

## Effectiveness of Spiritual Intelligence Training on Stress (Problem-Oriented, Emotion-Oriented and Avoidance Coping) and Self-actualization of Mothers of Children with Special needs

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### Abstract

**Introduction:** Spiritual intelligence, as the foundation of individual beliefs, plays an essential role in various fields of human life. The purpose of this study was to investigate the effectiveness of spiritual intelligence training on stress (problem-oriented, emotion-oriented and avoidance coping) and self-actualization of mothers of children with special needs.

**Method:** The current research method was a semi-experimental type of pre-test and post-test with a control group and a follow-up phase. The statistical population of the study included all mothers with children with special needs in Hamedan city, whose children were students of normal schools in the academic year of 1400-1401, and from this group, 26 people were selected using the voluntary sampling method and randomly in the group. Intervention and control group were selected. The research tools included Endler and Parker's stress coping questionnaire (1990) and Soleimani et al.'s flourishing questionnaire (2014). The spiritual intelligence training intervention was carried out in 8 sessions of 60 minutes for the intervention group. Data were analyzed with SPSS version 25 statistical software and using multivariate analysis of covariance and analysis of variance with repeated measures.

**Results:** The covariance results showed that spiritual intelligence training caused a significant increase in problem-oriented coping, positive emotions, relationships, meaning making and progress in the post-test compared to the pre-test in the intervention group ( $P < 0.001$ ) and compared to the control group. It reduced emotion-oriented coping and avoidant coping, and this effect was also visible in the follow-up phase.

**Conclusion:** Considering the positive effects of spiritual intelligence training, it is possible to use the findings of these researches in formulating the content of group programs and teacher and parent training sessions with the aim of preventing social harm, especially risky behaviors in children with special needs.

**Keywords:** spiritual intelligence, stress, self-actualization, special needs

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### Introduction:

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Although having a child gives a mother a sense of pleasure, pride and personal growth, it also creates challenges (1), so that these parents have a higher level of anxiety and depression than people who do not have children (2). In our society, for reasons such as more opportunities, mothers are more involved than fathers in matters related to their children, and as a result, they interact more with their children and have endured a lot of stress and have fewer social skills in their children in interacting with them. Peers encourage (3). In addition, mothers of children with special needs experience more stress than mothers of normal children (4) and the increase in parenting stress affects the ability of parents to take care of children, which is associated with negative consequences for the child (5).

Having a child with special needs causes parents' anxiety, and parents of children with developmental disabilities suffer a lot of stress (6). Children's disorders, feelings of worthlessness and guilt, cause impaired physical performance and fatigue to parents (7), mothers of children with problems have reported more anxiety and stress than fathers, the possible reason for this is that mothers with children's problems are more They are involved and put under more pressures (8). Studies conducted on the samples of mothers of children with disorders showed that mental disorders are more common in these mothers than mothers of healthy children (9), the child's behavioral problem is more stressful for the mother than the child's disability itself, and it causes constant stress (10).

Stress or strain is a state that occurs as a result of an environmental change that is perceived as an injury, challenge or threat to the dynamic balance of a person, and if this stress is intense or continues, it may affect people's mental health and well-being. (11). In fact, stress is an internal state caused by the physical demands of the body or caused by environmental and social situations that are evaluated as harmful, uncontrollable or beyond the ability and compatibility (12) and it is not more obvious in any environment than in the community because in the human society He gets involved in dry and unfairly judged relationships (11). This is despite the fact that the stresses of community life come at once to mothers with children with special needs and according to the previous talent and background and according to the definition of health (a result of physical health, mental health and social health that interact with each other) ) may lead to adaptation problems and the occurrence of some behaviors and abnormalities in these mothers, the obvious example of which is suicide, depression, self-mutilation and other-mutilation (13).

