). The Turkish version of DASS was adapted by Akın and Çetin (2007). Factor loadings of the scale ranged from 0.39 to 0.88. Findings from discriminant validity showed that the DASS discriminates the normal and clinical population. Concurrent validity coefficients were found to be high (0.87 and 0.84, respectively). Cronbach's internal consistency of the entire scale was 0.89. Item-total correlations ranged from 0.51 to 0.75. Test-retest and split-half reliability coefficient scores were 0.99 and 0.96 respectively. DASS has 42 items and a 4-Likert type scale (0= it is not suitable for me, 3=

it is completely suitable for me). 14 items are for depression, 14 items are for anxiety, 14 items are for stress. That a person gets high scores mean she/he is depressed, anxious or stressed. There is no reverse item. The high scores show these below:

- Depression: Feeling depressed, self-denigration and humiliation, sadness, boredom, believing in meaningless and worthless life, being pessimistic about the future, being slow, showing lack of assertiveness, inability to be a participant or concerned and inability to feel satisfied and enjoy the life,
- Anxiety: Being worried, panic, coward, weak, being aware of the dry mouth, difficulty in breathing, heart palpitation, perspiration of palms, worry about the possibility of a loss of performance and control.
- Stress: Being overstimulated, tense, inability to be relieved, susceptible, easily upset, being irritable, timid, and angry, easily stunned, unable to stand still, non-tolerance to interference and delay.

The Flourishing Scale. The Flourishing Scale was developed by Diener et al. (2009) to back up other psychological well-being scales and measure social- psychological well-being. The Turkish version of this scale was adapted by Telef (2011, 2013). It is 7-Likert type scale (1= strongly disagree, 7= strongly agree). All the items are positive. Scores may change from 8 to 56. As a result of the exploratory factor analysis, it was found that the total explained variance was 42% and that the items were grouped under one factor. For criterion validity, psychological well-being scales and a need satisfaction scale were used. Pearson product-moment correlation between psychological well-being scales and a need satisfaction scale was calculated as .56 and .73 ($p < .01$). The reliability study indicated that the Cronbach's alpha coefficient was .80. According to the test-retest results, there was a high level of a positive and meaningful relation between the first and second applications of the scale ($r = 0.86, p < .01$). The higher score shows that a person has higher psychological strength and resources.

Data Analysis

The data were collected via the method of simple random cluster sampling in the 2014 fall term and the randomly selected 493 students were given information and necessary explanation about the research and application of SFI, DASS and The Flourishing Scale. The application took approximately 45-50 minutes. Then, the filled scales were checked and 60 students' scales were excluded from the sample. Multiple regression analysis, variance analysis and independent t-test were used to determine whether solution-focused thinking predicts depression, anxiety, stress and psychological well-being. Pearson moments products correlation analysis was used to determine the relationship between the scores from subscales of solution-focused thinking and depression, anxiety, stress and psychological well-being scores. The independent variable is solution-focused thinking and the dependent variables are depression, anxiety, stress and psychological well-being.

RESULTS

The Table 1 below shows whether there is a relation among solution-focused thinking (SFT), depression, anxiety, stress, and psychological well-being of university students.

Table 1. The relationship among solution-focused thinking, depression, anxiety, stress and psychological well-being

	Depression	Anxiety	Stress	Psychological Well-Being
Goal Orientation	-.31**	-.19**	-.19**	.52**
Resource Activation	-.28**	-.16**	-.16**	.38**
Problem Disengagement	-.37**	-.34**	-.36**	.20**

