



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.jibpas.com

**EFFECTIVENESS OF INSTRUCTING EXCITEMENT ORIENTED THERAPY ON
PSYCHOLOGICAL WELL-BEING AND MARITAL CONFLICT IN MOTHERS
HAVING BABIES SUFFERING FROM LEARNING DISORDER**

SAHARASHRAFI¹ AND KOUROSHMOHAMMADI²

ABSTRACT

Babies suffering from learning disorder are a group of special babies who have normal appearance and standard intelligence and sometimes higher but learning disorder causes difficulties for them and their families. The study aimed to evaluate effectiveness of instructing excitement oriented therapy on psychological well-being and marital conflict in mothers with babies suffering from learning disorder. population for this study consists of all mothers with babies suffering from learning disorder in Bandar Abbas. In a semi- experimental plan 50 participants were selected from mothers in Bandar Abbas and in random they were divided in two groups of evidence and experiment. Questionnaires on marital conflict and psychological well-being applied to do psychic assessment. Indexes of marital conflict and psychological well-being collected in two sections that is before intervention meetings and after the last meeting (eight meetings in two months) and were analyzed by using descriptive statistics and multivariable variation test. Show that intervention of excitement oriented therapy on marital conflict and psychological well-being have been effective and the difference between them was significant and meaningful ($p < 0.01$). It can be concluded that based on the results, excitement oriented therapy on marital conflict and psychological well-being was effective in mothers with babies suffering from learning disorder and have been an improving change.

**Key words: excitement oriented therapy, psychological well-being, marital conflict,
learning disorder**

INTRODUCTION

The word learning disability was used by Kirk (1963) for the first time. Kirk proposed this term as an adaptive outcome and this was due to a variety of labels which until that time, was used to describe a child with mental retardation quotient and learning disabilities (1). Until now, various definitions of "learning disability", "learning disorder" or "learning difficulty" have been presented. In the dictionary of Afrooz and Ebadi, learning disability has been defined as a lack of success or lack of ability to learn in certain areas compared with the success of the people who have the same subjective ability. More definitions are emphasized on one or two basic disorder in mental processes associated with understanding and using spoken or written language. Also, learning disorder has been defined as a diagnosed physical damage or neurologic deficit which can disrupt the academic achievement (2). Learning disabilities are included a much broader range of academic problems and also needs to pay attention to the social, family, emotional and behavior fields of the child's life in the family's texture (3).

Children's learning disabilities will have a devastating impact on the adjustment and psychological well-being of their families and various studies shows that families of children

who suffer from disorder of learning disabilities, have more adaptive problems than parents of normal children. (4). Studies indicate that parents of troubled children experience limitations such as health, sense of deprivation and high levels of stress and depression than parents of normal children (5,6,7).

Several studies have realized the impact of the existence of children with disabilities on the parent's satisfaction from life. The results of the investigation (8,9,10 and 11) shows that a significant difference affects between the parents' marital satisfaction and their adjustment. Several studies (12,13) have reported the impact of child with disabilities and mentally retarded on the amount of assertiveness in the marital satisfaction of the parent's life of these children.

Pelchat, Diane, Bissan & Jocely (14), problem in parent's further compatibility and experiencing emotional turmoil and psychological stress; lower self-perceived health and mental health in mothers with disabled children and intellectual disability in several studies (13,15,16,17,18). This incompatibility can be due to the concerns about how the child will cope, changes in family relationships, heavy economic costs, vanished dreams, compassionate acts of

others, negative attitude towards the services and facilities and contradictions related to having another child (19). All these factors together causes additional psychological pressure on the parents of these children. Many families are involved with difficulties arising from having a child with an intellectual disability or disorder in learning (20).

