

THE EFFECTIVENESS OF EXISTENTIAL PSYCHOTHERAPY FOR DEPRESSION, ANXIETY AND PSYCHOLOGICAL STRESS IN MOTHERS OF CHILDREN WITH LEARNING DISABILITIES

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ABSTRACT

The purpose of this study was to examine the effectiveness of existential psychotherapy for depression, anxiety, and psychological stress in mothers caring for children with learning disorders (LDs). The study method was quasi-experimental, carried out with a pretest-posttest design, and included a control group. The study population was recruited from the mothers of children with learning disabilities who visited the Correction Center for Learning Disorders in Birjand City, Iran, during 2023. The study sample was recruited through convenience sampling and included 40 mothers who experienced extreme levels of psychological stress, anxiety and depressive symptoms (according to scores on the Psychological Distress Inventory and prescriptions from psychiatrists and psychologists working in the center). Women were randomly allocated to the control or experimental group (20 per group). The Depression, Anxiety and Stress Scale (DASS) consisting of 21 questions was used to collect data from women in both groups at the start and at the end of the study period. The experimental group participated in a 10-session psychological therapy program with an existential approach, whereas the control group received no intervention. The collected data were analyzed using descriptive statistics and analyses of variance (ANOVAs). The results indicated that existential psychotherapy significantly reduced depression, anxiety and stress levels among those in the experimental group. According to the results obtained from this study, existential therapy is an effective approach for addressing emotional issues in mothers caring for children with learning disabilities.

KEYWORDS

psychotherapy, existential approach, depression, anxiety, psychological stress, learning disability

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INTRODUCTION

According to the National Joint Committee for Learning Disabilities, learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. They are assumed to originate from neurological dysfunction in the nervous system. It can be developed along with some difficulties in regulating behaviors, social perception, and social interaction. However, these issues are not recognized as learning disabilities by themselves. Learning disabilities can co-occur with other disabilities (e.g., sensual deficit, mental disorders, social and emotional disturbance) or can be influenced by the environment (e.g., cultural differences, lack of sufficient and appropriate training, psychological factors), but they are not considered to be the therapeutic consequences of these complications or environmental effects (Lerner, 2012).

Children with learning disorders may exhibit various signs relating to their learning and behaviors, but not every child with learning disabilities has all of these symptoms. They include an average IQ or an average to a high IQ, significant differences observed between abilities and school achievement, attention-deficit disorders, movement disorders, perceptual problems and processing disorders, affected cognitive strategies in the area of learning disabilities, lingual

dysfunction, metacognitive impairment, memory issues, and social and emotional problems (Karimi, 2018).

Caring for children with disabilities often affects the family, causing irreversible damage. The vulnerability of families to such trauma appears to be to such extent that it can lead to reduced mental health in the family (Narimani et al., 2007), and as soon as the parents learn of their children's disabilities, they begin dealing with the loss of their hopes and dreams for their children, alongside many problems (Pisula, 2002) such as regulation of routine tasks with their children's therapeutic programs, emotional coping with special situations that emerge while raising a disabled child (Raeis-Dana et al., 2009), spending a lot of time selecting the treatments, providing care at home, dealing with school issues and challenges, and dealing with children's behavioral problems (Baker et al., 2002). The conducted studies suggested that the negative effect of caring for a disabled child contributes to the development of stress and pressure for family members, especially for mothers (Tajeri & Bahirani, 2008), since they are the first persons in the family who have to directly deal with the disabled child. Experiencing feelings of guilt and sin, together with frustration and depravity due to their child's non-typical condition makes the mother feel isolated, having a lack of interest to communicate with the community, in addition to a low self-image, low imagination, feelings of worthlessness and

sadness, that result from her low self-esteem, as well as the onset of depression and threatened mental health (Berjis et al., 2013; Tahan, 2021).

