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ORIGINAL ARTICLE

Looking at Life through a Different Window: Group Counselling for the Mothers of Disabled Children

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Abstract

In this study, the life satisfaction criteria of the mothers of disabled children were determined using focus group interviews, and group counselling was actioned with a group aimed at overcoming psychological difficulties related to these criteria. The effect on life satisfaction and psychological symptoms from the group counselling, which basically aimed to focus on the positive aspects of life, was tested experimentally also involving a control group. The life satisfaction criteria were defined in terms of the themes of experiencing: *difficulty seeing positive life events, difficulties in marital relationships, accepting the child's disability, feeling excluded and not receiving social support, difficulties appreciating personal strengths and effectiveness*, and *difficulty in making time for self.* A group-counseling program of eight sessions was developed in light of the literature and expert opinions, but especially in terms of the themes obtained from focus group interviews. During the implementation of the program, the experimental group participants were helped to raise awareness of the difficulties related to having a child with a disability and to develop ways to cope with these difficulties. No intervention was undertaken with the control group, although those participants undertook the same counseling program after the completion of the experiment. At the end of the study, it was determined that the mothers of disabled children who had received group counselling had increased levels of life satisfaction and reduced levels of anxiety, depression, negative self belief, somatisation, and hostility. In the light of these findings and previous reports in the literature, there is a growing belief that in the application of counselling, the subjective perceptions of mothers with disabled children should be taken into consideration to increase life satisfaction and indirectly decrease psychological symptoms.

Keywords Life satisfaction · Psychological symptoms · Mothers of disabed children · Group counselling

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Introduction

Life satisfaction refers to cognitive well-being in which quality of life is evaluated by the individual as a whole according to their own selected criteria (Pavot and Diener 1993). Although these criteria are likely to differ for each person, some are likely to be be more important than others for all (Pavot and Diener 2008). In the literature, criteria of an individual's life satisfaction have been shown to be: marital relationships, work life (Jones 2006; Shaw and Gupta 2001), social life (James 2008), friendships (Lucas et al. 2008; Myers and Diener 1995), physical health (Koivumaa-Honkanen et al. 2004) and leisure activities (Newman et al. 2014). If there are deficits in the areas that are seen as important for individuals, then life satisfaction is likely to be negatively affected. For example, for individuals who see their marital relationship as a key criteria for life satisfaction, problems experienced with their spouse will reduce their life satisfaction. In other words, life satisfaction is evaluated according to the intensity of the negative or positive feelings felt within the framework of the defined criteria (Erdogan et al. 2012; Oishi et al. 1999).

Although the measurement of the criteria defined for life satisfaction is important, the judgement of whether or not that measurement is met and the factors affecting that judgement are particularly important. Previous research has shown that psychological difficulties such as experiencing anxiety and/or depression have an important role in the evaluation of an individual's life satisfaction (Durak et al. 2010; Extremera et al. 2009; Gouveia et al. 2009; Pavot and Diener 2008). Such psychological difficulties can lead to negative judgements about the whole of life for the individual (Koivumaa-Honkanen et al. 2004; Pavot and Diener 2008). Therefore, a reason for a negative judgement of life satisfaction overall may be the psychological difficulties created by stressful events (Skok et al. 2006). In this context, it is important to identify how the judgement of an individual is related to stressful life events and the importance of psychological support to be given to assist.

When an intense workload, excessive busyness, a sense of hopelessness and negative experiences such as depression and anxiety are taken into consideration, it can be seen that for some mothers of disabled children they are a group experiencing significant stressful life events (Akdoğan 2016; Çimşir 2017; Davis and Carter 2008). Thus, any evaluation of life satisfaction of the mothers of disabled children might well be expected to be negative because of such difficulties (Forjaz et al. 2015; Raina et al. 2005; Shivers et al. 2016; Skok et al. 2006). Studies have shown that the parents of disabled children frequently experience problems in marital relationships (Hartley et al. 2017; Santamaria et al. 2012) and in their social life (Estes et al. 2013), and that friendships often cool (Dabrowska and Pisula 2010) and their own needs become secondary (Özşenol et al. 2003). When it is realised that the psychological difficulties experienced by the parents of disabled children can continue throughout life (Findler et al. 2016) and that individuals can have difficulties affecting all areas of life (Wu 2009), it is clear that just as life satisfaction evaluations of such families will often be negative, they will also last a long time and encompass a large part of their lives.

Some studies have put more emphasis on the mothers of disabled children, as typically they have lower life satisfaction than the fathers (Küçük and Alemdar 2017; Weeks et al. 2008). It has been suggested that when life satisfaction of mothers has been evaluated as poor, this could be because of the mothers being more sensitive and experiencing more stressful times from the time of diagnosis of the child (Oelofsen and Richardson 2006; Sloper and Turner 1993), and as a result that the mothers experience more depression and anxiety than other family members (Forde et al. 2004; Gerstein et al. 2009; Montes and Halterman 2007). In some studies, it has

been reported that evaluations of marital satisfaction, physical health, behavioural problems of the child and the type of disability are determinants of the life satisfaction of the mothers (Baghdadli et al. 2014; Conti 2015; Sloper and Turner 1993; Walden et al. 2000).

