Original Article

IEEPJ Vol. 4, No. 2, 2022, 377-387

http://ieepj.hormozgan.ac.ir/

Iranian Evolutionary and Educational Psychology Journal

IEEPJ

The Effectiveness of Positive Thinking Skills Training on Distress Tolerance and Quality of Life in Mothers of Students with Special Learning Disorders

Zahra Rezaei Mirza[1]*, Seyed Abdolah Ahmadi Ghaleh[2], Zahra Nasiri[3], Zahra Taheri[4]

1. MA, Clinical Psychology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran
2. MA, Counseling, Roudehen Branch, Islamic Azad University, Roudehen, Iran
3. MA, General Psychology, Ghods City Branch, Islamic Azad University, Ghods City, Iran
4. MA, Guidance and Consulting, Research Sciences Branch, Islamic Azad University, Tehran, Iran

* Corresponding author's Email: samira.rezaei87@gimil.com

Abstract: The aim of this study was to examine the effectiveness of positive thinking skills training on distress tolerance and quality of life in mothers of students with special learning disabilities. The method of the present study was quasi-experimental pretest-posttest with a control group. The statistical population of this study included all mothers of children aged 6 to 12 years with special learning disorders in Islamshahr, Iran in 2020. 30 mothers were selected by convenience sampling method and randomly assigned to experimental and control groups (15 people in each group). Simons and Gaher (2005) Distress Tolerance Scale and the World Health Organization Quality of Life Scale (2000) were used to collect data. In the experimental group, positive thinking skills training was performed in seven sessions. The control group did not receive any intervention during this period. Multivariate analysis of covariance was used to test the hypotheses. The results indicated that positive thinking skills training significantly increased distress tolerance and quality of life in mothers (P <0.01); In general, based on the results, teaching positive thinking skills is recommended as an effective intervention in increasing distress tolerance and quality of life in mothers of students with special learning disorders.

Keywords: Positive Thinking Skills, Distress Tolerance, Quality of Life, Special Learning Disorder

Introduction

Specific learning disability or specific learning disorder is a neurodevelopmental disorder of biological origin that causes abnormalities at the cognitive level (Tannock, 2013). The term is used to cover disorders that each affect a person's performance on standardized tests, such as reading, writing, and math. Students with these disabilities succeed much less than what is expected from their age and intelligence level (Kazemi, Arjmandnia, Moradi, Mohammadi, & Sadeghi fard, 2020). Specific learning disorder includes a much wider range of academic problems and requires attention to the social, family, emotional and behavioral areas of the child's life in the context of the family as well (Kaveh & Keramati, 2017). Children with special learning disorder, despite having natural intelligence most of the time, cannot make good academic progress, which in turn causes economic, social, cultural and emotional damages (Pourabdol, Sobhi Gharamaleki, Sajjadpour, & Farzaneh, 2020). Specific learning disorder leads to psychological and emotional problems in parents, especially mothers of these children. Therefore, the behavioral and emotional problems of children with specific learning

Article information: Received: 2022/01/16 | Accepted: 2022/04/14 | Published: 2022/06/1. https://doi.org/10.52547/ieepj.4.2.377

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]

disorders act as stressful factors for family members, especially mothers (Halstead, Griffith, & Hastings, 2018).

One of the psychological problems of mothers of children with specific learning disabilities is the difficulty in tolerating distress. Distress tolerance refers to the capacity to experience and resist emotional distress and the way people respond to disturbance and negative emotion, and includes evaluating a person's expectations from experiencing negative emotional states regarding the tolerability of these experiences, evaluating and accepting them, the tendency to pay attention to emotions (Juarascio et al., 2020). People with higher distress tolerance can make better decisions in managing and regulating their emotions, on the contrary, people with lower distress tolerance show a stronger reaction to stress (Cano et al., 2020). In addition, these people show less ability to cope with distress and try to avoid such emotions by applying actions aimed at reducing negative emotional states (Amirkhanloo, Mirzaian, & Hassanzadeh, 2021). Research shows that there is a significant relationship between distress tolerance and the mental health of mothers with intellectually disabled children, and distress tolerance plays an important role in the mental health of them (Qumrani & Hamuleh, 2014).

