

Comparison of the effect of Shoenaker's self-encouragement training and emotion regulation on resilience of mothers with disabilities children

SERTAÇ ERCİŞ

Faculty of Sport Sciences, Ataturk University, Erzurum, Turkey.

Corresponding Author Email: setac@atauni.edu.tr

ABSTRACT

Introduction & Objectives: A disabled child causes many psychological problems in family members, especially the mother. Increasing resilience can help improve the mental state of these mothers. One of the useful activities in this field is Shoenaker's self-encouragement training and emotion regulation. The purpose of the present study was to compare the effect of Shoenaker's self-encouragement training and emotion regulation on the resilience of mothers with children with disabilities.

Materials and Methods: The method of this study was quasi-experimental (pre-test-post-test) using two experimental groups and a control group. Thirty-six mothers with disabled children were selected by the welfare of Erzurum by the available method and randomly divided into two experimental groups (15 people in each group) and one control group (12 people). For the first group of emotion regulation training (8 sessions; 2 weeks, one and a half hour sessions) and for the second group, Shoenaker's self-encouragement training (8 sessions; 2 weeks, one and a half hour sessions) was applied and the control group did not receive any training. All subjects completed the Connor and Davidson Resilience Scale (CD-RISC) before and after training. Univariate analysis of covariance was used to analyze the data.

Results: The results showed that the mean resilience scores in the emotion regulation training group increased significantly compared to the Shoenaker's self-encouragement group and in the Shoenaker's self-encouragement group compared to the control group in the post-test ($p < 0.05$).

Conclusion: The results showed that emotion regulation training is more effective in promoting resilience of mothers with disabilities children than Shoenaker's self-encouragement.

Keywords: Emotion regulation, Shoenaker's self-encouragement, Resilience, Mothers, Children with disabilities

INTRODUCTION

The birth of a child is one of the most pleasant and enjoyable events for a family. But if the born child does not enjoy the desired mental and physical health and is so-called disabled, this pleasant event becomes an unpleasant event.¹ Having a disabled child in the family imposes additional material and psychological damages on the family. Parents may be shocked by having such children and have consequences such as depression, anxiety, aggression, fear, embarrassment, and denial of guilt.² In other words, mothers with disabled children experience more stress than fathers. When mothers face their disabled child, they face anger, stress and negative emotions due to constant care and providing special conditions for the development of these children.³ In Turkey, according to the Welfare Organization, about 7% of the population suffers from some kind of disability.

Farhadi et al. (2010) showed that the rate of resilience and self-esteem in mothers with mentally disabled children is significantly lower than mothers with healthy children.⁴ Resilience means the inherent mechanism of human self-correction and one of the main structures of personality to understand encouragement, excitement and behavior and conceptualization.⁵ Resilience is the ability to learn, organize and adapt to difficult situations and respond flexibly to the pressures of daily life that help people to defend health, happiness and meaningful life against internal and external stresses.⁶ Mothers of disabilities children are at risk of resilience due to problems with these children. Because of this, mothers with special needs and at-risk need skills to cope with their special needs.⁷

Therefore, among the therapeutic trainings that can guarantee mental health and improve the resilience of mothers of disabilities children are Shoenaker's emotion regulation and self-encouragement trainings. According to Gross model, emotion regulation includes all conscious and unconscious strategies that are used to raise, sustain and reduce the emotional, behavioral and cognitive components of an emotional reaction and refers to the ability to know, adjust, experience and express emotions.⁸ Documents shows that humans are born with a series of first emotional responses, and although these emotional reactions are similar in all cultures and societies and occur in reaction to internal and external encouragement, individuals learn different strategies in response to encouragement. Therefore, two people never show the same emotional reactions to the same stimulus. Emotional reactions provide important information about one's experience with others. With this information, people learn how to cope with emotions, how to state emotional experiences verbally, what strategies to use in reaction to emotions, and how to treat others in the context of specific emotions.⁹