There are also studies that have emphasised the subjectivity of the psychological difficulties experienced by the parents of disabled children. These studies have revealed a relationship between the life satisfaction of the mother of a disabled child and the psychological problems that are felt intensely because of the child's disability and behavioural problems (Shivers et al. 2016). At this point, rather than the actual difficult situation itself, what is more important is the perspective and attitude of the individual related to that situation. Therefore, recognition of the strong relationship between the ability to maintain a realistically positive outlook to the situation and positive evaluations of life satisfaction is important.

It is known that some parents can more readily deal with stressful life events and can re-shape their life goals. By defining their own new life goals, parents have the ability to improve their quality of life (Gardiner and Iarocci 2012; Tint and Weiss 2015). Some mothers who are able to achieve this, completely change their views of their disabled child. For example, mothers who are successful in thinking this way can maintain a more meaningful and purposeful life with such a child and can even be stronger in the face of difficulties (Bayat 2007; Stainton and Besser 1998). Moreover, in families with a positive outlook, it has been reported that family members are closer and take more interest in social and political activities (Scorgie and Sobsey 2000).

Hastings et al. (2005) showed that when the mothers of disabled children developed positive outlooks, psychological difficulties decreased and, therefore, it was stressed that they should be supported early to help develop positive perceptions towards their life. Psychological support presented to mothers contributes to their being able to recognise the positive aspects of their life, to define new and strong criteria for life satisfaction and thereby to increase their well-being (Duckworth et al. 2005; Pavot and Diener 2008).

The application of group counselling in particular is seen as an effective intervention for mothers of disabled children to help them realise that they are not alone and to meet the need for social support (Akkök 2003). Thus, the psychological difficulties of such mothers are likely to decrease and positive perceptions increase (Findler et al. 2016; Shechtman and Gilat 2005). In this present study, following focus group work with a group of mothers with a disabled child to help identify hinderances to life satisfaction, group counselling was offered to another set of mothers with a disabled child focused on such hinderances and possible ways to address them to help them develop a more functional outlook and thereby increase their life satisfaction.

Method

This study was conducted in two stages, the first of which was to identify qualitatively the likely problem areas of having a disabled child that could have a negative effect on the life satisfaction of mothers of children with disabilities. In the second stage of the study, a 2×2 experimental design involving an experimental and a control group and pretest-posttest measurements was performed. In this stage the control group was held on standby for group counselling, whilst the experimental group experienced group counselling directed towards the identified problem areas and the effects on life satisfaction. Differences on specific variables were evaluated both within the groups over time and between the groups post the experimental period.

The Research Model

Taking the quantitative and qualitative phases into consideration, a nested sequential mixed design was used. A nested design is a mixed-method approach involving quantitative and qualitative data, which are linked together (Caracelli and Greene 1997). This design was used with the aim of applying the qualitative stage first for developing the intervention objectives to experimentally assess (Creswell and Clark 2007). In this regard, interviews with a focus group were used to identify the likely problem areas affecting the typical life satisfaction of the mothers, with the purpose of planning the group counselling session objectives. The data obtained in this initial phase were subjected to inductive analysis. In the second phase involving the group counselling intervention, an experimental design was used involving pretest-posttest experimental/control group assessments (Büyüköztürk 2007).

Participants

The participants in this study were from a population of mothers of disabled children who were involved in part-time education at the Anadolu University Research Institute for Individuals with Disabilities, in Turkey. In the selection process of participants; firstly, all of them were informed about the research, then the volunteers were identified and approval received via a consent form. The two stages of the study were conducted with different participants. In the initial qualitative stage, a total of 16 mothers participated. These participants were divided into three separate groups ($n = 5/5/6$) then each group participated in a single focus group session. These mothers were in the age range of 26–47 years and had an education level of university graduate (6), postgraduate (1), high school (6), and primary school (3). Their children were diagnosed with autism (8), Down's syndrome (4), retarded development (3) and cerebral palsy (1).

In the the group counselling stage of the research, a total of 28 mothers participated, with 14 in the study group and 14 in a control group. The groups were matched in respect of level of education and child's disability, with both the study and control groups including six mothers of a child with autism, four with Down's syndrome, two with retarded development and two with cerebral palsy. Educationally, both groups were made up of participants who were university post-graduates (2), university graduates (4), high school graduates (4), and those who had completed primary school (4).

Data Collection Tools

The Satisfaction With Life Scale (SWLS): The SWLS, which was originally developed by Diener et al. (1985) and was later adapted to Turkish by Köker (1991), is a scale that evaluates an individual's satisfaction with life as a whole in a single dimension, with five items answered on a seven-point Likert type form (1 = absolutely disagree to 7 = absolutely agree). Higher points on the scale reflect higher levels of life satisfaction. In studies of the scale's adaptation (Köker 1991), the Cronbach alpha internal consistency coefficient was found to be 0.76 and the test-re-test reliability coefficient, 0.85.

