Rahman Institute of Higher Education

Journal of Modern Psychology

Research Paper: Comparison of the Effectiveness of Brief Self-Regulation Couple Therapy and Spirituality Therapy on Social Perspective Taking Mothers with Intellectually Disabled Children

Atefeh Zarastvand[1*], Raheleh Firouzi[2], Maryam Aghel Masjedi[3]

[1] *Assistant Professor, Faculty of Management and Psychology, Basir Kosar Institute of Higher Education, Abyek, Qazvin, Iran*

[2] *Ph.D. in General Psychology, Speech Therapist, Exceptional Education, Tehran, Iran*

[3] *Ph.D. in Health Psychology, University Lecturer, Rahman Institute of Higher Education , Ramsar, Iran*

Citation: Zarastvand, A., Firouzi, R., & Aghel Masjedi, M. (2021). Comparison of the Effectiveness of Brief Self-Regulation Couple Therapy and Spirituality Therapy on Social Perspective Taking Mothers with Intellectually Disabled Children. *Journal of Modern Psychology*, 1(1), 1-14. https://doi.org/10.22034/JMP.2021.125731

https://doi.org/10.22034/JMP.2021.125731

Article info:

Received date:
19 Oct. 2020
Accepted date:
09 Jan. 2021

Keywords:
Intellectual disability, Self-regulation couple therapy, Social perspective-taking, Spirituality therapy

Abstract

An intellectually disabled child has some negative effects on parents' mental health. Social Perspective-taking is one of the variables that affects mothers of intellectually disabled children. The present study aims to compare the effectiveness of Brief Self-Regulation Couple Therapy and spiritual therapy on the social perspective-taking of mothers with the intellectually disabled children**.** This was an experimental study with a pretest-posttest design and a control group. The statistical population consisted of all mothers with intellectually disabled students in Tehran 14th district, selected by simple random sampling and divided into three Brief Self-Regulation Couple Therapy (n = 10), Spirituality Therapy (n = 10) and control (n = 10) groups. The data collection tool was Social Perspective-Taking Scale. The data were analyzed through descriptive statistics, multivariate analysis of covariance and SPSS-24 statistical software. Analyzing the data showed that both methods of Brief Self-Regulation Couple Therapy and spiritual therapy, affect the social Perspective-taking of mothers with intellectually disabled children. In addition, the results of comparing the two methods showed that spirituality therapy is more effective than Brief Self-Regulation Couple Therapy on the social Perspective-taking of mothers with intellectually disabled children. Regarding the effectiveness of Brief Self-Regulation Couple Therapy, both methods can be used to improve Mothers' social Perspective-taking with intellectually disabled children.

*** Corresponding author:**
Atefeh Zarastvand
Address: Faculty of Management and Psychology, Basir Kosar Institute of Higher Education, Qazvin, Iran
Tel: 09124622694
E-mail: atefe.zar@gmail.com

1. Introduction

Neurodevelopmental disorders are those in which the proper development of the brain or central nervous system is impaired, which in reference to problems with the functioning of the brain and nervous system that negatively affect a person's excitement, learning ability and memory as they grow. The term 'mental retardation' was used in the Fourth Edition Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). However, the Fifth Edition Diagnostic and Statistical Manual of Mental Disorders (DSM-5) uses the term 'intellectual disability. In DSM-IV, the first main diagnostic criterion for such a disability for IQ was much lower than average indicated by IQ less than 70 (Two standard deviations less than the norm). However, the IQ criterion has been removed in DSM-5. Eliminating the IQ criterion resulted in more focusing on the level of adaptive performance of the individual. Furthermore, the developmental criteria indicate that the intellectual disability of children must have occurred before the age of 18, i.e., during their development. Intellectual disability is a disorder that consists of deficits in both mental functioning (such as deficits in reasoning, planning, abstract thinking, judgment, and academic learning) and adaptive functioning (such as inability to achieve developmental and sociocultural standards for independence and social responsibility in one or more environments) (Ganji, 2013).

Intellectual disability disorder begins in the developmental period and involves intelligence deficits and adaptive functioning in the practical, social, and conceptual domains. The prevalence of such a disorder is about 1% (American Psychiatric Association, 2013). Additionally, based on various statistics, it covers approximately 1%-2% of the population of the countries (Abbasi, Karimi & Jafari, 2016). In a study conducted by Bhatia, Bhatia, Gautam, Saha and Kaur (2015), it was found that the existence of a mentally retarded child can have profound effects on how each member of the family communicates with each other. Wood and Bhatnagar (2015) state that mothers are more vulnerable than those of other family members.