Salovita et al. (2003) and Gupta and Singhl (2013) showed in their studies that mothers have experienced more negative effects with their adaptation, and mental and physical well-being in relation to their parental role and caring for their disabled child. Furthermore, disastrous life events (e.g. the birth of a child with disability) can affect and disrupt mental well-being and contribute to the development of psychological challenges such as depression, anxiety and psychological stress (Segerstrom & Miller, 2004; Shojaei & Soleimani, 2015). The study conducted by Narimani et al. (2007) indicated that mothers caring for children with a special disability usually have a higher risk of mental health difficulties than mothers of typically developing children, and were more likely to be affected by higher levels of depression, anxiety, psychosis, aggression, phobia and psychological stress than mothers of other children. In fact, caring for a disabled child in a family, given their special caring needs which are met by mothers who are more likely to deal with the child than other family members, contributes to the development of a source of psychological stress, affecting their mental well-being and adaptation, threatening their adaptation, physical and mental health with their negative effects (Bahrainian et al., 2012). In such situations, therapeutic

training programs facilitate parents to provide appropriate patterns, play a more positive role in caring for their children, learn healthy lifestyles, and then teach them to their children. Therefore, when parents develop a high level of capabilities, children's disabilities and learning disorders can be mitigated (Shahrakipour et al., 2009). Treacy et al. (2011) connected the effectiveness of parent training with significant reduction in maternal stress and improved parental skills in mothers with disabled children.

Existential psychotherapy can improve mental health and self-esteem, and can reduce feelings of shame (Hossein Abadi, 2018). Razi (2018) indicated that existential therapy can boost internal control sources. In his study, Godoy (2005) showed that existential therapy can be effective on the scores of social anxiety, depression and lifestyle quality. In other words, the existential counseling practice facilitates a person's greater awareness of their presence in the world, being in oneself, being with others and in relationships to others, and provides a comprehensive view into their inner struggles. With this therapy, the consultant tries to approach the client's inner depth and risks spending some time in the muddy waters of the client's inner world without drowning there, facilitating their in-depth approach to their own issues. Existential counseling means daring to pay attention to the importance of humans in an indifferent world, leading to positive therapeutic effects on the



mental health of clients (Bashirpour et al., 2013). The existential approach deals with common central and deep issues of all individuals in the psychological field, no matter their culture, religion, and race context, such as loneliness, meaninglessness, death and freedom (Udo et al., 2011).

The fundamental core of existential approach is based on insight alongside the idea that one's ability is enough to remain healthy and to function appropriately, and this feature can direct the individual to self-awareness and self-reflection (Navabi nejad and Asadi, 2013). In fact, existential approach tries to induce the clients to face the aspects of their lives that they would have avoided in similar circumstances. Thus, people bravely recognize these unfortunate events in their lives and accept that happiness and joy in life are created if people are aware that there is no permanent security and joy in life (Van Deurzen, 2012). Through existential work, the client is encouraged to think about the nature of life, consider the life choices they can make. Understanding existentialism leads them to avoid controlling them, function inactively, and live with higher self-awareness (Nazari & Zarghami, 2019). The overall purpose of existential therapy is to allow the client to experience authentic existence. It also helps the trained clients to communicate with real life and relevant phenomena authentically, and instead of relying upon external problems, put emphasis on the current relationship of the members with each other (Schneider & Mannell, 2006).

In his study, Eskandari (2012) suggested that existential group therapy indicated a significant effect on depression and hopefulness among parents with children affected by cancer. In their study about the effects of the existential approach on the level of a person's cognition to their self and efforts for personal growth, Behroozifar and Ghafari (2008) found that this therapy program was efficient; furthermore, there were significant therapeutic effects only on girls, whereas no association was observed in the boy group. Therefore, given the above explanation and the observed lack of national and international studies being conducted on the topic of existential psychotherapy on the study variables, especially in the statistical population of mothers with children affected by learning disabilities, the purpose of this study is to find some answers to the following question: is existential psychotherapy effective for reducing the psychological stress, anxiety and depression in mothers with children affected by learning disorders?