Mothers of children with specific learning disabilities may not have the necessary ability to tolerate the conditions and their quality of life may not be at a high level due to the major problems that their children have; this disturbs the mental peace of the parents and as a result, the quality of their life is decreased (Khan & Humtsoe, 2016). Quality of life means a person's understanding of the level of physical, mental, emotional, and social well-being of life (Moatamedy, Aazami, Rostami, & Jalalvand, 2020; Sabouri, Samavi, & Amir Fakhraei, 2020). The importance of quality of life is that it is related to the important variables of mental and physical health; In fact, quality of life is a qualitative assessment of people's physical and mental health and different areas of life such as economic, social and even spiritual health (Ho et al., 2016). According to "parent-proxy reports", co-occurring "untreated" ADHD undesirably influences the health-related quality of life of children with newly diagnosed specific learning disability, particularly in their psychosocial performance (Karande & Venkataraman, 2013). Accordingly, Mugno, Ruta, D'Arrigo, and Mazzone (2007) concluded in a study that mothers of children with learning disorders have a lower quality of life.

One of the interventions that are effective in reducing the negative consequences of stress and distress is teaching positive thinking skills. Positive thinking includes thinking differently about both positive events and assets and negative events and assets, and valuing those assets (Seligman & Csikszentmihalyi, 2014). The purpose of teaching positive thinking skills is to create a realistic view of oneself and life so that a person can evaluate his real problems correctly. In fact, teaching these skills helps people to have acceptable self-confidence to be able to communicate with others. In case of problems, they should make the right decision by maintaining their morale and finally go through the stages of life with peace and joy (Nikbakht, Farnam, & Kahrazehi, 2021). In teaching positive thinking, people are helped to recognize their own and others' potential abilities, positive and good experiences. In addition, they learn to actively participate in life and personally shape their lives

[DOR: 20.1001.1.25884395.2022.4.2.17.9]
[DOI: 10.52547/ieepj.4.2.377]

(Kazemi, Rasoulzadeh, & Mohammadi, 2019). In the earlier studies, the effectiveness of positive thinking skills training has confirmed on emotional ataxia and self-forgiveness of mothers of children with learning disabilities (Naemi, 2018), on the distress tolerance of mothers with mentally retarded children (Ghadampor, ghasemzade, Zolfaghare, & Padervand, 2020), on the distress tolerance and personal growth of mothers having mentally retarded children (Padyab & Fayazbakhsh, 2020), on the quality of life of patients with diabetes (Assarzadegan & Raeisi, 2019), on the quality of life of women heads of households (Mostafa Pour, Hossein Sabet, & Borjali, 2019), and on the quality of life of students (Beshkar, Nikmanesh, & Kahrazei, 2021).

Considering the pervasive effects of students' learning disorders on the mental health of the family and especially mothers, the present study was conducted with the aim of investigating the effectiveness of teaching positive thinking skills on distress tolerance and the quality of life in mothers of students with special learning disorders.

Material and Methods

The current research was conducted with a quasi-experimental pretest-posttest approach with a control group. The statistical population included all mothers of 6-12-year-old children with specific learning disorders in Islamshahr (Iran) in 2020. The participants were 30 mothers with children with learning disabilities who were selected by accessible sampling method and randomly assigned in experimental and control groups (15 people in each group). The inclusion criteria were having a child with a specific learning disorder, age range between 25-50 years, having perfect physical health, having literacy and informed consent. The exclusion criteria were the absence of more than two sessions and having the incomplete questionnaires. The data collection tools included the following questionnaires:

Distress Tolerance Scale (DTS): This 15-question scale was developed by Simons and Gaher (2005), which has four components: Tolerance (questions 1-3 and 5), Absorption (questions 2-4 and 15), Appraisal (questions 6-7-9-10- 11 and 12) and Regulation (questions 13, 14, 8) on a five-point Likert scale from one (completely agree) to five (completely disagree). The range of scores is between 15 and 75, and a higher score on this scale indicates high distress tolerance. Simons and Gaher (2005) obtained Cronbach's alpha coefficients of tolerance, appraisal, absorption, and regulation subtests as 0.73, 0.66, 0.74, and 0.87, respectively. According to Simons and Gaher (2005), this scale has good criterion validity and initial convergence, and they reported its validity coefficient of 61. Azizi, Mirzaei, and Shams (2010) evaluated the content validity of this scale in Iran as 0.79 and the reliability of this questionnaire as 0.79 using the Cronbach's alpha coefficient method for the total scale. The reliability of this questionnaire in the present study was 0.78.

Quality of life scale: This 26-question questionnaire was designed by a group of experts from the World Health Organization in 2000, which includes four areas related to health, namely physical health (questions 3-4-10-15-16-17-18), psychological health (questions 5 - 6-7-11-19-26), social relations (questions 20-21-22) and living environment (questions 8-9-12-13-14-23-24-25) on the Likert scale (very bad, score 1 to very good score 5) and questions 3, 4 and 26 are scored inversely.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]
[DOI: 10.52547/ieepj.4.2.377]

The range of scores is between 26 and 130, with higher scores indicating higher quality of life (Burckhardt & Anderson, 2003). The validity of its original version was reported in the study of Cheung, Yeo, Chong, Khoo, and Wee (2017), and the reliability of the subscales of the questionnaire was reported between 0.54 and 0.92 using Cronbach's alpha. In Iran, Nejat, Montazeri, Holakouie Naieni, Mohammad, and Majdzadeh (2006) showed that the translated Persian questionnaire has acceptable validity and reliability. The internal correlation index in the field of physical health, psychological health, social relations and living environment was obtained as 0.77, 0.77, 0.75, and 0.84 respectively. Also, the internal consistency of the components using Cronbach's alpha was obtained as 0.70, 0.73, 0.55, and 0.84 respectively, which indicates the acceptable and appropriate reliability of the quality of life questionnaire. The reliability of this questionnaire in the present study was 0.79.

In the implementation stage, after obtaining permission from education office and randomly assigning samples into experimental and control groups, the pre-test questionnaires were completed. In the next step, in the experimental group, positive thinking skills were taught based on Seligman (2002) positive thinking protocol in 7 sessions of 90 minutes, one session per week. The participants of the control group were not given any training (due to ethical considerations, positive thinking training was also provided to the participants of the control group after the end of the research). Then a post-test was taken from both groups. The summary of positive thinking skills training sessions is presented in Table 1.

Table 1. Summary of positive thinking skills training sessions

Session	Content
1	Initial familiarity, stating the rules and goals of the program, being active in discussions, doing homework, implementation conditions and duration of the course, getting to know the concept of positive thinking and having a positive view, as well as conducting the pre-test.
2	Knowing the benefits of positive outlook and positive beliefs, learning to recognize the strengths of one and children, determining life goals in general and educational goals, and examining the path of desires and ways that help the mother and child to get closer to their desires and goals. In this meeting, mothers were asked to look at their child's performance from a different perspective and write down the positive emotions they had with him in their personal and academic life and bring them with them to the meeting.
3	While reviewing the task and informing the mothers, the focus was on the skill of being fascinated. Mothers were asked to focus and talk about intimate relationships with their children and useful pastimes.
4	In this meeting, the use of capabilities and virtues in the important areas of life, work, love, parenthood and finding meaning in what they expect from their children and checking that this expectation has meaning and logic is proportional to his ability level.
5	Learning how to change words in a positive way and how to speak positively
6	Reviewing the learned materials and strategies and summarizing the set of positive characteristics of yourself and your child

Ethical considerations in this research include informed consent, voluntary participation of members in group counseling sessions, completing questionnaires willingly, and confidentiality of information were observed. SPSS-22 software was used for analyzing data and multivariate analysis of covariance (MANCOVA) was used to examine the hypotheses.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]
[DOI: 10.52547/ieepj.4.2.377]

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]

Results

The mean and standard deviation of the pre-test and post-test scores of distress tolerance and quality of life in the experimental and control groups are presented in Table 2, respectively.

