

The Effect of Positive Couple Therapy on the Happiness of Mothers of Exceptional Children

Yadollah Ansari¹, Fahimeh Sanaei²

¹Department of Psychology, Faculty of Humanistic, Islamic Azad University, Arsanjan Branch, Arsanjan, ²Department of Counseling, Faculty of Psychology and Education, Kharazmi University, Tehran, Iran

Abstract

Background and Purpose: Happiness is one of the components of attention of the World Health Organization, which has a direct relationship with mental health and quality of life. The purpose of this study was to investigate the effectiveness of positive couple therapy on the happiness of mothers of children with special needs. Research hypothesis states that mothers who receive intervention will have more happiness than mothers in the control group. **Methods:** This study was a quasi-experimental research with pre-/posttest design with control group. Among mothers of children with special needs in Mashhad, Iran, twenty participants were selected in a purposeful method and were randomly assigned to experimental and control groups (ten participants in each group). Oxford Happiness Questionnaire was used to collect the data. To analyze the data, covariance analysis was used at inferential level, and the mean and standard deviation were used at descriptive level. **Results:** The results indicated that the happiness of mothers of children with special needs who received the intervention was significantly increased. **Conclusion:** According to the obtained results, it can be concluded that couple therapy with a positive attitude is effective in increasing the happiness of mothers of children with special needs in Mashhad city, Iran.

Keywords: Couple therapy, exceptional children, happiness, mothers

INTRODUCTION

There are two general views on happiness that have been identified with the themes of pleasurable (Hedonic) view and prosperity view (Eudemonic). Generally, the pleasurable approach defines happiness and good life in terms of seeking pleasure and avoiding pain, while the prosperity view defines happiness and good life on the basis of achieving full potential of the individual.^[1,2] Happiness is one of the basic concepts and components of life, and many have tried to understand and facilitate this component in the lives of human beings.^[3] Alipoor *et al.*, quoted from Mayers and Diener, who believe that happiness has three components: emotional, social, and cognitive. The emotional component affects the person's mood and leads to a person's cheerfulness and happiness. The social component also increases the social relationships of an individual with others and increases social support for him/her. Finally, the cognitive component leads a person to have a special attitude and worldview to events and to base their interpretation on this type of attitude. This kind of attitude leads to the creation of a good friend. Happiness

has a positive effect on interpersonal relationships and its facilitation increases the type of self-love and self-esteem in an individual and affects the level of social relationships and health of the individual. Happiness, on the other hand, creates a kind of thinking and attitude in individuals that increases their creativity in confronting everyday problems.^[3] According to Argyle *et al.*,^[4] happiness has three basic components, namely positive emotion, life satisfaction, and the absence of negative excitement such as anxiety and worry. They found that having a positive relationship with others, a purposeful life, self-affection, love for others, and love of life are components of happiness.

Birth of a baby is one of the great pleasures in the lives of most families. However, when a family confronts the birth of a child with a deficiency, this pleasure can turn into pain and suffering,

Address for correspondence: Mrs. Fahimeh Sanaei,
School Consultant, Faculty of Psychology and Education,
Department of Counseling, Kharazmi University, Tehran, Iran.
E-mail: miss.sanayi@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Ansari Y, Sanaei F. The effect of positive couple therapy on the happiness of mothers of exceptional children. *Int Arch Health Sci* 2018;5:43-7.

Access this article online

Quick Response Code:



Website:
<http://iahs.kaums.ac.ir>

DOI:
10.4103/iahs.iahs_3_18

and it is hard for anyone to tolerate it.^[1] Birth of a child with a deficiency is a pressurized factor for the family members that can have a damaging effect on family compatibility.^[5] Psychological stress that the birth of such a child can create is more debilitating for a mother than the father.^[6] As researches indicate, the heavy responsibility of caring for a child with special needs is mostly imposed on mothers than fathers, and perhaps psychological stress of most of mothers^[7-9] is caused by this problem.