The concept of self-improvement is one of the other variables related to stress. The concept of self-actualization was first proposed by Maslow, he believed that the ultimate motivation of every human being is to achieve self-actualization, and for self-actualized people, characteristics such as a sufficient understanding of reality, a sense of worth and uniqueness, acceptance and respect for oneself, creativity, He has mentioned a lot about personal autonomy and responsibility (14). The concept of self-actualization in the highest hierarchy of Maslow's needs theory is considered as the final level of psychological development of a person. When a person is able to satisfy the needs of the lower hierarchy to some extent, he will reach this psychological level, a person reaches this stage where, in addition to satisfying the needs of the lower hierarchy, he can use all his potential capabilities (15). Ford and Procidano (16) found in research that self-actualization is positively

related to perceived social support. Also, self-improvement has an inverse relationship with depression and perceived life stress. Other results showed that reverse social support is related to depression and high level of perceived tensions in life (16). Arhonda and colleagues (17) in research they conducted in order to investigate the relationship between personality dimensions and self-improvement; The results showed that there is a negative and significant relationship between neuroticism and self-improvement, and there is a positive relationship between self-improvement and extroversion.

According to the World Health Organization, public health refers to complete physical, mental, spiritual and social well-being and not just the absence of disease or disability. In addition to the physical dimension, the World Health Organization emphasizes the mental, spiritual and social dimensions in defining health (18). Spirituality is one of the important and vital factors in promoting public health. In fact, it can be concluded that the fundamental foundations of spirituality should be sought in internal spiritual capacities such as spiritual health and spiritual intelligence. Spirituality is a force that motivates a person to find meaning, purpose and growth in life, suffering and death and helps to strengthen hope and passion for life (19). Spirituality is a concept beyond religion and religious adherence; Because it is an effort to find meaning and be purposeful in life; Even in people who do not believe in a higher power (God), spirituality as the vital force of life integrates all aspects of human life (20). Religiosity and being religious often mean thoughts tied to a source of collective identity such as official religious institutions as well as religious commitments and prayer (21). In contrast, spirituality is at the individual level and as a feeling of inner peace, imagining a great purpose from within and connecting with a sacred being (22). Spirituality is related to the inner awareness of existence and the experience of inner feelings and thoughts, which gives meaning, value and purpose to life and makes it possible for man to live in peace with himself, God and others, and achieve harmony with the environment. find (23). Spiritual health is an ability that provides a harmonious and integrated connection between internal forces and leads to a feeling of stability in life, peace, harmony and close connection with oneself, God, society and the environment (24). The available evidence indicates the existence of a relationship between spirituality and religion with mental health (25).

Although experts of the World Health Organization have defined human being as a biological, psychological, social and spiritual being, unfortunately, it seems that in the functioning of the common educational system, less attention has been paid to ontological and existential knowledge. This is while experts in this field consider the neglect of spirituality in the cultivation of human beings as one of the main concerns of educational institutions and ultimately a concern for the society. Unfortunately, instead of cultivating spiritual intelligence, the schools that teach spirituality are more content with offering its religious solutions and instructions with behavioral methods (punishment and encouragement); However, spiritual intelligence includes the mental ability that is the foundation of spirituality and is not just about religious rituals. This potential ability provides them with the capacity to benefit more from spiritual intelligence training.

Since no research has been done on the quality of life of this group of mothers in Iran, such research is necessary to determine the number of damages and possible damaged areas so that appropriate

planning can be done according to the information obtained. For this group of people, the main purpose of this research was to investigate the effectiveness of spiritual intelligence training on stress (problem-oriented, emotion-oriented and avoidance coping) and self-actualization of mothers of children with special needs.

### Method:

The current research method was a semi-experimental type of pre-test and post-test with a control group and a 1-month follow-up phase. The statistical population of the study included all mothers with children with special needs in Hamedan city, whose children were students of normal schools in the academic year of 1400-1401, and from this group, 26 people were selected using the voluntary sampling method and randomly in the group. Intervention and control group were selected. The spiritual intelligence training intervention was carried out in 8 sessions of 60 minutes for the intervention group.

