

Effectiveness of Positive Couple Therapy on Life Satisfaction of Mothers of Children with Special Needs

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Article information	Abstract
<p>Article history: Received: 9 Feb 2012 Accepted: 11 Mar 2012 Available online: 7 Nov 2012 ZJRMS 2014; 16(5): 50-53</p> <p>Keywords: Positive couple therapy Life satisfaction Mothers with special needs Children</p> <p>*Corresponding author at: M.A in Family Counseling, Ferdowsi University of Mashhad, Mashhad, Iran. E-mail: mbolghan@gmail.com</p>	<p>Background: Satisfaction with life has a vital role in human's well being and health. The aim of this study was investigate to effectiveness of the positive couple therapy on improving satisfaction with life of mothers of children with special needs.</p> <p>Materials and methods: The research method was semi-experimental with pretest/posttest/follow-up design with control group. Among mothers with special needs children of Mashhad were recruited 20 subjects through purposely method and were assigned in experimental and control groups randomly (10 subjects in each group). For gathering data, satisfaction with life questionnaire was used.</p> <p>Results: Findings showed that life satisfaction of mothers with special needs children who received intervention had increased.</p> <p>Conclusion: Couple therapy with positive approach has been effective on increasing the life satisfaction of mothers with special needs children of Mashhad.</p>

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Introduction

Mental well-being is a branch of behavioral sciences in which people's judgments towards their life are studied [1]. This construction consists of two separate components: the first component is an emotional one which is by itself divided into positive and negative emotions. The second one is the cognitive component that usually refers to life satisfaction [2].

Dainer, et al. [3] define life satisfaction as an obvious sign of one's successful adaptation with the changes made in different situations of life. Life satisfaction is an arbitration process that people evaluate their life quality based on their own unique criteria. Life satisfaction is determined through individual's perceptions and views [2]. In other words, life satisfaction is not a stable and internal trait, but is sensitive to environmental changes [4]. Family has a major role in child's social life. It is required to perform the tasks such as caring of children and training them, establishing a healthy interaction among family members and making help to children's independence, even children have a special defect or disability [4].

A troubled child, his/her disabilities, slow growth, and the special facilities required for the child's physical and psychological cares and also frustrations and gone with the wind dreams put parents under the mental and psychological pressures and disrupt their composure and interactions [5]. The researches have shown that there is a significant positive relationship between life satisfaction and parent-child's positive interactions and relationships, parent's social support and also the participation between parents and child [6-11]. Evidence showed that parents

with disabled children have lower physical and mental health. Many of such parents suffer from back pain, headaches, migraines, ulcers, anxiety, anger, guilt, sadness, social isolation, insomnia and depression [12]. Studies have also shown that mothers of children with special needs have more problems than fathers and are mostly involved with child behavior problems. Therefore, they experience more stress and need more support [13, 14]. In fact, disabled children cause parent's compromise and mental and physical health to be threatened and it often has a negative impact on them [15]. Positive-based psychological approach, with an emphasis on individual's talents and abilities instead of addressing their anomalies and disorders, considers its ultimate goal as identifying the ways in which people's happiness and welfare are established [16]. Positive emotions play generally an important role in human's psychological and physical well-being [17]. Due to the fact that life satisfaction is not a stable and internal trait and are caused by environmental changes and also depends on one's attitudes and perceptions and his/her evaluations, and also given that mothers having children with disabilities in the areas of mental health, life satisfaction, stress, anxiety, depression, unhappiness and inconsistency with their children [18], and also because of the fact that positive approach components have decisive role in reducing anxiety and depression and increasing life satisfaction, mental health and happiness among people [19, 20], this question is therefore raised whether positive intervention with couple therapy can be effective in improving the life satisfactions of mothers of children with special needs or not? The purpose of this study is to answer this question.