Positive psychology is an approach that emphasizes the development of human talents and abilities and, by making life worthwhile, it gives individuals and communities the opportunity to succeed.^[10] This approach focuses on positive emotions in life and plays an important role in the psychological and physical well-being of individuals.^[11] Positive psychotherapy has been designed based on traditional scientific methods for understanding the psychopathology of behavior.^[12] This view encourages individuals to use their abilities and talents in the main realms of their lives (work, child upbringing, love, etc.) and see this as a task.^[13] Couple therapy is also called marital therapy including a set of interventions, techniques, methods, and various strategies; its aim is to enhance the close relationship and intimacy among couples and reduce the challenges among them. Positive couple therapy is an approach that utilizes positive psychology and its interventions and techniques to enhance intimacy among couples and reduce distress among them.^[14]

Considering that mothers of children with special needs have many problems regarding mental health, stress, and anxiety, depression and unhappiness, and lack of compliance with their child's problem,^[15] and since positive techniques for reducing anxiety and depression and increasing mental health and happiness of individuals are effective,^[16-19] a question arises whether positive couple therapy is effective in increasing the happiness of mothers of children with special needs? The purpose of this study is to answer this question.

METHODS

This study is a semi-experimental research conducted with pre- and posttest design with a control group. The research community included all mothers who had their children left for treatment in Mashhad's rehabilitation centers. The samples were selected in a targeted way using the Oxford Happiness Questionnaire (those who scored below the average of the community). Of these, twenty people were selected randomly and replaced by experimental and control groups (ten in each group). For analyzing the data, mean and standard deviations were used at the descriptive level and one-way covariance analysis was used at inferential level.

Participants

From among the twenty participants, we had two exclusions. The age range of mothers was 21–29 years (mean = 31.17 years, standard deviation [SD] = 4.95). The age range of their husbands was between 28 and 43 years (mean = 35.44 years, SD = 4.67). The education level of five participants was

elementary (27.8%), three was junior high school (16.7%), seven was high school (38.9%), and three (16.7%) had higher education (academic). Two of the participants (11.1%) were employees and 16 (88.9%) were homemakers. Five participants (27.8%) had a specific disease and 13 (72.8%) had no particular disease. Eight of the participants (44.4%) had no relationship with their husbands and ten (55.6%) had a kinship relationship. Three participants (16.7%) had mental disability, children of two participants (11.1%) had hearing impairment, six participants (33.3%) had sensory motor disability, the children of three participants (16.7%) had autism, and the children of four participants (22.2%) had a multivocal disability.

Procedure

From among the twenty participants selected, two couples were dropped out due to their travel and lack of time in setting up themselves with couple treatment. Before the intervention, all the couples were approached using a written consent at the beginning of the demographic questionnaire. Their consent for participating in this study was received. Participants whose children were under the age of 12 and scored below 40 in the Oxford Happiness Scale were selected to attend positive couple therapy sessions. Participants selected for couple therapy were randomly assigned to control and experimental groups. After performing intervention in the groups, a re-evaluation was performed as a posttest. Couple therapy sessions were redistributed in this special population for six sessions of 90 min based on the treatment plan of Conoley and Conoley.^[20] The inclusion criteria were as follows: (1) couples should have no mental disorder, (2) there should be no personality disorders among couples, and (3) couples should be heterosexual couples. The exclusion criteria were as follows: (1) the absence of more than 2 sessions among all sessions and (2) dissatisfaction to participate in research by at least one of the couples. Ethical considerations were met by nameless questionnaires and implementation of intervention for control group after the completion of research.

Instrument

Oxford's Happiness Inventory is a 29-item questionnaire with several choices. Each item has four choices which are made incrementally in the following way: unhappy or slightly depressed, low level of satisfaction, high level of satisfaction, and mania. Factor analysis results showed that there are six factors in the questionnaire.^[21] The range of special values for these six factors ranged from 0.49 to 9.17. These six factors represent 33.93 of the variance. These factors include life satisfaction, pleasure, self-esteem, relaxation, control, and self-efficacy. However, in fact, only a general scale is evaluated due to the insignificant number of questions for each factor. Validity of the questionnaire was checked by correlating this questionnaire with Fordyce Happiness Questionnaire which was performed on 727 students whose correlation coefficient was 0.73. There was no significant difference between girls and boys. The internal reliability of the questionnaire was calculated using the Cronbach's alpha on the same students, which was found to be 0.92. Then, a sample of fifty students

was selected randomly and a reliability evaluation of 6 weeks was carried out with a retest reliability of 0.73.^[22]

RESULTS

In this section, descriptive data are first examined and then covariance analysis is used to evaluate the effectiveness of the independent variable (couple therapy).

Table 1 indicates the mean and standard deviation of the mothers who received couple therapy and the mothers who did not receive any intervention in two stages of assessment, namely, pre- and posttest.

The covariance analysis can be used to compare the mean scores of the two groups. However, before the test, the test preconditions must be examined first. If these assumptions are not met, it is better to use the independent *t*-test based on the difference between the pre- and posttest scores.