Table 2. Mean and standard deviation of pre-test-post-test scores of stress tolerance and quality of life in the experimental and control groups

Group		Variable	Pretest		Posttest	
			Mean	SD	Mean	SD
DT	Control	Tolerance	11.40	3.09	11.87	3.17
		Absorption	10.47	2.90	10.93	2.52
		Appraisal	12.43	3.46	12.93	2.88
		Regulation	11.39	2.68	12.85	2.20
		Distress tolerance	45.69	6.29	47.59	5.26
DT	Experimental	Tolerance	12.93	3.03	15.03	2.68
		Absorption	10.67	3.71	13.41	4.34
		Appraisal	11.97	4.41	14.13	4.12
		Regulation	11.87	2.54	13.90	3.12
		Distress tolerance	47.44	7.23	56.47	8.41
QOL	Control	Physical health	19.60	6.63	2.20	6.10
		Psychological health	15.87	6.62	16.53	3.35
		Social relations	10.11	2.59	10.97	2.73
		Environmental health	22.27	3.90	23.33	3.61
		Quality of life	65.85	9.54	71.03	8.60
QOL	Experimental	Physical health	21.80	4.90	23.33	4.39
		Psychological health	16.33	3.17	19.40	2.97
		Social relations	9.53	2.65	12.27	2.71
		Environmental health	22.67	4.77	25.60	4.40
		Quality of life	70.33	7.13	80.59	8.32

In order to investigate the effectiveness of teaching positive thinking skills on distress tolerance of mothers with children with specific learning disabilities, multivariate covariance analysis was used. Shapiro-Wilk test was used to check the normality of the distribution of scores, which confirmed the assumption of normality of the distribution of scores due to the non-significance of the obtained values. The results of the homogeneity test of the regression slope of the pre-test and post-test scores in the experimental and control groups showed that the regression slope was the same in both groups (F, 2.103, $p > 0.05$). The results of Levin's test to check the homogeneity of the variance of the dependent variables in the groups showed that the variance of tolerance component (F, 2.943, $p > 0.05$), absorption component (F, 1.41, $p > 0.05$), appraisal component (F, 0.03, $p > 0.05$), and regulation component (F, 2.90, $p > 0.05$), are equal in the groups. The results of the Box-M test to check the equality of the covariance matrix of the dependent variables among the experimental and control groups showed that the covariance matrix of the dependent variables in the two groups is equal (F, 1.40, $p > 0.05$, Box-M = 16.60). The results of Bartlett's test for Sphericity or significance of the relationship between the variables showed that the relationship between these components is significant (x^2, 28.77, $p > 0.01$). After examining the assumptions of multivariate covariance analysis, the test results showed that there is a significant difference between two groups in distress tolerance ($F_{4, 21} = 4.814$, $p<0.01$, Wilks Lambda=0.522). To check the significant difference of the components

of distress tolerance between the experimental and control groups, ANCOVA analysis embedded in MANCOVA was performed. The results are presented in Table 3.