According to Madelein, Jenna, Angela & Barbara (2015; cited in Ghadmpour, Qasemzadeh, Zolfaghari & Padarvand, 2020) one of the most important reasons for mothers who are more vulnerable than those of other family members is that mothers spend more time with their children and their presence in the home and family environment is much higher than that of fathers . In a study titled Mental Health of Parents of intellectually disabled children, it was found that parents of intellectually disabled children experience more aggressive behaviors, depression, physical complaints, interpersonal sensitivity, and anxiety than those who have normal children (Firouzi, Khan Mohammadi & Homayouni, 2015).

Accordingly, although all family members are affected in such a situation, the mother suffers more stress and emotional pressures than the child’s father due to her special role in pregnancy and childbirth, child care and education. Therefore, this double emotional pressure threatens their mental health, affect the health and well-being of spouses, other healthy children in the family and their disabled child, as well as a wider level of the mental health of society as a whole

(Rezaian, Hosseinian & Asna Ashari, 2014). As a result of having an intellectually disabled child, parents experience more parenting stress. Among such families, children's behavioral problems are associated with parenting stress (Meppelder, Hodes, Kef & Schuengel, 2015).

An intellectually disabled child causes some negative effects on parents' mental health while mental health and social support are important factors that affect the way parents treat their intellectually disabled children (Wade, Llewellyn & Matthews, 2015). One of the variables that affects such mothers is social perspective-taking, which is regarded as one of the social-cognitive skills necessary to continue collective life and establish successful social interactions (Mohagheghi, ZoghiPaydar, Yaqubi, YarmohammadiVasel & Mohammadzadeh, 2016). Social perspectives, both "perspective-taking" and "role-taking", reflect the cognitive and emotional dimensions of a skill that allows one to empathize with another while maintaining unity (Galinski, Ko and Wong, 2005; cited in Yaghoubi and Mohammadzadeh, 2016).

When people in social situations correct their cognizance due to understanding the views of others, it makes their social interactions effective (Karney & Gauer, 2010). People should be able to put themselves in another person's shoes and see the world through his/her lens, empathize with what he/she feels, and attempt to look at and think of the world as he/she observes it (Flavell, 2004). Accordingly, having social relationships and receiving support from others are important factors in coping with the challenges of an intellectually disabled child in the family (Rathore & Mathur, 2015). Such mothers have serious problems with social health and have a sense of cohesion and social capital compared to those of healthy children (Kimura & Yamazaki, 2016). Accordingly, some interventions are necessary to improve social cognitive skills and establish successful social interactions among the mothers of intellectually disabled children. Brief Self-Regulation Couple Therapy and spiritual therapy are among the effective methods to improve the psychological and social problems of mothers with disabled children. Brief Self-Regulation Couple Therapy is considered as one of the methods showing the application of behavioral self-control theory in relationship problems. Brief Self-Regulation Couple Therapy emphasizes that it helps troubled couples gain more competence to change problematic behavioral, cognitive, and emotional patterns, thereby strengthening their relationship. The ability to self-regulate relationships depends on individuals, based on how much they have high-level, separate and interrelated skills such as relationship evaluation, goal setting, self-alteration implementation, and effort evaluation. (Kim et al., 1994).

The study by Mirahmadi, Ahmadi and Bahrami (2012) showed the effectiveness of short-term couple therapy in a self-regulatory manner on happiness and couples' mental health. In addition, self-regulated couple therapy is effective in reducing marital stress of couples (Nowrouzi, Nazari, Rasouli, Davarnia and BabaeiGarmkhani, 2015). However, it refers to a set of ways to understand the meaning and concept of life in spiritual

therapy as a method of intervention (Lotfi Kashani, Mofid & SarafrazMehr, 2013).

Religious orders and spirituality can shape and influence the lifestyle of individuals, providing the ground for their growth and prosperity. Religion and spirituality can be used when parents feel empty and frustrated, struggling with stress, or when they are in pain and lonely, frustrated with the help of others, and find ways to reduce their physical and mental pain, and find a place to provide them with peace of mind (Qahramani & Nadi, 2012). The study by Hassani, Alizadeh, Bonab, Pezeshk and Kazemi (2020) indicated that the method of spirituality intervention can be used to enhance the marital satisfaction of mothers with intellectually disabled children.

Furthermore, Pandia (2020) found that the spiritual messages sent in the WhatsApp space have been effective in reducing stress and increasing the self-confidence, self-efficacy and flexibility of mothers who have children with a social anxiety disorder. Therefore, based on the statistics reported by the Rehabilitation Deputy of the Welfare Organization of Iran in 2010, there are approximately 3 million and two hundred thousand disabled people in the country, of which 215 thousand people have intellectually disabled children. They are covered by the welfare organization (Welfare Organization of the whole country, 2010; cited in Firouzi et al., 2015). It was found that a significant number of families in Iranian society suffer from the adverse effects of having a child with intellectual disability, and research on improving the mental health of mothers with such children is necessary.