Materials and Methods

The research method was semi-experimental with pretest/posttest/two-month follow-up design with control group. The research community is comprised of all mothers who deposited their children to Mashhad rehabilitation centers for being treated. A targeted manner sample was chosen using life satisfaction questionnaire (those who obtained lower scores than the mean of population). Twenty subjects were randomly chosen amongst this population and were assigned in experimental and control group (10 subjects in each group). Mean and standard deviation were used to analyze the data and Mixed Variance Analysis method was used in the inferential level by SPSS-16. Age range of mothers were between 21- 42 (31.17±4.95). Husbands' age range were between 28- 43 (35.44±4.67). Five participants were educating in elementary school (27.8%), three participants in guidance school (16.7%), 7 participants in high school (38.9%), and three ones (16.7%) had higher education (academic). Two participants (11.1%) were officials and 16 ones (88.9%) also were housewives. Five participants (27.8%) had specific disease and 13 ones (72.8%) also had no specific disease. Eight participants (44.4%) had no kinship relationships with their husbands and 10 participants (55.6%) also had kinship relationships. Three participants had children with mental disability (16.7%), two participants (11.1%) had children with auditory disability, six participants (33.3%) had children with sensory-motor disability and three ones (16.7%) had children affected to autism and four participants had also children with multi-disabilities. Of 10 participants chosen, two couples were not able to continue the therapy for being in journey and not able to adjust their working time with couple therapy sessions. Before the intervention, couples was agreed to participate in this study using a written testimonial attached in the first part of the demographic questionnaire. The participants who had children lower than twelve years old and gained a score lower than 20 in life satisfaction scale were chosen to participate in the positive couple therapy intervention sessions. Of those who are chosen for couple therapy, a group was randomly chosen and was assigned randomly in the two experimental and control group. Having been implemented the intervention, a reevaluation was made to the groups as a post-test and finally, another follow-up evaluation was performed after two months. The couple therapy sessions was lasted for 6-8 1.5 hourly sessions based on the Coloney and Coloney's book [21]. Satisfaction with Life Scale (SWLS): This scale was designed by Emmons, Larsen and Griffin [22] to measure life satisfaction. This scale has five items. Higher scores in this scale indicate greater satisfaction and lower scores indicate less satisfaction. This scale was validated by Bayani, Koocheky and Goodarzi [22] in Iran. It was first translated into English and then was translated from Persian into English and finally the new English text was again translated into Persian. The research reliability was reported 0.87 using Cronbach's alpha. Moreover, its

reliability was obtained 0.84 using test-retest methods. Divergent validity of this scale was assessed with the Beck Depression Scale which its correlation coefficient was obtained -0.72. To investigate the convergent validity of the scale, its relation was also calculated with Oxford Happiness Scale which it was found that there was a significant positive correlation (0.56) between the two scales [22].

Results

Mean scores and standard deviation of satisfaction with life of experimental and control group obtained in each phase of the study (pre-test, post-test, follow-up) are shown in table 1 below: A 2×3 analysis of variance (groups: positive couple therapy and control group; Assessments: pre-test, post-test and two-month follow-up) was used with repeated measure for life satisfaction scores). Results of data analysis showed that the main effect of group ($p<0.001$), main effect of time ($p<0.001$) and interaction effect of time and group ($p<0.001$) are significant in satisfaction with life variable as a dependent variable. The Bonferroni test was used to pair-wise compare the times (within- subjects variables). Following the results of the data, it is showed that there is a significant difference between pre-test and post-test ($p<0.001$) and between pre-test and follow-up ($p<0.001$). On the other hand, there was no significant difference between post-test and follow-up. According to the mean obtained in table 1, it could be concluded that life satisfaction scores has been increased from pre-test stage to post-test stage and this increase remained stable until the follow-up. As clearly shown in figure 1, there was a significant change in the intervention group, that is positive couple therapy (illustrated by blue color in the figure) from the post-test stage until follow-up, although the change is evident from pre-test to post-test stage.

Table 1. Mean scores and standard deviation of satisfaction with life

Assessments	Group	Mean±SD
Pre-test	Intervention	12.56±1.74
	Control	12.22±3.56
Post-test	Intervention	20.67±2.50
	Control	12.11±3.18
Follow-up	Intervention	20.00±1.87
	Control	12.89±3.10

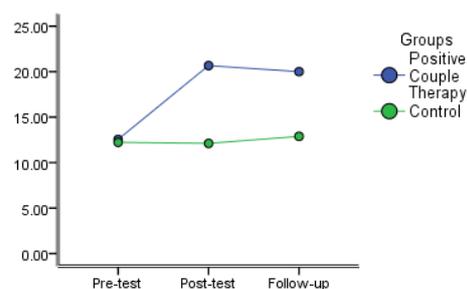


Figure 1. Changes in satisfaction with life and in control and positive couple therapy groups