Table 3. Results of ANCOVA analysis embedded in MANCOVA on distress tolerance components

Variable	Source	SS	DF	MS	F	p	Eta
Tolerance	Between groups	26.70	1	26.70	7.87	0.01	0.247
	Error	81.38	24	3.39			
Absorption	Between groups	28.33	1	28.33	15.70	0.01	0.396
	Error	43.28	24	1.80			
Appraisal	Between groups	11.92	1	11.92	9.98	0.01	0.294
	Error	26.68	1	1.19			
Regulation	Between groups	19.07	1	190.07	7.94	0.01	0.249
	Error	57.56	24	2.40			

According to table 3, there is a significant difference between the two groups in the tolerance component ($F = 7.875$, $P < 0.01$,), absorption ($F = 15.708$, $P < 0.01$,), appraisal ($F = 9.98$, $P < 0.01$) and regulation ($F=7.940$, $P<0.01$). These findings indicate that there is a significant difference between the distress tolerance of the control and experimental groups. Based on this, teaching positive thinking skills has led to an increase in mothers' distress tolerance. Also, the effect size in Table 3 shows that the intervention explains 24.7% of the changes in the tolerance component, 39.6% of the changes in the absorption component, 29.4% of the changes in the appraisal component, and 24.9% of the changes in the regulation component.

In order to investigate the effectiveness of teaching positive thinking skills on the quality of life of mothers with children with specific learning disabilities, multivariate covariance analysis was used. Shapiro-Wilk test was used to check the normality of the distribution of scores, which confirmed the assumption of normality of the distribution of scores due to the non-significance of the obtained values. The results of the homogeneity test of the regression slope of the pre-test and post-test scores in the experimental and control groups showed that the regression slope was the same in both groups ($F = 0.829$, $p > 0.05$). The results of Levin's test to check the homogeneity of the variance of the dependent variables in the groups showed that the variance of the physical health component ($F = 0.350$, $p > 0.05$), the psychological health component ($F = 1.093$, $p > 0.05$), the social relations component ($F=1.104$, $p > 0.05$) and the environmental health component ($F=2.986$, $p > 0.05$) are equal in the groups. The results of the Box-M test to check the equality of the covariance matrix of the dependent variables between the experimental and control groups also showed that the covariance matrix of the dependent variables in the two groups is equal ($F=1.087$, $p > 0.05$, Box-M = 12.866). The results of Bartlett's test for Sphericity or significance of the relationship between the variables showed that the relationship between these components is significant ($x^2 = 23.096$, $p<0.01$). After examining the assumptions of multivariate covariance analysis, the results of the test showed that there is a significant difference between the quality of life of the two groups ($F_{4,21} = 7.580$, $p<0.01$, Wilks Lambda = 0.409). ANCOVA analysis embedded in MANCOVA was performed to check the

[DOR: 20.1001.1.25884395.2022.4.2.17.9]
[DOI: 10.52547/ieepj.4.2.377]

significant difference of the components of quality of life between the two groups. The results are presented in Table 4.

Table 4. Results of ANCOVA analysis embedded in MANCOVA on quality of life components

Variable	Source	SS	DF	MS	**F**	p	Eta
Physical health	Between groups	9.61	1	9.61	13.01	0.01	0.352
	Error	17.72	24	0.73			
Psychological health	Between groups	48.63	1	48.63	12.12	0.01	0.336
	Error	96.30	24	4.01			
Social relations	Between groups	19.86	1	19.86	9.37	0.01	0.281
	Error	50.87	24	2.12			
Environmental health	Between groups	23.69	1	23.69	7.13	0.01	0.229
	Error	79.71	24	3.32			

According to Table 4, there is a significant difference between the two groups in the physical health component ($F = 13.01$, $p < 0.01$), the psychological health component ($F = 12.12$, $p < 0.01$), the social relationship component ($F = 9.37$, $p < 0.01$) and environmental health component ($F = 7.13$, $p < 0.01$). These findings indicate that there is a significant difference between the quality of life of the control and experimental groups. Based on this, teaching positive thinking skills has been able to significantly increase the quality of life of mothers in the experimental group. Also, the effect size in Table 4 shows that the intervention explains 35.2% of the changes in the physical health component, 33.6% of the changes in the psychological health component, 28.1% of the changes in the social relations component, and 22.9% of the changes in the environmental health component.

