

Research Article

Effectiveness of psychoeducation intervention on subjective well being and self compassion of individuals with mental disabilities

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ABSTRACT

Background: Our study aimed to evaluate the effects of psychoeducation on subjective well-being and self compassion given to parents of individuals with mental disabilities.

Methods: We conducted our study with 66 parents (33 in control and 33 study groups) all of whom has children with mental disabilities attending to Special Education and Rehabilitation Center and Special Education-Technical School and Vocational Training Centres, Ministry of Education, Bitlis. We utilized pretest-posttest design to examine efficacy of psychoeducation programme on both control and study groups. Subjective Well-being and Self Compassion Scales were used to obtain data from control and study groups.

Results: We identified significant increase in parents' subjective well-being and self compassion levels after eight session of psychoeducation ($p < 0.05$).

Conclusions: As a result, we believe there is very few intervention practices directed to parents of children with mental disabilities and that these practices should be enhanced.

Keywords: Parents and individuals with mental disability, Subjective well being, Self compassion, Psychoeducation

INTRODUCTION

The birth of a disabled child has a negative impact on the lives, emotions and behaviour of the family members.¹⁻³ In Turkey, due to the inadequacy of public institutions and foundations providing necessary care and education for mentally handicapped children, families are compelled to find the resolution of their own problems by themselves and overcome their own problem in most of the time.⁴⁻⁶

While waiting for a child with normal features and building all their hope, expectations and plans about the future, on the expectation of a normal child, the birth of a child with different features results in great changes in the social sphere, expectations, plans, work life, and financial issues of the family.¹ In such a situation, life

satisfaction of the parents may be negatively affected.¹ It is stated in the literature that hopelessness level of these families is high and these families are in a pessimistic mood⁷ and these families' negative emotions that constitute of subjective wellbeing elements are densifying, positive emotions and life satisfaction of these families are decreasing.⁸⁻⁹

Individual's judgment regarding the life satisfaction and level of positive and negative emotions is defined as subjective well-being.¹⁰ Positive affection contains emotions such as confidence, interest, hope, excitement, pride and joy; negative affection contains emotions such as anger, hate, guilt and sadness.¹⁰ Life satisfaction dimension is the cognitive component of subjective well-being. It reflects the assessments regarding the individual's satisfaction in various fields of life. It means

that individual has a high subjective well being if he/she faces pleasing experiences more and disturbing experiences less.¹¹ Characteristic of subjective well being field is basing on assessment of person as center himself not the certain criteria the researcher deemed as important. Many people evaluate what is good or bad in themselves, so they can make an assessment about their normal life. Therefore, although people do not often think about it consciously, they have a level of subjective well-being.¹²

Self compassion, may be defined as openness of the individual to their emotions causing them suffering, self kindness and being gentle with themselves, understanding with personal disabilities and failures and dealing with that the negative experiences are a part of human life.¹³ Self compassion improves well being by reducing the threat system activation and activating the self shooting system.¹⁴ Furthermore, self compassion provides the potential of self-emotional awareness.¹⁵ In the study of validity and reliability of the Self Compassion Scale, Neff (2003) found a negative correlation between self compassion and Depression and Anxiety and a positive correlation between self compassion and life satisfaction. In addition, she reported that higher self compassion levels were associated with higher emotional intelligence and increased social relationships. Self compassion offers people the opportunity to realize their own feelings.¹⁶ In this regard, psychoeducation that will be implemented to increase subjective wellbeing and self compassion of parents with mental disabled individuals is thought to increase psychological resilience and psychosocial adjustment these families.

Beginning from the time when they are told of the disability of their child, systematic and professional aid to families is crucial in overwhelming and preventing the problems that they may experience in the future.⁵ Girli et al detected a reduced level of depression in the parents of mentally handicapped and autistic children, after offering them group counseling.¹⁷ Tamer administered a stress management training program to the mothers who have an educable mentally handicapped child, and detected lower permanent anxiety and depression scale scores in the test group following training.¹⁸ Bristol, Gallagher and Holt obtained favorable results, in their study on the effects of psychoeducational intervention on depressive symptoms in mothers of children with autism or an autism spectrum disorder.¹⁹

Based on the aforementioned information, this study aimed at evaluating the effect of psychoeducation on subjective well being and self compassion in the parents of mentally handicapped individuals, considering that psychoeducation intends to improve self compassion and subjective well being of the parents who have a mentally handicapped child, and may enhance the psychological strength and psychosocial adaptation of these families.