Unpleasant life events can affect and disrupt psychological well-being and lead to psychological problems such as depression, anxiety (21). Based on this, the birth of a child with an intellectual disability or with specific disorders has an almost constant and stressful nature and with creating stress it can lead to reduction in psychological well-being (22). The birth of a child is joyful for parents, although this process is accompanied with many hardships and discomforts and what makes the pain and difficulties enjoyable is the hope of a healthy and natural baby. But as soon as the parent's awareness of the child's problems, the condition will be provided to create an effective communication with the consort (23). No anger, protecting the individual independence of man and woman while their participation, acceptance of demands and interests of the spouse, support and empathy, having common goals and aspirations, accepting difficulties

and preparedness for facing them, expressing friendship and care about each other are factors in the continuity of marriage and satisfaction in women and men (24). Relationship with spouse is the central aspect of a person's emotional and social living and marital dissatisfaction can damage the couple's ability to create consensual relations with children and other people outside the family (25). As a result, the impact of this issue will lead to an increase in the marital conflict in parents of children with intellectual disabilities (23).

But Ellis et.al, have stated that conflict is part of marital relationship and marriage and couples should learn to solve their conflicts to be lucky. Conflict is not always negative but also is the way that couples use for conflict management. It may have a negative impact on the relationship (26). Couples who can manage the existing conflicts in connection with the application of positive methods and lower use of negative interactions, will create a space with the possibility of more opportunities for self-disclosure and agreement about the family problems (27) and in this regard, certainly parents of children with intellectual disability are more prepared for anger and aggression due to receiving several stress and anxiety. The negative effects of conflict, such as anger, hate,

sadness and sour on couple's interactions are associated with the amount of violence (28) and these negative communications can lead to decreased satisfaction in marital relationship and more likely to get divorced (29 and 30). Some of these interventions are interventions with the approach of emotion-oriented. This method of consultation is a combination of humanistic, gestalt and cognitive point of view. In this model it is assumed that the psychological and interpersonal state of the couple in their interactions is organized through the individual emotional experiences of the couples (The psychological realities and interpersonal patterns and rules) improve oneself and individual growth are the foundation of methods of emotion oriented treatment, and the person's balance is the main goal of the treatment (31).

This model is an innovative approach for couple's treatment and its basic theory says that conflicts will be created when any of the couples are not able to meet the needs of each other in the fields of satisfaction and safety (32). This approach helps the couples in creating new opportunities of attachment, deep expansion of emotions and attachment needs and expressing them openly (33). Now by considering to the above items, the main objective of this study is to evaluate the

effectiveness of marital counseling training on the improvement of psychological well-being and reduce marital conflict in mothers of children with learning disorders.

Method of survey

The present study was with the control group in form of pretest-posttest in a quasi-experimental project. Teaching the intervention of emotion oriented treatment is the independent variable of this method which is applied only in the intervention group and its effects were evaluated on the grades of psychological well-being variables and marital conflict in mothers of intervention group and were compared with the control group.

The mothers of children with learning disorders have formed the population of the current study in Bandar Abbascity. The ultimate sample of participants based on inclusion criteria such as (Living in Bandar Abbascity, having the ability and being interested to participate in the training program, the informed consent from participating in the research, having a child suffering from one of the kinds of learning disorders, Not attended into training classes and similar methods of considered intervention as well as having a minimum education level of reading) has been selected by the method of 50 mothers accessible as the

final sample and were divided randomly into two groups of 25 people. Before starting the intervention meetings, a counseling session were held in order to attracting cooperation, learning about the numerous problems of the disorder, concerns therapeutic expectations, talking about the confidentiality of the classes and privacy, etc. After performing the sampling and random assignment in both test and control groups, tests of marital conflict and psychological well-being was conducted in advance, then the emotion oriented treatment program was applied on the experimental group for 8 sessions of 2 compressed hours in 4 consecutive weeks. Then the posttest was performed on both groups.