Studies show that among the adaptive strategies of cognitive emotion regulation, the strategies of positive re-evaluation and refocusing on planning are positive and among the maladaptive strategies of cognitive emotion regulation, catastrophic perception and blaming others are negative.^{10, 11} They have a resilient nose. The group training program of emotion regulation significantly reduces the perception stress, the difficulty of emotional regulation¹² and increases resilience¹³ and promotes psychological

well-being¹⁴. Troy & Mauss (2011) believe that because stressful events are inherently very emotional, people's ability to regulate their emotions can be a very important factor in determining their resilience.¹⁵

But the emotion regulation mechanism causes the person to identify and manage their automatic thoughts. This reduces stress. Emotional awareness and awareness of conflicts will increase stress management skills. Acceptance of emotion also increases the ability to endure difficult situations and this will increase resilience.¹⁶ Encouragement is one of the basic concepts of Adlerian psychology. Adlerian therapy is a kind of psycho-educational, present-future, limited and short-term approach that is theoretically consistent, integrated and in a kind of combination, and clearly integrates cognitive and systemic perceptions. Adler's therapist sees clients as discouraged rather than as patients.¹⁷

For this reason, Adlerists do not seek to cure anything, but rather treat healing as a process of "encouragement." According to Adlerians, encouragement plays an important role in reducing negativity among family members, conflicts between members, progress in socially friendly behavior, and overcoming irrational and malicious thought patterns.¹⁸

Encouragement has both a personal and a social purpose. What is important is to have a positive attitude towards the issues around us, but many people are not like that and live with feelings of inadequacy and inferiority. They believe that they are not useful. One of the treatment methods in dealing with these people is Shoenaker training method. Shoenaker developed this training program based on Frederinger Adler's psychology.¹⁹

Encouraging practices include listening and understanding, being non-judgmental, being patient with others, instilling faith and confidence in the person and his or her abilities, acknowledging action, focusing on effort or progress, and focusing on abilities and possessions.²⁰ According to this treatment, encouragement is anything a person does to make another person feel better, work more effectively, deal with their problems more effectively, have more confidence, and show more enthusiasm to contribute to the well-being of others and society as a whole. These results are manifested because the person has a good enough feeling of being well, of belonging, of being accepted by others, and of feeling that I can.²¹

Encouragement training has increased self-esteem and decreased inferiority,²² increased positive emotions and social competence²³ and has positive effects on marital satisfaction and mental health, anxiety problems, sleep, social functions and physical symptoms.²⁴ Afkhami Aghda et al. (2016) examined the effect of Shoenaker self-encouragement on resilience and optimism of 24 mothers with mental disabilities children and concluded that the training sessions had a significant effect on resilience and optimism of the group.²⁵ In another study,

Because mothers with disabled children face a lot of stress, issues and problems in life and also they play an important role in creating and maintaining the balance of the relationship system in the family and considering the studies, it seems that emotion regulation and self-encouragement training as basic skills to promote maternal resilience is very important. Due to the research gap and

the lack of empirical research comparing the effect of these trainings on increasing the resilience of mothers with disabilities children, this study was conducted to compare the effect of Shoenaker's self-encouragement trainings and emotion regulation on the resilience of children with disabilities.

MATERIALS & METHODS

The present study was a quasi-experimental design (pre-test-post-test) using two experimental groups and a control group of mothers with disabled children. The statistical population of the study was all 110 mothers with disabled children under the auspices of the Welfare Department of Erzurum city in 2020. From the mentioned population, 45 qualified people were selected by available sampling method and randomly assigned to two experimental groups (15 people in each group) and one control group (15 people).

These individuals were interviewed by a psychologist after expressing a desire to attend the sessions. The purpose of the interview was to identify people who had a lower level of resilience and capacity to withstand hardships than others.

Inclusion criteria include: 1) having a minimum diploma; 2) age range 25 to 40 years; 3) being married and living with a spouse, 4) not having a history of psychiatric illnesses, 5) being informed and willing to participate in the meetings, and these people would be excluded from the study if they did not attend the training sessions continuously.

The main method of research was that after receiving permission from the Welfare Department of Erzurum, coordination with the authorities and obtaining informed consent from mothers with disabled children, it was decided that mothers attend in the amphitheater of the Welfare Office in Erzurum which had the necessary facilities, such as a computer, video projector, etc.

