

Article

The effect of spiritual counseling based on the sound heart model on resilience and parenting competence in mothers with intellectually disabled children

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Abstract

Background: Having a child with mental ability is very challenging for the mother as the main caregiver.**Objectives:** The present study aimed to examine the effectiveness of spiritual counseling based on the sound heart model (SHM) on the resilience and parenting competence of mothers with intellectually disabled children.**Methods:** This experimental study was conducted using a pre-test and post-test design with a control group. The research population consisted of all mothers with intellectually disabled children studying at Shahid Atqaei Educational Complex in Tehran in 2023. A total of 40 mothers were selected as the participants through voluntary sampling and were randomly placed into two control and experimental groups. SHM sessions were conducted in ten 90-minute sessions weekly for the mothers in the experimental group. Connor-Davidson Resilience Scale (CD-RISC) and Parenting Sense of Competence Scale (PSOC) were used to collect data. Data were analyzed using univariate analysis of covariance (ANCOVA) and independent samples t-test in SPSS-24 software.**Results:** The mean (SD) resilience score increased significantly from 65.06 (5.63) before the SHM intervention to 74.40 (10.11) after the SHM intervention ($p < 0.021$). However, a comparison of the mean (SD) parental competence score before and after SHM intervention did not show a statistically significant difference [56.60 (10.11) vs. 68.80 (9.19); $p < 0.091$].**Conclusion:** The SHM intervention helped mothers with mentally disabled children to create a strong bond with the eternal power of God. The intervention also improved the mothers' resilience and helped them accept the reality of life. This treatment can be used in mother and child care programs.

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Implications of this paper in nursing and midwifery preventive care:

- Spiritual care programs based on the sound heart model (SMH) increase spiritual experiences in patients.
- Application of this model can help nurses and midwives to help their patients achieve peace and relief from the psychological pressures caused by the disease and help their health status and treatment process.

Introduction

Caregivers of disabled children, especially mothers, are associated with physical, emotional, mental and spiritual stress [1]. An intellectually disabled child is also faced with general and mental learning disabilities and has a significantly lower intellectual function than peers with normal intelligence. Moreover, such a child has low coping skills and maladaptive functions. At times, an intellectually disabled child exhibits stereotyped, self-harming, aggressive, and destructive behaviors that disrupt his/her daily life activities [2]. Severe intellectually disabilities are prevalent among 1% to 4% of children. However,

some statistics indicate that nearly 20% of children and adolescents worldwide experience some form of mental disability and are unable to take care of themselves and live independently [3].

Taking care of these children adversely affects the mental and social health of mothers due to the need for care and other obligations of parents [4]. The birth of children with any disability imposes a high care burden and induces psychological distress in mothers as primary caregivers [5]. Studies have shown that families with intellectually disabled children experience high levels of stress. In these families, the roles are

reversed and the main caregiver, who is the mother, devotes a lot of time and energy to raising her child [6-8]. Mothers of intellectually disabled children experienced anxiety, stress, depression, bitterness, and low self-esteem due to having an intellectually disabled child [9].

Training parenting competency and resilience can significantly help mothers take care of their intellectually disabled children [5,10]. Resilience means a person's ability and capacity to change, regardless of potential risks. Resilience is also considered a form of active and constructive participation in the surrounding environment. [11]. Resilience can be helpful for mothers with intellectually disabled children because it brings back the desired psychological balance [12].

Parental competence refers to the parents' belief in their ability to fulfill their parental role [10]. Parental competency originates from three factors, parents' individual, cognitive, and social capital, child's characteristics, sources of stress and social support [13]. Previous studies have suggested that the parenting competence of mothers with bullied children [10], children with attention-deficit/hyperactivity disorder (ADHD) [14], and children with intellectual disabilities is much lower than that of mothers of children without mental or psychological disorders [15].

Conducting training and therapy interventions including spirituality-based interventions can reduce the care and psychological burden of mothers with intellectually disabled children [5]. Humans always seek help from a holy and divine source in critical situations and when illness threatens their lives, they need more spiritual support [16]. Previous studies in the literature have indicated that spiritual experiences have helped mothers of children with cancer [17], infants with developmental delays [18], and intellectually disabled children (8). Spirituality gives mothers the strength to accept the reality of their child's disorders [17, 8].

When a person experiences uncertainty, anxiety, crisis, and loss, spirituality can help them find answers to their basic questions about the meaning of life, pain, suffering, and death. Spirituality is conceptually divided into two related but distinct dimensions. The presence (experience) of meaning and the search for (more) meaning in life [19].

