

Effectiveness of Group Training of Reliance Therapy Components on Quality of Life and Resilience of Mothers of Children with Learning Disabilities

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Abstract

Background and Objectives: Reliance on almighty God in all situations makes people's hearts peaceful and this inner peace gives hope and improves their quality of life (QOL). The present study aimed to determine the effectiveness of group training of reliance therapy components (Tawakkul) on QOL and resilience of mothers of children with learning disabilities in Zahedan, Iran.

Methods: The current research was a semi-experimental study with pre- and post-test and a control group. The sample population constituted of mothers of all the students with learning disabilities in Zahedan, Iran, who were selected through simple random sampling. A total of 30 mothers were assigned into two groups of experimental (n=15) and control (n=15). The used tools were the Conner-Davidson Resilience Scale (2003) and the World Health Organization questionnaire of QOL (2002). The collected data were analyzed using a univariate analysis of covariance.

Results: The results of the present study showed that the mean of resilience and QOL of mothers who were trained were higher than those who were not. Group training of reliance therapy components had a significant impact on resiliency ($F=18.83$, $P<0.01$) and on the QOL enhancement ($F=15.12$, $P<0.01$) of mothers of children with learning disabilities.

Conclusion: Based on the obtained results, the educational program of group training of reliance therapy components had a positive impact on improving the resilience and QOL of mothers of children with learning disabilities; therefore, it is recommended to provide this program for mothers of children with learning disabilities.

Keywords: Spiritual Therapies, Resilience, Quality of Life.

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Introduction

Disabled children affect family functions and cause stress to the parents. Presence of a disabled child greatly changes the family circumstances (1). Families with a severely disabled child may evaluate their quality of life (QOL) to be different from normal families (2). The World Health Organization defines QOL as people's perception of their living conditions in relation to culture, human values, goals, standards, and personal interests. In other words, the QOL is related to the mental health of individuals, levels of social attachment, and personal beliefs (3). The results of a research conducted by Shan Leung, & Li-Tsang indicated a

positive relationship between parents' QOL and the level of disability of their children. Parents whose children suffer from severe disabilities may experience more stress while caring after them (4). In addition, having a child with learning disabilities has a significant impact on the mothers' beliefs and feelings, to the extent that these mothers experience different emotions, including confusion, depression, hopelessness, and many other negative emotions. These feelings affect the mothers' resilience; consequently, negatively influence and lower their QOL.

This disturbs their mental well-being and causes their mental health to decline. The most

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common maternal reaction to having these children include a range of emotions from sadness to helplessness (5). Alvord and Grados define resilience as a set of skills and abilities which enable people to adjust to difficult situations (6).

Newman defines resilience as a human's ability to cope with life's disasters and stressors. In line with this, a research carried out by Alriksson-Schmidt, Wallander, and Biasini demonstrated that resilience is a variable that can enhance QOL in adolescents with motor disabilities (7).

Nowadays, how to adapt to life changes and ways to deal with mental pressures, especially in vulnerable groups, is one of the most

important psychological issues. One of the therapeutic strategies for reducing stress is reliance on God (8). According to Naraqhi on the account of Behdani and his colleagues, tawakkul is to trust in God in all the affairs (9). tawakkul in almighty God increases human resistance to hardships and adversities (10). Moreover, tawakkul in him has many effects, including: 1) Its first result is self-sufficiency and no need to others but only him; people only seek his help, and the Lord will answer their prayers affirmatively, 2) To satisfy the need of the poor, they lend to God and in return receive better and more back, and eventually they will be grateful for the blessings and see God as their helper (11).