Accordingly, the present study aimed to answer the following questions:

1) Is brief couple therapy in self-regulation and spiritual therapy is effective in the social perspective-taking of mothers with intellectually disabled children?
2) Which of these treatment methods is more effective on the social perspective-taking of mothers with intellectually disabled children?

2. Method

This is an experimental study with pretest and posttest design with the experimental and control groups. The statistical population consisted of all mothers with intellectually disabled children studying in special schools in the 14th district of Tehran during 2018-19, which was a total of 90 people. (All intellectually disabled students attending in the special school were teachable and had an IQ 50-70). To select the sample, the social perspective-taking scale was first administered to all mothers (n= 90) (pretest). After the initial review of the results of the questionnaires, 50 mothers with intellectually disabled children met the inclusion criteria among all members of the community. Inclusion criteria included obtaining a lower social perspective-taking score than other mothers (The score ranged between 15 and 75). The lower the score obtained from this questionnaire and closer to the score of 15, a lower level of social perspective-taking, having at least one intellectually disabled child, without using counseling at the same time during classes and taking sedatives and antidepressants. The standard for the group participants was to meet a minimum of guidance school education. Then, 30 people were randomly selected and divided into three groups of 10

people.10 mothers in the couple therapy group (10 sessions of 60 minutes) underwent self-regulated couple therapy, 10 mothers in the spiritual therapy group (10 sessions of 60-minute) and 10 people were in the control group who did not receive training. As much as possible, people in the experimental and control groups were mostly similar to each other (an attempt was made to match people based on age and level of education so that such variables had the least impact on the external validity of the research). Treatment sessions were held for the two experimental groups once a week, in the early morning when mothers came to school to bring their children. Therefore, the subjects did not fall in any of the experimental and control groups and the number of people in each group remained constant until the end of the study. After the treatment sessions, posttest was performed in all three groups. Furthermore, the mothers of all 3 groups answered the same social perspective-taking scales in the pretest as the posttest. The data collected from pretest and posttest questionnaires were analyzed by appropriate statistical tests and all the mothers who participated in the study were appreciated.

Self-Regulation Couple Therapy sessions, adapted from the theory of self-regulatory couple therapy by Halford, Markman, Kling and Stanley (2003) are as follows (Table 1).

Table 1. Self-Regulation Couple Therapy sessions

Session	Content
First	Obtaining written consent from mothers and explaining the research process and reassuring mothers that their information remains confidential
Second	Familiarity and motivation for change (introducing group members, motivating to participate in training sessions, defining the social perspective-taking and its dimensions for mothers)
Third	The first self-assessment (discussion of intimacy and positive activities and its impact on marital relationships, examining the level of mutual support between husband and wife)
Fourth	Goal setting (discussing the goal using self-changing questions, expressing the technique of increasing positivity in daily interactions)
Fifth	Establishing communication (teaching how to communicate properly through the awareness cycle, expressing communication skills)
Sixth	Beliefs and expectations (expressing cognitive errors affecting marital disputes, expressing happy living skills to mothers)
Seventh	Learning cycle (expressing knowledge cycle skills in different areas)
Eighth	Problem-solving (problem-solving technique training, feedback)
Ninth	Self-assessment (checking the goal achievement)
Tenth	Summarizing the previous sessions and performing post-test

Spiritual therapy sessions (Table 2) are adapted from the research conducted by Lotfi Kashani et al. (2013).

Table 2. Spirituality therapy sessions

Session	Content
First	Obtaining written consent from mothers and explaining the research process and reassuring mothers that their information remains confidential. Familiarizing the members with each other, expressing group rules, respecting for each other's opinions and tolerance of different views, number and time of meetings and continuous attendance until the end of treatment were discussed
Second	This session aimed to get to know the implicit and personal meaning of spirituality and its definition from the point of view of each member to examine the existence of belief in a superior and sacred force among the members.
Third	This study aimed to self-observe and explain meditation. Process: What they did this week related to spiritual practices and expressed their feelings and emotions resulting from such actions and emphasizing the members' feelings in the face of each action. Teaching meditation technique and practicing it daily until the end of the training
Fourth	Explaining people's experiences of meditation and focusing on a specific topic, investigating the effects of meditation.
Fifth	This session aimed to present the concept of infinity and connection to the eternal force. The process was to ask if you had lost someone you loved. How do you feel about that person right now? Do you have a spiritual or religious perspective on this loss? Emphasizing talking about the week after forgiveness for yourself and others and the spiritual feeling they had this week
Sixth	It was aimed to understand forgiveness. The process was like this: Who has been thinking about forgiveness since last week? Who are we going to forgive? Forgiveness to those with whom we have and don't have any relationship. How does forgiveness make you feel? Practicing meditation and reciting the prayers of my God before you. I forgive those who have bothered me or harmed me. You are omnipotent, I do not leave them to you and I ask you to forgive them
Seventh	Forgiveness and generalization were to control anger. Explaining the importance of expressing the power of anger to others and asking for help.
Eighth	It aimed to examine the experiences of forgiveness and to express positive feelings and experiences of forgiveness and spiritual practices.
Ninth	It aimed to be grateful for the positive changes caused by spirituality and to give meaning to difficult experiences.
Tenth	Summarizing what was said in the previous sessions and finally, the posttest was performed.