The method of implementing the sessions:

First session: in the first session, after the introduction and familiarity with the members of the group, a definition for the concepts of excitement, management, satisfaction, emotional communication, sexual, the concept of family and various communication patterns was presented, with the help of the group the people's opinion about the pleasant and unpleasant excitements were discussed. Second session: acceptance and reflection of common experiences, discovering the defective interactions, determining the couple's responses and their level of

attachment and evaluate the problems and attachment barriers, creating therapeutic agreement and identifying the vicious cycle. Third session: identifying the infrastructural and expressed emotions, listen to the feelings, expressing excitements and expression of pure emotions, etc. Fourth session: reshaping the problem in terms of the negative cycle, clarifying the key emotional responses of accepting the cycle of interaction and excitements, deepening the engagement with these experiences. Fifth session: fears of relationship will be determined during this meeting, deepening the engagement of the couples, presenting new ways of interaction and etc. Sixth session: expansion of experience admissions and reconstruction of interactions and change the events and etc. Session seventh: facilitating the expression of needs and demands for reconstruction of interactions based on new understandings. Eighth session: Consolidation of the current created cycle and talk about the attachment and intimacy in couples was done.

Research tools were included two questionnaires:

Ryff's Psychological Well-Being questionnaire (RPWB): this questionnaire has been prepared by Ryff and contains: 77 questions and six subscales of dominate the environment (19matter),the purpose and

orientation in life (13 matter), self-acceptance (19 matter), and individual grow and flourish (8 matter), positive relationship with others (8 matter) and independency (10 matter). Questionnaire has been prepared by zanjani and Tabasi (34) based on the methods and principles of psychometrics and in order to measure the psychological well-being. This questionnaire has been scored and classified in the 5-point Likert scale (strongly agree to strongly disagree) and 23 questions have been scored inversely. Marashi *et al*, the obtained reliability is 0.94 and 0.92 respectively by using Cronbach's alpha and bisection method and also the formal validity has been confirmed by the questions associated with the Ryff's Well-Being questionnaire (2002)(35).

Marital conflict: is a tool with 42 questions which is made to gauge the marital conflict on the basis of clinical experience, by Sanaei (2000). This questionnaire measures seven dimensions of marital conflict, including: reduction of cooperation, reducing the sexual intercourse, increase emotional reactions, to attract child support, increasing the individual relationship with relatives, reduction of relationship with the spouse's family and friends and separating financial matters from one another. This questionnaire contains a good validity. In the stage of

analyzing the test items, after initial implementation and correlation computing, 13 questions of the 55 questions was removed and the form of 42 questions was confirmed. The reliability has been reported by it (23). Finally, for analyzing the obtained data, besides using descriptive statistical indices and analysis test, the multivariate analysis of variance tests (MANOVA) was used.

RESULTS

Comparing pre-test and post-test of the considered variables, revealed that the levels of marital conflict in pre-test ($M = 19.36$, $SD = 3.29$) is more than the posttest ($M = 13.72$, $SD = 3.12$) in the control group. But in the control group, pre-test ($M = 15.80$, $SD = 3.66$) was not different from the posttest ($M = 15.60$, $SD = 3.00$). In the case of psychological well-being, the test group ($M = 15.64$, $SD = 2.55$) was lower than the posttest ($M = 20.12$, $SD = 2.95$). Also, about the control group, the psychological well-being did not change in the pretest ($M = 15.88$, $SD = 2.30$) in comparing with the posttest ($M = 16.20$, $SD = 2.96$) (**Table 1**).

Data related to the impact of emotion-oriented couple therapy were analyzed for each of the variables of marital conflict and psychological well-being with the help of multivariate analysis of variance with two internal factors of the group. Multivariate analysis are showed

that there is a significant multivariate effect for the group factor, $\eta^2_P = 0.96$, $P = 0.0001$, $F_{(2, 24)} = 1313.95$ (Table 2).

Investigation of the effects of groups with each other have shown that the group's factor

has a significant effect on marital conflict basis on the group (test and control) ($F_{(1, 24)} = 8.96$, $P = 0.0001$, $\eta^2_P = 0.05$) and in both variables between the groups, significant difference has been illustrated. (Table 3).