After the presence of the mothers and the communication of the researcher with the participants, the mothers' questions were answered and was explained how to complete the questionnaires. After conducting the pretest (Connor and Davidson Resilience Scale), an agreement was reached on the date of the next sessions and 45 mothers with disabled children who met the inclusion criteria were randomly divided into two experimental groups of 15 (group 1: emotion regulation training and group 2: (Shoenaker self-encouragement training) and a group of 15 controls were divided.

After selecting the test groups, in the introductory session of the experimental groups, a summary of the goals and methods of Shoenaker self-encouragement and emotion regulation training for the experimental groups was given and the experimental groups were asked not to talk about the content of the sessions with other subjects. It turned out that they are not under another educational and medical program.

The mothers of experimental group 1 received the emotion regulation training program (8 sessions; 2 weeks, one and a half hour sessions) and the mothers of experimental group 2 received Shoenaker self-encouragement training (8 sessions; 2 weeks, one and a

half hour sessions). And the control group did not receive training.

In these sessions, educational materials were presented in PowerPoint format along with pictures and homework related to each session was presented to the participants. In the next sessions, homework was reviewed and after the training sessions, the post-test (Connor and Davidson resilience scale) was measured in all 3 groups (2 experimental groups and one control group). It should be noted that in order to comply with the ethical principles of the research, after all three groups were tested, the mentioned trainings were also performed for the control group too. The Connor and Davison Resilience Scale were used to measure resilience [32]. This scale consists of 25 items, each of which is graded on a five-point Likert scale from zero to four and has a total score. The validity (by factor analysis and convergent and divergent validity) and the reliability (by retesting and Cronbach's alpha) of resilience scale have been achieved by test manufacturers in different normal and at-risk groups. Mohammadi [33] reported the reliability of this scale as 0.89 and its validity between 0.14 to 0.64. In the present study, the reliability of the resilience scale was calculated to be 0.86 using Cronbach's alpha method.

Intervention methods: Emotion regulation training: For the first group, emotion regulation training was taught in 8

sessions and each session lasts for an hour and a half. The general framework of the work and its contents and topics are adapted from the book of Emotional Regulation Techniques in Shoemaker Psychotherapy.¹⁵

Self-encouragement training: For the second group, Shoemaker self-encouragement training was taught in 8 sessions and each session lasts for an hour and a half. Self-encouragement training was developed by Theo and Antinho Schonacker based on Frederger Adler's psychology in 1980 [20]. They developed the concept of encouragement and turned it from a theoretical concept into a scientific and applicable method. The purpose of education was to educate oneself and others. The emphasis was first on encouraging oneself and then on encouraging others. Each session was organized according to a specific structure called the 6-step model.

Data analysis: In the data description section of the mean and standard deviation and in the inferential section of the univariate analysis of covariance with the assumptions of normal distribution of scores through Shapiro-Wilk test, the assumption of regression slope homogeneity using group interaction * Pre-test and Levin test for homogeneity and error The dependent variable was used in the groups. Data were analyzed using SPSS-20 statistical software.