Social Perspective-taking scale: In this study, Mohagheghi et al.'s Social Perspective-taking scale (2016) was used. It has 15 items which includes four subscales such as cognitive prediction of others, perception of others' perspective, empathizing and respecting for differences. In addition, regarding the items like (I'm a good predictor of what the other person wants to do), it measures students' social perspective-taking. It is graded on a five-point Likert scale, with a score of 1 for strongly disagreeing, 2 for disagreeing, 3 for abstaining, 4 for agreeing, and 5 for strongly agreeing. The score ranged from 15 to 75. The higher the score obtained

from this questionnaire, the more social perspective-taking the participants will tend to be, and vice versa. The Social Perspective-taking scale had a positive and significant relationship with the Oxford Happiness Questionnaire and a negative and significant relationship with the Beck Anxiety Questionnaire, indicating the convergence and divergence validity of the questionnaire (Mohagheghi et al., 2016). Additionally, in the research conducted by Mohagheghi et al. (2016) on 470 women and 280 men, the reliability obtained by Cronbach's alpha of 0.78 and the reliability coefficient above 0.70 indicate the high reliability of the test. Cronbach's alpha coefficient was used to examine the internal consistency of the questionnaire. The results for the four subscales of cognitive prediction of others, empathizing, perception of others' perspective, respect for differences, and the total score of social perspective-taking were estimated to be 0.75, 0.81, 0.69, 0.71, and 0.91, respectively.

3. Results

The data were analyzed through descriptive statistics and the covariance through SPSS software, ver.24. Covariance analysis with pretest effect was used to analyze the data. Before using the parametric test of covariance analysis, its assumptions were tested. The assumption of the normal distribution of the data was evaluated by the Shapiro–Wilks Test ($p<0.05$). In addition, the assumption of the homogeneity of the coefficients was established. Further, the results of the Leven Test indicated the equalization of variances ($p>0.05$). Besides, since the level of significance is greater than 0.05, the research data met the assumption of homogeneity of variance-covariance matrices. Therefore, this presupposition has also been observed.

Regarding age index, the sample age ranged from 27 to 34 years (26.67%), 35 to 42 years (56.65%) and 43 to48 years (%16.66). The lowest and highest level of education ranged from guidance school (16.66%) to bachelor's degree (46%), respectively

Table 3. The Mean of social perspective-taking in both stages of pretest, posttest depending on testing and control group

Dependent variables	index	Spirituality therapy		couple therapy		Control	
		Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
Cognitive prediction of others	Mean	18.10	20.80	18.40	21.20	17.80	18.00
	SD	5.859	4.614	3.406	3.360	4.158	3.944
Perceive the views of others	Mean	7.60	10.70	6.30	8.20	6.70	7.10
	SD	2.413	2.452	2.214	1.932	2.908	2.767
To empathize	Mean	5.70	8.50	5.20	7.40	4.10	4.50
	SD	1.889	1.581	2.300	1.897	1.912	2.273
Respect for differences	Mean	5.70	8.60	5.00	6.80	4.90	5.30
	SD	1.337	2.11	1.826	1.932	1.663	2.111
Total score	Mean	37.10	48.60	34.90	43.60	33.50	34.90
	SD	5.657	5.484	5.567	7.015	7.756	8.467

Table 3 shows the mean social views in the two stages of pretest-posttest depending on the test and control. As shown, the scores of social perspective-taking in the posttest of spiritual therapy and self-regulated couple therapy groups increases while such an increase is not observed in the control group. To compare the mean scores of social perspective posttest and its dimensions after controlling the effect of pretest in three groups, multivariate analysis of covariance test was used, the results of which are presented in Table 4.