Discussion

The purpose of the present study was to investigate the effectiveness of positive couple therapy on satisfaction with life of mothers with children with special needs. The results achieved from data analysis showed that this approach was effective in increasing life satisfaction of mothers with children with special needs, and also this effectiveness has been remained stable over time. The similar results achieved in the previous studies are also consistent with those attained in this study [23-29]. Etemadi [27] had a study concerning the effectiveness of cognitive-humanistic approach on increasing self-esteem and life satisfaction of married women. Her findings showed that this approach has been effective on improving self-esteem and life satisfaction of married women. Khosravi et al. [28] found that instructing the communication pattern of a pluralistic family has been effective in couple's life satisfaction. Also, there is no difference in this effectiveness among couples in gender segregation. Wood et al. [26] maintained that appropriate positive control with appreciation of five personality factors can strongly predict life satisfaction. Therefore, positive emotion of appreciation, being considered as one of the significant techniques in positive therapy, can be effective as being able to improve the life satisfaction of mothers in this study. People get to know how to appreciate others, but have not come to learn how to appreciate important people in their life. In other words, it has been less occurred in Iranian culture that a child appreciate his/her mother for cooking dinner. Hence, this simple intervention can be effective in human well-being, as practicing daily positive emotion of appreciation could be effective on improving happiness and social communication among high school girl students of Golbahar in Mashhad [24]. Soleymanian and Firoozabadi [29] conducted a study concerning the effectiveness of expansion method of positive perspectives based on reducing goals conflict on life satisfaction among students. They concluded that the expansion method of positive perspectives is effective on reducing the conflicts in goals, and also increasing life satisfaction among students. The expansion method of positive perspectives through the pursuit of positive goals gradually decreases the goals conflicts and is effective on increasing the people's life satisfaction. Russell [25] maintained that positive emotions can significantly predict the couple's life satisfaction. Alder [23] came to the conclusion, in the study performed on American youths, that positive thinking has a mediating role in the relationship between dimensions of social support (school, family, peers and others) and their life satisfaction.

In addition, there was no significant difference among these paths in youths in terms of gender segregation.

References

1. Diener E. Subjective well-being: The science of happiness and a proposal for a national index. *Am Psychol.* 2000; 55(1): 34-43.
2. Sheykhi M, Homan HM, Ahadi H and Sepah-Mansoor M. Psychometric Properties of Satisfaction with Life Scale. *Thought Behav Clin Psychol* 2011; 5(19): 17-29.

Positive thinking can be effective on increasing life satisfaction through family supports, which can be parent, spouse, family, peers, and school support in an extended context. As was already mentioned, positive emotion is raised social interaction through laughter and smiles [30, 31], and also because happy people are more seeking for love and friendships and are more likely to be supported while needed [32]. Therefore, positive thinking, based on what are achieved by Elder in his study, has a direct relationship with life satisfaction. Hence, positive couple therapy intervention was able to efficiently increase the life satisfaction by more focusing on other dimensions of positive thinking, positive interactions, positive emotions, and other positive psychological approaches. According to the studies already performed and the present one, it could be concluded that almost everything that is labeled as good or bad can have negative or positive aspects. Based on a positive approach, if a person draws his/her attention on something's ability, virtues and positive points, he/she will be able to have a more easier and comfortable life. In a world in which living is rapidly being passed by, it is more better to enjoy life and be proud of one's abilities than to envy disabilities and bereavements. This is one of the principles that the positive psychology calls the clients, and in a macro-level humans, for focusing on their talents and virtues rather than focusing on disabilities and negative aspects. Of research limitations, it can be pointed for the absence of expectation group or sham-control for controlling the therapist effect, lack of a random selection, sample shortage due to the problems with time and cost related. Although each study has its own limitations, it is expected that the limitations of this research as much be reduced as possible in order to more stable and reliable results be obtained.

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Authors' Contributions

All authors had not equal role in design, work, statistical analysis and manuscript writing.

Conflict of interest

The authors declare no conflict of interest.