The research tools were: (1): Endler and Parker's coping with stress questionnaire (1990): Coping with stress in stressful situations (CISS) questionnaire made by Endler and Parker was used to measure coping with stress. This questionnaire has 48 statements, the answers of each of which are scored on a Likert scale from very high (5), high (4), medium (3), low (2) and very low (1). The test covers three main areas of coping behaviors: problem-oriented coping, emotion-oriented coping, and avoidance coping. Any subject who gets a higher score in one of the coping styles will use that coping style more (26). Endler and Parker (1990) have calculated the correlation of questionnaire factors using Pearson's correlation coefficient and the results are: problem-oriented 0.58, emotion-oriented 0.55 and avoidance 0.93. The reliability coefficient of the questionnaire was obtained by Cronbach's alpha method in Qureshi's research (2009) at a level above 0.81 (27). (2) Soleimani et al.'s Flourishing Questionnaire (2014): To measure self-actualization, Soleimani et al.'s flourishing questionnaire was used. This questionnaire has 28 items. Each of the statements is given a score of 6 to 1 for an option in a 6-point Likert scale. The test measures four areas of positive emotions, relationships, meaning making and progress. Convergent validity of this questionnaire through its simultaneous implementation with Ahvaz self-actualization questionnaires ( $r = 0.82$ ) and Diner flourishing questionnaires ( $r = 0.90$ ) and its divergent validity through Beck depression questionnaire ( $r = -0.66$ ) were investigated and confirmed. In addition, the reliability results of the flourishing questionnaire using internal consistency methods (Cronbach's alpha) showed that this questionnaire has adequate reliability coefficients, so that the reliability value for the factors of positive emotions, relationships, meaning making, progress and the whole questionnaire respectively It is 0.91, 0.83, 0.88, 0.87 and 0.95, which is desirable and satisfactory.

(3) spiritual intelligence training intervention: based on Boel's spiritual intelligence training package. This educational package has been used in other studies and has good reliability and validity.

Table 1. Summary of the intervention session based on the spiritual intelligence training package

meeting	Educational content
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First	Explaining the objectives of the workshop and examining its importance, presenting the schedule of training sessions, giving an explanation about the definitions of spirituality, spiritual intelligence, life skills, the importance and connection of these concepts with each other.
Second	At this stage, attention is paid to the fact that the goals of life are not understood correctly and this inner feeling of incomprehension can be due to the lack or even avoidance of any kind of intelligence.
Third	Thinking about the reasons for the reactions to the world around.
Fourth	Understanding the pressures that exist in everyday life. This pressure is caused by the conflict between the exterior and the interior.
the fifth	Focusing on the excellent level of commitment that is employed in all directions.
the sixth	Concept is something beyond seeing and which can have talents and energy to awaken the inner consciousness of the mind to see something beyond the scope of an event.
the seventh	Spiritual intelligence is not designed to achieve results and goals, but it does something based on richer principles derived from the truth and believes that it will achieve the desired results in time.
Eighth	Paying attention to two missions in life, the first acts as a rational guiding light and the second is related to unlimited abilities.

Data were analyzed with SPSS version 25 statistical software and using multivariate analysis of covariance and analysis of variance with repeated measures.

### Results:

The results of the implementation of the research tools in the intervention and control groups according to the stages of the research are given in Table No. 2.

Table 2. Summary of descriptive findings of stress coping styles and self-actualization scores

	Variable	Stage	experiment	control
Coping with stress	problem-oriented	pre-test	51.53 (9.21)	<b>50.11 (9.11)</b>
		Post -test	59.21 (9.02)	<b>52.58 (10.04)</b>
		Follow up	57.27 (9.03)	<b>52.33 (9.58)</b>
	Excitement-oriented	pre-test	46.17 (9.34)	<b>46.16 (9.94)</b>
		Post -test	40.21 (10.11)	<b>45.12 (10.53)</b>
		Follow up	41.12 (9.37)	<b>46.11 (9.39)</b>
	Avoidance	pre-test	48.15 (9.34)	<b>48.01 (9.30)</b>
		Post -test	42.18 (9.25)	<b>47.00 (10.10)</b>
		Follow up	41.31 (9.67)	<b>48.11 (9.89)</b>
Positive emotions	pre-test	27.31 (5.34)	<b>28.11 (5.33)</b>	
	Post -test	31.14 (6.26)	<b>29.31 (6.46)</b>	
	Follow up	29.13 (6.06)	<b>27.24 (5.02)</b>	

self-actualization	Relationships	pre-test	27.67 (5.35)	<b>28.08 (5.31)</b>
		Post -test	32.46 (6.14)	<b>29.52 (6.44)</b>
		Follow up	30.17 (6.60)	<b>27.24 (5.07)</b>
	Finding meaning	pre-test	30.11 (5.24)	<b>29.81 (5.31)</b>
		Post -test	36.22 (6.05)	<b>29.47 (6.44)</b>
		Follow up	34.50 (6.47)	<b>29.64 (6.70)</b>
	Development	pre-test	27.11 (5.24)	<b>27.81 (5.30)</b>
		Post -test	29.45 (5.99)	<b>27.14 (5.04)</b>
		Follow up	30.01 (6.11)	<b>27.46 (5.67)</b>