Table 4. The results of multivariate covariance to compare posttest scores of social perspective-taking and its dimensions

Dependent variables	Df	F	Sig	Eta squared	Statistical power
Cognitive prediction of others	1	11.46	0.001	0.499	0.985
Perceive the views of others	1	6.216	0.007	0.351	0.848
To empathize	1	11.033	0.001	0.490	0.982
Respect for differences	1	5.871	0.009	0.338	0.826
The total score of social opinion	1	21.123	0.001	0.647	1.00

As shown above, there is a significant difference between the mean of social perspective posttest and its dimensions after removing the pretest effect. Therefore, the mean of social perspective-taking and its dimensions after the test in the experimental group was significantly higher than that of the control group. That is, spiritual therapy and brief self-regulation couple therapy has significantly increased social perspective-taking and its dimensions in the posttest phase. Then, Bonferroni post hoc test is used to compare the effects of spiritual therapy and brief self-regulation couple therapy in the posttest, the results of which are shown in Table 5.

Table 5. The results of Bonferroni test for significant difference between moderating means among the three groups in the post-test stage

Dependent variables	Groups		Mean difference	Sig
Cognitive prediction of others	Spirituality therapy	Control	3.168*	0.001
	Self-regulated couple therapy	Spirituality therapy	0.082	0.999
	Self-regulated couple therapy	Control	3.150*	0.001
Perceiving the views of others	Spirituality therapy	Control	2.712*	0.006
	Self-regulated couple therapy	Spirituality therapy	-1.491	0.172
	Self-regulated couple therapy	Control	2.150*	0.005
To empathize	Spirituality therapy	Control	2.997*	0.001
	Self-regulated couple therapy	Spirituality therapy	-0.849	0.578
	Self-regulated couple therapy	Control	2.147*	0.009
Respect for differences	Spirituality therapy	Control	2.737*	0.007
	Self-regulated couple therapy	Spirituality therapy	-1.272	0.338
	Self-regulated couple therapy	Control	2.461*	0.008
The total score of social opinion	Spirituality therapy	Control	11.513*	0.001
	Self-regulated couple therapy	Spirituality therapy	-3.531	0.165
	Self-regulated couple therapy	Control	7.981*	0.001

P<0.05*

As shown, the difference between the mean of spirituality therapy and control is more than that of brief self-regulatory couple therapy with the control group.

Therefore, with 95% confidence, spiritual therapy is more effective on the social perspective-taking of mothers with intellectually disabled children than that of brief self-regulation couple therapy.

4. Discussion

The present study aimed to compare the effectiveness of brief self-regulation couple therapy and spirituality therapy on the social perspective-taking of mothers with intellectually disabled children. It was found that brief self-regulation couple therapy and spirituality therapy were more effective on the social perspective-taking of mothers with intellectually disabled children compared to that of the control group. The results were consistent with the findings of Hassani et al. (2020), Pandia (2020), Nowruzi, Nazari, Rasouli, Davarnia and BabaeiGarmkhani (2015), Lucchese and Koenig (2013), Mirahmadi et al., (2012), Halford, Wilson, Lizzio and Moore, (2008) and Halford (2003). Explaining the effectiveness of brief self-regulation couple therapy on improving the social perspective-taking of mothers with intellectually disabled children indicated that brief self-regulation couple therapy increases personal commitment and happiness in the family life and helps people gain more competence to change problematic communication patterns and understand the perspective of others (Mirahmadi et al., 2012). Marriage benefits from the skill of observing a couple. Developed insight enables one to overcome the usual self-mediations and behave appropriately against the expectations of others, thus interpersonal relationships will be profitable. Therefore, the lack of communication skills as a result of low self-regulation and blaming the spouse and finding a problem in the spouse's behavior are considered as the reasons for decreasing useful relationships and lack of perspective (Halford et al., 2008). Self-regulation based on therapeutic outcomes can rely on evaluation, negotiation, goal setting, and self-change to enable couples to communicate better. The main goal of brief self-regulation couple therapy is to change the couple's style of evaluating their spouse and their relationship so that they can better understand their spouse, i.e. take a stand and value positive behaviors (Halford et al., 2003). Researchers and psychologists have increasingly considered the role that cognizance plays in couples' relationships, particularly since couples' cognizance about their relationships are causally related to marital helplessness. When people correct their behaviors in social situations because they understand the perspectives of others, it makes their social interactions effective. Therefore, short-term self-regulated couple therapy emphasizes that helping couples is to learn more about changing problematic behavioral, cognitive, and emotional structures in a troubled relationship (Halford et al., 2003). Considering brief self-regulation couple therapy, effective intervention is the process through which couples learn skills to moderate behavior and establish more constructive relationships and a better understanding of each other (Wilson, Charker, Lizzio, Halfird & Kimlin, 2005). This intervention can guide couples in assessing, goal setting and self-change in problematic areas of life and the face of an intellectually disabled child, thus, communication skills and social perspectives taking of couples will increase. Therefore, brief self-regulation couple therapy is logically effective in

improving the social perception skills of mothers with intellectually disabled children.