Brief Symptom Inventory (BSI): The BSI, which was originally developed by Derogatis (1992) and adapted to Turkish by Şahin and Durak (1994), is a self-assessment type of inventory. The Turkish version of the scale is comprised of 53 items answered in a Likert-type form from 0 to 4 points in five subdimensions evaluating anxiety (ANX), depression

(DEP), negative self-esteem (NS), somatisation (SOM) and hostility (HOST). Higher points on the scale indicate higher frequency of the symptoms. The Cronbach alpha internal consistency coefficient for the whole scale has been found to be 0.95 and the value for the subdimensions has been found to vary between 0.87 and 0.75 (Şahin and Durak 1994).

The Data Collection Process and Data Analysis

Different data collection methods were used in the study for the qualitative and quantitative stages. These are explained below.

Collection and Analysis of Qualitative Data

The qualitative data for the study were gathered through interviews within the three separate focus group sessions. The focus group interviews allowed the development of thoughts and acquisition of information (Bowling 2002). A semi-structured form was used in the focus group interviews to provide detailed information on the subject and to be able to make a flexible evaluation (Bogdan and Biklen 1992). The interview questions were prepared with the aid of information from the literature and the opinions of three experts in counseling psychology.

The focus group interviews with the 16 volunteer mothers of disabled children were conducted under the management of the first author of the study. During the focus group sessions, care was taken to give each participant equal rights to speak, without overly directing the participants but still keeping them focussed on the topic (Kruger and Casey 2000). In each session, which lasted an average of 50 mins, an audio recording was made with the permission of the focus group participants.

In the data analysis process, first the audio recordings were transcribed, then analysis of the content was made by two researchers and sub-themes were formed. In the analysis, similar data were collated within the framework of emergent themes as it was essential for interpretation to organise the data into a comprehensible form (Yıldırım and Şimşek 2011). Common themes were created by combining the separate themes obtained from the content analysis by the two researchers. The specified themes were checked by two specialists in addition to the researchers, and the themes were produced in their final form (Miles and Huberman 1994). Sample sentences of the participants for each theme are given in the qualitative results section.

Collection and Analysis of Quantitative Data

Before moving on to the group counselling process, the need for this was identified within a total of 122 mothers of disabled children who were receiving education at the Institute. The 16 mothers who participated in the first qualitative stage of the study were excluded from the second stage of the study. From the remaining mothers a total of 66 wished to be included in the process. To be able to better determine the effects of the group counselling process on increasing the life satisfaction, mothers were identified who had not previously received any individual or group counselling. Accordingly, the two instruments were administered to 42 mothers who could be contacted and, from these 28 were randomly chosen and allocated with a degree of matching into the study group (14) and the control group (14). The responses from the 28 mothers then become their pre-test data, The control group members and other remaining volunteers who wished to participate were placed on a waiting list.

The group counseling process consisted of eight sessions over a period of eight weeks conducted in the same venue with the same leader (first researcher). After each session, which lasted approximately 90 mins, a supervision session for the leader was undertaken involving an academic experienced in the field of group leadership (second researcher). Taking into account the number of participants in the group, the data of the experimental application were statistically evaluated with non-parametric methods (Pallant 2001). Thus, the inter-group comparisons were made using the Mann Whitney U-test and for the comparisons within the groups, the Wilcoxon Signed Ranks test was applied. The data analyses were performed using SPSS vn 22.0 software.

Results

Both qualitative and quantitative results were obtained in this study. First the qualitative results obtained from the focus group interviews are presented below, then the development and content of the group counselling program, which was based on the themes identified from the focus group, is outlined. The results are then presented from the experimental application in which the effects were examined of the application of the group counselling program on the levels of life satisfaction and the psychological symptoms of the mothers involving comparisons within and between the two groups.

Findings Obtained from the Focus Group Interviews (Qualitative Results)

In the evaluation of the life satisfaction of the mothers of disabled children as a result of the content analysis of the focus group interviews, six criteria were defined. These were specified under the themes of: *difficulty seeing positive life events, difficulties in marital relationships, difficulty accepting the child's disability, feeling excluded and not receiving social support, difficulties appreciating personal strengths and effectiveness* and *diffulty in making time for self*. Representative statements of some participants related to these themes are given below.

Difficulty Seeing Positive Life Events

The analyses applied in the study showed that having a child with a disability often had a significant negative effect on the life satisfaction of some mothers and even led to difficulty in seeing positive situations in life, with these negative experiences being seen to start from the birth of the child. One of the reasons for low life satisfaction was that the participants viewed the presence of a disabled child as a hindrance to seeing positive directions in life. They stated that because of the difficulties that they experienced, they were surrounded by negative feelings and even if they did have positive feelings these were largely suppressed by more negative ones.

> ….everything suddenly became dark. All my dreams and everything I wanted to do, disappeared in a moment. When the doctor said that my child had a problem, everything changed. I don't feel good things any more. Everything has been turned upside down… (M7)
>
> ….I don't believe that I will always be able to do good things. Problems are always waiting for me at home… (M13)

Some mothers stated that they spent more time looking after and educating their child than their husband did, and that it was difficult to escape the negative feelings that they had from the ongoing interaction with the child;

> ….make food, take the child to school, take the child to hospital, do the washing. It's always the mother, it's always me. Fathers don't do anything. They know what it is to have fun, they are happy. With all this, how can I look at life positively... (M9)

Difficulties in Marital Relationships

One of the important factors affecting the life satisfaction of the parents of disabled children was the effect on their relationship with their spouse. Some mothers stated that when they could see positive improvements in their relationship with their husband, they could experience more satisfaction from life and could be happier, but when they did not get the support they expected from their husband, this affected the relationship negatively.