Note. ** $p < .001$

In Table 1, the Pearson correlation coefficients of the goal orientation (GO), resource activation (RA) and problem disengagement (PD) and depression level were found respectively as $r = -.31$, $r = -.28$, $r = -.37$ and the relationship between these variables were significantly negatively meaningful and weak. The Pearson correlation coefficients of GO, RA and PD and anxiety level were respectively $r = -.19$, $r = -.16$, $r = -.36$ and the relation between GO, RA and anxiety were determined as significantly negatively meaningful and very weak and the relation between PD and anxiety was significantly negatively meaningful and weak. The Pearson correlation coefficients of GO, RA and PD and stress level were respectively $r = -.19$, $r = -.16$, $r = -.36$ and the relation between GO, RA and stress was found as significantly negatively meaningful and very weak and the relation between PD and stress was significantly negatively meaningful and weak. On the other hand, the Pearson correlation coefficients of GO, RA and PD and psychological well-being level was found respectively as $r = .52$, $r = .38$, $r = .20$ and the relation between GO, RA and psychological well-being was significantly positively meaningful and moderate. The relation between PD and psychological well-being was significantly positively meaningful and weak.

Table 2., 3., and 4. below show whether SFT and its subscales predict depression, anxiety and stress subscales of DASS.

Table 2. The SFT and GO, RA, PD as predictors of Depression of DASS

Variables	Unstandardized Coefficients	Standardized Coefficients	<i>t</i>	<i>R</i>	<i>R</i> ²	<i>F</i>
	<i>B</i>	β				
Goal orientation	-.51	-.19	-4.58			
Resource activation	-.31	-.12	-2.90	.54	.21	58.80*
Problem disengagement	-.81	-.32	-8.99			

Note. ** $p < .001$

According to multiple regression analysis to determine whether the SFT predict depression or not, it was found that there was a meaningful relation between the SFT and depression ($R^2 = 0.21$), and the SFT was an important predictor for depression ($F = 58.80$, $p < .01$). The SFT explained 21% of the variance in depression. The predictors of depression were respectively PD ($\beta = .32$), GO ($\beta = .19$), and RA ($\beta = .12$).

Table 3. The SFT and GO, RA, PD as predictors of Anxiety of DASS

Variables	Unstandardized Coefficients	Standardized Coefficients	<i>t</i>	<i>R</i>	<i>R</i> ²	<i>F</i>
	<i>B</i>	β				
Goal orientation	-.29	-.11	-2.72			
Resource activation	-.08	-.03	-.79	.31	.13	34.76*
Problem disengagement	-.75	-.32	-8.55			

Note. ** $p < .001$

The Table 3 above shows that there was a meaningful relation between the SFT and anxiety ($R^2= 0.13$) and the SFT was a significant predictor of anxiety ($F=34.76, p < .01$). The SFT explained 14% of the variance in anxiety. The predictors of anxiety were respectively PD ($\beta=.32$) and GO ($\beta=.11$).

Table 4. The SFT and GO, RA, PD as predictors of Stress of DASS

Variables	Unstandardized	Standardized	<i>t</i>	<i>R</i>	<i>R</i> ²	<i>F</i>
	Coefficients	Coefficients				
	<i>B</i>	β				
Goal orientation	-.29	-.10	-2.53			
Resource activation	-.10	-.04	-.96	.36	.15	38.54*
Problem disengagement	-.85	-.34	-9.15			

Note. ** $p < .001$

The Table 4 shows that there was a meaningful relation between the SFT and stress ($R^2= .15$) and the SFT was a significant predictor of stress ($F=38.54, p < .01$). The SFT explained 15% of the variance in stress. The predictors of stress were respectively PD ($\beta=.34$) and GO ($\beta=.10$).

Table 5. The SFT and GO, RA, PD as predictors of Psychological Well-Being

Variables	Unstandardized	Standardized	<i>t</i>	<i>R</i>	<i>R</i> ²	<i>F</i>
	Coefficients	Coefficients				
	<i>B</i>	β				
Goal orientation	1.08	.43	6.57			
Resource activation	.32	.13	3.45	.66	.30	93.63*
Problem disengagement	.25	.10	3.19			

Note. ** $p < .001$

The Table 5 shows that there was a significant relationship between the SFT and psychological well-being ($R^2= .30$) and the SFT was a significant predictor of psychological well-being ($F=93.63, p < .01$). The SFT explained 30% of the variance in psychological well-being. The predictors of psychological well-being were respectively GO ($\beta=.43$), RA ($\beta=.13$) and PD ($\beta=.10$).