Explaining the effectiveness of spiritual therapy on the social perspective-taking of mothers with intellectually disabled children showed that spiritual therapy and spiritual self-care reduce psychological stress and increase tolerance for anxiety in people and achieve its peace and relief from the pressures with the problems. It makes the intellectually disabled children remain calm in the face of failures and disabilities and experience lower levels of anxiety (Saeedi Taheri, Asadzandi & Ebadi, 2013). In a study by Slana, Molnarova, Debrikova, and Hromkova (2020) on one hundred and two parents of children with Down syndrome concerning the common needs of such parents, it was found that after the birth of a child with Down syndrome, parents feel severe lack of information and psychological support. Since children's well-being has long been a long-held dream of parents, obviously the slightest problem in the child imposes some level of anxiety on the parents, and religion and spirituality help parents who feel empty and hopeless. In addition, regarding psychological pressures, it provides peace of mind, and helps the individual better understand others and has a more accurate social perspective-taking in the shadow of spirituality. When a person is painful, lonely and hopeless with the help of others and does not find a way to reduce his physical and mental pain, spiritual therapy helps a person create peace of mind and overcome stress; however, anxiety creates a stronger social perspective-taking. Religion and spirituality create psychological power for a person and promote her coping and adaptation to unpleasant conditions (child disability). Utilizing religious beliefs or practices are ways to adapt to physical, psychological and social challenges (Lucchese & Koenig, 2013). However, group religious-spiritual intervention has a positive impact on the inner strength and self-control of female students and this intervention is used to improve psychological resources to increase their self-control (Nosrati, Jafari-Ardi, & Ghobari-Bonab, 2020). Spiritual therapy helps mothers create a positive and clear view of world events for themselves, and by attaching themselves to God, they evaluate seemingly unpleasant events positively and always hope for God's grace and opinion (Falah, Mangali & Zare, 2012). Explaining that spiritual therapy is more effective than that of brief self-regulatory couple therapy on the social perspective-taking of mothers with intellectually disabled children indicated that a mother who takes a spiritual approach to life is always trying to better understand the circumstances of others and asks God for help in hardship and hope for His mercy. Spirituality makes people believe that they will be rewarded for their patience in the face of adversity. Such a person observes things less self-centeredly and will be more able to empathize and understand the thoughts and ideas of others. Accordingly, the rate of the social perspective-taking of mothers with intellectually disabled children increases to a high extent as a result of spiritual therapy. The research by Mann (2010) indicated that people who show more perspective-taking have better mental health and are happier. In addition, if they have mental disorders, they will have a better prognosis for treatment. In addition, Aberson (2007) found that where there is more perspective-taking, anxiety is significantly reduced. Thus, spiritual therapy increases the

readiness of mothers to face the problems and challenges they have in life with their intellectually disabled child.

Since the present study was conducted in Tehran, the research community was limited to Tehran and one should be careful in generalizing the results to other cities. In addition, there was not a follow-up stage to evaluate the durability of brief self-regulation couple therapy and spiritual therapy. Another factor that may have affected the results was the presence of Hawthorn effect. Such an effect is a reaction by which people who are being studied have improved their performance or their behavior through identifying that they are being studied. This reduces the generalizability of the results. To overcome the limitations, it is suggested that such research be conducted in other cities, especially where different cultural and social conditions exist. In addition, the follow-up stage should be considered to evaluate the durability of the effect of the training to determine the validity of the treatment results in further research.

5. Conclusion

The results indicated that both are used to improve the social perspective-taking of mothers with intellectually disabled children and those who have children with problems. In addition, brief self-regulation couple therapy and spiritual therapy, which require the least facilities, equipment and costs, be considered by family counselors to solve communication problems of families.

Acknowledgement

The authors are thankful to all the people who participated in this study and contributed to facilitate the research process.

Conflict of interest

The authors declare that there is no conflict of interest.