The "Sound Heart" spiritual counseling program is a care intervention program first introduced by Mino Asadzandi. This intervention seeks to induce a sense of security, peace, love, and hope in the client and helps them get free from fear and anxieties caused by past or future events and develop positive thoughts by relying on God [16]. Spiritual intervention based on the sound heart is a spiritual model that takes considers people's multidimensionality and tries to give a sound heart to people to overcome their problems in the light of faith and a calm spirit. A person with a sound heart can be freed from the feeling of helplessness and incapacity with the help of God and practice patience by believing in divine wisdom [16,20]. The care core in sound heart spiritual counseling is the patient and the family, and the care model is developed based on the caregiving stages and aims to improve a person's four spiritual relationships with God, oneself, others, and the environment and nature [21].

The sound heart spiritual approach has been applied in medical sciences as an effective technique for improving patients and their mental health [20-22]. Given the lower levels of parenting resilience and competency in mothers with intellectually disabled children, there is an urgent need to address the psychological, social, and spiritual problems faced by these mothers by conducting holistic and community-oriented interventions with a practical goal to increase their parenting resilience and competency. Moreover, given that no study has investigated the problems faced by mothers of intellectually disabled children, the present study sought to examine the effectiveness of the spiritual empowerment intervention based on the sound heart model (SHM) in improving resilience and parenting competence in mothers of intellectually disabled children.

Methods

The present study was conducted in 2023 by using an experimental pre-test-post-test design on volunteer mothers of intellectually disabled students attending Shahid Atqaei Educational Complex in Tehran.

Mothers of intellectually disabled children with high school education level were included in the study. Absence of more than two sessions in SHM intervention, presence of severe or acute mental or

physical problems as approved by the doctor of the educational complex, participation in counseling and psychological interventions during SHM sessions, having more than one disabled child, and single mothers from were excluded from the study. A total of 40 volunteer mothers were assigned to two experimental and control groups by block randomization method with size 4 (each with 20 participants).

The sample size was calculated by using the Cohen's d estimation equation. The effect size for this sample can detect medium effect. With effect size =0.500; Significance level (alpha)=0.05; and statistical power = 0.8; The sample size = 40 was obtained.

Connor-Davidson Resilience Scale (CD-RISC) and Parenting Sense of Competence Scale (PSOC) were used to collect data.

Connor-Davidson Resilience Scale (CD-RISC): The scale contains 25 items that are scored on a five-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all of the time). The total score ranges from 0–100. Higher scores on this scale indicate higher resilience [23]. In Iran, Reza Zadeh et al. obtained the reliability of this questionnaire for mothers with Intellectually Disabled Children by Cronbach's alpha 0.84 [5]. In the present study, the reliability scale was confirmed with Cronbach's alpha of 0.87.

Parenting Sense of Competence Scale (PSOC): This scale was developed by Gibaud-Wallston and Wandersman (1978) with 16 items that measure parental competence. The items are scored on a six-point Likert scale from strongly

disagree (1) to strongly agree (6) [24]. The scoring of items 2, 3, 4, 5, 8, 9, 12, and 14 is reversed. The total score of the questionnaire between 70-96 shows a high sense of parental sufficiency, 50-69 average scores and 16-49 low scores. The reliability of this questionnaire was checked by Aghaei-Malekabady et al. on a group of mothers with a bully child in Iran and it was reported as 0.81 [25]. The reliability of the scale was confirmed with Cronbach's alpha of 0.89.

After approving the protocol of this study and obtaining code of ethics from the ethics committee of Shahid Beheshti University (IR.SBU.REC.1401.115) and obtaining informed written consent, with emphasis on confidentiality, volunteer mothers were selected based on inclusion criteria. The intervention program was conducted in ten 90-minute sessions based on the sound heart model protocol [16,22] as displayed in Table 1. The intervention sessions were held by an expert holding a master's degree in clinical psychology on Wednesdays 10-12 a.m. through interactive discussions, questions and answers in the meeting hall of the Shahid Atqaei Complex. To avoid sharing information between the two groups, Before and one week after the completion of the intervention, the questionnaires were completed by both groups. During the implementation of the intervention, mothers in the control group did their current work and did not receive any intervention. At the end of the research six intervention sessions were held for the participants in the control group.