METHOD

The study was carried out as a pretest and posttest design with a control group. The study population consisted of all the mothers with children affected by learning disorders who visited the Correction Center for Learning Disorders in Birjand City, Iran during 2023. In the next step, among the subjects who scored highly in psychological stress, anxiety and depres-

sion parameters, 40 mothers were selected. The 40 participants were assigned either to a control group (n=20) or experiment group (n=20). A random number table was used to generate a random allocation sequence for the randomization of the participants. The random assignment was made by a research assistant for the study. The mean age of participants was 45.21 (SD= 7.16). The experiment group underwent ten existential psychotherapy sessions (45 min) and the control group received no intervention. Before and after the intervention, the mothers filled in the Depression, Anxiety and Stress Scale (DASS) (pretest and posttest). Inclusion criteria included an anxiety and depression score above the average score, no psychological disorder, no physical disorder, tendency to participate in the study, and mothers with children affected by learning disorders. The study exclusion criteria included the following: absence from one of the training sessions, simultaneous participation in the same training intervention and non-cooperation in the study. Data gathering tools also included a demographics form. There were no dropouts from the study and all the participants were retained for the data analyses of results.

In order to comply with the research ethics, written informed consent form was prepared in which the purpose of the study was explained. The study participants first read the written informed consent form and completed it if they were willing to participate in the study. One of

the cases explained to the participants was that their identities and information would be kept confidential. In addition, before conducting this study, ethical approval was attained from the Ethical Review Board. Furthermore, permission was obtained from the institutes.

Instruments

Depression, Anxiety and Stress Scale (DASS): developed by Lovibond and Lovibond (1995), this scale consists of 21 items scored on a Likert scale with scores of 0 (never), 1 (low), 2 (high), and 3 (very high). Psychological stress was scored using items No. 1, 6, 11, 12, 14 and 18; depression was scored using items No. 2, 4, 7, 9, 15, 19 and 20; anxiety was scored using items No. 3, 5, 10, 13, 16, 17 and 21 (Abolghasemi & Narimani, 2015). When evaluating the reliability, Cronbach's Alpha coefficient used for subscales for high school students was obtained as follows: Tahan et al. (2018) evaluated the retest validity as 0.80, 0.76 and 0.77 for depression, anxiety and psychological stress, respectively; Hosseini Kiasari et al. (2015) reported Cronbach's Alpha as 0.81, 0.74 and 0.78 for depression, anxiety and psychological stress, respectively.

Data analysis

The data were analyzed by using SPSS for Windows (Version 23). Data analyses were done using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics



(ANCOVA) ($P \leq 0.05$). The data included pretest and posttest.

RESULTS

The results showed that the mean age of the 40 mothers was $45.21, \pm .16$. Approximately 70% of the mothers were working and the economic level of the families was average, while 80% of the mothers had a bachelor's degree.

The descriptive characteristics (mean and standard deviation) are presented in Table 1 in this study.

In Table 1, the descriptive characteristics and pretest/posttest scores for depres-

sion, psychological stress and anxiety are presented for the experimental and control groups. According to these characteristics, there were, more or less, differences in the mean values obtained for these groups.

Statistical data

In Table 2, the Kolmogorov–Smirnov test was used in order to examine the assumption of normality of the data.

The results presented in Table 2 indicate that the obtained significance level was higher than 0.01 for all variables. Therefore, the assumption of normality was not violated by the study variables.

Table 1 The descriptive characteristics – pretest/posttest scores for depression, anxiety and psychological stress

Variable	Test type	Groups	Mean	Standard deviation
depression	pretest	experimental	13.30	7
		control	15.45	8.69
	posttest	experimental	9.95	7.07
		control	13.28	7
anxiety	pretest	experimental	10	6.19
		control	11.95	6.86
	posttest	experimental	9.75	6.54
		control	11.28	7.68
psychological stress	pretest	experimental	17.50	10.85
		control	14.45	6.96
	posttest	experimental	12.25	8.80
		control	14.50	6.92

Table 2 Normality test for study variables

Group	Levene statistics	Sig
Pretest-Psychological stress	0.108	0.200
Posttest-Psychological stress	0.137	0.068
Pretest- Depression	0.150	0.030
Posttest- Depression	0.137	0.069
Pretest- Anxiety	0.132	0.094
Posttest- Anxiety	0.137	0.068

Table 3 Levene's test (the homogeneity of variances) for study variables

Variable	Levene statistics	DF1	DF2	Sig
Psychological stress	0.143	1	36	0.707
Depression	0.545	1	36	0.465
Anxiety	0.023	1	36	0.881

In the next step, the condition of equality of variances was evaluated using Levene's test.

significance level higher than 0.05 for this test. Therefore, the condition of equality of variance was met ($P > 0.05$).