According to the average scores of stress coping styles and self-actualization seen in Table 2, the two intervention and control groups do not differ much before the intervention, but after the intervention (spiritual intelligence training), there is a difference between the two groups. The results show that the intervention group had an increase in problem-oriented and self-actualization coping styles and a decrease in two emotion-oriented and avoidance coping styles, but the changes in the control group were not noticeable. To investigate the effect of spiritual intelligence training, as well as controlling the difference in pre-test scores in two groups, the multivariate covariance analysis test was implemented and these differences were taken into account. In addition, in order to check the effectiveness of spiritual intelligence training after the intervention, covariance analysis test with repeated measurements has been implemented.

Before performing the multivariate covariance analysis test, the assumptions of this test (normality, linearity, homogeneity of variances, homogeneity of regression slope and homogeneity of variance-covariance matrices) were ensured. For example, the assumption of homogeneity of variance-covariance matrices was tested using the Box's M statistic, which was established based on the results (Box's M = 50.456 and F = 1.146). The results of multivariate covariance analysis are shown in Table No. 3.

Table 3. Summary of multivariate covariance analysis results

		<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>Sig</b>	<b><math>\eta^2</math></b>
<b>Coping with stress</b>	problem-oriented	847.741	1	847.741	8.651	0.007	0.164
	error	5415.034	25	216.601			
	Excitement-oriented	808.506	1	808.506	7.651	0.007	0.165
	error	7454.6417	25	298.185			
	Avoidance	611.364	1	611.364	7.254	0.016	0.158
	error	3741.364	25	149.654			
<b>self-actualization</b>	Positive emotions	503.645	1	503.645	11.877	0.001	0.289
	error	2456.154	25	98.246			
	Relationships	201.585	1	201.585	12.605	0.001	0.167
	error	587.6541	25	23.506			

Finding meaning	441.094	1	441.094	11.164	0.003	0.278
error	1274.624	25	50.984			
Development	478.1654	1	478.1654	8.654	0.034	0.130
error	2145.3696	25	85.814			

Before presenting the effect of the variables, it should be checked whether there is a statistically significant difference between the groups in the linear combination of the dependent variables. For this purpose, Wilks's coefficient or Pillai's effect obtained from the multivariate test is used. Considering that there are only two groups, the value of both statistics is the same. The results of the multivariate test showed that there is a statistically significant difference between the two experimental and control groups in the styles of coping with stress and self-actualization. Also, the root mean square obtained from spiritual intelligence training explains 58% of the variance of the difference between the two groups. The results of the one-way between-group covariance analysis test to compare the styles of coping with stress and self-actualization of two groups with spiritual intelligence training and without training show in Table 3 that after the intervention, there is a significant difference in self-actualization among the two groups in the investigated variables.

In order to test the other hypothesis of the research (with the passage of time, the results obtained from the training of spiritual intelligence on coping with stress and self-actualization remain stable), the covariance analysis test has been reported. It was performed with repeated measurements. The results of this test are reported in Table No. 4.

Table 4. Summary of results of analysis of variance with repeated measures

		Lambda Wells	F	sig	$\eta^2$
<b>Coping with stress</b>	problem oriented	0.701	7.641	0.005	0.247
	Excited	0.847	5.614	0.001	0.204
	Avoidance	0.699	7.146	0.000	0.303
<b>self-actualization</b>	Positive emotions	0.656	8.241	0.001	0.364
	Relationships	0.656	7.664	0.000	0.405
	Finding meaning	0.536	6.655	0.005	0.456
	Development	0.506	7.214	0.001	0.374

The results of variance analysis with repeated measurements in table number 4 indicate that there is a significant difference in coping with stress and self-actualization variables after the passage of time in different time periods.

