Journal of Fundamentals of Mental Health

Mashhad University of Medical Sciences

Psychiatry and Behavioral Sciences Research Center

Original Article

The effectiveness of dialogic skills training on resilience and adjustment in mothers with physically challenged children

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Abstract

Introduction: The purpose of this study was to investigate the effectiveness of dialogic skills on the resilience and adjustment of mothers with physically challenged children.

Materials and Methods: The statistical population included all mothers of physically challenged children in Mashhad-Iran who were referred to counseling and treatment centers for people with physical disabilities in Mashhad between September 2021 and November 2021. The samples were selected using the convenient sampling method and were randomly divided into experimental (n= 30) and control (n= 30) groups. Research instruments included The Connor-Davidson Resilience Scale (CD-RISC) and Bell Adjustment Inventory. The experimental group received the dialogic skills training for six 2-hour sessions. Data analysis was performed using the descriptive statistics, ANCOVA, and SPSS software.

Results: The results showed that the implementation and training of dialogic skills have a positive and significant effect on the resilience ($P< 0.001$) and adjustment ($P< 0.001$) of mothers with physically challenged children.

Conclusion: According to the results, dialogue skills training have a significant and effective role in the resilience and adaptation of mothers with physically challenged children.

Keywords: Adjustment, Communication, Parent, Physical disability, Resilience

Please cite this paper as:
Neyestani A, Ghanbari H, Ebrahimi Sales N. The effectiveness of dialogic skills training on resilience and adjustment in mothers with physically challenged children. Journal of Fundamentals of Mental Health 2023 Sep-Oct; 25(5): 327-333. DOI: 10.22038/JFMH.2023.23292

Introduction

According to the World Health Organization (WHO), around 15 percent of the world's population, or estimated 1 billion people, live with disabilities. They are the world's largest minority with nearly 70% living in developing countries (1). A disabled child can negatively affect the family, who may, in turn, experience various forms of psychological stress, social isolation, and mental health problems (2). Families of disabled children experience high social pressure. According to research, the mothers of these children experience significant stress (3). Mothers, as the main caregivers of these children, are exposed to more pressure than mothers of normal children (4). According to several studies, mothers of children with special needs may go through distressed relationships (5), changed family goals and activities (6), social isolation, and guilt (7). They have to deal with anger, stress, and other negative emotions as they constantly seek the special needs associated with the development of physically challenged children (8).

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Received: Mar. 20, 2023
Accepted: Aug. 18, 2023

McConnell and Savage (9) and Tang et al. (10) showed a relationship between caregivers' resilience and mental health.

Studies have shown that resilience is related to the mental health of mothers of disabled children (11), and increasing resilience in these mothers has beneficial effects on the health of mothers and families (12). Mothers of disabled children need high flexibility, adaptability, and resilience to meet the multiple needs of their families and children (13). Resilience is crucial in preventing or treating psychiatric disorders (14). The adjustment of family members and mothers is strongly affected by the stress caused by child care. The mother's low incompatibility can severely affect the family and child's conditions (15). For this reason, increasing adaptation in mothers is very important and improves the family function and physical and mental health of children (16). People with high communication skills can provide enough social support and thus have higher resilience and adaptability (17). Therefore, enhanced communication skills in mothers of physically challenged children positively affect family functions and family life quality (18). Effective communication skills of mothers lead to satisfactory, supportive, and stable relationships between mothers and their physically challenged children (19). Hoseinian et al. concluded that communication skills training effectively improves the life quality of mothers of physically challenged children. Dialogic skills training as a communication skill can contribute to the adjustment and resilience of mothers of physically challenged children (20).