Regression homogeneity: Regression line slopes were parallel in pre- and posttest. Therefore, this precondition is followed.

Regression slope homogeneity: According to obtained data from the interaction of the group and the posttest ($\Delta R^2 = 0.65$, $P = 0.411$, $F = 0.411$), it can be concluded that the slope homogeneity regression has been observed.

As preconditions of the covariance analysis test are met, for comparing the two groups, first, the scores obtained from the Oxford Happiness Scale in the pretest phase were considered as auxiliary random variables and, to control its effect, one-way covariance analysis and analysis of posttest scores as dependent variables were performed.

Table 2 shows the results of covariance analysis for the happiness variable.

The results from the data analysis, as summarized in Table 2, indicate that there is a significant difference in the level of

happiness after intervention among the mothers who received positive couple treatment and the control group's mothers. Considering the mean of these two groups, it can be said that the happiness of mothers who received positive coupling therapy increased significantly ($F_{(1,15)} = 30.6$; $P < 0.001$).

DISCUSSION

The aim of this article was to investigate the effectiveness of positive couple therapy on increasing the happiness of mothers of children with special needs. The results showed that positive couple therapy was effective in increasing the happiness of mothers of children with special needs. Therefore, this research is consistent with previous researches.^[11,17,23-34]

Barkhori *et al.*^[31] studied the effectiveness of reinforcing positive group thinking skills on enhancing achievement motivation, self-esteem, and happiness among high school students. They concluded that positive grouping was effective in enhancing the motivation of progress, self-esteem, and happiness of students. Teaching positive thinking skills for individuals is beneficial to strengthen and improve their positive relationship with oneself, connect with others and life (the world), increase their happiness, and lead them to make their people better known and experienced. They recognize their positive aspects and recognize their role in increasing and improving their self-esteem. They also get the ability to recognize the positive aspects of the surrounding, which will improve their attitude toward others.

Khaleqi-Abbas-Abadi^[26] conducted a research on high school girl students and concluded that group-based reality therapy increases happiness and mental health and their related components. In this research, a researcher did not follow the results to assess the reliability and stability of the reality-therapeutic intervention.

Mansouri^[29] also aimed to determine the effectiveness of cognitive behavioral education for reducing the symptoms of premenstrual syndrome and increasing the happiness of women with premenstrual syndrome. The results of this study showed that Fordyce happiness method reduced the symptoms of premenstrual syndrome, decreased the signs of depression of premenstrual syndrome, signs of anxiety, irregular symptoms of premenstrual syndrome, physical symptoms of premenstrual syndrome, and increased happiness.

Seligman *et al.*, at Pennsylvania University conducted a simple intervention with a positive effect on new entrants and concluded that positive thinking was one of the positive psychology techniques would be lead to a significant reduction in depression in new entrants, where the positive thinking intervention was held as a 16-h workshop. Therefore, it can be said that a simple gesture can make a lot of difference in the appreciation of children.

Hariri and Khodami,^[24] using the Fordyce method of happiness education to the elderly people of Tehran, concluded that this training can significantly improve mental health and increase

Table 1: Mean and standard deviation of happiness in the experimental and control groups in the pre- and posttest

Source	Variable	Evaluations			
		Pretest stage		Posttest stage	
		Mean	SD	Mean	SD
Group	Happiness				
Positive couple therapy		29.00	4.47	39.22	5.76
Control		29.44	3.57	28.56	3.39

SD: Standard deviation

Table 2: Analysis of covariance by removing the effect of pretest for happiness variable

Sources of variations	df	F	P	Coefficient of effect size	Observed power
Pretest	1	5.42	0.034	0.26	0.59
Group	1	30.6	<0.001	0.67	0.99
Error				15	

their mental health. In Fordyce training, emphasis on talents and abilities, positive thinking, optimization of happiness, attention and concentration on positive issues and emotions, and the prevention of negative emotions from entering a personal area, and Positive communication, which is one of the foundations of a positive approach, can have a positive effect on the health of individuals.

Research suggests that gratitude is one of the positive aspects of technology; in addition, positive emotion plays an important role in the psychological and physical well-being of human beings.^[11] The gratitude has a effective influence on facilitating the intimate relationships increasing.^[23,32] Although appreciation seems like a simple concept, this structure can give a positive emotion to individuals in their interpersonal relationships.^[25]

In a research by Piquet *et al.*,^[27] the authors presented assignments to the participants and asked them to create positive emotions through eyes and ears to look for ways to create happiness and to create depression in involuntary people. They indicated that depressed and restless people by creating negative emotions and no letting positive emotions come to their minds, led to an increase in boredom and restlessness of themselves, and eventually in a single cycle and a tunnel process.