**Table 1: The content of the Sound Heart Intervention Model
(Asadzandi, 2023, Asadzandi et al.2023)**

Session	Content
1	Introducing the group members and the therapist Stating the goals of the group and the training sessions Stating the group rules Introducing spiritual counseling based on the sound heart model Talking about spiritual health (e.g., Have you ever been supported by divine grace?) Obtaining the participants' consent to attend the training sessions
2	Surveying the mother to find out about the reasons for her child's disability Recognizing the participants' attitudes toward God Discussing the relationship between attitudes, thoughts, and feelings (mindfulness)
3	Moving from the fear, sadness, and problems caused by the child's disease toward inner courage Trying to establish a relationship with God and create optimism
4	The philosophy of divine ordeals Homework

5	An individual's power of will and its role in creating the problem Developing adaptability and creating motivation
6	Motivation and values Confirming and identifying the clients' values and helping them to find their desires and spiritual feelings and learn problem-solving skills Finding meaning in life
7	Coping and adaptation (focusing on problem-oriented and emotion-oriented adaptation to the child's illness) Highlighting the necessity of adaptation instead of arguments and disputes Discussing how to adapt to the child's disability Teaching coping skills, seeking help from God, saying prayers, trusting in God, etc.
8	Recognizing tempting and deceptive situations and dealing with them Finding the right meaning of motherhood
9	Seeking help from God (to calm oneself), calming oneself by communicating with nature and connecting with the world of creation Establishing communication with family and relatives and loving oneself
10	Reviewing the homework Reviewing the materials covered in the previous sessions Administering the post-test

The collected data were analyzed using descriptive statistics mean, standard deviation, and Chi-square test were used. To investigate the effectiveness of the spiritual empowerment intervention based on the sound heart model in improving the resilience and parenting competence of mothers with intellectually disabled children, univariate analysis of covariance (ANCOVA) and paired t-test were used. Moreover, the Shapiro-Wilk test was run to check the normal distribution of the variables. In addition, Levene's test was used to check if assumptions of the homogeneity of variances in the two groups were established. The Box's M test was used to check the equality of the variance-covariance matrix. The significance level of the Shapiro-Wilk test for all variables was

greater than 0.05 ($p > 0.05$), confirming the assumption of normality of data distribution for both variables. As a result, the normal distribution assumption was confirmed for running the analysis of covariance. The significance level in the tests was considered 0.05. Data were analyzed in SPSS 24 software

Results

The mean (SD) age of the mothers participating in this study was 44.21 (2.6) years and the mean (SD) age of their children was 10.50 (3.1) years. Table 2 shown the demographic information of participants. Both groups under study were homogeneous with each other and had no statistically significant difference ($p < 0.05$).

Table 2: Participants' demographic information

Variables	Categories	Experimental group	Control group	*p
		No. (%)		
Childs age	9-10	12 (60%)	13 (65%)	0.819
	11-12	8 (40%)	7 (35%)	
Mothers age	39-43	6 (30%)	7 (35%)	0.238
	44-49	10 (50%)	9 (45%)	
	Up to 49	4 (20%)	4 (20%)	
Educational level	High	14 (70%)	15 (75%)	0.301
	School	5 (25%)	4 (20%)	
	Diploma	1 (5%)	1 (5%)	
	Bachelor			

*Chi-Square

Tables 3 show the descriptive statistics such as mean, standard deviation, and independent t-test

results for the participants' scores for resilience and parental competence:

Table 3: Comparison of pre-test and post-test of resilience and parental competence scores for the participants

Groups /resilience scores	Pre-intervention scores Mean (SD)	Post-intervention scores Mean (SD)	t	*p
Experimental	65.06 (5.63)	74.40 (6.63)	6.78	0.021
Control	58.86 (7.12)	58.66 (7.16)		0.19
Groups /parental competence	Pre-intervention scores Mean (SD)	Post-intervention scores Mean (SD)	t	*p
Experimental	56.60 (10.11)	62.80 (9.19)	5.69	0.091
Control	57.26 (10.50)	56.66 (10.16)		0.23

SD: Standard deviation; *Paired t-test

The mean scores (independence of observations, normality of distribution of the dependent variable, homogeneity of variances, and sphericity test) for parental competence were homogeneous in the two groups ($p>0.05$). However, due to the equality of the number of participants in the two

groups, the analysis of covariance (ANCOVA) is not sensitive to this assumption and this analysis can be run. In addition, the results of Levene's test confirmed the homogeneity of the distribution of the scores for resilience in the two groups ($P\leq 0.05$).

Table 4: ANCOVA for the resilience and parenting competence variable in the two groups of participants

Variables	Effects	SS	df	MS	F	p	η^2
Resilience	Pre-test	198.34	1	198.34	3.30	0.351	0.03
	Group Effect	692.162	1	692.162	25.84	0.001	0.49
	Error	442.45	37	11.95			
Parenting competence	Pre-test	91.30	1	91.30	2.01	0.151	0.02
	Group Effect	331.717	1	331.717	11.009	0.003	0.30
	Error	191.731	37	5.162			

MS= mean squares; SS= sum of squares; df = degrees of freedom

As can be seen in Table 4, the mean resilience scores in the two groups showed a significant difference ($F=25.84$; $p<0.01$). Thus, the adjusted mean scores for resilience in the control group (58.66) and the experimental group (74.40) suggest that the intervention program significantly improved resilience in the experimental group compared to the control group. This is to argue that the spiritual empowerment intervention based on the sound heart model was effective in improving the resilience and parenting competence of mothers with intellectually disabled children. Moreover, the mean scores of parental competencies in the two groups showed a significant difference ($F=11.009$; $p<0.01$). Accordingly, the adjusted mean scores for parenting competence in the control group (56.66)

and the experimental group (62.80) showed that the spiritual empowerment intervention based on the sound heart model was significantly effective in improving resilience in the experimental group compared to the control group.