Dialogue is a process of genuine interpersonal interaction in which they try to listen and learn from each other carefully. Each participant in a dialogue tries to understand the other party's concerns, even as they may disagree and hold different opinions (21). Dialogic skills include communication, posing questions, listening, calmness and composure, mutual equality, and appreciating the presence of others (22). The dialogic skills include judgment suspension, establishing communication, respecting, posing questions, listening, calmness and composure, mutual equality and appreciation of the presence of others, and mutual intellectual equality, calmness, and composure. A study showed that communication skills training can improve social adaptability and resiliency (23). Despite the importance of increasing resilience and adaptability in mothers of children with disabilities, no study investigated the effectiveness of intervention on these variables. On the other hand, dialogue skills are among the interventions that are rarely used, and there is a need for more research in this field. Therefore, this study aimed to investigate the effectiveness of dialogic skills training on resilience and adjustment in mothers with physically challenged children.

Material and Methods

The research population consisted of all the mothers with physically challenged children living in Mashhad -Iran, who sought counseling and therapy from centers for physical disabilities from September 2021 to November 2021. Using the convenience sampling method, 60 cases were selected. The research sample was selected based on the inclusion criteria and was randomly divided into experimental (30 cases) and control (30 cases) groups. The sample size was determined by using the formula to calculate the average in two groups, the number of 26 people in each group was determined, taking into account 10% attrition, 30 people in each group were included in the study (24).

The inclusion criteria included parenting a physically challenged child, not participating in other treatment programs during the research, and informed consent. The exclusion criteria included absence in more than one session, failure to complete questionnaires, or unwillingness to continue cooperation. Ethical points included confidentiality, prioritizing the psychological health of participants, trustworthiness, accuracy in citation, appreciation of others, observance of ethical values in data collection, and observance of participants' privacy, which have been taken into consideration by the researchers.

Research instruments

A) The Connor-Davidson Resilience Scale (CD-RISC): This 25-item scale has five components: competence/personal strength, trust in instincts/tolerance of negative emotions, positive acceptance of changes/secure relationships, control, and spirituality. This 25-item scale has a 5-point Likert scale: completely false= 0, rarely= 1, sometimes true= 2, often true= 3, always true= 4. Using the factor analysis method, the validity of the Connor-Davidson Resilience Scale (2003) was confirmed, while its validity was confirmed with an intraclass

correlation coefficient of 0.87 (25). In the Iranian population, the results showed that this questionnaire has Cronbach's alpha of 0.84 (24).

B) Bell Adjustment Inventory: The social adjustment questionnaire was created by Bell in 1961 and has five components, and the total test has 32 questions. The answers to the test have three options and include yes, no, or I do not know. A higher score indicates higher compatibility. Dana et al. (1961), in the study on men and women in the age range of adolescence to young adulthood, obtained validity coefficients with Cronbach's alpha method as follows: emotional adjustment 0.91, social adjustment 0.88, academic adjustment 0.85, physical adjustment and adaptation at home 0.81, and general adaptation 0.94 (26). Attaran and Mohammadi reported the validity coefficients for the subscales of emotional adjustment equal to 0.94, social adjustment 0.93, and total compatibility 0.95 (27).

The dialogic skills intervention was administered during six 2-hour sessions. The process took about 1.5 months, and the research objectives, research methodology, and the possible positive effects of dialogic skills training on the resilience and adjustment of the mothers were explained to participants before the test. In the present study, the experimental group was trained in dialogic skills, and the structure and content of the therapy sessions were carried out as follows (Table 1):

Table 1. The content of dialogic skills training (28)

Session	Content
First session	The importance and necessity of learning dialogic skills and a general explanation about dialogue
Second session	The difference in meaning between the word dialogue and other words that are taken to mean dialogue in the eyes of the general public, such as talking, discussing, debating, discourse, and conversation)
Third session	Teaching the principle of suspension of judgment and self-awareness, a brief explanation of the last sessions, and teaching the principle of questioning
Fourth session	Teaching the principle of listening, teaching the principle of mental peace
Fifth session	Teaching the principle of respect, teaching the principle of empathy and love for criticism
Sixth session	Teaching the principle of equality of intellectual position, talk about creation and creation of meaning, as well as a general summary about the things that were stated in the previous sessions

Results

The demographic data showed that the age of mothers participating in the study varied between 20 and 51 years. Most participants were 40-50 years old, and 23.3% reported the age of 30-40 years.