Table 1: Statistical indicators of marital conflict and psychological well-being (n =50)

Standard deviation	Average	Stage	Group	Index
3.29	19.36	pretest	test	Marital conflict
3.12	13.72	posttest		
3.66	15.80	pretest	control	
3.00	15.60	posttest		
2.55	15.64	pretest	test	Psychological well-being
2.95	20.12	posttest		
2.30	15.88	pretest	control	
2.96	16.20	posttest		

Table 2: Significance test of multivariate variance

Power	η^2_P	Significance level	Degree of freedom 2	Degree of freedom 1	F	Amounts	Effects	
1	0.96	0.0001	23	2	1313.95	0.99	Pillay's rejection	Constant
1	0.96	0.0001	23	2	1313.95	0.09	Wilk's Lambda	
1	0.96	0.0001	23	2	1313.95	114.25	Hotelling's rejection	
1	0.96	0.0001	23	2	1313.95	114.25	Roy's largest root	
0.73	0.06	0.01	23	2	2.69	0.06	Pillay's rejection	Group
0.73	0.06	0.01	23	2	2.69	0.93	Wilk's Lambda	
0.73	0.06	0.01	23	2	2.69	0.07	Hotelling's rejection	
0.73	0.06	0.01	23	2	2.69	0.07	Roy's largest root	

Table 3: Tests of between-subjects effects

power	η^2_P	Significance level	F	Average of squares	Degrees of freedom	Sum of squares	Dependent variable	Source of changes
1	0.952	0.0001	480.52	4705.96	1	4705.96	marital conflict	Constant
1	0.950	0.0001	1164.15	10120.36	1	10120.36	psychological well-being	
0.432	0.021	0.01	9.79	235.040	1	235.040	marital conflict	Group
0.804	0.05	0.001	8.69	208.640	1	208.640	psychological well-being	
				4941.00	24	4941.00	marital conflict	Error
				10329.00	24	10329.00	psychological well-being	
				235.04	25	235.04	marital conflict	Total
				208.64	25	208.64	psychological well-being	

DISCUSSION AND CONCLUSION

The purpose of this study was to investigate the efficacy of training the emotion-oriented therapy on the psychological well-being and marital conflict in mothers of children with learning disorders. Due to this purpose, two groups were studied. By using the questionnaire of marital conflict and psychological well-being, both groups were evaluated in two stages of pre-test and post-test (after eight sessions of intervention). The results of this study showed that the emotion-oriented treatment had a significant impact on the psychological well-being and the deference between two groups were meaningful. Also, in the test group the scores of the psychological well-being are significantly improved in the post-test. But in the control group, there were no difference between the pre-test and post-test. The results of this research is for confirming the findings of Gary's research (36) who discovered that change in the vision and belief system of families with autistic child can increase their psychological well-being. Mc Calister and *et al* (37), believe that the change in the beliefs and attitude of parents of children with mental retardation can increase their resiliency and compatibility with this phenomenon. The research of Seyfert and Schwartz revealed that the psychological well-being of couples

is related to their marital conflict (38). Also Rezai *et al* showed that the emotion-oriented couple therapy can improve communication patterns and reduce tension in the marital relations and has increased the use of productive communication patterns (39).

Another finding of this research indicates a significant effect of emotion-oriented therapy on marital conflict in mothers of children with learning disorder and led to reduction of marital conflict and difference between the two significant groups. The creation of conflict between husband and wife is natural. Because of the nature of the couple's interaction these type of disagreement happens some time or they do not meet their needs, so they get angry, frustrated and dissatisfaction toward each other (40) which this dissatisfaction can spread with the birth of a child with mental retardation and due to many problems of these children. As a result, conflict management, control of emotions and expressing them properly can correct the vicious cycle of these problematic excitements (41). Also, conflict good management, couldn't protectedus against changes and does not mean that by having these skills we can always gain our demands, but enables us to become familiar with new developments and find appropriate solutions to counter the threats and opportunities (23).

CONCLUSION

The results showed that training the emotion-oriented therapy was effective in psychological well-being and marital conflict in mothers of children with learning disorder in Bandar Abbas city and has had an improving impact.

ACKNOWLEDGMENTS

The authors take this opportunity to express their sense of gratitude to all of the families and welfare authorities of Bandar Abbas city who heartily collaborated in implementation of this study.