> … our relationship is not as it used to be. We can't stand each other. I look after the child all the time; if he took a bit of interest when he came home in the evening that would be really nice. Really, I would be able to relax and have some peace…(M11)

Some mothers complained not only about the needs of the child but also about their husband as a partner. The nature of their marital relationship was seen to change after learning of their child's disability and some mothers stated that they missed the previous times of their relationship.

> ….thank goodness my husband takes an interest in our child and because I work, he even takes him to school. But apart from the child, we don't communicate any more. I want things like just to be on our own, to do something like going to the cinema. I wish we could do that, I want to feel like a young girl again...(M4)

Some mothers who do not feel enough emotional support from their husband felt alone. The participants stated that when they received the necessary support from their husband in looking after the child and their relationship as partners was revitalised, they felt much better. When their relationship was not satisfactory, although they blamed themselves, they expected their husband to make an effort.

> …for us to spend time together is just a dream for me. If you asked me when we last spent time together, I can't remember, but it's because of me. I'm always waiting for him to say he loves me, he understands me, or let's go out together. When this doesn't happen I'm angry with him inside. In fact, I could say it, I could say, come on get up let's go out together. Actually, I do say these things…(M9)

Difficulty Accepingt the Child's Disability

The findings showed that an extremely important criteria affecting life satisfaction was the inability of the mother to accept the child's disability. Some mothers stated that they had accepted their child's disability, as evidenced by their evaluations of the necessary education and treatment opportunities and they even showed self-sacrifice for this. However, some mothers had a tendency to hide their child's disability from those around them.

….if I don't accept that my child is like this, then he will never make any improvement. Because if he stays at home, he won't get any education. And of course, he may still be able to work…(M1)

… my child has Down's syndrome. I can say that comfortably here, … but I can't tell most of my friends that my child is disabled. They know the truth but they didn't hear it from me. Maybe I can't tell them because I don't know what their reactions will be. So the best thing I could do is avoid it…(M6)

The results suggested that some mothers had found an irrational/nonfunctional reasoning as a form of defence for the acceptance that their child is disabled, but this form of defence is not beneficial in the long term.

….I hope that one day my child can be like anybody else's child and become lost in a crowd without attracting notice These efforts are all for him, for an improvement. When he learns to do something that he couldn't do before, I can't explain how happy it makes me. But sometimes he starts not to do things that he could do previously. At that moment, I'm destroyed…(M12)

Although participants recognised that the reality that their child was disabled would not change, they did not want to change their expectations related to this, even though it was unrealistic. Although they realised that when they gave up unrealistic expectations they would experience more positive feelings, it was understood that they could not do that.

….maybe I want to believe. I say he will be normal one day. I think that this is very tiring for me. Because there are still so many things to face which I haven't seen yet. But no, my child is autistic and I wish I could say that some things will never improve and will not be as I want. If I could say this, I'm sure a great burden would be lifted from me …(M14)

Feeling Excluded and Not Receiving Social Support

From the results it was understood that feeling excluded and not receiving social support was seen as an important aspect of life satisfaction by some of the mothers of disabled children. Participants stated that they could not establish satisfying relationship with their family, relatives and friends after they learned of their child's disability. Also participants stated that they had withdrawn from friends and relatives, and therefore had difficulty in finding someone to share their troubles.

….we have many problems and worries….in fact what I'm looking for is a friend. In the past, however fed up or upset I was, I could feel better by talking to my friends. Now they are not here…(M2)

…. I can't even tell my mother-in-law that my child is autistic. My friends don't know. When I was coming here to the Institute, I was looking around in case friends could see me. If I tell them, they won't understand me, they won't know what I'm feeling. But I'm fed up of this effort…(M16)

The participants preferred to distance themselves from their close friends to avoid a pitying approach, or they felt they were not wanted or isolated, and were then faced with anxiety

because of this. Nevertheless, the statements of the participants revealed a striking need for social and emotional support.

> …I've only met my friends once since the birth of my child. The way they looked at me, it was as if I only had a few days left to live. I felt really bad and didn't go to meet my friends after that. Do I miss them? Yes. But if I could live again, I'm afraid…(M15)
> … in the past I had a wide circle of friends, I was very happy. Friends are very important….now I feel lonely. Years ago I had a very close friend and, for example, if I phoned her now, she wouldn't say no to meeting me. Moments make me very happy and I always say that there are beautiful things in life. But why I couldn't do it up to now, I don't know… (M8)

Difficulty Appreciating Personal Strengths and Effectiveness

The participants reported that together with the difficulties encountered because of having a child with a disability, the same feelings arose in regard to new and supposedly relaxing actvities. They stated that they were aware of positive feelings likely to be gained from the new activities, but they had difficulties in recognising these positive opportunities.