Table 1. Summary of the sessions of the group training of reliance therapy

Session	Topic	Brief review
1	Introduction to the concepts of satisfaction and tawakkul and the difference between tawakkul, satisfaction, and patience	In this session, based on verses and narrations, the concepts of tawakkul and satisfaction were explained, and then, in a group discussion, it was tried to explain the difference between tawakkul, satisfaction, and patience.
2	Introduction to satisfaction and tawakkul and its philosophy	At this stage, different types of satisfaction were described using methods of competing behaviors enhancements. Then, through verse 12 of Surah Ibrahim interpretation, all kinds of tawakkul and its philosophy were expressed.
3	Introduction to characteristics of the believers and those pleased with God	At this stage, role modeling and replication techniques based on the models of satisfaction and tawakkul were used (e.g., tales of the prophets Hood and Noah, the events of Ashura).
4	Ability to recognize one's weaknesses and strengths in the time of satisfaction and trust in God during adversities	At this point, each individual was encouraged to reflect on their strengths and weaknesses during stressful situations, so that they can identify different parts of their personality without anxiety. This intervention resulted in an increase in self-awareness
5	Ability to understand the causes of sufferings and the hardships of life	The participants were asked to talk about the problems that bothered them. The answers were assigned to two groups of optimistic and pessimistic views. The trainer tried to change one's cognitive schema about the problems.
6	Increased ability to satisfy and rely on God in adversities	At this stage, desensitization and some methods were used instead of avoiding and escaping from the adversities. They also need to be positively reinforced when they have strong faith and reliance at the time confronting hardships.
7	Reminding of the blessings when faced with adversity	At this point, participants learned to compare their blessings with hardships in times of adversity to avoid sadness and anxiety.
8	Introduction to the outcomes of satisfaction and tawakkul: 1. Divine reward	At this point, the participants were introduced to the divine rewards in the light of satisfaction and tawakkul. This reinforces their efforts and they realize their trust in the almighty God is valuable. Therefore, even if they fail to achieve their goal, they do not perceive themselves as non-functional and do not become anxious.
9	2. Excess of blessings as a result of satisfaction and tawakkul in God at the time happiness	At this stage, participants were taught to help others to benefit from blessings in order to preserve their own blessings. Compassion for other people is for the sake of satisfying God and creating a sense of satisfaction with life. Since it drives man from selfishness to altruism.
10	3. Relaxation and self-esteem	Restriction of some desires (which are not regarded acceptable by God) represents a form of personal control that leads to a self-management practice that increases self-esteem and decreases moral anxiety that makes people feel at ease with their conscience.
11	4. Anger control	Relaxation techniques lower the level of anger in individuals and help them to maintain their peace by relying on God. At this session, individuals learned to not focus their anger on themselves but to let go of their revenge for the good of God.
12	Generate spiritual motivation in individuals	At this session, participants were encouraged to connect with God and were asked to say parts of the prayer with translation.

Newton and McIntosh signified that parents of disabled children who positively perceived God had more effective psychological coping and were more resistant to stress (12). In this regard, the findings of a study conducted by Jenaabadi et al. showed that the level of attachment to God and life's meaningfulness of parents with mentally retarded children are above average and there is a positive and significant relationship between attachment to God and life's meaningfulness in this group of parents (13).

Research on the impact of spiritual interventions to enhance resilience and QOL of parents of children with learning disabilities is scarce, and the existence of a gap is apparent in this regard. In particular, previous studies conducted on the QOL and resilience of these families have been mostly descriptive and fewer intervention studies can be found in this regard. Therefore, the current research aimed to investigate the effectiveness of group training of reliance therapy components on the resilience and QOL of mothers of children with learning disabilities.

Methods

The present research was a quasi-experimental study with pre- and post-test and a control group. The sample population included the mothers of children with learning disabilities (n=120) in district 2, Zahedan, Iran, in the academic year of 2018-2019.

A simple random sampling method was used to select the sample, in which 30 mothers of students referring to the Alavi Education and Rehabilitation Center for Learning Disabilities in district 2, Zahedan, Iran, were entered into the experiment.

The inclusion criteria entailed: 1) at least basic literacy, 2) The final diagnosis of their child's learning disability by the instructors of the Learning Disabilities Center, 3) no other mental illness, 4) non-participation in any other training groups, simultaneously.

The participants were randomly selected and assigned to two groups of 15 in each control and experimental groups. Exclusion criteria were not doing the assignments and absence for more than two sessions.

Furthermore, the subjects' consent to participate in the current research were obtained. The research instrument consisted of the following questionnaires:

1. The Quality of Life Scale: This questionnaire measures the QOL using 26 items in four health-related domains, namely physical health (items 3-4-10-15-16-17-18), psychological health (items 5-6-7-11-19-26), social relationships (items 20-21-22), and living environment (items 8-9-12-13-14-23-24-25) on the Likert scale (very bad=1 and very good=5) and items 3, 4, and 26 are scored in reverse (10).

In Iran, Nejat, Montazeri, Holakouee, and Vajdzadeh (2006) translated this questionnaire into Persian and standardized it. Its reliability values were measured at 0.77, 0.77, 0.75, and 0.84 in the field of physical, psychological, social relationships and, living environment, respectively. In addition, based on Cronbach's alpha, the obtained results indicated that the QOL questionnaire had acceptable reliability of 0.70, 0.73, 0.55, and 0.84, respectively (14). In the present study, the total reliability of the Cronbach's alpha was estimated at 0.81.