Discussion

The aim of this study was to determine the effectiveness of teaching positive thinking skills on distress tolerance and quality of life in mothers of special learning disorder students. The results showed that the intervention has increased distress tolerance in mothers of students with specific learning disabilities. In the context of the above finding, a study has not been conducted directly in the target population, but it is in line with the results of recent studies in this field. For example, the results of Naemi (2018) showed that teaching positive thinking decreased emotional dyslexia and increased self-forgiveness in mothers of children with learning disabilities. Ghadampor et al. (2020) also showed that positive thinking training is one of the effective methods in increasing distress tolerance and social adaptation of mothers with mentally retarded children. In another research, it was shown that teaching positivity with an emphasis on Quranic verses is one of the effective methods in increasing distress tolerance and individual growth of mothers with mentally retarded children (Padyab & Fayazbakhsh, 2020).

As a result of positivity education, people use the best strategies to face crisis situations while creating a positive attitude about them. These factors make them resistant to stress and other threatening conditions. On the other hand, with these trainings, people, while having a positive attitude towards

[DOR: 20.1001.1.25884395.2022.4.2.17.9]
[DOI: 10.52547/ieepj.4.2.377]

them, also become optimistic towards others and around them, and justify their problems with positivity, which reduces their problems and ultimately improves their tolerance of distress (Lee, Cohen, Edgar, Laizner, & Gagnon, 2006).

Another finding of the research revealed that teaching positive thinking skills has led to an increase in the quality of life in mothers of students with special learning disorders. The obtained result is consistent with the results of previous studies. Assarzadegan and Raeisi (2019) showed that education based on positive psychology approach effectively improved the quality of life and happiness in patients with type 2 diabetes. Also, Mostafa Pour et al. (2019) showed that positivity education has increased the happiness and quality of life of heads of households women. In this regard, the results of a study indicated that positive education significantly increased the perception of competence and quality of life in students ((Beshkar et al., 2021). Instead of paying too much attention to human inabilities and weaknesses, positivity focuses on human abilities such as living happily, enjoying, solving problems, and optimism. Teaching positive thinking techniques and skills to people is done in order to strengthen and improve positive communication with themselves, others and the world so that people recognize themselves better and recognize their positive experiences. Paying attention to your positive points and good past experiences increases the probability of more positive perceptions of yourself and others, and this causes people to be able to accept more responsibility for themselves and others and achieve a more complete understanding of themselves (Algoe, Haidt, & Gable, 2008). Teaching positivity changes a person's view of life and what is happening around him, and creates new beliefs and personal knowledge compared to the past in people's lives. As a result, the person acquires the necessary awareness for positive change by using his capabilities and by focusing on problems and using the necessary techniques, he achieves a better quality of life.

Among the limitations of this research, the sample of this study was limited to mothers with children with specific learning disabilities, the research instrument was self-reported, the lack of follow-up period, and the lack of control of variables such as the cultural and social level of mothers and their education level. Therefore, according to the limitations of this research, it is recommended to use positive thinking training in mothers of other groups with psychological disorders, other clinical tools such as interview, observation, etc. along with long-term follow-up periods in future studies.

Conflict of interest: The authors state no conflict of interest in the study.

Financial sponsor: The authors acknowledge that they have not received any financial support for all stages of the study, writing and publication of the paper.

Acknowledgements: The researchers wish to thank all the individuals who participated in the study.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]

References

Algoe, S. B., Haidt, J., & Gable, S. L. (2008). Beyond reciprocity: gratitude and relationships in everyday life. *Emotion, 8*(3), 425-429.

Amirkhanloo, A., Mirzaian, B., & Hassanzadeh, R. (2021). Comparison of the efficacy of acceptance and commitment therapy and dialectical behavior therapy on interpersonal forgiveness and distress tolerance in Female victims of domestic violence. *Rooyesh-e-Ravanshenasi Journal(RRJ), 10*(4), 1-12.

