

## Effect of Psychological Intervention on Marital Satisfaction of Mothers with Slow Pace Under 5 Years Children

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**Objective:** Objective of this study was investigating impact of early psychological interventions on marital satisfaction of mothers with slow pace under 5 years children. Considering variables of the research, that is, early psychological interventions and marital satisfaction, research hypotheses was as follows: "early psychological interventions affect marital satisfaction of mothers with slow pace under 5 years children" and it was examined.

**Methodology:** this research is of experimental type and pretest-posttest plan with control groups was used. Statistical population included all mothers with slow pace under 5 years children in Urmia. To this end, 40 mothers with slow pace children were selected as the sample in a non-random manner by convenience sampling. They were assigned randomly into two groups of 20 (20 test group and 20 control group), and finally psychological interventions were conducted on one of groups randomly. In order to evaluate marital satisfaction, Enrich marital satisfaction questionnaire with 47 items was used. Data were analyzed by univariate analysis of covariance.

**Findings:** findings showed that there is significant difference between two groups in posttest in overall score of marital satisfaction as well as in some elements such as conventional responses, marital satisfaction, personality issues, marital relationships, conflict resolution, leisure, parenting, family and friends, and ideological orientation and sexual relations ( $P < 0.005$ ), and no significant difference was observed in financial supervision and roles related to gender equality.

**Conclusion:** Psychological interventions were effective in promoting marital satisfaction in mothers with slow pace under 5 years children.

**Key words:** Early intervention, slow pace children, marital satisfaction

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### Introduction

Family is the only true human nature entity and is the main loop of any society chain. Healthy families especially in terms of mental health and can play essential role in the society's mental health. Birth of a disabled child not only influences on the parents, but can affect other members of the family system. Some stressors affecting parents of exceptional children include financial hardships and pressures, such as medical costs, the family's emotional problems, such as high and extreme care or abandoned children, dedicating little time for other

family members, the victimizing other children of the family, blaming the parents, raising tensions and conflicts in the family, problems in family relations and social stressors of family life (1).

One of factors that causes collapse or weakening of the family is unhealthy marital relationship. Marital satisfaction not only makes people happier, healthier, and more joyful life but also contributes in the health of the parents, life durability and rearing the next generation (2).

There are different definitions for marital satisfaction. For example, Elsin defines marital

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satisfaction as something resulting from feelings related to pleasure, satisfaction and joy experienced by the couple and argues that ignoring the other side's interests and mindset cause disappointment and frustration in the marital relationship (2).

Shariati and Davarmanesh (1996) reported that presence of a slow pace child influences on emotionally safe environment of the family often in a hidden manner (3), and disagreement is much higher in couples with slow pace children compared to other couples. Barnett et al. (1995) investigated impacts of presence of slow pace children on the parent relationships and found that their parents enjoy less marital satisfaction compared to parents with normal children (4). Slow pace children cause that parents tend to have more disagreement and conflict in their marital interactions and presence of these children imposes more demands on the family and leads to reduced marital satisfaction of parents (1).

Behpazhuh (2005) showed that parents with slow pace children are different in various aspects of marital satisfaction including conflict resolution, finances, sex, parenting, role egalitarianism and religious orientation compared to parents with normal children (5).

Floyd et al. investigated impact of slow paced children on parents' marital relations and found presence of these children affect marital quality and behavior and perceptions of the parents negatively and significantly (6). Similarly, in a study by Laberman and Stanger (2001) entitled as 'parents stress, marital satisfaction and responding to children' it was found that mothers with slow pace children have less marital satisfaction and showed more reaction to their disabled children (7).

In a work by Tanila, Kokonen and Jarolin (1996) entitled as 'long-term effects of chronic and inherited disability in children on their parents' marital relationship', one fifth of parents affirmed that their children disability certainly influenced on their marital relationship and 25 percent reported their marital relationship has been damaged in some aspects and 7 percent said it has distanced them (8).

Jena-Abadi et al. (2010) studied marital satisfaction in parents with slow pace children and their findings showed that parents of these children are in inappropriate situation in terms of marital satisfaction (distorted ideal, marital satisfaction), relations and conflict resolution (7). Similarly, in a work by Soleimani (2009) regarding parents with more than one exceptional child showed that these parents have lower marital satisfaction (1).