The obtained significant levels for the calculated Levene statistics indicate a

Subsequently, the equal regression slope assumption was evaluated.

Table 4 The pretest homogeneity of regression slope for study variables

Variable	Sum of squares (ss)	Df	Mean of squares (ms)	F	Sig
Pretest group - Psychological stress	16.769	1	16.769	0.913	0.346
Pretest group - Depression	2.440	1	2.440	0.193	0.664
Pretest group - Anxiety	6.426	1	6.426	0.726	0.400



The calculated F-statistics were not significant in this hypothesis, therefore, the regression slope for both experimental and control groups was the same (i.e. the interaction between groups and study variables was not significant) and ANCOVA could not be used.

As said before, analysis of covariance (ANCOVA) was used in order to test the study hypothesis. The results of these tests are presented in the following Table.

As seen in Table 5, existential psychotherapy had significant effects on the scores of depression ($P = 0.001$), anxiety ($P = 0.08$) and psychological stress ($P = 0.001$), as well as the integrated score for depression, anxiety, and psychological stress ($P = 0.001$) obtained in mothers with children affected by learning disabilities. Furthermore, the values of Eta squared suggested that existential psychotherapy (independence variable) impacted the scores of depression, psychological stress, and the overall score for depression, anxiety and psychological

stress (dependent variable) in this group of mothers.

Table 6 presents the mean scores for stress, anxiety and depression in the two groups before and after the intervention.

As listed in Table 6, the mean scores for stress, anxiety and depression in the experiment group are lower than those of the control group after the intervention. This difference can be attributed to psychotherapy based on existential approach ($P < 0.05$).

DISCUSSION AND CONCLUSION

The aim of the present study was to examine the effectiveness of psychological therapy with existential approach on the reduction of psychological stress, anxiety and depression in mothers with children affected by learning disorders. The results of this study suggested that existential psychotherapy was effective in reducing the mean scores for depres-

Table 5 The covariance analysis of existential-oriented psychotherapeutic effects on depression, anxiety and psychological stress

Variable	Sum of squares (ss)	Df	Mean of squares (ms)	F	Sig	Effect size (eta)
Psychological stress	203.67	1	203.67	30.76	0.001	0.67
Anxiety	8.81	1	5.81	3.36	0.08	0.18
Depression	118.14	1	118.14	41.88	0.0001	0.73
Total score	759.11	1	759.11	55.29	0.0001	0.78

Table 6 Mean scores for stress, anxiety and depression in the two groups before and after the intervention

Variables	Mean difference between pre and post scores in intervention group	Mean difference between pre and post scores in control group	Mean differences between experimental and control groups	t	P
Stress	-4.10	-0.35	-4.90	-3.539	0.001
Anxiety	-2.20	-0.30	-2.50	-3.019	0.001
Depression	-3.90	-0.50	-3.10	-3.845	0.001

sion, anxiety and psychological stress in mothers with children affected by learning disorders, with statistically significant differences. Various studies suggested that the effectiveness of psychological therapy with existential approach on the improvement of psychological well-being (Khodadadi Sangdeh et al., 2015), the increased hopefulness (Khodadadi Sangdeh & Ghomi, 2018), depression and hopefulness (Bahmani et al., 2013), the improvement of mental health and enriching of the lives of others (Corey, 2005), sense-making of the situations individuals deal with, promoting quality of life, making self-worth and taking care of the rest of individuals' lives (Westmana et al., 2006), were in agreement with the results of this study. Furthermore, other studies suggested that existential psychotherapy resulted in increased coping skills of individuals, helping them cope better with the extreme stressful and intolerable conditions by improving their hopefulness, which was in agreement the with results of this study (Nazari et

al., 2014; Bavali et al., 2013; Kissane et al., 2004).

