

Effectiveness of Positive Couple Therapy on Mothers' Attitudes Toward Their Children with Special Needs

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ABSTRACT

Purpose: Parental attitudes toward their children with special needs are often dual in nature—ranging from affection and appreciation on the one hand, to emotions such as denial or overprotection on the other, which can disrupt the child's natural psychological development. The aim of the present study was to investigate the effectiveness of positive couple therapy on mothers' attitudes toward their children with special needs.

Materials and Methods: The research method was experimental, using a pre-test/post-test design with follow-up and a control group. From among mothers of children with special needs in Mashhad, 20 participants were selected using convenience sampling and randomly assigned to experimental and control groups (10 participants in each group). To collect data, the Parental Attitude Toward Children with Special Needs Scale (Gunderson, 2002) was used. Descriptive statistics including means and standard deviations were calculated, and inferential statistics were performed using mixed analysis of variance (ANOVA).

Findings: The results indicated that the attitudes of mothers who received the intervention toward their children with special needs had significantly improved ($p < .05$).

Conclusion: Based on the results obtained, it can be concluded that positive couple therapy is effective in improving mothers' attitudes toward their children with special needs in the city of Mashhad.

Keywords: Positive couple therapy, parental attitude, children with special needs.

1. Introduction

The birth of a child is considered one of the greatest joys in the lives of most families. However, when a child is

born with a disability, this joy can suddenly turn into suffering and an overwhelming emotional trauma that is difficult for anyone to bear (Singh & Verma, 2017). The

birth of a disabled child is, in itself, a stressful factor for family members and can have a detrimental effect on the family's adjustment (Maurović et al., 2020). The emotional and psychological stress caused by the birth of such a child is more often experienced by the mother than the father (Schieve et al., 2007). As studies show, the heavy burden of caregiving typically falls on the mother, which may explain the higher levels of stress and psychological pressure reported by mothers (Kakabarace & Seidy, 2021).

Children cannot exist in isolation from the family system—they influence and are influenced by other family members. This reciprocal interaction is particularly significant in the case of children with special needs. From a systemic perspective, all family members affect and are affected by each other. Therefore, the challenges or needs of one member cannot be considered independently from the entire family system. The emergence of any issue or special need in one member can lead to changes throughout the family and create new psychosocial challenges and problems (Asghari-Nekah & Bolghanabadi, 2013).

Mothers of exceptional children, especially after receiving a diagnosis, experience intense emotional and psychological pressures such as fear, anxiety, guilt, and isolation (Alsamiri et al., 2024; Heiman, 2021). Concerns about the child's future, social acceptance, and feelings of blame from the family or society exacerbate this stress (Alsamiri et al., 2024). Some mothers manage to find effective coping strategies through support groups or therapy (Heiman, 2021). Their attitudes toward their children are often ambivalent—on the one hand, there is affection and appreciation, and on the other hand, emotions like denial or overprotection may be present (Mirzaei-Tabar et al., 2020). Parental attitudes are defined by their behavior, feelings, perceptions, reactions, and value judgments toward their child (Govender, 2002). In Govender's study (Govender, 2002), the term "attitude" was employed—albeit somewhat loosely—to encompass parental behavior, values, perceptions, interactions, and emotions toward their child. While the term might not fully capture the depth of the concept, previous research has shown that parental attitudes are crucial for the successful care of children with special needs (Govender, 2002). This concept includes several dimensions: acceptance and affection, shame and embarrassment, frustration, hopelessness, and support (Govender, 2002). These dynamics influence family relationships and may result in tension or social isolation (George & Gandhimathi, 2020). Consequently, the family itself can be considered as having special needs. Therefore,

just as the child with special needs deserves attention, their family should also be regarded as a "family with special needs." The attitudes and behaviors of the family in such conditions can play a decisive role in the child's development—either facilitating growth and progress or becoming an obstacle.