Objective

The primary objective of this study is to evaluate the effects of the “Psychoeducation program” on subjective well being and self compassion, in parents of mentally handicapped individuals, in accordance with medical literature and expert opinions.

METHODS

Design

The study was performed as a pretest–post-test randomized controlled model.²⁰

Participants

The study sample was determined by the random sampling method among the parents of the mentally handicapped individuals enrolled in the Special Education and Rehabilitation Center of the Ministry of National Education, Special Education and Practice School and Work Training Center in the Bitlis City Center individuals. 101 people who have low points from subjective well-being scale and self-precision scale and high points from Maslach Burnout Inventory were randomly matched in terms of sociodemographic variables and scales and in the wake of that they were assigned to experimental and control groups. Finally a test group and a control group, each containing 33 subjects, were determined by the controlled random sampling method.

Data collection

The permission of Bitlis City National Education Directorate was obtained for the data collection and application. The data were collected before the education, at the end of education, 1 month after the education and 3 months after the education. Personal Information Form (PIF), Subjective Well Being Scale (SWB) (for adults) and Self Compassion Scale were used as tools of data collection. The Maslach Burnout Scale which was administered to the Test and Control groups as pretest; was used as a control variable in equalizing the groups rather than a dependent variable. Test (33) and control (33) groups were constituted by the parents to whom these scales were administered. 8 weeks of psychoeducation program was offered to the subjects in the test group.

The psychoeducation program was based on a literature review performed to determine the problems experienced by the parents of mentally handicapped individuals and their educational requirements and a meeting which was held with the families to determine the topics of the education required by the families. Within this framework, the educational program was constituted by 8 sessions titled as “acquaintance meeting” “A disabled child in the family; Awareness and Acceptance”,

“Interactions within the family” “Emotional Self Awareness and Expressing Our Emotions”, “Dealing with stress”, “Problem solving”, “Social Support”, and

“Assesment”. Apart from these sessions, occasional homeworks were assigned to the participants.

Table 1: Psychoeducation programme.

Number	Topics	Learning techniques
1	Acquaintance, sharing of expectations, the implementation of the scales	Giving information,question-answer format, role playing, sharing emotions and experiences, homework
2	To talk about accepting the children of families processes, where are we in the process of feeling, talking about families acception processes regarding their children and specifying the emotional phase of families	
3	Enhancement communication and interaction within the family	
4	Effective communication skills 1: to realize your own feelings and development of expression skills.	
5	To learn methods of coping with stress, to do relaxation exercises.	
6	Development of problem solving skills, learning problem definition and problem solving steps. To develop a solution to a case study.	
7	Providing recognition and usage of social support they have and providing group to create a social support network	
8	Assessment, implementation of the last scales	

33 parents in the test group were divided into 4 educational groups. The educational groups attended single sessions of 60 to 90 minutes for each topic and the sessions were held once a week in the rehabilitation centers where the children were enrolled.

After the completion of the study, a one day-psychoeducation program was offered to the members of the control group.

Data collection tools

Personal Information Form: Questions related to the socio-demographic characteristics of the parents of mentally handicapped children, such as age, educational state, economic state were included in the data collection form developed by the investigator.

Subjective Well-Being Scale (SWB): The subjective well being scale was developed by Dost (2004) and adapted to adults by Nergis Tülek.²¹ The SWB scale determines the level of subjective well being by determining the frequency and intensity of the positive and negative affect and cognitive self assessments of the participants about their lives. It is a 46 Item-Scale. In answering system for every expression five options have been extended suitable for Likert Scale such as "(5) entirely appropriate", "(4) mostly appropriate", "(3) partially

suitable", "(2) some appropriate" and "(1) Completely Unappropriate". Higher scores indicate higher subjective well being levels.²¹ (Tülek 2011). In this study, the Cronbach Alpha value was found as 0.89.