> …many areas are always full of negativities. But on the other hand, now my son is going to school, I help other children with subjects such as 'what is autism?'and 'if a friend has autism, how should you behave towards them?'. In fact, when you said about this, when I think about doing this, I am happy. Now I've realised that I see this as my duty…(M5)
> …. fire burns the place where it falls. I never knew what Down's syndrome was. Now I am in the Down's Syndrome Association and I go from city to city listening to their needs. I try to help them. I wish somebody had helped me…(M4)

Diffiulty Making Time for Self

As the mothers usually prioritised their child's needs, they had difficulties in thinking about their own needs, hobbies, dreams or leisure activities.

> …my child is more important than anything else in my life. If I am not there one day, I feel as if I have done something unfair to him. Actually, I love shopping, but I can't say that I have done such a relaxing thing for a long time…(M1)

Some mothers also stated that they could not make time for themselves within the day for actvities that they enjoyed and therefore they could not escape the negativities they were experiencing.

> …you can understand that I don't sleep well and my head is full of thoughts, so I feel very bad. It's as if problems all come at once. But I think if I wanted to, I could make time for myself. I take my child to school and I have 4 hours free. Why can I not use that time for myself. If I met my friends and shared my worries with them, it would be very good…(M12)

Some mothers stated that making time for activities they enjoyed would make them happier and they would be able to evaluate their lives more positively. They reported that if they could

make time for themselves, there would not be any difference emotionally from a mother with a child showing normal development.

> … if only I could clear my head in some way, something like going to the cinema, actually anything other than what I'm always dealing with. Then I wouldn't be any different to other mothers…(M3)
> …I suppose everything finishes with our thoughts. For example, it was my dream to study. I left high school because of my child, but now I think I could finish my high school studies from outside – why not? I would realise my dream and I would feel more energetic and if I had more energy, I could spend time with my child more effectively…(M1)

The Development and Content of the Group Program

A majör aim of this study was to provide psychological support to the mothers of disabled children through group counselling based on the factors that had been identified as criteria for life satisfaction. Thus it was aimed to reduce psychological symptoms experienced, such as feelings of depression and anxiety, and thereby increase the life satisfaction of the mothers through the application of the program. In this context, an 8-session group counselling program was developed drawing from the benefits of information in the literature, expert opinions and primarily the data obtained from the focus group interviews in the first stage of the study. The themes obtained from the focus group interviews largely formed the content of the group counselling sessions.

Accordingly, in the first session of the group counselling process, group rules were defined, the problems experienced because of having a disabled child were identified and the life satisfaction criteria that some mothers typically found difficult to experience were introduced. In the second session, the aim was to pursue a more positive view to help deal with the physiological and psychological reactions that typically occur as a result of not managing the life satisfaction criteria identified through the focus group interviews. In the session, emphasis was placed on new, positive roles and strengths that had developed after having a disabled child. In the third session, the participants shared the problems they had experienced in their marital relationship and considered resolutions to these problems. The fourth session focussed on experiences related to greater acceptance of the child's disability. It was aimed for the participants to realise what acceptance meant to them, what levels of acceptance involve, and the positive or negative impacts of acceptance and non-acceptance. In the fifth session, the aim was for the participants to be aware of what they could do for themselves to change the negative experiences that they were having as a result of exclusion and lack of social support. The aim of the sixth session was for the participants to realise that they had the strength themselves to be able to make a positive change to life events that they had previously viewed negatively. In the seventh session, through understanding of their thoughts and feelings about making time for themselves, it was aimed to provide awareness of the possibilities and conditions to be able to make time to better meet their own needs and wishes. The eighth session was for an evaluation of the group process and for participants to share their thoughts about the realisations that had developed in the process, and then concluding the program.

Findings Obtained from the Application of the Program (Quantitative Results)

In experimental studies, as the characteristics of the study and control groups are matched before the intervention, there would not be expected to be a difference between the means in the examined variables (Büyüköztürk 2007). To achieve this likelihood, care was taken to ensure that the participants in both groups had similar characteristics relevant to the study. To determine whether there was any significant differences between the groups before the experimental phase, firstly an independent samples t-test was conducted. However, the results of Shapiro-Wilk and Levene tests showed that the data did not meet the normality assumption for the t-tests ($p < .05$). Taking into account that the number of participants in the groups were less than 30, nonparametric tests were then used for all the analyzes (Büyüköztürk 2007; Pallant 2001; Pett 2016). So the Mann Whitney U test was applied to the pre-test scores on the SWLS and the BSI. No statistically significant differences were determined between the groups based on the variables involved ($p > .05$). The results are shown in Table 1.

At the end of the experimental period after the group counselling sessions, post-test data from the SWLS and BSI were compared within the separate groups. To determine whether there was any significant difference between the pre-test and post-test means within the groups, the Wilcoxon Signed Rank test was used and the results related to this are shown in Tables 2 and 3, respectively.

In regard to the within-group scores of the group counselling mothers (Table 2), statistically significant differences can be seen between the pre-test and post-test means in regard to the SWLS ($z = -3.19$; $p < .01$), and in all the subdimensions of the BSI [ANX ($z = -3.30$; $p < .01$), DEP ($z = -3.29$; $p < .01$), NS ($z = -3.30$; $p < .01$), SOM ($z = -2.95$; $p < .01$), HOST ($z = -3.20$; $p < .01$)]. The differences suggested that after the experience of the group counselling program, the mothers of disabled children involved had significantly increased levels of life satisfaction and signficantly decreased levels of anxiety, depression, negative self-esteem, somatisation and hostility.