2. Resilience Questionnaire: This 25-item questionnaire was developed by Connor and Davidson (15). It measures the resilience structure on a five-point Likert scale (from completely false=0 to always true=4) and the total score range is within 0-100. The results of studies on psychometric properties of this questionnaire in normal and patient samples have confirmed its validity and reliability (16). In the present study, the total reliability of the Cronbach's alpha was calculated at 0.84.

In order to carry out the current research, the subjects were selected by available sampling. Thereafter, in a briefing for parents of the students participating in the study, additional to the outlining the aims of the study, they were asked to complete a written consent on behalf of their children regarding their participation in the study. Ethical considerations included obtaining parental consent, the possibility to withdraw from the research at any stage, secrecy, dissemination of results without bias, and citing only trusted sources.

Table 1. Descriptive indices of experimental and control groups and normality and covariance matrix homogeneity test results

Level	Experimental Group (n)	Control Group (n)	Kolmogorov-Smirnov (Z)	Sig	Box's	F	df1	df2	Sig
Diploma	3	4	0.510	0.975	14.457	1.220	10	3748.207	0.272
Associate degree	5	6							
Bachelor's degree	6	4							
Master's degree and higher	1	1							
Total	15	15							

The mothers were asked to answer the research questionnaires first (pre-test), then the experimental group received 12 sessions of group training of reliance therapy for 6 weeks (i.e., 2 sessions of 60 min long in each week); however, the control group received no intervention. Then, the post-test was taken from both groups. Intervention in the experimental group training used techniques, such as intellectual challenge, panel discussion, role modeling, and providing stories from the Holy Qur'an and religious scriptures, literary texts, group prayer, and relaxation (Table 1).

The collected data was analyzed using SPSS software (version 19). Moreover, descriptive statistics methods (e.g., mean and standard deviation) and inferential statistics, including univariate analysis of covariance were performed.

Result

According to the results of the present study, in the control group, four mothers had a diploma, six with associate degrees, four with bachelor's degrees, and one with master's degree or higher. However, in the experimental group, three mothers had a diploma, five were graduates, six were bachelor's holders, and one had a master's degree and higher (Table 1).

In the experimental group as compared to the control group, a greater increase was observed in the resilience and QOL scores in the post-test than the pre-test. Before performing this test, the statistical assumptions of the normality of the distribution of the scores were

analyzed by Kolmogorov-Smirnov test, covariance matrix homogeneity using box's M test, regression line homogeneity, and variance homogeneity using Levene's test. Moreover, the non-linearity from these assumptions permits the usage of the aforementioned tests.

According to Table 2, the obtained F value was measured at 18.833 and its significance level was less than 0.01 ($P < 0.01$). Based on the higher mean scores of the experimental group in the post-test, it can be concluded that group training of reliance therapy components has been effective in increasing the resilience of mothers of children with learning disabilities. In addition, the F value was equated to 15.12 and its significance level was less than 0.01 ($P < 0.01$). Accordingly, it can be inferred that group training of reliance therapy components has been effective in enhancing the mothers' QOL.

Discussion

The present study aimed to investigate the effectiveness of group training of reliance therapy components on resilience and QOL of mothers of children with learning disabilities in Zahedan, Iran. The results showed a significant difference between the resiliency of the experimental and control groups in the post-test. In addition, considering the higher mean scores of resilience in the experimental group in the post-test, it can be concluded that group training of reliance therapy components is effective and has increased the resilience of mothers of children with learning disabilities. The obtained results were indirectly consistent

Table 2. Statistical description of resilience and quality of life scores in two measurement phases in experimental and control groups, and their results of covariance analysis

Scales	Pre-test		Post-test		F	sig	Effect size
	Experimental group	Control group	Experimental group	Control group			
Resilience (Mean±SD)	35.89±5.78	34.90±6.26	38.18±6.24	35.40±6.16	18.83	0.001	0.41
Quality of life (Mean±SD)	8.50±68.71	7.76±63.91	10.20±16.71	7.06±60.90	15.12	0.001	0.47

with the research findings (17-19).