Self Compassion Scale: This scale was developed by Neff (2003) to measure self compassion. It is a self reported measurement tool, assessing the features related to the sub-dimensions of self compassion.¹⁶ Six sub-dimensions that constituted the structure of self compassion, were confirmed by a confirmatory factor analysis of self compassion scale: Self kindness vs. self judgement, awareness of common humanity vs. isolation, and mindfulness vs. over identification. The validation study of the Turkish version of the Self Compassion Scale was performed by Akın, Akın and Abacı (2007) and the internal validity coefficient for the sub-dimensions were found as follows: 0.77 for the sub-dimension of self kindness, 0.72 for self judgement, 0.72 for the awareness of common humanity, 0.80 for isolation, 0.74 for mindfulness and 0.74 for over identification. In this study the Cronbach-Alpha values were as follows: 0.82 for the sub-dimension of self kindness, 0.63 for self judgement, 0.76 for the awareness of common humanity, 0.72 for isolation, 0.82 for mindfulness and 0.72 for over identification.²²

There 26 items in the Turkish version of the scale as the original one. The high scores that individual obtained from each of the sub-scale show that individual has features the relevant subscale evaluates. The scale gives also a total self compassion score. Total score interpretation: points between 1-2.5 show a low self compassion, points between 2.5-3.5 show an average self compassion, points between 3.5-5 show a high level of self compassion.²²

Maslach Burnout Inventory: It is a, 22-item, 5- point Likert type scale, developed by Maslach and Jackson (1981) and assesses burnout in three dimensions. Emotional exhaustion dimension includes 9 items; Personal Achievement dimensions include 8 and over depersonalization dimension include 5 items. The validation study of the Turkish version of the Maslach Burnout Inventory was performed by Ergin (1992) through the analysis of its factor structure and three factors in the original form were also found to be valid for the Turkish version. The Cronbach alpha internal validity coefficient was .83 for the dimension of Emotional Exhaustion, 0.72 for the dimension of Personal Achievement and 0.65 for the dimension of over depersonalization.²³

Ethical considerations

The consent of the Ethics Committee of the Institute of Health Sciences of the Marmara University was obtained. In accordance with the consent of the Ethics Committee of the Institute of Health Sciences of the Marmara University, the necessary consent was obtained from the Bitlis City National Education Directorate. In addition, the necessary permissions for the scales that will be used in the study were obtained from the owners of these scales. The participants were informed before their enrollment in the study and a written informed consent was obtained from each participant who accepted to take part in the study.

After the completion of the study, the psychoeducation program was offered as a short program to the parents constituting the control group.

Data Analysis

The data were analysed using an SPSS version 15.0. The Chi- Square was used in equalizing the discrete variables collected by the Personal Information Form. Unrelated group "t" test was used in equalizing continuous variables used within the scope of experimental study.

Following data collection, a 2x4 single factor repeated measures ANOVA analysis was performed on the group basis, to determine the pre-post-follow up tests (I-II) scores of the two separate continuous and dependent variables. All of the results obtained from the study were tested for a minimum statistical level of 0.5.

RESULTS

The frequency and percentage distribution of the test and control groups by various demographic variables and the results of the Chi Square analysis performed to equalize two groups in terms of these variables are shown in Table 2. The analysis revealed the homogeneity of the test-control groups.

After the educational program given to the families of the intervention group, an increase was seen in their Subjective Well-being scores (from 155.06 ± 26.27 to 185.45 ± 21.02) (see Table 3) and when the intervention group was compared with the control group, it was found that the difference in the mean posteducational Subjective Well Being scores was significant ($p < 0.001$).

The pre-test, post-test and follow up test I-II scores were compared between the test group and control group using Bonferonni test, in order to demonstrate the efficacy of the experimental procedure. This comparison did not reveal any difference between the test group and control group in the mean scores of pre-test, while a statistically significant difference was found between the test group and control group in the mean scores of post-test ($t:4.478$; $p<.001$) (table 3). The mean post-test scores of Subjective Well-Being Scale of the test group were higher than the mean post-test scores of Subjective Well-Being Scale of the control group and this result indicates the efficacy of the education program in increasing the subjective well being scores of the parents (Table 3).