Concept of early intervention is among those concepts and terms which entered recently in the field of psychology and education in children with special needs. In fact, early intervention includes agreement on systematic and continuous efforts to early help for children under 5 years which are developmentally vulnerable and disabled as well as their families. In the past few decades, the importance of early intervention has been considered and organized (9). Concerning importance of early intervention and its benefits in physiotherapy and rehabilitation of exceptional children and solving their related problems for parents, necessity of such interventions becomes more evident.

Vulnerability of family system against pressures and issues resulting from exceptional child generally and slow pace child specifically has directed authors and family therapists toward investigating impact of stress on marital quality in couples (Morokov and Gililand, 1993). In addition, many researchers (Afrooz, 1996; Malek-Poor, 2010) stressed that psychological status of parents of children with disabilities as those who have an important role in their children's social and emotional development should be considered more and have provided consulting services and conducted appropriate and early intervention programs for correcting and solving their mental problems and inconsistencies. Although many works have been dedicated to investigation of impact of slow pace children on parents' marital satisfaction, there is rarity in studies on the methods for coping such problems and correcting parents' marital relations as well as regarding the role of early interventions on marital satisfaction of the parents. Thus, the main goal of current study is investigation role of early psychological interventions on marital satisfaction of parents with slow pace children (8, 10).

### Methodology

This research is an experimental one since the author examines the effect of psychological early intervention as independent variable on marital satisfaction of mothers with slow pace child, diagram of which is follows:

(E) Test Group (n=20)	R	T1	Y	T2
(C) Control Group (n=20)	R	T1		T2

Statistical population includes all mothers with slow pace under 5 year children in Urmia. Considering that 40 mothers were selected non-randomly by convenience sampling among those mothers with slow pace under 5 years children referring to centers

covered by welfare organization to get educational and rehabilitation service and were assigned randomly into two test and control groups, it should be noted that both groups were controlled in terms of age range, education, and cultural characteristics considering random selection and assignment. For measuring marital satisfaction the parents in both groups, Enrich marital satisfaction questionnaire was used. It consisted of 47 items and 12 sub-scales with one overall score and 12 scores for its sub-scales (Motamedin, 2004). Responding to the questions is as Likert scale as 5-points (completely agree to completely disagree) and the higher score denotes higher marital satisfaction and lower scores suggest dissatisfaction with marital relations. Elsen (2010, quoted by Motamedin, 2004) obtained reliability coefficient of Marital Satisfaction Inventory (ENRICH) using Cronbach's Alpha as 0.92. Similarly, Soleimani (1994), Sharifnia (2001) and Motamedin (2004) reported its reliability coefficient using Cronbach's Alpha as 0.93, 0.86, and 0.57, respectively. For determining concurrent validity of Marital Satisfaction Inventory (ENRICH) with Dyadic Adjustment Scale (FDA), Sharifnia (2001) and Motamedin (2004) carried out both questionnaires on independent groups and obtained following validity coefficients: 0.92 and 0.65. Also Soleimani (1994) reported concurrent validity of Marital Satisfaction Inventory (ENRICH) as 0.95.

Considering that current plan is experimental, following steps and actions were taken for collecting data:

1. Selection of sample group among mothers with slow pace under 5 years children referring to centers covered by welfare system
2. Division of sample group randomly into control and test groups
3. Conducting test on both groups in order to collect data regarding marital satisfaction of mothers as pretest
4. Conducting psychological interventions on test group for 30 2-hour sessions within 4 months
5. Conducting test on both groups in order to collect data regarding marital satisfaction of mothers as posttest

Early psychological interventions means holding group consulting sessions for mothers with slow pace under 5 years children and topics discussed in sessions included: causes of mental retardation, familiarization with different characteristics slow

pace children, familiarization with capacities and talents and works which slow pace children are able to do, understanding communication approach, educating and treating slow pace children, familiarization with proper medical care, education and rehabilitation capacities available for slow pace children, family's role in the occurrence and development of children's abilities, problems, families with disabled children the role of parents in the progress of slow pace children's capabilities, family participation in child's disability, parents' role in disability acceptance process, family participation in social activities, training communication skills, skills for coping with stress and crisis, skills for coping with marital disputes.