DISCUSSION, CONCLUSION & SUGGESTIONS

The findings of the first sub-problem of this research indicated that the relation between SFT and GO, RA and PD and depression, anxiety and stress were significantly negatively meaningful and the relation between SFT and GO, RA and PD and psychological well-being were significantly positively meaningful. These results pointed out that the SFT had a positive effect on the depression, anxiety, stress and psychological well-being levels of the university students. The solution-focused mental process can have a relationship with the thinking style which avoids deeply focusing on a problem and its reasons (Grant et al., 2012). The practical side of the SFT has an effect on psychological well-being positively and also, decreases depression, anxiety and stress. Without focusing on a problem, its results and the past, the idea of the non-problem area has the potential to keep a person away negative feelings and thoughts. This research is important in terms of testing the relationship between SFT and psychological well-being, depression, anxiety and stress.

The findings of 2., 3., 4. And 5. Sub-problems of this research indicate that the SFT and GO, RA and PD were significant predictors of depression, anxiety, stress and psychological well-being. University students may have some personal, social, occupational and educational, domestic and decision-making problems; thus, they may need psychological help and counseling (Sürücü and Bacanlı, 2010). When studying at any university, a student may get in depression because of some situations such as being apart from her/his family, a life without the family, sharing a dormitory room or apartment with other university

students and also, academic concerns, difficulties and failure (Dyrbye, Thomas, & Shanafelt, 2005 and 2006; Christensen, Griffiths, & Farrer, 2009). There are researches about the positive effect of SFT on depression, stress, anxiety and inability to solve a problem (Gingerich & Peterson, 2012; Grant, 2013; Kramer et al., 2015; Bilge & Engin, 2016; Chacko, George, & Ramash, 2016). A solution-focused person can behave effectively to deal with depression because a person with SFT behaves in the directions of her/his own goals, separates solutions from problems, becomes aware of herself/himself and her/ his own existed strengths to progress in the goals (Ibrahim et al., 2013). According to the findings of our research, there was a significantly meaningful and weak relation between the GO and depression among the university students and there was a significantly meaningful and very weak relation between GO and anxiety and stress among the university students. On the other hand, there was a significantly meaningful and modest relation between GO and psychological well-being. These findings point out that GO may become effective in decreasing the levels of depression, anxiety and stress and increasing the level of psychological well-being on the way of reaching solutions. Some researches back up our these findings (Llyod & Dallos, 2006; Green, Grant, & Rynsaardt, 2007; Spilsbury, 2012; Meydan, 2013; Ateş, 2014 and 2015; Reddy et al., 2015; Neipp et al. 2015). An university student can reach academic and social achievement when she/he is able to detect attainable, realistic and suitable goals and follow the solutions which she/he has found, and also use her/his own potential in the right way (Perry, 2014). Another important part of SFT was RA according to our findings. There was a significantly meaningful and weak relation between RA and depression among university students. On the other hand, PD is more than GO and RA. Externally disengaging from the problem is an important factor for a person who will get freer and engage in the goals to focus on solutions (Grant, 2011). Our research findings indicated that there was a significantly meaningful and weak relation between PD and depression among university students. Many research back up our these findings (Sundstrom, 1993; Lee et al., 2001; Linssen, 2003; Knekt & Lindfords, 2004; Zengin, 2015). And also, Hosseinpour et al. (2016) pointed out that the SFT was effective in adapting to many situations. A solution-focused university student can cope with negative feelings such as depression and accommodate new situations. These findings also back up our findings in this research. Our findings indicated that there was a significantly meaningful and weak relation between SFT and anxiety. Some studies also support our findings (Maljanen et al., 2012; Knekt et al., 2012). On the other hand, Knekt et al. (2008) found out that long-term therapies could be more effective than solution-focused therapy on anxiety and mood disorder. This finding doesn't support our findings on the relationship between SFT and anxiety. One of the important findings of our research was that GO was an important predictive for anxiety of university students. The research by Grant (2008) pointed that the solution-focused approach can decrease the anxiety level of the participants and increase the level of goal setting and achievement of them. The research by Laaksonen et al. (2013) and Gingerich and Peterson (2013) stated that SFT with the qualities of GO and RA might be effective on anxiety in the way of change of emotion, thinking and behavior, because self-sufficiency and potential of a solution-focused person are significant; past failures and problems aren't more important than that person's strengths and past and future success (Grant, 2003). The basic elements of SFT are how a person understands a situation, what she/he wants, and her/his awareness (Grant, 2012). There was a significantly meaningful and weak relation between PD and anxiety according to our findings. And also we found that there was a significantly meaningful and very weak relation between RA and anxiety. The study by Flückiger et al. (2014) indicated that SFT was effective on activating someone's resources. A person may fail to use resources such as personal strenghts, abilities and readiness (Bond et al., 2013).