## Discussion and Conclusion:

The present study was conducted with the aim of determining the effect of spiritual intelligence training on stress (problem-oriented, emotion-oriented and avoidance coping) and self-actualization of mothers of children with special needs. According to the participants' reports, the results showed that the spiritual intelligence training program had a positive effect on the total score of coping with stress and its subscales, as well as self-actualization and its subscales. In other words, the results showed that in the comparison of the pre-test-post-test stages in a 1-month time process in the experimental group, the scores of the problem-oriented coping subscales, positive emotions, relationships, meaning making and progress increased dramatically, and in the emotion-oriented coping subscales and Avoidant coping has decreased significantly. Also, the results of the current research, according to the reports of mothers of children with special needs, showed that this influence has remained constant over time.

Therefore, it can be said that the spiritual intelligence training program has reduced stress and increased the self-actualization of adolescent girls, and this preventive educational program has provided the context for compromise solutions to deal with stress and promote self-actualization in the process of social life. The findings of this research are consistent with the results of Sobhi Qaramelki and Parzour (28) and Wigleworth (29). Also, the findings of this research were not consistent with the results of Mahmoudi Rad and Bagharian's research (30), which indicates that the effect of spiritual intelligence training on dealing with stress in time efficiency is not lasting.

With the arrival of a new child in the family, the structure and dynamics of the family changes significantly (31). The family is a social system that the disorder in each of its members disturbs the whole system (32) The presence of a disabled child, apart from the functional limitations and problems it creates in the family, may have bad psychological effects on the family as a result of social interactions. (33). Motherhood is generally one of the most important experiences of every woman, and when this experience is about a disabled child, it is often accompanied by unpleasant feelings (34). The first person who directly communicates with the child is the mother. Mothers with disabled children spend more time caring, taking care of health issues, and coping with their children's problems (35). Compared to fathers, mothers have more problems due to their different roles in family life, marriage, nursing and raising children. Therefore, the enormous pressure and bearing the burdensome situation caused by the birth of a disabled child at any moment makes the parents, especially the mother, who has a closer relationship with the child, vulnerable to physical and mental illnesses and easily reduces their general health.(۳۶)

Rehabilitation based on spiritual intelligence emphasizes on increasing the quality of life of disabled people and their families, meeting their basic needs, ensuring inclusion and participation of disabled people and their families (14). Today, the main goals of spiritual intelligence training have gone beyond focusing on the individual. Currently, rehabilitation interventions based on spiritual intelligence training focus on the lives of disabled people, their families, and the local community to which the person belongs. In the rehabilitation program based on spiritual intelligence training, the family is taught how to help the disabled child. This method of rehabilitation increases society's awareness and responsibility towards people with special needs,

and the change of society's attitude is achieved sooner. Also, researches have shown that training parents is the best way to support disabled people and their families.

In confirmation of this issue, research findings show that mothers of disabled children have lower mental health compared to mothers of normal children, and the presence of disability in the family causes mental and emotional problems for family members, especially the mother (37). Compared to mothers of normal children, these mothers neglect issues such as their physical and mental health (38). These conditions can cause the mother to become withdrawn and disinterested in establishing a relationship with the people around her, which results in depression and endangering the mental health of mothers (39). reduce in the coming years.(٤٠)

Considering that the role of rehabilitation based on spiritual intelligence is to protect the rights of disabled people and support them in the recovery process, as well as facilitate their participation and inclusion in the society; Therefore, it can have a positive effect on the psychological state of disabled people and their families. Mothers who have higher health have less problems in accepting, maintaining and accepting their child's disability and are better able to meet the needs of their disabled child; While mothers who have anxiety and tension, usually have many problems in rational and correct interaction with their children, which prevents them from adopting a favorable and rational approach.

#### **Ethical considerations:**

The ethical considerations of the project included: written information about the research to the participants, giving assurance to the volunteers about the confidentiality of the information and its use only in research matters, voluntary participation and obtaining written consent from the participants, and at the end with Paying attention to the evidences that support the effectiveness of spiritual intelligence training group therapy on stress and self-actualization, therefore, in order to comply with ethical considerations, after completing the aforementioned treatment process, the above treatment was also performed for the control group.