References

Abbasi, H., Karimi, B., Jafari, D. (2017). The Effectiveness of Acceptance and Commitment Therapy on Frustration Tolerance and Dysfunctional Attitudes of Mothers of Students with Intellectual Disabilities. *Psychology of Exceptional Individuals*, 6(24), 81-108. [DOI: 10.22054/jpe.2017.20384.1522]

Aberson, C. (2007). Contact, Perspective Taking, and Anxiety as Predictors of Stereotype Endorsement, Explicit Attitudes, and Implicit Attitudes. *Journal of group processes Intergroup Relations, 10*(2):179-201. [DOI: 10.1177/1368430207074726]

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed). Washington, DC: Author. https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596

Bhatia, M., Bhatia, S., Gautam, P., Saha, R., & Kaur, J. (2015). Burden assessment, Psychiatric morbidity and their correlates in caregivers of patients with intellectually disabled. *East Asian Archives of Psychiatry, 25*(4), 159-163. https://easap.asia/index.php/find-issues/past-issue/item/283-1504-v25n4-p159

Falah, M. H., Mangali, A., & Zare, F. (2012). Investigating the effect of teaching Islamic coping style on increasing the happiness of parents of exceptional children. *Yazd School of Health Quarterly (TolooeBehdasht), 11*(2), 75-82. https://tbj.ssu.ac.ir/article-1-184-fa.htmllhttps://easap.asia/index.php

Firouzi, R., Khan Mohammadi, A., & Homayouni, A. (2015). *Evaluation of the effectiveness of Lazarus multi-dimensional treatment on anxiety, depression and life expectancy of mothers with mentally retarded students in exceptional primary schools in Amol in the academic year 2014-2015*. Master Thesis. Islamic Azad University, Ayatollah Amoli Branch.

Flavell, J. H. (2004). Theory-of-mind development: Retrospect and prospect. *Merrill-Palmer Quarterly, 50*(3), 274-290. https://www.jstor.org/stable/23096166 https://easap.asia/index.php

Ganji, M. (2013). *Psychopathology based on DSM - 5*. Volume 2, First Edition. Tehran: Savalan Publishing.

Ghadmpour, E., Qasemzadeh, Fa; Zolfaghari, Shadi., & Padarvand, H. (2020). The effectiveness of group positive thinking on the tolerance of anxiety and social adjustment of mothers with mentally retarded children. *Quarterly Journal of Nursing, Midwifery and Paramedical, 6* (2), 11-21. http://sjnmp.muk.ac.ir/article-1-327-fa.html

Halford, K., Wilson, K., Lizzio, A., & Moore, E. (2008). Does working at a relationship work relationship self-regulation and relationship outcomes. *Australian Research Council Grant entitled Chapter Eighteen, 1*, 1-10. http://hdl.handle.net/10072/783

Halford, W. K. (2003). *Brief couple therapy for couples Helping Partners Help Themselves.* New York: Guilford publication. https://www.guilford.com/books/Brief-Therapy-for-Couples/W-Kim-Halford/9781572309715/reviews

Halford, W. K., Markman, H. J., Kling, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of marital and family therapy, 29*(3), 385-406. [doi: 10.1111/j.1752-0606.2003.tb01214.x]

Hassani, A., Alizadeh, H., GhobariBonab, B., Pezeshk, Sh., & Kazemi, F. (2020). Develop a group education program to promote spirituality and study its psychological consequences for mothers of children with intellectual disabilities. *Journal of Psychological Sciences, 19* (88), 463- 473. http://psychologicalscience.ir/article-1-527-en.html

Karney, B. R., & Gauer, B. (2010). Cognitive Complexity and Marital Interaction in Newlyweds. *Personal Relationships, 17*, 181-200. [DOI:10.1111/j.1475-6811.2010.01271.x]

Kim, E., Halford, R., Matthew, R., Sanders, H., Brett, C., & Behrens, H. (1994). Self-regulation in behavioral couples' therapy. *Behavior Therapy, 25*(3), 431-452. [DOI: 10.1016/S0005-7894(05)80156-X]

Kimura, M., & Yamazaki, Y. (2016). Mental health and positive change among Japanese mothers of children with intellectual disabilities: Roles of sense of coherence and social capital. *Research in Developmental Disabilities, 59*, 43-54. [DOI: 10.1016/j.ridd.2016.07.009]

Lotfi Kashani, F., Mofid, B., SarafrazMehr, S. (2013). The effectiveness of spiritual therapy on reducing anxiety, depression and distress in women with breast cancer. *Journal of Thought and Behavior, 7*(27), 27-37. https://jtbcp.riau.ac.ir/article_12.html?lang=en

Lucchese, F. A., & Koenig, H. G. (2013). Religion, spirituality and cardiovascular disease: research, clinical implications, and opportunities in Brazil. *Brazilian Journal of Cardiovascular Surgery, 28*(1), 103-128. [DOI: 10.5935/1678-9741.20130015]

Mann, C. (2010). In a stronger's Shoes: Reducing mental illness stigma thought perspective-taking. *Doctoral Dissertation*. University of Tennessee. https://trace.tennessee.edu/utk_graddiss/823