On the other hand, an anxious person may not realize her/ his own weakness. A person focusing on using the resources effectively can show her/his self-sufficiency, use functional coping strategies, personal and interpersonal skills and her/his own resiliency (Grawe, 2004; Flückiger and Grosse Holtforth, 2008). According to our findings, there was a significantly meaningful and weak relation between GO, RA, PD and stress. This finding is similar to some research findings (Dahl, Battel and Carreon, 2000; Hobfoll, 2001; Simons et al., 2002; Grant, 2003; Ko, Yu and Kim, 2003). Our findings on the relation between SFT and psychological well-being were supported by the findings of the studies of Grant (2003), Green et al (2006) and Spence and Grant (2007). Our research indicated that the goal setting and resource awareness and focusing on solutions rather than problems of the university students had positive effects on the psychological well-being of them. The findings of a study of Grant (2008) pointed that there is no effect on psychological well-being in terms of goal setting and goal achievement but our findings emphasized that GO was an important predictor for the psychological well-being of the university students. There was a significantly meaningful and modest relation between RA and psychological well-being according to our findings. Some researches supported our results (Warner, 2013; Pakrosnis & Cepukiene, 2015; Liu et al. 2015). Our results showed that there was a significantly meaningful and weak relation between PD and psychological well-being. This was backed up some studies (Grant, Curtayne, & Burton, 2009; Grant & O'Connor, 2010). All the findings of our research proved that the SFT has positive effect on the levels of psychological well-being, depression, anxiety, and stress.

Limitations and Recommendations

One of the limitations of our research was that the sample was only university students. Thus, many new research may be made up with different samples. A psycho-education program on “The Solution-Focused Thinking” may positively effect people who get depressed, anxious, stressed, and have low psychological well-being.

Focusing on the solution rather than the problem, realizing what is in it to arrive and to use these potentials and to progress towards achieving their goals positively affect the psychological well-being of the individual. Therefore, it may be beneficial to organize solution-oriented training when the individual has problems or for the individual to learn to use their own strengths.

For individuals with depression, anxiety and stress problems in psychological counseling practices, a solution-focused approach can make counseling more effective and useful in order to improve individuals' self-confidence and improve their psychological well-being. For example, it enables the individual to comprehend goal setting, and after the goals are set, he/she carries out studies in cooperation with the individual and the therapist in order to produce solutions to the problems of the individual by bringing the positive aspects to the fore.

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Author Contributions

This study was conducted by all the authors working together and cooperatively. All of the authors substantially contributed to this work in each step of the study.

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It has been reported by the authors that there is no conflict of interest.

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Ethical Statement

The authors declare that they have carried out the research within the framework of the Helsinki Declaration and with the participation of volunteer students. In line with this, the study was permitted by Usak University, Social and Human Sciences Ethics Committee.

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