REFERENCES

- [1] Lerner W, L. (1997). "Children with Learning disabilities: theories, diagnosis and teaching strategies." Boston Houghton Mifflin.
- [2] Ebadi M , Afroz Gh G. A. (2000). "Vocabulary Education." *Psychology, Rehabilitation of Exceptional Children*, Tehran.
- [3] Rodriave J.R, Morgan B, Geffken G.R.(2002). "Psychological adaption of fathers of children with autism Down syndrome and normal development" *Journal of autism & Developmental Disorders* 22(2):249 –263.
- [4] Meikaeilei JW, Ganji M., Talebi Joybari M. (2012). "A comparison of resiliency, marital satisfaction and mental health in parents of children with learning disabilities and normal children.", *Journal of Learning Disabilities Autumn* 2(1): .120-137.
- [5] Quine L., Paul J. (1985). "Examining the causes of stress in families with severely mentally handicapped children." *British Journal of Social Work* 15:501-505.
- [6] Roach, M. A., Ormond, G.I ., & Barratt, M.S (1999). "Mothers and fathers of children with Down syndrome: Parental Stress and involvement in children." *American Journal on Mental Retardation* 104: 422-436.
- [7] Valentine D. P, McDermott S, Anderson D. (1998). "Mothers of adults with mental retardation: Is race a factor in Perceptions of burdens and gratification? ." *Families in Society* 79: .577-584
- [8] Wolf W. (2001). "Embarrassment in diagnostic process." *Mental Retarded* 3: .29-31

- [9] Taunila A, Kokonen J, Jarvelin M. (2005). "The long-term effects of children's earlyonset disability on marital relationship. Department of Public Hrelth science and General Practice." opulu, finland.
- [10] Mola Bashi A.(2003). "Mental health Parents of Exceptional Children, Journal of Family Counseling." 3 22(13-19
- [11] Motamadin M, Sohrabi F, Fathi Azar A, Malaki S .(2008). "Comparison of mental health, marital satisfaction and assertiveness parents of children with intellectual disability and normal in West Azarbaijan Province, Islamic Azad University." Science and Research in Psychology (Isfahan) ,35: 12-15.
- [12] Rodriave James R, Morgan Sam B, Geffken Gary R. (2002). "Psychological adaptation of fathers of children with autism, Down syndrome, and normal development.". Journal of autism & Developmental Disorders 22(2): 249-263.
- [13] Roos P. (2005). "Trens in residential institutin for the mentally retarded in university counlil for educational administration." Trend in Education, columbus. Ohio: University Council for Educational Administration.
- [14] Pelchat D, Bisson J, Richard N, perreault M. (1999). "Longitudinal effects of an early family intervention programme on the adaptation of parents of children with a disability." IJNS 36(6): .465-477.
- [15] Flahrty Erellyn M , Masters Glidden J. R. T. (2000). "Positive adjustment in parents rearing with Dwn syndrome." Early Education & Development 11(4):407-430.
- [16] Ben-zur H, Duvdevany I, Lury L (2005). "School of social work, university of Haifa, mount camel. Haifa, Israel. Association of social support and hardiness with mental health among mothers of adult children with intellectual disability." Journal of intellect disable Res 49: -62 54.
- [17] Strachan, J. W. (2005). "Fathers of children witheducational disabilities." The role of stress in life satisfaction. Doctoral dissertation, The Florida state University.