Discussion

The present study examined the effectiveness of spiritual counseling based on the sound heart model on the resilience and parenting competence of mothers with intellectually disabled children. The findings suggested that spiritual training based on the sound heart model improved the resilience of parents with intellectually disabled children. Asadi et al. found that spiritual care based on the sound heart model was effective in meeting spiritual needs in heart patients [26].

Spiritual counseling based on the sound heart model creates a strong bond and strengthens the relationship with a superior, higher, and eternal power, which causes better adaptation to possible problems and challenges. This type of intervention can also restore people's psychological and emotional resources and improve their hope, meaning and purpose, empowerment, acceptance, tolerance of suffering, and adaptability to stressful situations, and reduce their loneliness as they believe in the presence of an inexhaustible and infinite power [27]. Moreover, spiritual experiences helped mothers of children with cancer to become more resilient, accept the bitter reality of life, and overcome their problems [17].

The findings from the present study also showed that spiritual empowerment based on the sound heart model was effective in improving the parenting competence of mothers with intellectually disabled children. Studies that have addressed other spiritual counseling interventions have shown that spirituality has significantly contributed to solving parent-child interaction problems and improving the parenting competence of mothers of children with special needs (1,18,8). Providing social and emotional support to parents fitting their unique biological, psychological, and social needs can reduce negative emotional burden and psychological distress and induce a sense of competence in parents of children with physical disabilities [28]. Mothers should try to maintain their health and competence through spirituality and other psychological interventions as they encourage parents to bear the hardships of life with enthusiasm through the strength they get from spirituality and to support their intellectually disabled children [1,5].

Motherhood itself is a spiritual experience leading to the transformation of the mother. A qualitative study examined the daily subjective experiences of mothers of adopted children and showed that the spiritual values of mothers increased due to the care for their adopted children and the experience of unparalleled and unique love. In-depth interviews showed that mothers experienced unconditional love, compassion and empathy, mindfulness, faith, meaning and purpose in life, and ultimately a sense of strong power [29]. Indeed, adopting a child and playing the

motherhood role for them induced a sense of spiritual awareness in mothers. In this study, mothers with mentally retarded children found a sense of responsibility, sufficiency, and more power in their maternal duties after attending the spiritual counseling intervention. Spiritual counseling helped them to increase their level of tolerance and adapt more easily to the difficulties and challenges of caring for their child.

Moreover, it can be argued that giving birth to a child makes a woman a responsible person. For many mothers, the experience of "motherhood" brings existential transformations in four physical, social, psychological, and spiritual dimensions. Thus, after becoming a mother, the person is not only a woman but a mother who plays the motherhood role with wisdom and awareness. Accordingly, it can be argued that motherhood is a kind of "existential responsibility" experience [30-31].

The findings of the present study can contribute to many fields including religion, spirituality, spiritual care, and counseling psychology. The results showed that the spiritual counseling model of "sound heart" can help mothers who are responsible for taking care of their mentally disabled children to feel empowered, competent, and finally more resilient. The present study was conducted on mothers with intellectually disabled children in Tehran. Moreover, no follow-up test was conducted to assess if the effects of the intervention were retained or not.

Conclusion

The present study revealed that the spiritual care intervention based on the sound heart model helped to improve the resilience and parenting competence of mothers with intellectually disabled children. The proposed model can provide deep insights to doctors, family counselors, nurses, and all mental health professionals that spiritual counseling can be used to help mothers of children with incurable diseases, disabilities, and psychological disorders to experience spiritual existence, cope with life problems, and find a new meaning in life with greater awareness.

Ethical Consideration

To comply with the ethical principles of voluntary participation, written informed consent was

obtained from the participants for conducting and recording the interviews. The participants were also reassured of the confidentiality of their information. The protocol for this study was approved by the Iran National Committee for Ethics in Biomedical Research with code (IR.SBU.REC.1401.115) (<https://ethics.research.ac.ir>).

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Conflict of interest

The authors declared no conflict of interest.

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Authors' contributions

Conducting research, gathering and analysis data: Arefeh Sadeghi (MSc. Of clinical psychology), Conception, research design and written Article and final Approval: Anahita Khodabakhshi-Koolaee (Supervision). Writing, and final approval: Minoo Asadzandi (co-advisor).

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