In a study entitled "attachment to God and resilience in mothers of mentally retarded children", Nemati et al. found that secure attachment to God increases resilience among the mothers of normal children and the avoidant attachment to God decreases resilience in mothers of mentally retarded children (17). The results of the aforementioned study showed that the type of attachment to God can influence peoples' level of resilience in the face of life's challenges. Furthermore, the results of another study conducted by Dehghani showed that group therapy based on acceptance and commitment was effective in increasing the resiliency of mothers of children with learning disabilities (18).

In explaining this finding, it can be concluded that a believer considers crises and hardships as tests from God and ways for human growth and excellence; therefore, s/he tries to deal with them rather focusing on the problem and distress. In fact, coping strategies are a set of cognitive and behavioral attempts to ameliorate a stressful situation; consequently, reducing the resultant suffering. Religious coping is a domain in which individuals with the help of beliefs and religious practices try to prevent stress caused by life's pressures and problems (20).

In psychological research, trust in God has been regarded as one of the most effective religious confrontations. When a person encounters problems and senses that s/he is not able to solve them alone, s/he appoints another empowered person as her/his lawyer. Based on religious teachings, such a person in order to compensate her/his weakness uses natural and material factors and relies on God's infinite power and seeks his help. People who do not trust in God and do not attach themselves to the infinite power of God are limited in their powers and abilities. Therefore, they find themselves powerless in dealing with problems; however, the believers put their hopes in God's support and have high self-confidence (21).

Based on the definition, *tawakkul* is an attitude that leads one to trust in the almighty

God in all of his deeds, and that trust creates a sense of comfort in his heart that he will not slip and doubt in the events of life (22). This increases their ability to cope with stress, pressure, and psychological problem; therefore, increasing their resilience.

A significant difference was observed between the QOL of the two experimental and control groups in the post-test. In addition, considering the higher mean scores of QOL in the experimental group in the post-test phase, it was concluded that group training of reliance therapy components is effective and has increased the QOL of mothers of children with learning disabilities. The findings of the present study are indirectly in line with the results of previous studies in this field (22).

Nayeb Hosseinzadeh et al. in a study entitled "the effectiveness of acceptance and commitment training on improving the quality of life and self-compassion of the mothers of educable disabled children" showed that there is a significant difference between QOL and self-compassion variables between the two experimental and control groups' scores and resilience outcomes in the follow-up phase (22).

In explaining the obtained results, Yang and Mao believe that having a purpose and meaning in life, a sense of belonging to a higher meaning, hope in God's help in difficult situations, and receiving social and spiritual support are all ways that with their help, religious people may shield people from harm in the face of stressful life events (23).

In addition, Fountoulakis, Siamouli, Magiria, and Kaprinis suggest that the belief that there is a God who is in control of all situations greatly reduces the peoples' anxiety (24). In other words, these people believe that uncontrollable situations can be managed through reliance on God.

Conclusion

People believe that God has infinite power and his remembrance comforts their hearts. Moreover, the Holy Quran has assured eternal life after death. This brings inner peace and this inner peace in return raises hope. This hope gives meaning to life, changes one's

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attitude, and helps to endure psychological problems in life. Consequently, all of the mentioned factors provide a basis for QOL improvement.

The small sample population and lack of control over the variables affecting the QOL, such as socio-economic class and social support were limitations of the present study. Regarding the effect of group training of reliance therapy on resilience and QOL, it is suggested that the abovementioned intervention training be provided for the assessment of the psychological status of families of children with learning disabilities. Future studies should be conducted through the selection of the sample population of mothers with normal children and with a larger size. In addition, considering the impact of various economic and cultural factors on QOL, it is recommended to conduct several studies with different sample populations.

Conflict of interest

There are no conflicts of interest regarding the publication of the current research.