#### **Research limitations:**

Every research, from the beginning of the work, that is, the selection of the main problem, to the stages of implementation, analysis and final interpretation, faces limitations. Reporting the limitations of each research helps researchers who want to conduct research in the same field in the future to take the necessary measures to remove the limitations and conduct research with a more comprehensive perspective. This research, in turn, had limitations, the most important of which are mentioned below: (1) selection of the group of mothers causes limitations in the generalization of the results. (2) the choice of available sampling method was the next limitation of this research: (3) lack of long-term follow-up.

#### **Suggestions:**

It is suggested to carry out a long-term follow-up and to select a sample from the community by random sampling and to examine it in the group of fathers as well.

**Reference:**

1. Ostberg M. Parental stress, psychosocial problems, and responsiveness in help seeking parents with small (2-45 months old) children. *Acta Paediatrica*. 1998; 87: 69-76. <https://doi.org/10.1111/j.1651-2227.1998.tb01389.x>.
2. Crinc K, Greenberg MT. Minor parenting stresses with young children. *Child development*. 1997; 54:209-217. [DOI:10.2307/1130770](https://doi.org/10.2307/1130770).
3. Bhavnagri N. Low-income African American mothers' parenting stress and instructional strategies to promote peer relationships in preschool children. *Early Educ Dev* 1999; (10):551-571. [doi/abs/10.1207/s15566935eed1004\\_8](https://doi.org/10.1207/s15566935eed1004_8).
4. Habibi Asgarabad M, Rashidi A, Motovalipour A. Parenting stress in mothers of exceptional children versus those of normal children 2009; 7(2): 175-181. <http://rbs.mui.ac.ir/article-1-155-en.pdf>.
5. Beck A, Hastings RP, Daley D, & Stevenson J. Pro-social behavior and behavior problems independently predict maternal stress. *J Pol Pract Intellect Disabil* 2004; 29(4): 339-349. [DOI:10.1080/13668250400014509](https://doi.org/10.1080/13668250400014509).
6. Schieve LA, Blumberg SJ, Rice C, Visser SN, Boyd C. The relationship between Autism and parenting stress. *Pediatrics* 2007; 119(1):114-121. <https://pubmed.ncbi.nlm.nih.gov/17272578/>.
7. Hedov G, Anneren G, Wikblad K. Self- perceived health in Swedish parents of children with Down syndrome. *Qual Life Res* 2000; 9(4):415-22. <https://doi.org/10.1023/A:1008910527481>.
8. Hastings RP .Child Behaviors Problems and Parental Mental Health as Correlates of Stress in Mothers and Fathers of Children with Autism, *J Intellect Disabil Res*. May-Jun 2003; 47(4):231-237. [https://doi.org/10.1352/08958017\(2002\)107<0116:PPIFOC>2.0.CO;2](https://doi.org/10.1352/08958017(2002)107<0116:PPIFOC>2.0.CO;2).
9. Olsson MB, Hwang CP. Depression in mothers and fathers of children with intellectual disability. *J Intellect Disabil Res* 2001; 45(6): 535-543. [doi.org/10.1046/j.1365-2788.2001.00372.x](https://doi.org/10.1046/j.1365-2788.2001.00372.x).
10. Kogel RL. Consistent stress Profile in mothers of children with autism. *J autism and Dev Dis*, Jun 1992; 22(2): 205-216. <https://pubmed.ncbi.nlm.nih.gov/1624405/>.
11. Lazarus RS. The cognition-emotion debate: A bit of history. *Handbook of cognition and emotion*. 1999;5(6):3-19. [DOI: 10.1080/02699931.2018.1549023](https://doi.org/10.1080/02699931.2018.1549023).
12. Shams Alizadeh N, Fakhmzadeh AS, Hosseinpour B, Salehian b, Shams Alizadeh N. Intention to die in suicide bombers through poisoning. *J Mazandaran University of Medical Sciences*. 2011;21(8): 62-67. [URL: http://jmums.mazums.ac.ir/article-1-659-en.html](http://jmums.mazums.ac.ir/article-1-659-en.html).
13. Torabi M. The effectiveness of group cognitive-behavioral psychotherapy in changing the thoughts of suicide of students of military universities in Tehran [Dissertation]. Tehran: University of Tehran; 2018. 98-99. [URL: http://qaiie.ir/article-1-582-en.html](http://qaiie.ir/article-1-582-en.html).
14. Maslow A. *Towards a psychology of being*. New York: Wiley: Co.1998.
15. Rivera K, Mark E. Rediscovering the later version of Maslow's hierarchy of needs: Self-transcendence and opportunities for theory, research, and unification. *Review of General Psychology* 2006; 10(4): 302-317. DOI:[10.1037/1089-2680.10.4.302](https://doi.org/10.1037/1089-2680.10.4.302).