In regard to the within-group scores of the control group mothers (Table 3) there were no statistically significant differences between the pre-test and post-test means in regard to the SWLS ($z = -1.89$; $p > .05$) and the ANX ($z = -1.85$; $p > .05$) and HOST ($z = -0.07$; $p > .05$) subdimensions of the BSI. However, a significant difference was seen in regard to the DEP ($z = -2.35$; $p < .05$), NS ($z = -2.89$; $p < .01$) and SOM ($z = -1.99$; $p < .05$) subdimensions of

Table 1 Results of the Mann Whitney U test applied to the pre-test of the experimental and control groups

Variables	Groups	N	Mean rank	Sum of rank	U	z	p
Life satisfaction	Study	14	12.68	177.50	72.50	−1.18	.24*
	Control	14	16.32	228.50			
Anxiety	Study	14	15.68	219.50	81.50	−.76	.45*
	Control	14	13.32	186.50			
Depression	Study	14	17.07	239.00	62.00	−1.66	.97*
	Control	14	11.93	167.00			
Negative self-esteem	Study	14	16.86	236.00	65.00	−1.52	.13*
	Control	14	12.14	170.00			
Somatisation	Study	14	16.89	236.50	64.50	−1.54	.12*
	Control	14	12.11	169.50			
Hostility	Study	14	16.00	224.00	77.00	−.97	.33*
	Control	14	13	182.00			

*$p > .05$

Table 2 Results of the Wilcoxon Signed Rank test comparing the experimental group's pre- and post-test mean scores

Variables	Ranks	N	Mean rank	Sum of rank	z	p
Life satisfaction	Negative rank	0	–	–	−3.19	.001*
	Positive rank	13	7.00	91.00		
	Ties	1				
Anxiety	Negative rank	14	7.50		−3.30	.001*
	Positive rank	0	–	105.00		
	Ties	0	–	–		
Depression	Negative rank	14	7.50	105.00	−3.31	.001*
	Positive rank	0	–	–		
	Ties	0				
Negative self-esteem	Negative rank	14	7.50	105.00	−3.30	.001*
	Positive rank	0	–	–		
	Ties	0				
Somatisation	Negative rank	13	7.65	99.50	−2.96	.001*
	Positive rank	1	5.50	5.50		
	Ties	0				
Hostility	Negative rank	13	7.96	103.50	−3.21	.001*
	Positive rank	1	1.50	1.50		
	Ties	0				

*$p < .001$

the BSI. In other words, over the period of the experiment, the mothers of the disabled children in the control group showed no change in the levels of life satisfaction, anxiety and hostility, but a significant increase was seen in the levels of depression, negative self-esteem and somatisation.

In an effort to determine the likely efficacy of the group counselling program, in addition to the comparisons made within each group, the two groups were compared with each other. To

Table 3 Results of the Wilcoxon Signed Rank test comparing the control group's pre- and post-test mean scores

Variable	Ranks	N	Mean rank	Sum of rank	z	p
Life satisfaction	Negative rank	6	4.08	24.50	−1.89	.06
	Positive rank	1	3.50	3.50		
	Ties	7				
Anxiety	Negative rank	1	7.00	7.00	−1.86	.06
	Positive rank	8	4.75	38.00		
	Ties	5	–	–		
Depression	Negative rank	2	3.50	7.00	−2.36	.02*
	Positive rank	9	6.56	59.00		
	Ties	3				
Negative self-esteem	Negative rank	1	2.50	2.50	−2.89	.001**
	Positive rank	11	6.86	75.50		
	Ties	2				
Somatisation	Negative rank	2	3.00	6.00	−1.99	.04*
	Positive rank	7	5.57	39.00		
	Ties	5				
Hostility	Negative rank	4	4.63	18.50	−.071	.94
	Positive rank	4	4.38	17.50		
	Ties	6				

*p < .05 **p < .001

Table 4 Results of the MannWhitney U test comparing the two groups' post-test mean scores

Variables	Groups	N	Mean rank	Sum of rank	U	z	p
Life satisfaction	Study	14	18.57	260.00	41.00	−2.637	.001**
	Control	14	10.43	146.00			
Anxiety	Study	14	10.57	148.00	43.00	−2.533	.01*
	Control	14	18.43	258.00			
Depression	Study	14	11.11	155.50	50.50	−2.188	.03*
	Control	14	17.89	250.50			
Negative self-esteem	Study	14	9.79	137.00	32.00	−3.052	.001**
	Control	14	19.21	269.00			
Somatisation	Study	14	12.89	180.50	75.50	−1.038	.30
	Control	14	16.11	225.50			
Hostility	Study	14	10.79	151.00	46.00	−2.415	.02*
	Control	14	18.21	255.00			

*p < .05 **p < .001

determine whether there were any significant between-group differences between the post-test means of the study and control groups, the Mann Whitney U test was applied. The results are shown in Table 4.