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3. Diener E, Suh EM, Lucas RE and Smith HL. Subjective well-being: Three decades of progress. *Psychol Bull* 1999; 125(2): 276-302.
4. Swami V, Chamorro-Premuzic T. Psychometric Evaluation of the Malay Satisfaction With Life Scale. *Soc Indic Res* 2009; 92(1): 25-33.
5. Keshavarzi-Arshad F, Azmodeh M. Comparison of Well-being among parents with exceptional children and parents with ordinary children and explanation based on NEO. *Thought Behav Clin Psychol* 2009; 3(12): 19-28.
6. Ash C, Huebner ES. Environmental events and life satisfaction reports of adolescents. *Sch Psychol Int* 2001; 22(3): 320-36.
7. Flouri E, Buchanan A. Life satisfaction in teenage boys: The moderating role of father involvement and bullying. *Aggress Behav* 2002; 28(2): 126-33.
8. Gilman R, Huebner E. Characteristics of adolescents who report very high life satisfaction. *J Youth Adolesc* 2006; 35(3): 293-301.
9. Leung JP, Zhang LW. Modelling life satisfaction of Chinese adolescents in Hong Kong. *Int J Behav Dev* 2000; 24(1): 99-104.
10. Storksen I, Roysamb E, Moum T and Tambs K. Adolescents with a childhood experience of parental divorce: A longitudinal study of mental health and adjustment. *J Adolesc* 2005; 28(6): 725-39.
11. Suldo SM, Huebner ES. Does life satisfaction moderate the effects of stressful life events on psychopathological behavior during adolescence? *Sch Psychol Q* 2004; 19(2): 93-105.
12. Murphy NA, Christian B, Caplin DA and Young PC. The health of caregivers for children with disabilities: Caregiver perspectives. *Child Care Health Dev* 2007; 33(2): 180-7.
13. Duarte CS, Bordin IA, Yazigi L and Mooney J. Factors associated with stress in mothers of children with autism. *Autism* 2005; 9(4): 416-27.
14. Eisenhower AS, Baker BL, Blacher J. Preschool children with intellectual disability: Syndrome specificity, behaviour problems, and maternal well-being. *J Intellect Disabil Res* 2005; 49(9): 657-71.
15. Saloviita T, Italinna M, Leinonen E. Explaining the parental stress of fathers and mothers caring for a child with intellectual disability: A double ABCX model. *J Intellect Disabil Res* 2003; 47(4-5): 300-12.
16. Naderi F, Heidari AR, Mashalpoor M. The relationship between active flexibility, positive and negative affect with self-efficacy and satisfaction with occupation among employees of municipality. *New Findings Psychol* 2008; 3(9): 24-7.
17. Emmons RA, McCullough ME. Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *J Personal Soc Psychol* 2003; 84(2): 377-89.
18. Arnaud C, White-Koning M, Michelsen SI, et al. Parent-reported quality of life of children with cerebral palsy in Europe. *Pediatrics* 2008; 121(1): 54-64.
19. Dockray S, Steptoe A. Positive affect and psychobiological processes. *Neurosci Biobehav Rev* 2010; 35(1): 69-75.
20. Pressman SD, Cohen S. Does positive affect influence health? *Psychol Bull* 2005; 131(6): 925-71.
21. Conoley CW, Conoley JC. Positive psychology and family therapy: Creative techniques and practical tools for guiding change and enhancing growth. Wiley: John Wiley & Sons Press; 2009.
22. Bayani AA, Koocheky AM, Goodarzi H. The reliability and validity of the satisfaction with life scale. *J Iran Psychol* 2007; 3(11): 259-65.
23. Alder MW. The role of social support and optimism in predicting life satisfaction among urban youth. Chicago: Loyala University; 2007.
24. Hassan-Abadi H, Bolghan-Abadi M, Amir F. Study of the effect of gratitude positive emotion on quality of life and happiness in elementary school students. Proceeding of the international conference on students' mental health. India: Pondicherry University; 2011.
25. Russell EB. Couples in therapy: A positive psychology investigation of similarity, personality, positive affect, life satisfaction, and relationship problems. Missouri: University of Missouri; 2007.
26. Wood AM, Joseph S, Maltby J. Gratitude uniquely predicts satisfaction with life: Incremental validity above the domains and facets of the five factor model. *Pers Individ Dif* 2008; 45(1): 49-54.
27. Etemadi Z. The effect of cognitive-humanistic group therapy on increasing the self-esteem and life satisfaction of married women. Mashhad: Ferdowsi University of Mashhad; 2011.
28. Khosravi S, Neshad-Doost HR, Molavi H and Kalantari M. The effect of teaching communicative patterns of pluralistic family on life satisfaction of couples. *Hormozgan Med J* 2011; 15(1): 40-8.
29. Soleymanian AA, Firoozabadi A. The study of the effectiveness of elaboration of positive perspectives (epos) based on conflict reducing on satisfaction with life. *J Psychol* 2011; 6(22): 70-5.
30. Frijda NH, Mesquita B. The social roles and functions of emotions. In: Kitayama S, Markus HR, editors. *Emotion and culture: Empirical studies of mutual influence*. Washington DC: American Psychological Association; 1994.
31. Ruch W. Exhilaration and humor. In: Lewis M, Haviland JM. *Handbook of emotions*. New York: Guilford Press; 1993.
32. Salovey P, Rothman AJ, Detweiler JB and Steward WT. Emotional states and physical health. *Am Psychol* 2000; 55(1): 110.

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