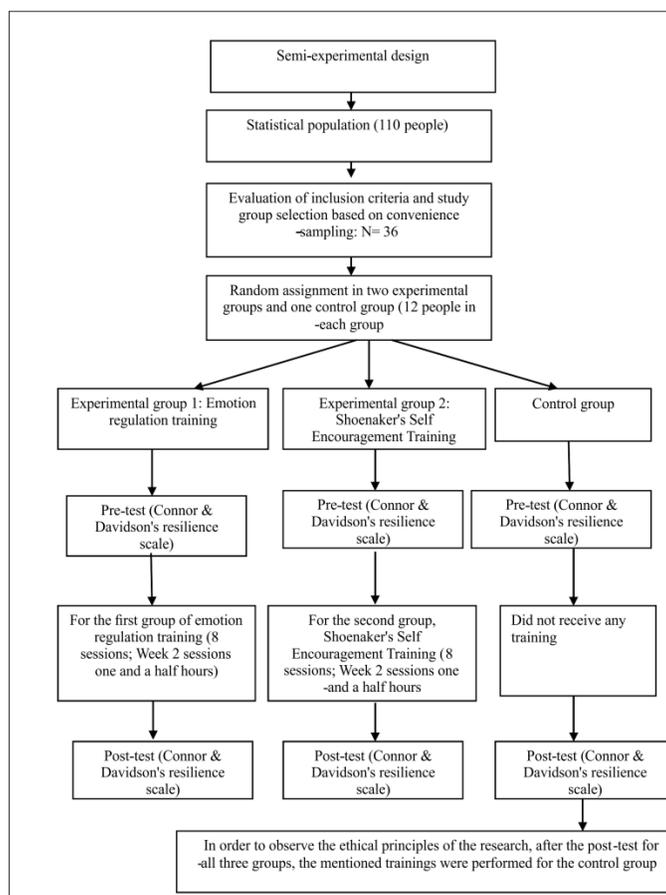


Figure 1: Study process (Consort chart)

RESULTS

Table 1 presents descriptive findings (mean and standard deviation) related to resilience scores before and after training for research groups.

Table (1): Descriptive characteristics of resilience variables in sample individuals in the group of emotion regulation training, self-encouragement training and control in pre-test and post-test

Variable	Group	Pre test		Post test		adjusted Mean
		M	standard deviation	M	standard deviation	
Resilience	emotion regulation training	44.50	11.60	51.92	11.94	51.92
	Self-improvement training	45.08	12.72	49.25	14.08	48.65
	Control	43.92	13.22	44.67	13.34	45.27

Univariate analysis of covariance was used to compare the effect of Shoenaker's self-encouragement training and emotion regulation on the resilience of mothers with disabilities children. It should be noted that before presenting and reviewing the results of tests related to the analysis of research hypothesis, first the test of assumptions of analysis of covariance was performed. Important assumptions of analysis of covariance include the normality of the dependent variable distribution, the homogeneity of the regression slope, and the homogeneity of the variance error in the groups.

Shapiro-Wilk test was used to evaluate the normality of the distribution of resilience scores. The results showed that resilience scores in both pre-test and post-test in the three groups followed the normal distribution ($p < 0.05$) (Table 2).

Table (2): Evaluation of normality of resilience data distribution using Shapiro-Wilk test

Variable	Group	Pre test		Post test	
		Shapiro Wilk	Sig.	Shapiro Wilk	Sig.
Resilience	emotion regulation training	0.952	0.671	0.984	0.996
	Self-improvement training	0.94	0.497	0.974	0.946
	Control	0.909	0.206	0.924	0.318

The hypothesis of homogeneity of the regression slope was investigated using the interaction of group * pretest showed that the homogeneity assumption of regression slope for depression scores was established ($p < 0.05$) (Table 3).

Table (3): Results of the assumption of homogeneity of regression slope for resilience in the studied groups

Source of change	sum of squares	df	sum of squares	F	Sig.
Group effect * Pre-test	10.314	2	5.157	0.905	0.415
Error	170.999	30	5.7		

Also, the hypothesis of homogeneity of variance error of dependent variable (resilience) in the groups was investigated using Levin test (Table 4). The results showed that there was no significant difference in variance error between the three groups ($p < 0.05$). Therefore, all assumptions of univariate analysis of covariance were valid.

Table (4): The results of Leven test for equalization of variance error variance in the studied groups

F	Df1	Df2	Sig.
2.26	2	33	0.091

The results of univariate analysis of covariance showed that by adjusting the pre-test scores, the post-test resilience of mothers with disabilities children in the group of emotion regulation, self-encouragement and control training was significantly different ($p = 0.001$, $F = 23.39$). Impact intensity was equal to 0.59 (Table 5).