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References

1. Larcan R, Cuzzocrea F. Funzionamento della famiglia e sviluppo psico-sociale dei fratelli di individui con disabilità intellettive. *Psicologia Clinica dello Sviluppo*. 2011;15(1):123-53. [Link](#)
2. Payot A, Keith J, Barrington K. The Quality of Life of Young Children and Infants with Chronic Medical Problems: Review of the Literature. *Curr Probl Pediatr Adolesc Health Care*. 2011;41:91-101.
3. Hezarjaribi J, Safarishali R. Anatomy of social welfare. Tehran: International Institute for Cultural and Artistic Research in Society and Culture; 2012.
4. Karande S, Venkataraman R. Impact of co-morbid attention deficit/ hyperactivity disorder on self-perceived health-related quality-of-life of children with specific learning disability. *Indian J Psychiatry*. 2013;55(1):52-8. [Link](#)
5. Momeni Kh M, Ebrahimi P, Hosseinian S. Improving mental health and quality of life via a resiliency training program for mothers of children with learning disabilities. *Learning Disabilities*. 2014;8(26):39-65. [Link](#)
6. Aghababaei S, Esteki Azad N, Abedi A. A comparison of the coping methods with stress among mothers of children with mental-retardation, Cerebral Palsy, and normal children. *J Res Cog Behav Sci*. 2013;3(1):69-80. [Link](#)
7. Alriksson-Schmidt A, Wallander J, Biasini F. Quality of Life and Resilience in Adolescents with a Mobility Disability. *J Pediatr Psychol*. 2007;32(3):370-9.
8. Bakhshaiesh AR. Examining the relationship between trust in God, self-esteem and academic achievement in students. *Psychol Relig*. 2011;4(2):79-98. [Link](#)
9. Behdani S, Dastjerdi R, Sharifzadeh GR. Relationship between trust in God and self – efficacy With mental health in type II diabetics. *J Birjand Univ Med Sci*. 2012;19(3):302-11. [Link](#)
10. Bonomi AE, Patrick DL, Bushnell DM, Martin M. Validation of the United States' version of the World Health Organization Quality of Life (WHOQOL) instrument. *J clin Epidemiol*. 2000;53(1):1-12.
11. Nasr, S.H. Islam: religion, history, and civilization. Translated by: A. Gilevari. Tehran: Roozbehan Publication; 2006.
12. Newton AT, McIntosh DN. Specific Religious Beliefs in a Cognitive Appraisal Model of Stress and Coping. *Int J Psychol Relig*. 2010;20(1):39-58.
13. Jenaabadi H, Sabegi F. Relationship between attachment to God and meaningful life parents of mentally retarded children in Zahedan city. *Tolooebehdasht*. 2014;13(2):99-112. [Link](#)
14. Nejat S, Montazeri A, Holakouie Naieni K, Mohammad K, Majdzadeh S. The World Health Organization quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version. *J Sch Public Health Inst Public Health Res*. 2006;4(4):1-12. [Link](#)
15. Connor KM, Davidson JR. Development of a new resilience scale: The Connor- Davidson resilience scale (CD- RISC). *Depress Anxiety*. 2003;18(2):76-82.
16. Zarifi M, Honari H, Bahrololom H. Psychometrics Properties and Normalization of Persian Version of Resiliency Questionnaire Among Athletes and Non-athletes Students. *Sport Psychol Stud*. 2016;5(15):131-50. [Link](#)
17. Nemati Sh, Mehdipour Maralani F, Ghobari Bonab B. Attachment to God and resilience in mothers of mentally retarded children. *Psychol Exception Individ*. 2016;6(23):199-215.
18. Dehghani H. The effectiveness of acceptance and commitment-based therapy on resilience among mothers with children with learning disabilities. The First National Congress on Development and Promotion of Educational, Psychological, Sociology and Social-Cultural Sciences in Iran, Tehran; 2015.
19. Gholam Mohammadi H, Mooziri A, Vahedi N, Hoseinpour A. Effectiveness of trust in God training on depression in Kahrizak Residential Center for elderly men. *Salmand: Iran J Ageing*. 2015;10(2):164-71. [Link](#)

20. Bagheri H, Miriyan SA. Investigating the Relationship Between Relying on God and the Psychic Health of the Students in Neka Islamic Azad University. *Relig Health*. 2014;1(1):48-57. [Link](#)
21. Bahraini AM, Mohammadi H, Mortazavi M. Determining the relationship between religious trust and mental health among medical students of the Shahid Beheshti University of Tehran. *J Res Relig Health*. 2015;1(4):12-20.
22. Naebhosseinzadeh S, Fatollahzadeh N, Saadati N, Rostami M. The effectiveness of acceptance and commitment training on improving the quality of life and self-compassion of the mothers of educable disabled children. *Q J Psychol Stud*. 2016;12(3):103-22. [Link](#)
23. Yang KP, Mao XY. A study of nurses' spiritual intelligence: A cross-sectional questionnaire survey. *Int J Nurs Stud*. 2007;44:999-1010. [Link](#)
24. Fountoulakis K, Siamouli M, Magiria S, Kaprinis, G. Late-life depression, religiosity, cerebrovascular disease, cognitive impairment and attitudes towards death in the elderly: Interpreting the data. *Med Hypotheses*. 2008;70(3):493-6. [Link](#)