16. Ford G, Procidano M E. The Relationship between of self-actualization to social support, life stress, and adjustment. *Social Behavior and Personality* 1990; 18 (1): 41-51. DOI:[10.2224/sbp.1990.18.1.41](https://doi.org/10.2224/sbp.1990.18.1.41).
17. Rhonda J, Dahl JA, Wakefield J R, Thomas M, Kimlicka M W, Herbert J. How the personality dimensions of neuroticism, extraversion and psychoticism relate to self-actualization. *Personality and Individual Differences* 1983; 4(6): 683-685. [https://doi.org/10.1016/0191-8869\(83\)90123-X](https://doi.org/10.1016/0191-8869(83)90123-X).
18. Routy B, Gopalakrishnan V, Daillère R, Zitvogel L, Wargo JA, Kroemer G. The gut microbiota influences anticancer immunosurveillance and general health. *Nature Reviews Clinical Oncology*. 2018; 15(6):382-96. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9449151/>.
19. Paredes AC, Pereira MG. Spirituality, distress and posttraumatic growth in breast cancer patients. *Journal of Religion and Health*. 2018; 57(5):1606-17. <https://pubmed.ncbi.nlm.nih.gov/28725952/>.
20. Krause N, Pargament KI, Hill PC, Ironson G. Humility, stressful life events, and psychological well-being: Findings from the landmark spirituality and health survey. *The Journal of Positive Psychology*. 2016; 11(5):499-510. DOI:[10.1080/17439760.2015.1127991](https://doi.org/10.1080/17439760.2015.1127991).
21. Koenig HG, George LK, Titus P. Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*. 2004; 52(4): 554-62. <https://doi.org/10.1111/j.1532-5415.2004.52161.x>.
22. Neugebauer R, Wickramaratne P, Svob C, McClintock CH, Gameroff MJ, Miller L, et al. Contribution of religion/spirituality and major depressive disorder to altruism. *Journal of Affective Disorders*. 2020; 262:16-22. DOI:[10.1016/j.jad.2019.10.031](https://doi.org/10.1016/j.jad.2019.10.031).
23. Davis DE, Hook JN, McAnnally-Linz R, Choe E, Placeres V. Humility, religion, and spirituality: a review of the literature. *Psychology of Religion and Spirituality*. 2017; 9(3):242. [doi.org/10.1080/17439761003791672](https://doi.org/10.1080/17439761003791672).
24. VanderWeele TJ, Balboni MJ, Balboni TA. The initiative on health, religion and spirituality at Harvard: from research to education. Why religion and spirituality matter for public health. Cham: Springer; 2018. P. 371-82. <https://doi.org/10.1177/0091647118807793>.
25. Zimmer Z, Jagger C, Chiu CT, Ofstedal MB, Rojo F, Saito Y. Spirituality, religiosity, aging and health in global perspective: a review. *SSM-Population Health*. 2016; 2:373-81. <https://doi.org/10.1016/j.ssmph.2016.04.009>.
26. Endler NS, Parker JD. Multidimensional assessment of coping: A critical evaluation. *J Pers Soc Psychol*. 1990;58(5):844-54. <http://dx.doi.org/10.1037/0022-3514.58.5.844>.
27. Ghoreyshi Rad F., Validation of Endler & Parker coping scale of stressful situations. *International Journal of Behavioral Sciences*, 2010; 4(1): 1-7. [http://www.behavsci.ir/article\\_67661.html](http://www.behavsci.ir/article_67661.html).
28. Gharamaleki N, Porzor P. A Comparison of Spiritual Intelligence and Emotional Intelligence of College Students and Religious Students. *Qualitative Study*. 2014; 4(11): 297-310. URL: <http://ijme.mui.ac.ir/article-1-4697-en.html>.