### Data Analysis

In this study, the role of early psychological interventions in marital satisfaction of mothers with slow pace children was studied. Thus, the mean was calculated as indicators of central tendency, standard deviation and standard error as the scattering indicators of distribution. In order to analyze the data and answer the research question, one-way analysis of covariance was used as statistical model.

### Results

**Table 1.** Statistical indicators related to investigation of overall scale of 'marital satisfaction'

Components	Group	Step	Mean	SD	Standard error
Marital satisfaction	Control	Pretest	117.23	26.08	5.83
		Posttest	129.85	12.44	2.78
	Test	Pretest	121.85	57.25	12.49
		Posttest	205.15	13.26	2.89

Considering above table, with emphasis on normality of distribution, mean can be used as indicator of central tendency and parametric statistical models are used.

**Table 2.** One-way analysis of covariance for investigating the role of 'early psychological interventions' in components of marital satisfaction

Components	Change source	Mean square	F	Significance level	Effect severity
conventional responses	Pretest	3.63	1.08	0.304	0.45
	Membership in group	133.57	31.58	0.001	
marital satisfaction	Pretest	12.44	0.55	0.462	0.53
	Membership in group	298.56	33.24	0.001	
Personality issues	Pretests	3.32	0.45	0.502	0.33

Components	Change source	Mean square	F	Significance level	Effect severity
	Membership in group	41.68	25.74	0.022	
Marital relations	Pretest	2.77	0.31	0.578	0.41
	Membership in group	118.54	29.44	0.001	
Conflict resolution	Pretest	2.87	0.42	0.520	0.48
	Membership in group	109.52	33.04	0.001	
Finances	Pretest	22.35	4.86	0.034	0.16
	Membership in group	34.45	6.49	0.069	
Leisure	Pretest	0.10	0.02	0.885	0.49
	Membership in group	109.40	34.03	0.001	
Sexual relations	Pretest	120.62	3.72	0.001	0.11
	Membership in group	19.28	7.91	0.033	
Parenting	Pretest	5.79	0.54	0.466	0.55
	Membership in group	106.33	38.95	0.003	
Friends and family	Pretest	1.32	0.29	0.591	0.33
	Membership in group	26.87	23.96	0.019	
role egalitarianism	Pretest	0.33	0.22	0.635	0.01
	Membership in group	0.18	0.12	0.724	
Ideological orientation	Pretest	6.23	0.76	0.387	0.26
	Membership in group	61.25	9.51	0.009	

Considering above findings it can be said that the impact of psychological interventions on various components of marital satisfaction (conventional response, marital satisfaction, conflict resolution, leisure, parenting, ideological orientation ( $\alpha = 0.01$ ) and personality issues, sexual relations, relations with friends and family ( $\alpha = 0.05$ )) is significant and severity of intervention impact is as follows: 0.45, 0.53, 0.41, 0.48, 0.49, 0.55, 0.26, 0.33, 0.11, 0.33, respectively.

In addition, considering above table, it is found that impact of psychological interventions on 'role egalitarianism and finances' at  $\alpha=0.05$  is not significant, thus it can be said that psychological interventions are not effective on these components.

**Table 3.** One-way analysis of covariance for investigating the role of 'early psychological interventions' in overall scale of marital satisfaction

Components	Change source	Mean square	F	Significance level	Effect severity
Marital satisfaction	Pretest	356.83	2.22	0.144	0.50
	Group	6190.56	38.54	0.001	

Considering that  $f = 38.54$  which in group change source to the end of psychological interventions role in overall scale of 'marital satisfaction' and it is significant at  $\alpha = 0.01$ , it can be said that psychological interventions is generally effective in 'marital satisfaction', and since its effect severity is 0.50, it can be concluded that the role of psychological interventions on promoting 'marital satisfaction' is optimal.

### Discussion

Many works have been written regarding marital problems of parents with slow pace children. Apparently these problems are associated to increasing needs of care for disabled children and other factors. It is believed that sometimes the couples shows disagreement on care or treatment of the disabled child and have no enough opportunity for solving their disagreements. Problems in marital relations may be due to lack of peace, fatigue, and feeling of loneliness in one of the couple or fear of birth another disabled child (11).