Regarding education, 45% of the participants had a high school diploma and a university degree. 63.3% were housewives, and the rest were employed. Table 2 presents the descriptive data related to the resilience and adjustment.

Table 2. The scores of resilience and adjustment in pre-test and post-test stages

Variable	Group	Pre-test		Post-test	
		Mean	SD	Mean	SD
Resilience	Control	2.37	0.20	2.72	0.78
	Experimental	2.45	0.12	3.85	0.31
Adjustment	Control	2.31	0.63	2.44	0.69
	Experimental	2.36	0.36	2.96	0.41

The data analysis results show that the mean scores of resilience and adjustment variables during the pre-test phase are close in both groups; however, the mean scores increased during the post-test phase for the intervention group. The results of the Kolmogorov-Smirnov test showed that the value of none of the variables is significant at the 0.05 level, and the data distribution is normal. The univariate ANCOVA results for resilience and adjustment variables are as follows (Table 3):

Table 3. ANCOVA results for resilience and adjustment scores

Variable	Discrepancy	Sum of squares	Mean of squares	F	P	Effect size
Resilience	Pre-test	1190.62	1175.062	12.41	0.001	0.67
	Group	1598.68	1638.62	15.18	0.001	0.44
	Error	7126.52	329.35			
	Total	72747				
Adjustment	Pre-test	6834.315	6554.32	17.277	0.001	0.52
	Group	1132.53	1432.51	18.87	0.001	0.41
	Error	7588.85	376.12			
	Total	51198				

Based on data in Table 3, dialogic skills training showed a positive and significant effect on resilience (F= 15.15, *P*= 0.001) in mothers of physically challenged children. The size of this effect was found to be 0.44. Regarding adjustment, dialogic skills training showed a positive and significant effect (F= 18.87, *P*= 0.001) in mothers of physically challenged children. The size of this effect was found to be 0.41.

Discussion

This study aimed to evaluate the effectiveness of dialogic skills training on resilience and adjustment in mothers of physically challenged children. The results indicate that dialogic skills training positively and significantly affects resilience and adjustment in these mothers. Since there have been limited studies on the effectiveness of dialogue education, the authors used studies whose variables were not closely related to the study. For example, Eslamian et al. investigated the effectiveness of dialogue training on teaching performance. They participated in the dialogical skills sessions for six sessions (12 hours). The results showed that this training positively improved the components of teaching performance, including human relations (28). This study was similar to the present study because it used dialogue skills training, although it differed in dependent variables and statistical population. However, the results obtained are similar to the findings of the present study, indicating the positive effectiveness of dialogue skills training on the participants.

In addition, Assadi Gandomani et al. studied thirty adolescents with physical disabilities through CD-RISC and Bell adjustment inventory. The results showed that life skills training (9 sessions), including dialogue skills, affects the adjustment and resilience of adolescents with physical disabilities. Both studies used similar tools, although Assadi Gandomani et al. studied children with physical disabilities. In addition, in the present study, only dialogue was taught, but the study of Assadi Gandomani et al. included more sessions (29). Finally, both studies have reported positive results. Therefore, dialogue skills can have positive effects even in shorter sessions.

Also, Pourfarahani et al. determined the effectiveness of communication skills training on the adaptability and resilience of young couples (24 couples). The tools used in this research were Bell adjustment inventory and CD-RISC. The experimental group was trained in communication skills in 8 one-hour sessions. In the post-test, compared to the control group, the experimental group had a significant increase in adjustment and resilience. So, skills training had increased the adjustment and resilience of couples. Both studies used the same tools and taught communication skills, including dialogue. Although the number of sessions in the current study was less (6 sessions), both studies reported a positive effect on adjustment and resilience. One reason for this is the longer sessions (120 minutes) compared to the sessions of Pourfarahani et al. (90 minutes). On the other hand, the statistical population in the two studies was different, and they examined the population of normal couples (23). Although the participants in both studies were in the same age range and had children, they are similar in this respect, so the results of the two studies are comparable.

