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The Effect of Spiritual Skills Training on the Quality of Life in Mothers of Mentally Retarded Children

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Abstract

Background and Objectives: Mentally retarded children put mothers under physical, mental, and social pressures that severely decrease their quality of life. Meanwhile, spiritual skills training programs can lead to the empowerment of mothers in this regard. Therefore, the purpose of this study was to evaluate the effect of spiritual skills training on the quality of life in mothers of mentally retarded children.

Methods: This experimental study was conducted based on a pretest-posttest design with the control group. The data were collected using the World Health Organization's Quality of Life Questionnaire. In total, 20 mothers of mentally retarded children, who had met the inclusion criteria, were selected utilizing convenient random sampling. The participants were then assigned randomly into experimental (n=10) and control groups (n=10). The experimental group received the interventions through eight 90-min to 2-h sessions. The post-test was taken after the intervention.

Results: According to the results, the mean±SD values of the quality of life before the intervention were 67.00±11.83 and 67.11±6.25 in the experimental and control groups, respectively, and there were no significant differences between the two groups. However, regarding the mean±SD values of the quality of life after the intervention, the experimental and control groups obtained 72.22±10.10 and 67.33±7.02, respectively, which was statistically significant ($P<0.05$, $F=4.83$).

Conclusion: According to the obtained results, spiritual skills training have a significant effect on the quality of life in mothers of mentally retarded children. Accordingly, this approach can be utilized as a useful tool to improve the quality of life in mothers of mentally retarded children.

Keywords: Mentally retarded, Quality of Life, Spirituality.

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Introduction

The birth of a mentally retarded child raises serious problems that challenge all family members and creates tensions in families, especially the parents (1). Since the concept of family connotes a unity, a problem that involves one family member interferes with the performance of the whole family (2). A mentally retarded child can have undesirable effects on the family base and family performance; therefore, it puts the family under physical, mental, social, and economic pressures (3). One of the challenges that parents of the mentally retarded child are facing is their quality of life in this regard (4). Mothers spend more time with mentally retarded children and take responsibility for their education in addition to routine life duties. Therefore, their quality of life may be more affected by the presence of these children (5). According to the World Health Organization (WHO), the quality of life is defined as "The individuals ' perception of their position in life in the context of the culture and value system in which they live in

relation to their goals, expectations, standards of living, and individual's concerns" (6).

Given that a mentally retarded child endangers the mental health and quality of life in mothers, some factors may prevent mothers from being affected. The studies show that supportive education can help parents steer their negative feelings in the right direction which results in positive interactions (7). Spiritual training is one of the supportive training to assist mothers in accepting their children's specific conditions. Moreover, this can be effective in the promotion of social protection, adaptation, and adjustment regarding health care issues (8).

Spirituality contributes to positive attitudes and thoughts and helps people deal with unpleasant events in life. Furthermore, spirituality donates individuals a sense of meaningfulness and help them achieve greater social protection due to making a relationship with other people in society and even God (9). Evidence shows that religious beliefs and participation in religious activities can lead to the improvement of mental disorders, such as anxiety and depression (10). Spirituality guides individuals in the decision-making process and helps people perform better under pressure conditions. It also increases the individual's ability and enhances the sense of domination, acceptance, and adaptation to problems (11).

According to the literature, spiritual training had a significant effect on the improvement of the quality of life in different population. Niaz Azari et al. showed that Spiritual Group Therapy significantly reduced anxiety and increased the quality of life among females suffering from gestational diabetes (12). In another study conducted by Kazemi and Shariatinia, it was revealed that spiritual intervention was effective in increasing the quality of life in female patients affected with breast cancer (13). Moreover, according to Bai et al., there was an association between spiritual well-being and the quality of life among patients with advanced cancer (14).

Furthermore, Husseindokht et al. showed a relationship between spiritual intelligence and spiritual well-being with the quality of life and marital satisfaction (15). In a study performed by Ásgeirsdóttir et al., a relationship was observed between spiritual well-being and quality of life (16). The study conducted by Suldo et al. indicated the effectiveness of positive group intervention in increasing satisfaction among secondary school students (17). According to a study carried out by Narimani et al., religious attitude, spiritual well-being, and social support were associated with life satisfaction in mothers of the mentally retarded child (18).

Moreover, Shahbazi et al. in 2015 showed that spirituality was correlated with the quality of life in patients with type 2 diabetes (19). Giovagnoli et al. revealed that spirituality was a predictor of the quality of life and lifestyle in patients with focal epilepsy and cancer (20). In addition, Silva et al. in 2009 indicated the effective role of spiritual well-being in the quality of life among patients with chronic obstructive pulmonary disease (21). There was a relationship between spirituality and life satisfaction according to a study carried out by Macknight in 2005 (22).

Mentally retarded children affect families, especially mothers' quality of life significantly. Therefore, numerous studies have been conducted so far on the positive relationship between spirituality and quality of life in mothers of mentally retarded children (14,15,18,20,22). However, there were no studies addressing the abovementioned issue in Iran. With this background in mind and given the importance of spirituality on various aspects of human life, this study was conducted with the aim of investigating the effect of spiritual skills training on the quality of life in mothers of mentally retarded children.