A statistically significant difference favoring the test group was found between the pre-test scores and the post-test and follow up test scores in the sub-dimensions of the self compassion including self kindness, self judgement, awareness of common humanity, isolation, mindfulness and over identification scores of the parents taking part in the control and test groups of the study. This result indicates the favorable effect of psychoeducation (Table 4).

DISCUSSION

The negative impact of the presence of a mentally handicapped child in need of nursing, on the well being of the parents and their parenting behaviour, particularly increases in case of the beginning of aggression and increasing aimless movements of the child.²⁴ Based on Booker and Sacker (2012), Hirst (2005) reported that mothers of sick or disabled children had a poorer well-being than mothers of healthy children. In their study, Booker and Sacker stated that the presence of a young child in need of nursing, in the house, was associated with the lower subjective well being of the family.²⁵

Many studies demonstrated the possibility of reducing the parenting stress, emotional suffering and anxiety experienced by the family, through psychoeducational group counseling offered to the parents of a handicapped

child in various forms, with the aim of adopting the solidarity between the parents and positive coping methods, instructing positive parenting to the parents.^{9,26}

At the 1 month and three months after the psychoeducation, the level of subjective well being was higher among the parents taking part in the study, in comparison to the controls (Table 3).

Table 2: The equalization of the test and control groups according to various demographic variables.

Demographic Variables	Intervention group (n:33)		Control group (n:33)		X ²	p
	f	%	f	%		
Mother's education level						
Illiterate	6	18.2	12	36.4	2.900	0.235
Primary	23	69.7	17	51.5		
Secondary	4	12.1	4	12.1		
Father's education level						
Primary school	11	33.2	10	30.3	1.162	0.762
Secondary school	12	36.4	9	27.3		
High school	6	18.2	8	24.2		
Post graduate	4	12.1	6	18.2		
Economic status						
Less than 400 TL	2	6.1	5	15.2	1.162	0.782
Between 400-800 TL	9	27.3	14	42.4		
Between 800-1400 TL	8	24.2	9	27.3		
More than 1400 TL	14	42.4	5	15.2		
Location						
Bitlis City center	16	48.5	9	27.3	3.155	0.076
Town / Village	17	51.5	24	72.7		
Mother's work status						
Employed	4	12.1	3	9.1	0.160	0.689
Unemployed	29	87.9	30	90.9		
Father's work status						
Employed	24	72.7	24	72.7	0.000	1.000
Unemployed	9	27.3	9	27.3		
Types of disability						
Mild mental disability	9	27.3	10	30.3	0.081	0.960
Moderate mental disability	18	54.5	17	51.5		
Severe mental disability	6	18.2	6	18.2		
Gender of disabled child						
Female	12	36.4	17	51.5	1.538	0.215
Male	21	63.6	16	48.5		
Attitudes towards the parent of a child						
Very interested	21	63.6	27	81.8	2.750	0.097
Interested	12	36.4	6	18.2		
Partner's help degree in the care of disabled child						
Very helpful	9	27.3	11	36.4	5.149	0.161
Helpful	9	27.3	13	39.4		
Little helpful	13	39.4	5	15.2		
Never help	2	6.1	4	12.1		
Support of family/close friends/close relatives in the care of child						
Always	5	15.2	6	18.2	0.637	0.727
Sometimes	12	36.4	9	27.3		
Never	16	48.5	18	54.5		

*p<.05 **p<.01 p<.001

The well being of the family and caregivers is a subject of priority, due to its effect on their capacity of quality caregiving.²⁷⁻²⁹ In the literature review, no study was detected on the interventions aimed at improving the subjective well being among the parents of handicapped individuals. However, studies aimed at improving the components of subjective well being including positive-negative affect and life satisfaction, have been found in the literature.

Table 3: Subjective well being scales of the test and control groups: the mean scores of the pre- post- follow up tests.