CONCLUSION

As Piquet *et al.*^[27] found the interesting cycle of the effect of positive and negative emotions on the positive and negative emotions of humans, also in this study, mothers who enclosed themselves in a tunnel of difficulty, and involved in tunneling process where it was not possible to get out of the tunnel for them alone. Therefore, changing the way of attitude towards the world and their abilities and paying attention to positive aspects of life and neglect negative aspects of life leads to decreasing boredom, depression and increasing their happiness. The process of battling attention is attributed to the research by Piquet *et al.*^[27] and the present study in explaining happiness. Battling attention is the phenomenon through which the direct attention channels direct the individual toward stimuli that are emotionally valuable to him/her in spite of the individual's attempt to ignore them.^[35] As mentioned, happiness has three components: emotional, social, and cognitive.^[3] In the cognitive component, a positive attitude creates a sense of happiness in a person by persuading him/her to focus on strengths, abilities, and talents and by creating a positive cognition and attitude toward the world. This process is such that when a person can view the world from a more positive viewpoint, he/she can be happy and even be happy with others. Battling attention to the positive aspects of life can be created with a positive attitude in the individual and change the cognitive processes and his/her attitude toward life events. In the emotional component, positive approach emphasizing on positive affection techniques in the emotional level, leads the person to positive interactions and by practicing the

gratitude, enhances the social component of the individual and leads to promotion of positive and healthy interactions between individuals. This interactions lead to a healthy and cheerful mood in people. Many destructive interactions can create anxiety and stress in individuals; when they can establish healthy engagement with others, self-stresses and anxieties in the midst of interactions are eliminated. For example, when the interaction of a professor and an apprentice is in vain, the mere confrontation of the student with his teacher and even the thought of encountering him can create anxiety in the student, but when the interactions are positive, this anxiety itself will change into a feeling of calmness and eventually happiness.

The lack of control of the therapist's expectations or the therapist's effect, the low sample size, the lack of follow-up steps to check the stability of the results, and the impossibility of random selection are the limitations of this research. Since positive approach is a novel approach to psychotherapy and has studied a small amount of native research specifically as a treatment plan, it is suggested that research on this topic be proposed. As a therapeutic approach, the strengths and weaknesses of this type of treatment should be identified by clinicians and enthusiasts so that they can promote this treatment as a less culturally based approach.

Acknowledgments

The authors of this article are thankful to all the couples who have patiently participated in the therapeutic sessions, especially mothers who accurately responded to the questions of the questionnaire.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Carr A. Positive Psychology: The Science of Happiness and Human Strengths. London: Brunner-Routledge; 2004.
2. Carr A. Positive Psychology: The Science of Happiness and Human Strengths. Abingdon, United Kingdom: Routledge; 2011.
3. Alipoor A, Hashemi T, Babapoor-Kheyroodin J, Toosi F. The relationship between coping strategies and happiness of students. *Mod Psychol Res* 2010;5:86-71.
4. Argyle M, Martin M, Lu L. Testing for stress and happiness: The role of social and cognitive factors. *Stress Emot* 1995;15:173-87.
5. Seif Naraghi M, Naderi E. Psychology and Exceptional Children Education. Tehran: Arasbaran; 2001.
6. Schieve LA, Blumberg SJ, Rice C, Visser SN, Boyle C. The relationship between autism and parenting stress. *Pediatrics* 2007;119 Suppl 1:S114-21.
7. Marks NF. Does it hurt to care? Caregiving, work and family conflict, and midlife well-being. *J Marriage Fam* 1997;60:951-66.
8. Heller T, Hsieh K, Rowitz L. Maternal and paternal caregiving of persons with mental retardation across the lifespan. *Fam Relat* 1997;46:407-15.
9. Zheng L, Grove R, Eapen V. Predictors of maternal stress in pre-school and school-aged children with autism. *Journal of Intellectual and Developmental Disability*. 2017. [In press].
10. Seligman ME, Csikszentmihalyi M. Positive psychology. An introduction. *Am Psychol* 2000;55:5-14.
11. Emmons RA, McCullough ME. Counting blessings versus burdens:

- An experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol* 2003;84:377-89.
12. Seligman ME, Rashid T, Parks AC. Positive psychotherapy. *Am Psychol* 2006;61:774-88.
 13. Peterson C, Park N, Seligman ME. Greater strengths of character and recovery from illness. *J Posit Psychol* 2006;1:17-26.
 14. Denberg D. *Couple Therapy: An Information Guide*. Toronto, Ontario, Canada: Centre for Addiction and Mental Health; 2004.
 15. Arnaud C, White-Koning M, Michelsen SI, Parkes J, Parkinson K, Thyen U, *et al*. Parent-reported quality of life of children with cerebral palsy in Europe. *Pediatrics* 2008;121:54-64.
 16. Pressman SD, Cohen S. Does positive affect influence health? *Psychol Bull* 2005;131:925-71.
 17. Dockray S, Steptoe A. Positive affect and psychobiological processes. *Neurosci Biobehav Rev* 2010;35:69-75.
 18. Mousavi Nasab M, Taghavi M, Mohammadi N. Optimism and stress assessment: A review of two theoretical models in predicting psychological adjustment. *J Kerman Univ Med Sci* 2006;13:111-20.
 19. Nasiri H, Joker B. Significance of life, hope, life satisfaction and mental health in women. *Women Res* 2008;6:157-76.
 20. Conoley CW, Conoley JC. *Positive psychology and family therapy: Creative techniques and practical tools for guiding change and enhancing growth*. New York: Wiley; 2009.
 21. Hills P, Argyle M. The oxford happiness questionnaire: A compact scale for the measurement of psychological well-being. *Pers Individ Differ* 2002;33:1073-82.
 22. Liaghatdar MJ, Jafari E, Abedi MR, Samiee F. Reliability and validity of the oxford happiness inventory among university students in Iran. *Span J Psychol* 2008;11:310-3.
 23. Algoe SB, Haidt J, Gable SL. Beyond reciprocity: Gratitude and relationships in everyday life. *Emotion* 2008;8:425-9.
 24. Hariri M, Khodami N. A study of the efficacy of teaching happiness based on the fordyce method to elderly people on their life expectancy. *Procedia Soc Behav Sci* 2011;30:1412-5.
 25. McCullough ME, Kilpatrick SD, Emmons RA, Larson DB. Is gratitude a moral affect? *Psychol Bull* 2001;127:249-66.
 26. Khaleqi-Abbas-Abadi S. *Effect of Group Therapy Reality Method on Increasing Happiness and Mental Health*. Tehran: Shahid Beheshti University; 2009.
 27. Pictet A, Coughtrey AE, Mathews A, Holmes EA. Fishing for happiness: The effects of generating positive imagery on mood and behaviour. *Behav Res Ther* 2011;49:885-91.
 28. Sooadat H. *Evaluation of Happiness in Adolescent Girls and Their Positive Effect on Their Happiness*. Mashhad: Ferdowsi University of Mashhad; 2011.
 29. Mansouri Z. *The Effectiveness of Cognitive-Behavioral Happiness Training on Reducing Symptoms of Premenstrual Syndrome in Women in Baharestan, Isfahan*. Tehran: Al-Zahra University; 2005.
 30. Alimohammadi K, Janbozorgi M. Investigating the relationship between happiness and religious orientation and psychological happiness and depression among students of imam Khomeini educational and research institute of qom in the academic year of 2006-2007. *Ravanshenasi Va Din* 2008;1:147-64.
 31. Barkhori H, Refahi Z, Farah Bakhsh K. The effectiveness of teaching group skills on achievement motivation, self-esteem, and happiness in first grade students in jiroft high school. *Q J New Approaches Educ Adm* 2009;1:144-31.
 32. Carr A. *Positive psychology: The science of happiness and human strengths*. New York: Routledge; 2013.
 33. Proyer RT, Gander F, Wellenzohn S, Ruch W. Strengths-based positive psychology interventions: A randomized placebo-controlled online trial on long-term effects for a signature strengths- vs. a lesser strengths-intervention. *Front Psychol* 2015;6:456.
 34. Müller R, Gertz KJ, Molton IR, Terrill AL, Bombardier CH, Ehde DM, *et al*. Effects of a tailored positive psychology intervention on well-being and pain in individuals with chronic pain and a physical disability: A feasibility trial. *Clin J Pain* 2016;32:32-44.
 35. Salehi-Fadardi J, Barerfan Z, Amin-Yazdi A. The effect of Drugs-Attention Control Training Program on Drug-Related Attentional Bias and Improving other Indices of Recovery. *Stud Educ Psychol* 2010;11:29-56.