In another study, Aliakbarzadeh-Arani et al. investigated the effect of education on the social adjustment of mothers of educable mentally retarded children (40 cases). The training content included adaptation based on Roy's adaptation theory, taught in four sections. The results showed that education effectively improved the social adjustment of mothers of mentally retarded children (30). This study was similar to the present study regarding the statistical population. Although the type of intervention was different, the focus of both

interventions was on interpersonal relationships. For this reason, the findings of the two studies are consistent, and this finding can confirm the findings of previous studies. Abdollahi et al. evaluated the effectiveness of communication skills on resilience and social adjustment of 30 students of a military university. The tools used in this research were the same as our study. The intervention group was trained in effective communication skills for eight 90-minute sessions. Compared to the control group, they significantly increased social adjustment and resilience (31).

Since this study examined military students, it was different in terms of the statistical population of the current study. However, regarding the research method, the type of tools used and the content of the sessions of the two studies are similar. Both studies show the positive effectiveness of interventions and have suggested using interventions that focus on improving interpersonal relationships to increase resilience and adaptability. In justification of this finding, education makes mothers of children learn active listening. Active listening increases their learning in daily conversations (17). This leads to identifying and correcting their weaknesses and enhancing their strengths. As a result, a person accepts the facts better and reconciles with them more correctly, reducing mental pressure (20).

Also, supportive counseling during sessions and training helped parents put their negative feelings in the right direction to build constructive interactions. This way, they could learn how to obtain the resources they need to help their disabled child and find ways to express their feelings more effectively. Meanwhile, the dialogue ability improves the relationship between mother and child and other family members. Also, a mother with good dialogue skills can benefit from more social support because such a mother can communicate in social interactions (23).

They are trained to ask for help to reduce stress and pressure, which in turn increases adjustment and resilience. Dialogic, conversation-oriented skills help individuals to face the challenges in life. This means that mothers trained in dialogic skills can better adapt and adjust to changes and are more flexible in dealing with stress and crises. Mothers learned to keep calm and control their temper even in the unfavorable and difficult conditions associated with their physically challenged children and listen, talk, or discuss issues with them. Another reason for the improvement of resilience in mothers can be considered the effect of the group. Most of the problems are social and interpersonal. When people are in a group counseling session, they can identify with the constructive characteristics of other people in the group and gain a correct understanding of their problems by observing the behavior of others (30).

The group allows the individual to find new and more satisfying ways to communicate with others and solve their problems. Among the limitations of the present study was that only mothers participated in the meetings. Creating similar opportunities for fathers and other family members can have more useful and sustainable results. Also, among the uncontrollable limitations of this research are the emotional states of mothers when answering the questionnaire, which can be controlled with useful explanations about the intervention, ensuring the confidentiality of information and preserving their privacy as much as possible. To promote resilience and adjustment in mothers of physically challenged children, it is recommended that such mothers take dialogic skills training courses and workshops at special counseling centers. Dialogic skills training in the form of guidelines, educational videos, and remote counseling services (over the phone and online) can be useful. Future studies are suggested to investigate and evaluate the possible effects of dialogic skills training on other psychological problems and issues (e.g., anxiety, depression, self-esteem, satisfaction, happiness) in mothers of physically challenged children.

Conclusion

Generally, according to the results, the dialogue skill training program impacts positively on the adjustment and resilience of mothers with disabled children. Dialogic skills should be regarded as specialized communication skills necessary to establish relationships through dialogue and can improve adjustment and resilience in mothers of physically challenged children.

Acknowledgments

The authors thank all mothers who participated in this study. Also, the authors declare no financial support. There is no conflict of interest in this study.

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