In regard to the between-group post-test differences (Table 4), it can be seen that a statistically significant difference was evident between the two groups in respect of the SWLS means in favour of the study group ($z = -2.63$; $p < .01$), but in favour of the control group in the BSI sub-dimensions of ANX ($z = -2.53$; $p < .05$), DEP ($z = -2.18$; $p < .05$), NS ($z = -3.05$; $p < .01$) and HOST ($z = -2.41$; $p < .05$). The only sub-dimension with no significant difference between the two groups was that for SOM on the BSI ($z = -1.03$; $p > .05$). Considering that before the experiment there was no differences between the two groups on the basis of all variables; at the end of the experiment, it was found that life satisfaction levels of the experimental group participants increased compared to the control group and psychological symptom levels decreased except for somatization. In other words, experimental application increased life satisfaction and decreased psychological symptom levels except for somatization for the experimental group.

Discussion

In this study, which was conducted using a mixed-method approach, firstly factors that were regarded as affecting life satisfaction by the mothers of disabled children were identified through focus group interviews, then a group counselling program was implemented based on addressing these factors and the effect of the program on variables of life satisfaction and psychological symptoms was experimentally tested.

When the themes obtained from the focus group interviews were identified, it was seen that many of the mothers focussed on the negative aspects of their lives as mothers of a disabled child, which is consistent with literature findings (Shivers et al. 2016). Although there are also parents of disabled children who focus on the positive aspects of their lives (Scorgie and Sobsey 2000; Stainton and Besser 1998), in the current study it was seen that on the whole participants negatively reflected on their having a disabled child.

That the theme of '*difficulty seeing positive life events*' was predominant for many of the mothers indicated the reality of raising a child with a disability and the difficulties it created.

The data in the current study support the view that having a disabled child makes it more difficult for the parents to cope (Most et al. 2006) and this has a negative effect on life satisfaction (Hart 1999). In a sense this finding suggests that many mothers can become lost in the difficulties created by having a disabled child and are less able to see the positive aspects of life. The psychological challenges for an individual are likely to affect all areas of life, such that many mothers struggle to see positive aspects (Wu 2009). It is known that for individuals with long-term challenging problems, such as having a child with a disability, it is more difficult to have positive perceptions of life (Pavot and Diener 2008).

Focussing on the negative aspects of life typically results in the individual also adopting a negative approach to things in general (Findler et al. 2016). In the current study, one of the criteria of life satisfaction that emerged was the '*difficulties appreciating personal strengths and effectiveness'*. While some mothers were seen to be dealing successfully with the problems created by having a disabled child, it was evident that others were not able to recognise or appreciate this capability. In other words, even though some mothers seemed to be strong and effective in the face of difficulties, they could not appreciate this in themselves.

On the other hand, when it is taken into consideration that families who are able to have a positive outlook are closer to each other and take more interest in social activities (Scorgie and Sobsey 2000), it can be comfortably said that individuals with this awareness will receive positive feedback from those around them in situations where they have shown their abilities and can be appreciated. In other words, it is possible for a mother to feel satisfaction from those around her, including in her own social environment. Rather than the parents of a disabled child being left alone and helpless to face life, having a positive outlook can lead to maintaining a more meaningful and purposeful life and the strength to face problems (Bayat 2007; Stainton and Besser 1998). Consequently, this finding is seen to cast a shadow over the outlook of a parent of a disabled child towards their own relationships and those of their social environment.

Not being able to make time for themselves and experiencing problems with their husbands were predominant themes related to life satisfaction for some mothers in this study which hinted at the sources related to the negative view of themselves and their life. For some mothers *'diffulty in making time for self'* was defined as a citeria and this was consistent with findings in literature that mothers often put themselves second (Özşenol et al. 2003) and this suggests that they forget their own needs such as interests and hobbies that would help them relax (Dunst 2002; Turnbull and Turnbull 2001). This finding is seen as a result that creates a widespread effect in the life of a mother of a disabled child. That '*difficulties in marital relationships'* emerged as a criteria of life satisfaction also showed that just as some mothers did not give importance to their own needs, so they did not experience sufficient satisfaction from their marital relationships. This finding of problems experienced with spouses is consistent with previous findings in the literature (Hartley et al. 2017; Santamaria et al. 2012).

With the indication that mothers of disabled children typically spend more time with the child than fathers do, and the responsibility for the child's needs generally falling on the mother, it is evident that psychological difficulties become more severe, and it is difficult for the individuals to adapt to the new conditions of life (Findler et al. 2016; Montes and Halterman 2007). In this respect, the findings shed light on the reasons that psychological difficulties experienced by mothers are different from those of fathers. In the qualitative findings of this study, *'difficulty accepting the child's disability,'* was seen to be an important criteria of life satisfaction. Consistent with other findings in literature, it was seen that having a disabled child typically reduced the parents' participation in social activities and distances

them from friends (Green 2007; Papaeliou et al. 2012). This suggests a negative correlation between acceptance of the disabled child and the life satisfaction of the mother. When it is considered that parents who have not arrived at an acceptance of their situation often remove themselves from society and their social environment (Akdoğan 2016), it can be understood that life satisfaction will therefore be lessened. Often mothers feel that they are excluded from society and their close environment (Shaver and Mikulincer 2008) and with this perceived decrease in social support, the intensity of psychological problems increases (Beresford 1994; Findler et al. 2016). In this context, there is a positive correlation between perceived social support and life satisfaction (Creedy et al. 2005; Myers and Diener 1995; Skok et al. 2006), which is supported by the findings of this study.