Methods

This experimental study was conducted based on a pretest-posttest design with the control group. The participants included all mothers of mentally retarded children in Tehran, Iran, whose children were studying and receiving rehabilitation services in the exceptional schools of Tehran from 2015 to 2017. The samples were selected according to the standard numbers in group counseling (n=6-

12) of which 20 persons were selected as a convenient sample. Afterward, the participants were randomly assigned into groups of experimental (n=10) and control (n=10). The inclusion criteria were: 1) age range within 25 to 55 years, 2) mother of at least one mentally retarded child, and 3) educational status of at least higher than elementary school.

On the other hand, the mothers who were older or younger than 55 and 25 years of age, respectively, or the ones who participated in other training sessions similar to those used in this study were excluded from the research process.

Totally, 10 training sessions were held twice a week for two hours. The spiritual skills training program in this study was developed based on the textbooks on spiritual skills training (23,24). The training package included some sections on spirituality which were considered in this research. The training sessions addressed topics, such as self-awareness, the dimension of human spirituality, coping methods, trust in GOD, forgiveness, patience, and prayer. Moreover, each participant was asked to do some homework at home and got ready to check them next session.

Table 1 summarizes the main discussed topics and the procedures that were implemented in the training sessions.

Table 1: Training sessions held for the experimental group

Training sessions	Discussed topics and session procedures
First session	Introduction, Familiarity with the purpose of research and training sessions, Familiarizing the participants with concepts, such as self-awareness, various dimensions of human, and the effect of the spiritual dimension in human life
Second session	Giving meaning to life, Determining the purpose in life, and the effect of transcendental goals in life
Third session	Emotional-oriented, problem-oriented, and spiritual-oriented coping strategies
Fourth session	Discussions on trust and faith in God and its related strategies
Fifth session	Discussions on forgiveness and its effects and benefits
Sixth session	Discussions on Thanksgiving and its effects and benefits
Seventh session	Discussions on the philosophy of problems in life and providing coping strategies with a spiritual approach
Eighth session	Praying and summarizing the topics discussed in the sessions

The data were collected through the World Health Organization Quality of Life Questionnaire (WHOQOL). The WHOQOL was developed by a group of WHO experts in 1996 after modifying a 100-item questionnaire. This questionnaire addresses four dimensions, including physical, mental, social, and environmental health which are consisted of 7, 6, 3, 8 questions, respectively. The first two questions in the questionnaire generally evaluates the health status and quality of life. This questionnaire includes 26 questions. The reliability of this questionnaire regarding mental, physical, social, and environmental health was obtained at 0.77, 0.77, 0.75, and 0.84, respectively, through the intracluster correlation coefficient.

The internal consistency of the four above-mentioned dimensions was determined at 0.77 in the patient's group. Nejat et al. conducted a study to standardize this questionnaire. According to the results, the intraclass correlation coefficient regarding physical, social, and environmental health were obtained at 0.77, 0.75, and 0.84, respectively.

In addition, the internal consistency of the physical health dimension was estimated at 0.70 and 0.72 for the healthy and patient groups, respectively. Moreover, regarding the mental health dimension, the internal consistency in healthy and patient groups was obtained at 0.73 and 0.70, respectively.

Furthermore, the internal consistency of healthy and patient groups was obtained at 0.55 and 0.52 with respect to social relationship dimension. Regarding the environmental health dimension, the obtained values of internal consistency in the healthy and patient groups were 0.84 and 0.72, respectively.

The intraclass correlation coefficient was obtained at 0.7 according to a retest after two-week indicating the test-retest reliability. The homogeneity of the items was measured by Cronbach's alpha which was acceptable in terms of physical, mental, and environmental health. However, it was less than 0.7 regarding the social relationship dimension (25).

The data were analyzed using descriptive statistic (i.e., mean±SD). Moreover, the assumptions of normality were assessed utilizing the Kolmogorov-Smirnov and Shapiro-Wilk tests. In addition, Levene's test was employed to assess the equality of variances. The research question was evaluated through ANOVA and P-value less than 0.05 was considered statistically significant. The descriptive and inferential statistics were analyzed in SPSS software (Version. 20). The study protocol was approved by the Ethics Committee of Al-Zahra University, Tehran, Iran. The written informed consent was taken from each participant and they were all informed of the confidentiality of their information. Moreover, the participants were allowed to leave the research process in case of unwillingness to continue the study.

Result

According to the results, the mean age of the participants was 47.8. Moreover, 20% and 80% of the mothers were employed and housewives, respectively. In addition, regarding the educational status, more than 50% of the subjects had a diploma degree.

Table 2: Demographic characteristics of participants

Demographic characteristics		Frequency	Percentage
Age	45-20	8	0.40
	60-45	12	0.60
Occupation	Employed	16	0.80
	Housewife	4	0.20
Education level	Diploma	11	0.55
	Associate degree	1	0.5
	Bachelor degree	7	0.35
	Master of Art degree	1	0.5

Table 3 illustrates the mean±SD of the quality of life in both the experimental and control groups in the pretest-posttest. It can be seen that there is a significant difference between the pre-test and post-test scores in the experimental and control groups. No significant difference was observed between the groups according to the results of the pretest. However, the results of post-test revealed an increase in the mean values of quality of life.