Barnett and Boyce (1995) investigated effects of slow pace children presence on marital functioning and found that their parents have lower marital satisfaction compared to parents with normal children, show more integrity, dedication and sacrifice in child care and are more are less involved in social activities and the mothers spend less time dealing with business and profession (12). Floyd and Zemich (1991, quoted by Soleimani) studying effects of slow pace children on quality of marital relations and ability of parents in role paying stated that slow pace child causes more tendency to disagreement and opposition in parents' marital interactions and presence of these children imposes more demands on stress on the family and leads to reduced marital satisfaction in parents (5). Studies show that presence of one slow pace child in the family is an unpleasant experience and they deal with physical problems, anxiety, and depression

(Daghighi-Khodashahri, 2007), increased anxiety (Darabi, 2003), social adjustment problems (Kuhistani, 2007), socio-psychosocial problems (Mohammadi and Dadkhah, 2002), mental - emotional health problems, anxiety and depression (Bayer and Sanson, 2003) and mental health and marital satisfaction problems (Soleimani, 2009) (1, 3, 4, 20, 21). Other studies indicate that performance of parents with slow pace children is poorer than those with normal children in various aspects of living quality including material well-being, physical health, parent - child relationships, marital relations, family relationships, relationships with friends, humanitarian behavior, job characteristics, occupational relations, job satisfaction, innovative - artistic practices, sporting and leisure activities (13). Parents for proper conducting their responsibility and overcoming negative feelings and problems due to birth of slow pace children need understanding and comprehensive information about the biological, cognitive, emotional and social characteristics of their children. In addition, they need to learn the correct way of dealing with their slow pace children and also how to resolve marital conflict and problem solving skills, communication skills and ways to overcome the problems and their negative emotions. Early psychological interventions provide such skills and information for the parents of slow pace children. Findings of this study indicate that early psychological interventions affect marital satisfaction of parents with slow pace children and leads to increased marital satisfaction in the view of mothers. As shown in tables 1-4, psychological interventions are effective in following scales: conventional responses, marital satisfaction, personality issues, marital communication, conflict resolution, leisure, parenting, family, friends, ideological orientation and sexual relations and difference in these sub-scales is different. Although it was effective in sub-scales of finances and role egalitarianism, no significant difference was observed. Severity of effect of psychological interventions on components of marital satisfaction includes as follows: parenting (0.55), marital satisfaction (0.53), leisure (0.49), conflict resolution

(0.48), conventional responses (0.45), marital relations (0.41), personality issues (0.33), family and friends (0.33), ideological orientation (0.26), sexual relations (0.11) and severity effect on overall marital satisfaction was 0.50. By reviewing previous works it can be concluded that findings of current study is consistent with others: Washington (1991) found that early intervention increased self-confidence on mothers (14). Similarly, training behavioral-cognitive approaches and developing supportive networks for the family cause reduce parental anxiety (Vivas Khamis 2006), increased levels of family health, improving mental health, family stress reduction, and the rise of social acceptance (Fraser et al, 2007, Pritwar and Becker, 1986) (Samari, 2005), increased social adjustment of mothers (Ebrahimi and Baghban, 2007), reduced stress, anxiety and depression (Singer, 1985; Bloomberg, 1971) (Dini-Torki et al, 2006; Forooghan, 2006; Malekpour et al, 2006; Sadeghi, 1383) (2, 5, 12, 15, 16). Syracuse Family Development Research Program (1996, 1997) as a psychological intervention program improves family atmosphere and increase mothers' self-reliance and self-confidence. Beckman (1981), SHankoff and Hauser-Cram (1989) stated that early intervention not only improves parents, but also helps reducing parents' stress considerably (17, 22). Bruder Beth (2006) also considered role of early interventions in growing parents' knowledge and their adjustment (18). Proinsma and Kueen (2004) pointed to impact of education on improving status of parents and reducing their stress. Faramarzi et al. (2008) studied impact of early psychological interventions on the health of parents with Down syndrome under 5 years. They showed that such psychological family-centered interventions lead to reduced physical disorders, anxiety disorders, impaired social interactions and depression in mothers of children with Down syndrome under 5 years. Shaghaghi et al. obtained similar results in studying impact of education on the health of parents with slow pace child (19, 22).

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