However, it would not be true to say that the only reason for mothers distancing themselves from social environments was asssociated with the acceptance of the disabled child. The emergence in the qualitative findings of *'feeling excluded and not receiving social support'* was seen to be related not only to their own acceptance of the child but also societal acceptance. In the light of this finding, it can be said that the process of acceptance of the children by the parents could be supported by increased societal awareness and thus the psychological problems often experienced could be reduced.

Findings obtained within the experimental stage of the research showed results indicating that the mothers reported several psychological symptoms of low life satisfaction because of having a disabled child, even if there was no direct causal relationship. Previous studies in the literature have identified several problems experienced by the parents of disabled children, such as depression (Barnett et al. 2003; Heiman 2002; Montes and Halterman 2007), and stress and anxiety (Forde et al. 2004; Gerstein et al. 2009; Kaur 2010; Woolf et al. 2016). This finding also supports studies that have shown a relationship between psychological symptoms and life satisfaction (Diener and Chan 2011; Howell et al. 2007). The findings of the current study revealed that the sense of life satisfaction levels of the mothers, which were quite low before the experiment, increased after involvement in the group counselling program, and the previously quite high levels of psychological symptoms were significantly reduced. In other words, the group counseling process reduced the psychological symptoms levels via improved life satisfaction of the participants. In this respect, at the same time, the finding supported the view that an increase in life satisfaction decreases psychological symptoms (Pavot and Diener 2008).

High levels of psychological symptoms go together with low life satisfaction (Diener and Chan 2011, Howel et al., 2007). In this respect, the study findings suggest in a general sense that the symptoms shown by the mothers were related to low life satisfaction. In the group counselling process implemented at the experimental stage of the study, it was evident that by focusing on the life satisfaction criteria, rather than directly on the associated psychological symptoms, the life satisfaction ratings of the study group increased and a decrease was seen in the levels of anxiety, depression, negative self-esteem, somatisation, and hostility. In other words, the counselling program was a means of increasing life satisfaction and thereby decreasing the psychological symptoms of the mothers.

In comparison with the control group, with the exception of somatisation, the quantitative data obtained for the experimental group showed that the group counselling program was effective in increasing life satisfaction and decreasing the level of psychological symptoms. In this context, the findings of this study support previous research that has shown that group counselling can be helpful in regard to life satisfaction criteria (Emmons and McCullough 2003), and that it can assist in the reduction of experienced psychological difficulties (Pavot and Diener 2008.

Findings obtained from the qualitative stage of this study showed that mothers with disabled children experience various psychological, familial and social difficulties. Also it is evident that a group program such as that undertaken here is an effective means for increasing participants' life satisfaction and thereby decreasing psychological symptom levels. This outcome can be considered potentially useful in that the counseling program was prepared and undertaken directly in line with the assumed but likely direct needs of the participants involved.

Conclusion

In this study, the qualitative findings based on focus group interviews revealed that the predominant challenges experienced by the mothers of disabled children focused on the criteria of: difficulty seeing positive life events, difficulties in marital relationships, difficulty accepting the child's disability, feeling excluded and not receiving social support, difficulties appreciating personal strengths and effectiveness and difficulty in making time for self. In turn, these challenges were seen to be associated with issues of life satisfaction for the mothers and the psychological difficulties they experienced. Findings related to the experimental phase of the study indicated that the group counselling program, which was focused on these challenges, had improved the level of life satisfaction for the mothers and had reduced the levels of psychological difficulties experienced. It was assumed that one of the most important reasons that the group counselling was found to be effective was likely to be that the focus was directly on the challenges identified for the mothers of disabled children..

In general, the group counselling program that was applied within study was (a) directly focussed on difficulties typically experienced by those in the group, (b) reflected events in practical life, (c) had an understanding that did not deny the truth, (d) was directed towards using both the inner strength of the individuals and sources of social support, (e) was motivational and encouraging, despite ingrained expectations of failure, and (f) the focus was not on psychological symptoms, but on life satisfaction criteria related to such symptoms. That the themes were defined as being life satisfaction criteria is extremely important in this respect.

Practice Implications

The results of this study revealed some points that should be considered by specialists providing psychological support to the parents of disabled children. The data suggested that group counselling for mothers of disabled children should have the above-mentioned properties. In this context, when specialists are working with this type of group with the aim of increasing life satisfaction, the following should be taken into consideration, (a) the criteria that have been defined for the participants' own life satisfaction, (b) the meanings they give to such criteria, (c) their perception of themselves, their spouses and their social environments, (d) the level of acceptance that their child is disabled, (e) the meaning of low life satisfaction for the individuals and the psychological symptoms they have experienced, (f) whether it likely that the level of psychological symptoms could be reduced through a focus on matters of life satisfaction, and (g) giving the necessary encouragement for the development of a new outlook, behaviours and attitudes that aims to increase life satisfaction.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no any conflict of interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional of the investigators and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. In this context the study was carried out within the framework of the institutional board decision of the Anadolu University Research Institute for Individuals with Disabilities (2015–20/1), and relevant law (93–496).

Informed Consent Informed consent was obtained from all the mothers of disabled children included in the study.

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