The normal distribution of the data was analyzed using the Kolmogorov-Smirnov test. P-value less than 0.05 was considered statistically significant leading to the confirmation of the normal distribution of the data. Moreover, Levene's test was utilized to assess the equality of variances. The results showed a significant difference between the groups' variance in the pretest-posttest regarding the quality of life variable (P=0.76, F=0.09).

Table 3: Mean±SD scores of quality of life obtained from pretest-posttest in experimental and control groups

Variable	Research groups	Pretest		Posttest	
		Mean	SD	Mean	SD
Quality of life	Experimental	67.00	11.8	72.22	10.10
	Control	67.11	6.25	67.33	7.02

According to the results shown in Table 4, the F coefficients of the quality of life is 4.83 which is significant (P<0.05). Moreover, with regard to the amount of the reported effect, it can be estimated that the quality of life is affected by 26% of spiritual skills training. Therefore, according to the table 4, it can be stated that spiritual skills training affects the quality of life in mothers of mentally retarded children.

Table 4: ANOVA of moderated scores of quality of life between two groups

Source of change		Statistical indices					Amount of effect
		Total squares	df	Mean squares	F	p-value	
Quality of life	group	270.46	1	270.46	4.83	0.04	0.26
	Error	55.94	14	55.94			
	Total	95687.00	18				

Discussion

The results of the study indicated that spiritual skills training had a significant effect on the quality of life in mothers of mentally retarded children (P<0.05). This finding is consistent with the results of some studies conducted in Iranian and foreign contexts (12-22).

The existence of mentally retarded children in the family causes problems, especially for mothers who bear the burden of caring for them (26). Studies have revealed that mothers of mentally retarded children have less time to do paid works, engage in enjoyable and recreational activities, and do personal affairs. Therefore, they become more vulnerable due

to their limited time (27). Given the central role of women in the family and community development, they are under more pressure regarding fulfilling their duties and more prone to get depressed (28) as well as experience higher levels of stress in many situations (4). These factors affect the quality of life in mothers of mentally retarded children.

The quality of life represents the general well-being of individuals in terms of health, well-being, and happiness (29). Several studies indicated that mothers of mentally retarded children experienced lower levels of quality of life in all aspects, such as physical and mental health as well as social relationships, and living environment, compared to those of normal children (30).

Since mothers of mentally retarded children are under higher levels of stress, spiritual skills training seems beneficial. Spirituality affect mothers' quality of life by highlighting core beliefs and values about life and helping mothers find meaning and direction in their lives (31).

According to the literature, religious orientation is more effective than other coping strategies to improve mental health in mothers of mentally retarded children. Accordingly, as a coping strategy, religion helps mothers deal with stressful, painful, and threatening situations through finding meaning in life (32). Religious beliefs help people perceive unexpected events as less threatening and be able to accept unchangeable events. According to this view, a person has a better performance when s/he is linked to a stronger power. In this regard, one of the outcomes of spiritual skills training is the feeling of inner strength and calmness. In difficult conditions, spirituality may be the only source to achieve calmness or accept the situation (33).

Moreover, spirituality increases hope which leads to mental strength. Consequently, individuals who have experienced the benefits of spiritual practices have reached higher levels of quality of life (13). Faith and spirituality are considered as important sources of support, strength, and well-being in all aspects of the individual's life.

They also help people reach physical health, improve their quality of life, and direct their routine activities (17). Furthermore, spiritual skills training raises people's self-awareness and make them know their strength and weakness and discover the world around them. Moreover, spirituality leads people to overcome their difficulties in life.

In addition, religious beliefs enhance the spirit of empowerment through increasing social interactions and collective participation. Furthermore, spirituality affects the way people evaluate the situations and assess cognitive abilities, coping strategies, as well as supportive resources which result in the reduction of anxiety and vulnerability levels (34). Additionally, spirituality skills training leads to increased levels of distress tolerance, and resiliency which result in the enhancement of quality of life. In addition, spirituality positively affects the emotional excitement and can be helpful in preventing, accelerating, and improving tolerance and calmness (35).

Conclusion

The findings of this study show the significant effect of spiritual skills training on the increase of the quality of life in mothers of mentally retarded children. Mothers of mentally retarded children spend most of their time caring for their children and this leads to decreased quality of their life. Therefore, spiritual skills bring meaning into mothers' life through emphasizing on the spiritual dimension of life. These skills also provide spiritual coping strategies, such as forgiveness, thanksgiving, trust in GOD, and prayer that result in calmness and help mothers apply the proper strategy to deal with the upcoming problems. One of the limitations of this study is the sample under study that included mothers of mentally retarded children. Therefore, other studies should be cautious regarding the generalization of the results. Accordingly, it is suggested that all schools psychotherapy and counseling clinics implement spirituality skills training in order to improve the quality of life in families of mentally retarded children.

Conflict of interest

The author declares no conflict of interest.

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