- [18] Mc Conkey R, Truesdale-Kennedy M, Chang M. Y., Jarrah S. , Shukri R. (2008). "The impact on mothers of bringing up a child with intellectual disabilities: A cross-cultural study." *International Journal of Nursing Studies* 45: .65-74
- [19] Maginnes A. (2007). "The development of resilience: A model. Unpublished dissertation." University of Canterbury.
- [20] Kaveh M, Alizadeh H, Delavar A, Borjali A. (2011). "Development of a Resilience Fostering Program against Stress and Its Impact on Quality of Life Components in Parents of Children with Mild " *Iranian Journal of Exceptional Children, Intellectual Disability* 1(2): ..119-140
- [21] Segerstrom S, Miller G. (2004). "Psychological stress and the human immune system: A meta analytic study of 30years of inquiry." *pB* 130(4): .610-630
- [22] Baker B.L, Blacher J, Olsson M.B. (2005). "Preschool children with and without developmental delay: behaviour problems, parents' optimism and well-being." *JIDR* 8(49): ...575-590
- [23] Jnaabady H. (2011). "Effectiveness in reducing marital conflict marital counseling parents of children with intellectual disability referred to Zahedan Welfare Advice." *Psychology of exceptional* 4(1): -72 .54.
- [24] Safi A. (1995). "Balancing family." Second edition Tehran: Press PTA IslamicRepublic of Iran.
- [25] Motamadin M. (2004). "Effects of coping with irrational beliefs (cognitive approach), believes marriage and couples counseling family welfare center in Ahvaz, Master Thesis, Department of Educational and Psychological Sciences.", University of ChamranShahid.
- [26] Gottman J.M, Silver N. (1999). "The seven principles for making marriage work." New York: Three Rivers Press.
- [27] Johnson S. (2003). "The revolution in couple therapy." *JMFT* 29(3): -384 .365.
- [28] Waller M. A. (2001). "Resilience in ecosystemic context: Evolution of the child". *American Journal of Orthopsychiatry* 71: 290-297.

- [29] Young M , Long L.L.(1998). "Counseling and therapy for couples, Pacific Grove." CA : Brooks/Cole.
- [30] Amato P.H Hohmann-Marriott B. (2007). "A comparison of high- and low-distress marriages that end in divorce." *JMF* 69(3): .621-638.
- [31] Johnson S.M.(2004). *The practice of emotionally focused couple therapy*. 2nd ed. New York: Brunner-Routledge.
- [32] Msauda M. (2003). "Meta-analysis of love scale: Dovarious love scales measure the same psychological constrct? ." *Jpn Psychol Res* 45(.325-337 :(1
- [33] Johnson S, Whiffern V. E. (1999). "Made to massure: Adapting emotionally focusedcouple therapy to partners' attachment styles." *Journal of American Psychology* 6: .366-381.
- [34] Zanjani Tabasi R. (2004). "Construction and preliminary standardization of psychological tests, General Psychology." MS Thesis, Tehran University.
- [35] Marashi S.a, Naami A. Z., Bashlidh K, Gobari Banab B.(2011). "Spiritual Intelligence Training effect ofon psychological well-being, anxiety, and spiritual intelligence in Ahwaz Oil college students." *Journal of psychological achievements, Shahid Chamran University of Ahvaz* 4(1): 63-80.
- [36] Gray D.E.(2002). "Ten years on: A longitudinal study of families of children with autism.". *Journal of Intellectual & Developmental Disability* 27: .215-222.
- [37] Mc Calister K. T, Dolbier C.L, Webster J.A, Mallon M.W. , Steinhardt M. A. (2006). "Hardiness and support at work aspredictors of work stress and job satisfaction." *American Journal of Health Promotion* 20(3): .191-183.
- [38] Siffert A, Schwarz B.(2011). "Spouse's demand and withdrawal during marital conflict in relation to their subjectivewell-being.". *Journal of Social and Personal Relationships* 28(2): ..262-277
- [39] Javidi N, Soleimani A.A, Ahmady K.H, Samadzadeh M. (2012). "The Effectiveness of training of emotion management strategies According to emotionally focused coupletherapy(EFT) to increase

- sexualsatisfaction in couples." *J Health Psychology* 1(3): -50 .18.(Partion).
- [40] Sudani M, Shafiabadi A. (2008). "Comparison of individual and couple therapy Ellis combined to reduce marital conflict." *Knowledge and Research in Applied Psychology* 19(37): 21-20
- [41] Rezaeian A. (2003). "Conflict Management and Negotiation." Tehran, Samat.