29. Wigglesworth C. Spiritual intelligence and why it matters. Available at: <https://www.innerworks publishing.com/news/vol22/intelligence.htm>; 2004. <https://doi.org/10.22108/jas.2017.21715>.
30. Mahmoudirad G, Bagherian F. Effects of spiritual intelligence training on nurses' job stress. *Quarterly Journal of Nursing Management*. 2015; 4(1): 69-79. URL: <http://ijnv.ir/article-1-277-fa.html>.
31. Smith TE, Polloway EA, Patton JR, Dowdy CA, Doughty TT. Teaching students with special needs in inclusive settings: Pearson [Gh Hemmati Alamdarloo, AH Khanzadeh, H Alizadeh, Persian trans.]. Tehran: Arasbaran; 2015. [DOI:10.4324/9781315818634](https://doi.org/10.4324/9781315818634).
32. Soleimani M, Abdi K, Mousavi M. [Comparison of demographic and biological characteristics of parents of children with more than one exceptional child with parents of ordinary children (Persian)]. *Archives of Rehabilitation*. 2010; 11(5):94-104. URL: <http://rehabilitationj.uswr.ac.ir/article-1-2354-en.html>.
33. Mauro V, Biggeri M, Grilli L. Does community-based rehabilitation enhance the multidimensional well-being of deprived persons with disabilities? A multilevel impact evaluation. *World Development*. 2015; 76(c):190-202. [DOI:10.1016/j.worlddev.2015.07.004](https://doi.org/10.1016/j.worlddev.2015.07.004).
34. Heydari Pour M, Mashhadi A, Asghari Nekah SM. [Relationship between personality characteristics, emotional intelligence and quality of life mental health of people with disability (Persian)]. *Journal of Rehabilitation*. 2013; 14(1):40-9. URL: <http://rehabilitationj.uswr.ac.ir/article-1-826-en.html>.
35. Parvinian A M, Kermanshahi S, Sajedi F. [Protective effect of health promotion program on life quality of mothers of children with cerebral palsy (Persian)]. *Journal of Rehabilitation*. 2012; 13(2):8-17. URL: <http://rehabilitationj.uswr.ac.ir/article-1-974-en.html>.
36. Keen D, Couzens D, Muspratt S, Rodger S. The effects of a parent-focused intervention for children with a recent diagnosis of autism spectrum disorder on parenting stress and competence. *Research in Autism Spectrum Disorders*. 2010; 4(2):229-41. [DOI:10.1016/j.rasd.2009.09.009](https://doi.org/10.1016/j.rasd.2009.09.009).
37. Salehy Z, Karkhaneh M, Movallali G, Mohammadi MA. Effectiveness of encouragement training in alleviating depression among mothers of children with hearing impairment. *Asian Journal of Social Sciences and Management Studies*. 2015; 2(2):53-7. <https://avr.tums.ac.ir/index.php/avr/article/view/196>.
38. Zahiriniya M. [The need for community-based rehabilitation services for disabled persons (Persian)]. *Hormozgan Cultural Research Journal*. 2015; 20(3): 217-32. URL: <http://rehabilitationj.uswr.ac.ir/article-1-1226-en.html>.
39. Ashouri M, Jalilabkenar SS, Hasanzadeh S, Pourmohammadreza Tajrishi M. [Effectiveness of life skill instruction on the mental health of hearing loss students (Persian)]. *Journal of Rehabilitation*. 2013; 13(4):48-57. <http://socialworkmag.ir/article-1-469-en.pdf>.
40. Aslani L, Azkhosh M, Movallali G, Younesi SJ, Salehy Z. The effectiveness of resiliency training program on the components of quality of life in mothers with hearing-impaired

children. Journal of Research & Method in Education. 2014; 4(3):62-74. [DOI:10.9790/7388-04336266](https://doi.org/10.9790/7388-04336266).