Parents vary in how they accept their child's condition. While many show acceptance and optimism about their child's future, others struggle with guilt, anxiety, and emotional exhaustion (Paseka & Schwab, 2020). Given that family attitudes play a crucial role in reducing parental stress, anxiety, guilt, and poor psychological conditions (Gribanova et al., 2020), it is especially important to adopt an approach that focuses on modifying and improving these attitudes. In this regard, positive approaches appear to be a suitable choice.

Positive psychology is an approach that emphasizes the enhancement of human capacities and talents and seeks to help individuals and societies achieve success by valuing life (Seligman & Csikszentmihalyi, 2000). This approach focuses on positive emotions in life and plays an important role in psychological and physical well-being (Emmons & McCullough, 2003). Positive psychotherapy is practically designed based on traditional scientific methods for understanding and diagnosing psychological disorders (Seligman et al., 2006). It encourages individuals to use their abilities and talents in essential life domains (work, parenting, love, etc.) and consider this a responsibility (Peterson et al., 2006).

Positive couple therapy is a therapeutic approach based on the principles of positive psychology, aimed at restructuring communication patterns between partners. It focuses on enhancing positive interactions, effective emotional bonding, and greater resilience. This approach involves identifying and interrupting negative interaction cycles, addressing unmet psychological needs of each partner (often rooted in childhood), and creating a safe and supportive environment where spouses view each other as allies in growth, rather than as threats (Antoine et al., 2020).

Considering that mothers of children with special needs face numerous problems related to mental health, stress and anxiety, depression, low happiness, and difficulty adapting to their child's condition (Alikhani et al., 2013; Ilatizadeh et al., 2023; Lino et al., 2020; Taqizadeh, 2014), and given that positive techniques have been effective in reducing anxiety and depression while increasing mental health and happiness (Dockray & Steptoe, 2010; Pressman & Cohen, 2005), and in light of the fact that interventions specifically aimed at

improving mothers' attitudes have rarely been conducted, the following question arises: Is this approach effective in improving the attitudes of mothers toward their children with special needs? The present study aims to address this question.

2. Methods and Materials

2.1. Study Design and Participants

This study is applied in nature and employs an experimental research design with pre-test, post-test, and follow-up using a control group. The statistical population included all mothers who had referred their children with special needs to rehabilitation centers in the city of Mashhad. The sample was selected using convenience sampling. From this population, 20 participants were selected and randomly assigned to experimental and control groups (10 couples in each group). To do this, codes were assigned to the groups, and the selected individuals were randomly allocated to either the experimental or control group through a lottery. Taking into account sample attrition, each group ultimately consisted of 9 couples.

Out of 20 participants, 2 dropped out. The age range of the mothers was between 21 and 42 years ($M = 31.17$, $SD = 4.95$). The fathers' ages ranged from 28 to 43 years ($M = 35.44$, $SD = 4.67$). In terms of educational level, 5 participants (27.8%) had completed primary education, 3 (16.7%) had completed middle school, 7 (38.9%) had finished high school, and 3 (16.7%) held higher academic degrees. Regarding employment, 2 participants (11.1%) were formally employed, while 16 (88.9%) were housewives. Five participants (27.8%) reported having a chronic illness, while 13 (72.2%) did not. Eight participants (44.4%) had no kinship relationship with their spouse, while 10 (55.6%) were related by kinship. Regarding the type of child disability, 3 participants (16.7%) had a child with intellectual disability, 2 (11.1%) had a child with hearing impairment, 6 (33.3%) had a child with sensory-motor disability, 3 (16.7%) had a child with autism, and 4 participants (22.2%) had a child with multiple disabilities.

Inclusion criteria included: having a child with special needs, age between 20 to 50 years, literacy in reading and writing, absence of physical illness preventing participation in therapy sessions, not receiving concurrent interventions, and absence of severe psychiatric disorders. Exclusion criteria included unwillingness to continue participation and missing more than two therapy sessions.