Assarzadegan, M., & Raeisi, Z. (2019). The Effectiveness of Training Based on Positive-Psychology on Quality of life and Happiness of Patients with Type 2 Diabetes. *QUARTERLY JOURNAL OF HEALTH PSYCHOLOGY, 8*(30), 97-116. doi:10.30473/hpj.2019.40538.4025

Azizi, A. R., Mirzaei, A., & Shams, J. (2010). Correlation between distress tolerance and emotional regulation with students smoking dependence. *HAKIM RESEARCH JOURNAL, 13*(1), 11-18.

Beshkar, M., Nikmanesh, Z., & Kahrazei, F. (2021). The Effectiveness of Positivity Education on the Students' Perception of Competence and Quality of life. *Pajouhan Scientific Journal, 19*(4), 59-67. doi:10.52547/psj.19.4.59

Burckhardt, C. S., & Anderson, K. L. (2003). The Quality of Life Scale (QOLS): reliability, validity, and utilization. *Health and quality of life outcomes, 1*(1), 1-7.

Cano, M. Á., Castro, F. G., De La Rosa, M., Amaro, H., Vega, W. A., Sánchez, M., . . . Prado, G. (2020). Depressive symptoms and resilience among Hispanic emerging adults: Examining the moderating effects of mindfulness, distress tolerance, emotion regulation, family cohesion, and social support. *Behavioral Medicine, 46*(3-4), 245-257.

Cheung, Y. B., Yeo, K. K., Chong, K. J., Khoo, E. Y., & Wee, H. L. (2017). Reliability and validity of the English-, Chinese-and Malay-language versions of the World Health Organization quality of life (WHOQOL-BREF) questionnaire in Singapore. *Ann Acad Med Singap, 46*(12), 461-469.

Ghadampor, E., ghasemzade, f., Zolfaghare, S., & Padervand, H. (2020). Effectiveness of positive thinking group education on tolerance of distress and social adjustment of mothers of children with mental retardation. *Scientific Journal of Nursing, Midwifery and Paramedical Faculty, 6*(2), 11-21.

Halstead, E. J., Griffith, G. M., & Hastings, R. P. (2018). Social support, coping, and positive perceptions as potential protective factors for the well-being of mothers of children with intellectual and developmental disabilities. *International Journal of Developmental Disabilities, 64*(4-5), 288-296.

Ho, A. H., Dai, A. A., Lam, S.-h., Wong, S. W., Tsui, A. L., Tang, J. C., & Lou, V. W. (2016). Development and pilot evaluation of a novel dignity-conserving end-of-life (EoL) care model for nursing homes in Chinese societies. *The Gerontologist, 56*(3), 578-589.

Juarascio, A., Manasse, S., Clark, K. E., Schaumberg, K., Kerrigan, S., Goldstein, S. P., . . . Felonis, C. R. (2020). Understanding the overlap and differences in terms describing patterns of maladaptive avoidance and intolerance of negative emotional states. *Personality and Individual Differences, 158*, 109859.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]

Karande, S., & Venkataraman, R. (2013). Impact of co-morbid attention-deficit/hyperactivity disorder on self-perceived health-related quality-of-life of children with specific learning disability. *Indian Journal of Psychiatry, 55*(1), 52.

Kaveh, M., & Keramati, H. (2017). The impact of resilience fostering program on parenting stress, marital satisfaction and resiliency of children with learning disability. *Journal of learning Disabilities, 6*(3), 69-91. doi:10.22098/jld.2017.520

Kazemi, N., Arjmandnia, A. A., Moradi, R., Mohammadi, s. T., & Sadeghi fard, M. (2020). The effectiveness of self compassion training program on psychological well-being and rumination of the Mothers of Children with Special Learning Disabilities. *Rooyesh-e-Ravanshenasi Journal(RRJ), 9*(1), 27-36.

Kazemi, N., Rasoulzadeh, V., & Mohammadi, S. T. (2019). Effect of Positive Thinking Education on Social Anxiety and Cognitive Avoidance of Mothers of Children with Specific Learning Disabilities. *Quarterly Journal of Child Mental Health, 5*(4), 148-158.