Meppelder, M., Hodes, M., Kef, S., & Schuengel, C. (2015). Parenting stress and child behaviour problems among parents with intellectual disabilities: the buffering role of resources. *Journal of Intellectually disabled Research, 59*(7), 664-677. [DOI: 10.1111/jir.12170]

Mirahmadi, S. L., Ahmadi, S. A., & Bahrami, F. (2012). Effect of self –regulatory couple therapy on couple's happiness and mental health. *New Findings in Psychology, 7*(22), 33-43. https://www.sid.ir/en/journal/ViewPaper.aspx?id=256371

Mohagheghi, H., ZoghiPaydar, M. R., Yaqubi, A., YarmohammadiVasel, M., & Mohammadzadeh, S. (2016). Develop and validation a scale to social perspective taking. *Bi-Quarterly Journal of Social Cognition*, *5*(1), 20-34. https://www.sid.ir/en/journal/ViewPaper.aspx?id=549349

Nosrati, F., Jafari-Ardi, S., & Ghobari-Bonab, B. (2020). Effectiveness of Self-monitoring Training by Islamic Contemplation Approach on Self-restraint among Female Students of Tehran University. *Journal of Pizhūhishdardīnvasalāmat., 6*(2): 20-36. https://journals.sbmu.ac.ir/en-jrrh/article/view/30880

Nowruzi, S., Nazari, A. M., Rasooli, M., Davarnia, R., & BabaeiGarmkhani, M. (2015). The effectiveness of Brief self-regulation couple therapy on reducing marital stress in couples. *Knowledge Horizon Quarterly*, *21*(1), 1-6. http://hms.gmu.ac.ir/article-1-2101-fa.html

Pandya S. P. (2020) Examining the Effectiveness of WhatsApp-Based Spiritual Posts on Mitigating Stress and Building Resilience, Maternal Confidence and Self-efficacy Among Mothers of Children with ASD. *Journal of Autism and Developmental Disorders*, 51(5):1479-1495. [DOI: 10.1007/s10803-020-04633-x.]

Qahramani, N., & Nadi, MA. (2012). The relationship between religious-spiritual components with mental health and hope for the future in the staff of Shiraz public hospitals. *Iranian Journal of Nursing, 25*(79), 1-11. http://ijn.iums.ac.ir/article-1-1418-en.html

Rathore, S., & Mathur, R. (2015). Spirituality and Social Support: Source of Coping in Mothers of Children with Intellectually disabled. *Journal of Psychosocial Research, 10*(2), 337 -346. .https://www.proquest.com/openview/f0e0030e46ee345cb6e9950f7c130dd1/1?pq-origsite=gscholar&cbl=506336

Rezaian, H., Hosseinian, S., & AsnaAshari, M. (2014). Comparison of the effectiveness of cognitive-behavioral methods against mood induction methods on the creation of mothers of mentally retarded children. *Psychological Studies*, *10*(4), 33-53. https://civilica.com/doc/894441/

SaeediTaheri, Z., Asadzandi, M., & Ebadi, A. (2013). The effect of healthy heart model-based care on the spiritual experience of patients with coronary artery disease. *Nursing Psychiatry*, *1*(3), 53-45. http://ijpn.ir/article-1-125-fa.html

Slana, M., MolnarovaLetovancova, K., Dobrikova, P., & Hromkova, M. (2020). Research into the need of families who have

children with Down syndrome (in the Slovak framework). *Journal of Nursing and Social Sciences Related to Health and Illness*, 60-67. http://kont.zsf.jcu.cz/pdfs/knt/2020/01/10.pdf

Wade, C., Llewellyn, G., & Matthews, J. (2015). Parent mental health as a mediator of contextual effects on parents with intellectual disabilities and their children. *Clinical Psychologist, 19*(1), 28-38. [DOI: 10.1111/cp.12055]

Wilson, K. L., Charker, J., Lizzio, A., Halfird, K., & Kimlin, S. (2005). Assessing how much couples work at their relationship: The behavioral self–regulation for effective relationship scale. *Journal of Family Psychology, 19*(3), 385-393. [DOI: 10.1037/0893-3200.19.3.385]

Wood, S & Bhatnagar, S. (2015). Resilience to the effects of social stress: Evidence from clinical and preclinical studies on the role of coping strategies. *Neurobiology of Stress, 1*(4), 164-173. [DOI: 10.1016/j.ynstr.2014.11.002]

Yaqubi, A., & Mohammadzadeh, S. (2016). Construction and validation of the educational of protocol of social perspective-taking and analyzes of its efficacy on couple's conflict resolutions styles. *Journal of Counseling Culture and Psychotherapy, 7* (28), 103-131. https://www.sid.ir/en/journal/ViewPaper.aspx?id=606343