2.2. Measures

Attitudes of Parents of Special Needs Children Scale (APSNCS): This scale was originally developed by Govender in 2002 (Govender, 2002). The items were created by expanding and modifying items from the Schaefer and Bell Parental Attitude Scale. Govender (Govender, 2002) first translated the scale into the Natal language in a double-blind process and then normed it on a rural population. The items in the questionnaire were designed to collect data on parental behavior, perceptions, interactions, values, and emotions toward their disabled child. In both Govender's original study (Govender, 2002) and the present study, these constructs were defined under the term "attitude." The scale includes five subscales: Acceptance and Affection (8 items), Shame and Embarrassment (3 items), Frustration (3 items), Hopelessness (3 items), and Support (7 items). Originally developed for children with intellectual disabilities, this scale was later slightly modified and administered to parents of exceptional children in Iran by Asghari-Nekah and Belghanabadi (Asghari-Nekah & Bolghanabadi, 2013). Its content validity was confirmed by experts, and its reliability was reported with a Cronbach's alpha of .80 for the total score. Confirmatory factor analysis conducted in the study by Asghari-Nekah and Belghanabadi (Asghari-Nekah & Bolghanabadi, 2013) supported a five-factor model with good model fit. In the present study, internal consistency reliability yielded a Cronbach's alpha of .89.

2.3. Intervention

Out of the 20 selected participants, 2 couples dropped out due to travel plans and work schedule conflicts with therapy sessions. Prior to the intervention, written informed consent was obtained from all participants using a consent form attached to the demographic questionnaire. Participants whose children were under 12 years old were selected to take part in the positive couple therapy sessions. Those selected for the intervention were randomly assigned to either the control or experimental group. After the intervention, a post-test evaluation was administered to both groups. The therapy consisted of six 90-minute sessions, adapted for this specific population based on the treatment protocol of Conoley and Conoley (Conoley & Conoley, 2009).

The positive couple therapy intervention, based on the Conoley and Conoley model (2009), was delivered in six structured sessions, each with specific goals and activities. The session contents are summarized as follows:

Session One focused on establishing rapport, forming a therapeutic alliance, and outlining the structure of the sessions. Fundamental concepts of positive couple therapy were introduced, and treatment rules and objectives were clarified.

Session Two centered on identifying and enhancing relationship strengths. Couples reflected on positive shared memories and practiced discussions around appreciation and mutual achievements.

Session Three aimed to increase positive emotions and intimacy in the relationship. Exercises encouraged affectionate daily behaviors and the development of positive nonverbal communication.

Session Four addressed conflict management with a focus on strengths. Couples identified common conflicts and practiced empathic listening and solution-focused dialogue.

Session Five involved reconstructing the meaning of the relationship and shared goals. Couples reviewed their values

and goals, creating a renewed and positive understanding of their roles as parents of a child with special needs.

Finally, Session Six focused on reviewing progress, consolidating learned strategies, and planning for the future. Practical suggestions were provided for maintaining positive changes and continuing home-based practices.

2.4. Data Analysis

For data analysis, descriptive statistics including means and standard deviations were used, and inferential statistics were conducted using one-way analysis of covariance (ANCOVA), using SPSS-26.

3. Findings and Results

Table 1 presents the means and standard deviations of mothers who received the couple therapy intervention and those who received no intervention, across two assessment points: pre-test and post-test.

Table 1

Mean and Standard Deviation of Attitude Scores in Experimental and Control Groups Across Pre-test, Post-test, and Follow-up

Variable	Group	Pre-test Mean	SD	Post-test Mean	SD	Follow-up Mean	SD
Attitude	Positive Couple Therapy	75.22	5.42	89.89	4.23	89.44	2.3
	Control	74.67	2.91	74.78	3.8	73.78	3.38

To assess group differences, appropriate statistical methods were used based on data conditions. Moreover, the Shapiro-Wilk test statistic for both groups at all evaluation stages for the attitude variable was not significant ($p > .05$), indicating a normal distribution of the data. One essential assumption for the F ratio in repeated measures designs to follow a central F distribution is the assumption of sphericity of the covariance matrix. The homogeneity of variances assumption, which implies equality of diagonal elements in

the variance-covariance matrix, was assessed. The broader assumption of equality of covariance scores across different statistical phases encompasses multivariate normality. This assumption was evaluated using Mauchly's Test of Sphericity, which confirmed that the assumption had been met.