Group	Intervention group	Control group	t
	Mean (SD)	Mean (SD)	
Pre-test	155.06 (26.27)	153.3 (25.35)	0.277
Post-test	190.42 (23.64)	162.52 (26.88)	4.478***
Follow up Tests 1	186.66 (25.91)	163.21 (25.14)	3.73***
Follow up Tests 2	185.45 (21.02)	164.85 (25.94)	3.54***

Bonferonni tests, *** p<.001

Table 4: The comparison of the mean scores of self compassion scale pre-test, post-test and follow up test of the test and control groups.

Group	Intervention group	Control group	t
	Mean (SD)	Mean (SD)	
Pre-test	3.42 (0.48)	3.41 (0.70)	0.04
Post-test	4.17 (0.66)	3.60 (0.64)	3.374***
Follow up Tests 1	3.79 (0.43)	3.38 (0.55)	3.238***
Follow up Tests 2	4.04 (0.53)	3.32 (0.61)	4.860***

Bonferonni tests, *** p<.001

In the study of Vural (2010), the psychological support program offered to the mothers of mentally handicapped children was found to be effective in increasing the level of positive affect in mothers. 30 This result is supportive of the results of our study. In an experimental study on the effects of a psychological support program on the hopelessness and optimism levels of the mothers of mentally handicapped children; Batık (2012) detected that the psychological support program was effective in reducing the level of hopelessness and in increasing the level of optimism among the mothers in the test group and this effect was maintained during the one month after the program.⁵

Based on the evaluation criteria of the self compassion scale, the overall pre-test scores of both test and control

groups were found to be at a moderate level. In this study, the moderate level of self compassion detected in the parents of handicapped individuals suggested the requirement for studies on interventions aimed at increasing the level of self compassion since these parents would be expected to have higher levels of self compassion, including the recognition of their difficult and challenging position.

Neff remarks that, self compassionate individuals will have the features of a more positive mental health compared to the individuals who are not self compassionate, the experiences of distress and failure will not be exaggerated and these experiences will not become permanent by self blaming. Neff defined a negative correlation between self compassion and anxiety and depression, and a positive correlation between self compassion and life satisfaction. These results indicate that self compassion may improve psychological strength and well being level, thus it may have positive effects on one’s pleasure taken from life, happiness and life satisfaction.^{13,16}

If a conclusion has to be made, based on the results of the study; the psychoeducation program has improved the level of self compassion in the subjects of the test group, this improvement was permanent, and this result was related to the effect of the experimental practice.

Considering the verbal feedback from the parents after the education; the parents stated that such an education was good for them, they felt better and they believed that, it was a necessary education, and they could express themselves better, they started to use problem solving techniques and relaxation exercises in their daily life, they were in a positive mood after the education. In the follow up test at 1 month after the education, their expression of their satisfaction by telling “we loved this educations too much, even now we feel like we will discuss a subject “indicates that the psychoeducation program was effective.

In conclusion, when the studies on the parents of handicapped individuals were reviewed, it was observed that these studies were mainly descriptive. This study is considered as important due to its contribution to the improvements in subjective well being and self compassion. Furthermore, efforts aimed at improving subjective well being and self compassion, also contribute the psychological well being of the individual.

CONCLUSION

Educational, informative and psychological counseling to the parents of mentally handicapped individuals will help them in adapting to their environment, in the best way. In addition, these trainings will aid them to understand their feelings and thoughts about themselves and their children, to accept their children with their abilities and disabilities and to redetermine their boundaries for the

future in a more realistic way.³¹ As a member of the medical team, nurses have great responsibilities for the services offered to the families of mentally handicapped children.³² The review of medical literature reveals that psychoeducational practices are considered as nursing interventions. At the end of this study, education offered to the parents of mentally handicapped individuals, was found to be effective in improving subjective well being and self compassion.

Based on the results and experiences obtained from the study, a planned education is recommended for the parents of all mentally handicapped individuals. The necessary steps for this purpose are; the provision of appropriate institutions to offer psychoeducation, as well as the formation of comforting counseling groups where the parents of a handicapped individuals meet other parents and express their feelings, meeting the supportive requirements with the aid of educational materials, encouraging nurses to play a role in improving and applying educational program held with parents of handicapped individuals.

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