People respond to bad and stressful conditions in different ways, and when they deal with life-threatening conditions, existential issues are likely to arise, along with a desire to talk about them (Wilkinson et al., 2008). Various world insights can respond to these existential concerns. World insight is an essential insight into life defined by a deep personal pattern of feelings of hope, joy, trustworthiness, pessimistic view or hopelessness (Udo et al., 2011).

Existential psychotherapy includes concepts such as life and death, freedom, responsibility towards oneself and others, finding meaning in life and dealing with the concept of meaninglessness. Compared to other perspectives, this therapeutic approach examines one's self-awareness and their ability to look beyond their own problems and existential issues to a greater extent. This approach promotes the belief that human



life is inherently accompanied by suffering, so it does not try to eliminate human pain and suffering. Instead, it helps people to find meaning in the pains of life by accepting the main reality of pain and suffering, so that the pain becomes enjoyable (Nazari & Zarghami, 2019).

Existential psychotherapy emphasizes the choices and paths of existence, focuses on the personal growth of people, and takes a special look at accepting personal responsibilities, expanding awareness of current situations, providing and a sense of commitment to decision-making and action. The main goal of this approach is to help people, and although they cannot change some unpleasant and painful aspects in their lives, they can change the way they perceive them and how they react to those events (Yalom, 2011).

As soon as mothers notice their children's learning disorders, they deal with in-depth existential challenges and are affected by anxiety, psychological stress and depression due to the existential approach to life they adopt. Based on existential intervention, a person with a child affected by learning disorders can believe that they have a chance to change their insights to life with the willpower of choosing a special position regarding external conditions, and hence they can achieve a bright future. On the other hand, a person faced with their child's learning disorders would lose hope and become miserable. As a result, feelings of failure would intensify the hopelessness, leaving them with the deepest hu-

man states of pain, suffering and meaninglessness. One fundamental principle of the existential approach is to accept pain and suffering in life (Sahebdel, Tahan, 2022; Nazari & Zarghami, 2019).

When a person perceives that there is also meaning in pain and suffering, they can undergo and accept such situations in life more easily under every condition. According to these results, it can be concluded that this therapeutic protocol could positively and significantly affect the decreased levels of psychological stress, anxiety and depression in the experimental group.

According to this approach, mortality and transience are not only the main characteristics of life, but are also the key factor of its meaningfulness. In the continuation of this process, the individual becomes aware that although they cannot change the real conditions of life, they can change the ways they cope, from despair and depression – one of the components of lack of mental health – to the flourishing and excellence of individuality by giving meaning to the state of the self (Khodadadi Sangdeh & Ghomi, 2018; Yalom, 2011). If a person has to deal with an inevitable situation, they can change their insight to that event and achieve self-transcendence, involving the perspective of finding meaning in especially unavoidable suffering. In psychological therapy, when people are helped to develop a valuable meaning, the symptoms of concerns and hopelessness will be removed and they can

be aided to feel as useful persons, based on critical sources for finding meaning.

There were some study limitations reported in this work. They include self-reported assessments, small sample size, convenience sampling methodology, data collection tools, lack of follow-up period in order to evaluate the durability of therapeutic effects, and limited generalizability of findings. According to the results obtained from this study, it is suggested to consider existential group therapies in other psychological fields. It is recommended that larger sample sizes be applied using randomized sampling procedures in future studies. Furthermore, it is recommended to perform this study with samples obtained from fathers of children with learning disorders, through comparison of the obtained results with those obtained in this study.

Data availability statement

The raw data supporting the conclusions of this manuscript will be made available by the authors, without undue reservation, to any qualified researcher.

Ethical consideration

Before conducting this study, ethical approval was attained from the Ethical Review Board. Permission was further obtained from the institutes. Moreover, in order to ensure privacy and confidentiality, informed consent was taken from the individuals involved. They were request-

ed to fill out the DASS scale. A thank you note was given to the respondents as a token of appreciation for their cooperation. Informed consent was obtained from all subjects involved in the study.

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Research involving animals

Not applicable.

Author Contributions

MT designed the study and conducted the literature searches, wrote the first draft of the manuscript. MT assisted in the methodology. AS, MM, ZS and MT revised the draft of the manuscript. All authors approved the final version of the manuscript.

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