Table 2 displays the results of the repeated measures analysis of variance for the attitude variable.

Table 2

Repeated Measures Analysis of Variance for Attitude

Source of Variation	MS	df	F	P-value	Effect Size	Observed Power
Group	1472.67	1	60.22	< .001	0.79	1.00
Time	298.68	2	31.39	< .001	0.66	1.00
Time \times Group	330.39	2	34.72	< .001	0.68	1.00

The results summarized in Table 2 indicate a significant difference between the mothers who received positive couple therapy and those in the control group in terms of their attitude toward their child following the intervention.

Based on the group means, it can be concluded that the attitudes of mothers in the intervention group significantly improved ($p < .001$).

To examine the persistence of the treatment effect over time, the Bonferroni post hoc test was used, as presented in Table 3.

Table 3

Pairwise Comparison of Mothers' Attitude Scores Across Assessment Phases

Phase I	Phase J	Mean Difference (I-J)	Std. Error	p-value
Pre-test	Post-test	-7.39	1.27	< .001
Pre-test	Follow-up	-6.67	0.95	< .001
Post-test	Follow-up	0.72	0.81	1.00

As shown in Table 3, the effect of positive couple therapy persisted over time and remained effective.

4. Discussion and Conclusion

The primary objective of the present study was to examine the effect of positive couple therapy on improving mothers' attitudes toward their children with special needs. The research findings indicated that this therapeutic approach significantly enhanced mothers' attitudes toward their children with special needs. This finding is consistent with prior research (Ajirak et al., 2015; Antoine et al., 2020; Bolghanabadi et al., 2014; Conoley & Conoley, 2009; Darwiche et al., 2022; Khoshakhlagh et al., 2022).

A study investigating the effectiveness of positive couple therapy on life satisfaction reported that mothers of children with special needs expressed greater life satisfaction following the intervention—an outcome that can be attributed to more favorable attitudes and enhanced coping capacities (Bolghanabadi et al., 2014).

In another study that focused on the impact of positive couple therapy on hope among mothers of children with special needs, an increase in hope levels was observed. This critical psychological factor may positively influence maternal attitudes and caregiving behaviors (Ajirak et al., 2015).

Group-based educational interventions rooted in positive couple therapy, which focus on enhancing marital happiness and resilience among parents, have also demonstrated substantial improvements. These results support the role of positive relational dynamics in shaping positive maternal attitudes (Khoshakhlagh et al., 2022).

Taken together, these studies demonstrate that positive couple therapy not only increases marital satisfaction but also leads to improvements in mental health, hope, and cooperative parenting—all of which contribute to the development of more positive maternal attitudes toward

children with special needs. Future research could further investigate the specific therapeutic components and their long-term impacts on family dynamics (Darwiche et al., 2022).

Positive couple therapy is an effective intervention for improving mothers' attitudes toward their children with special needs. This form of therapy enhances marital satisfaction, couple-based coping, and cooperative parenting, resulting in reduced maternal stress and increased hope and life satisfaction. These improvements lead to more positive maternal perceptions and healthier family dynamics. Therefore, integrating couple-based therapeutic approaches into support programs for families of children with special needs is essential to foster healthier relationships and improve outcomes for both parents and children.

Among the limitations of this study are the lack of control over therapist expectancy or therapist effect, small sample size, and the inability to select participants entirely randomly. Given that the positive psychology approach is a relatively new therapeutic framework, and that few local studies have specifically examined it as a structured treatment protocol, it is recommended that further research be conducted on this method as a therapeutic model. Such efforts can help inform clinicians and interested practitioners about its strengths and weaknesses and contribute to the advancement of this culturally flexible approach.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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