Table (5): Results of analysis of covariance for comparison of post-test resilience in the studied groups

Source of change	sum of squares	df	Average squares	F	Sig.	Eta squares
Pre-test effect	5522.52	1	5522.52	974.672	0.001	0.968
Group Effect	265.061	2	132.531	23.39	0.001	0.594
Error	181.313	32	5.666			
Total	91096	36				

Based on the results of LSD post hoc test, it can be seen that the mean scores of resilience in the emotion regulation training group increased significantly compared to the control group and the self-encouragement training group. Also, the

mean resilience scores in the self-encouragement training group increased significantly compared to the control group (Table 6).

Table (6): Results of LSD post hoc test for pairwise resilience comparisons in the studied groups

Comparisons	Mean standard	Error Standard difference	Sig.
Emotion Regulation Training - Self-Encouragement Training	3.269	0.972	0.002
Emotion Regulation Training -	6.648	0.972	0.001
Self-encouragement training - control	3.379	0.973	0.001

DISCUSSION

The purpose of this study was to compare the effect of Shoenaker self- **encouragement** training and emotion regulation on resilience of mothers with disabilities children. Shoenaker's self- **encouragement** increased further in the post-test than in the control group. There has been no report in the research literature on comparing the effectiveness of these trainings on increasing the resilience of mothers with disabilities children; But the obtained result is in line with the results of Lee & Kim (2006), Cai et al. (2017), Troy & Mauss (2011), Moradi Moradikia et al. (2017) that emotion regulation training is effective in reducing emotion management, reducing negative emotions, and increasing resilience and mental well-being. Also with the results of the studies of Afkhami Aghda et al. (2016) and MehmanNavaz (2015) that self-encouragement training on increasing general self-efficacy, physical and mental health, reducing negative attitudes is effective and coordinated.

This research finding can be explained by the fact that a child's disability, both physical and mental, affects the family and is especially a source of anxiety for the mother. Mothers with disabilities children are under stress such as caring for, controlling and raising a child with a disability, the stress of having a child with symptoms of physical and mental disability, which can gradually lead to burnout and gradually put people under emotional pressure. They feel exhausted and tired, and mothers have less resilience to deal with these problems.³¹ One of the obvious effects of emotion regulation training is the ability to identify and distinguish between positive and negative emotions, which makes it possible for people undergoing training to manage their emotions, reduce their negative emotions and, on the contrary, improve their positive emotions, in turn, it increases their resilience. As the results of Andam research et al. (2010) showed that adaptive strategies of cognitive emotion regulation in a positive way and maladaptive strategies of cognitive emotion regulation in a negative way can predict resilience.²⁰¹³ In this study, the emotion regulation skills of mothers with disabilities enable them to use an adaptive pattern to deal with negative emotions that causes fewer mental health problems, which in turn leads to better adjustment and greater resilience.

Adler introduces encouragement as one of the human needs, he states the need for value, sense of capability, need for belonging and encouragement as the four basic human needs.³¹ The philosophy and skill of encouragement is a way to increase encouragement and fight feelings of inadequacy among different family members.³³ Also, it is not encouragement, denial or suppression of negative emotions in life, but paying attention to the positive and negative points and deliberate

choice to pay attention to positive issues and be aware of what we do, so that we can have a useful life.¹⁷

Encouragement training seeks to inspire oneself and others, and helps people to have a positive view of themselves and others, and increases a sense of belonging and courage to be imperfect, and to feel valued only when one is perfect. As a result of encouragement, it gives positive feedback on people's efforts or progress (instead of focusing on the result), gives the person self-knowledge, focuses on individual abilities and their development, and makes the individual aware of his / her worth [31]. Among the limitations of the present study were 1) being unisexual and 2) not considering the follow-up stage, which challenges the judgment about the continuity of the results of the training sessions.

CONCLUSION

In general, it can be concluded that emotion regulation training is more effective than self-encouragement training in increasing the resilience of mothers with disabilities children. According to the results of this study and its confirmation through previous research, the use of emotion regulation training along with self-encouragement training is suggested as an effective program to increase the productivity of people, especially mothers with disabilities children from all welfare centers, counseling and the treatment of the country with the purpose of guiding and helping the parents of exceptional children to better and faster adjustment and increase mental well-being, courage and ability to face the problems of parents, should be considered by the authorities.

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