Khan, M. F., & Humtsoe, M. K. (2016). Quality of life of mothers having children with autistic spectrum disorders and learning disabilities. *Journal of Physical Education Research, 3*(1), 38-46.

Lee, V., Cohen, S. R., Edgar, L., Laizner, A. M., & Gagnon, A. J. (2006). Meaning-making intervention during breast or colorectal cancer treatment improves self-esteem, optimism, and self-efficacy. *Social science & medicine, 62*(12), 3133-3145.

Moatamedy, A., Aazami, Y., Rostami, M., & Jalalvand, M. (2020). The Quality of life in the Retirement: The Role of Personality Traits, Coping Strategies and Religious Attitudes. *Aging Psychology, 6*(3), 217-205. doi:10.22126/jap.2020.3545.1296

Mostafa Pour, V., Hossein Sabet, F., & Borjali, A. (2019). effectiveness of positive group Training on increasing the happiness And Quality Of Life of women heads of households. *Women and Family Studies, 12*(45), 62-78. doi:10.30495/jwsf.2020.555365.1195

Mugno, D., Ruta, L., D'Arrigo, V. G., & Mazzone, L. (2007). Impairment of quality of life in parents of children and adolescents with pervasive developmental disorder. *Health and quality of life outcomes, 5*(1), 1-9.

Naemi, A. (2018). The Effect of Positive Thinking Training on the alexithymia and self-forgiveness of Children with learning disabilities Mother's of Sabzevar. *Psychology of Exceptional Individuals, 8*(29), 111-145. doi:10.22054/jpe.2018.25734.1643

Nejat, S., Montazeri, A., Holakouie Naieni, K., Mohammad, K., & Majdzadeh, S. R. (2006). The World Health Organization quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version. *Journal of School of Public Health and Institute of Public Health Research, 4*(4), 1-12.

Nikbakht, Z., Farnam, A., & Kahrazehi, F. (2021). The Effectiveness of Positivity Skills Training on Improving Extramarital Relationships by Emphasizing the Mediating Role of Attachment Styles. *Islamic Life Style, 4*(S1), 23-35.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]

Padyab, Z., & Fayazbakhsh, H. (2020). The Effectiveness of Positivism with an Emphasis on Quranic Verses in Improving Distress Tolerance and Personal Growth of Mothers with Mentally-Retarded Children. *JOURNAL OF ASSESSMENT AND RESEARCH IN COUNSELING AND PSYCHOLOGY, 2*(3), 34-54.

Pourabdol, S., Sobhi Gharamaleki, N., Sajjadpour, S., & Farzaneh, S. (2020). The study on cognitive-executive functions of frontal-parietal lobes in students with specificlearning disorder and normal students. *Journal of Research in Psychopathology, 1*(2), 19-24.

Qumrani, A., & Hamuleh, S. (2014). *The relationship between tolerance of distress and the feeling of distress in mothers with mentally retarded children*. Paper presented at the National Conference of Applied Researches in Educational Sciences and Psychology and Social Damages of Iran, Tehran.

Sabouri, H., Samavi, A., & Amir Fakhraei, A. (2020). Comparison the Effectiveness of Acceptance and Commitment Therapy and Compassion Focused Therapy on the Quality of Life and Tendency to Betray in Married Students with Tendency to Infidelity. *Iranian Evolutionary and Educational Psychology Journal, 2*(3), 184-199.

Seligman, M. E. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*: Simon and Schuster.

Seligman, M. E., & Csikszentmihalyi, M. (2014). Positive psychology: An introduction. In *Flow and the foundations of positive psychology* (pp. 279-298): Springer.

Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and emotion, 29*(2), 83-102.

Tannock, R. (2013). Specific Learning Disabilities in DSM-5: Are the Changes for Better or Worse? *International Journal for Research in Learning Disabilities, 1*(2), 2-30.

[DOR: 20.1001.1.25884395.2022.4.2.17.9]

[DOI: 10.52547/ieepj.4.2.377]