

## A Comparison of the Effects of Happiness and Mindfulness Training on Parenting Self-Efficacy in Mothers of Anxious Preschool Children

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### Abstract

#### Background

Children's anxiety disorders not only lead to problems related to themselves but also cause problems and confusion in the family. The present study aimed to investigate the effectiveness of happiness and mindfulness training in promoting the parental self-efficacy in mothers of anxious preschool children.

**Materials and Methods:** This is an experimental research in terms of method with a pretest-posttest-follow-up design and a control group. The study population included all mothers of preschool anxious children in Shahrekord, Iran in 2018. Using the multistage sampling method, a sample of 45 individuals were selected and assigned randomly to a control and two experimental groups (n=15 per group). The research tools included Spence Children's Anxiety Scale (SCAS), and Parenting Self-Agency Measure (PSAM). Mindfulness (eight 90-minute sessions), and happiness (ten 90-minute sessions) training were conducted on the experimental groups. The control group did not receive any intervention. SPSS (version 24) was further used for data analysis.

**Results:** The mean age of the participants in the mindfulness training, happiness training and control groups were  $34.36 \pm 2.59$ ,  $36.08 \pm 2.63$  and  $34.20 \pm 2.29$ , respectively. The results indicated that the mean of post-test and follow-up scores were significantly different in the experimental and control groups. Furthermore, the happiness training for the mothers of anxious children was effective in their parenting self-efficacy ( $P=0.000$ ); and a one-month follow-up in the experimental group indicated that the therapeutic intervention could maintain its intervention effect over time ( $P=0.000$ ).

#### Conclusion

Based on the results, mindfulness and happiness training methods could have lasting effects on the parent-child relationship and change the anxious relationship between parent and child, leading to parental self-efficacy.

**Key Words:** Anxiety, Children, Happiness, Self-Efficacy, Mindfulness, Mother.

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## 1- INTRODUCTION

Anxiety is a common feeling that all children experience; and it is, in fact, essential for survival. However, anxiety can increase as long as it is inconsistent, interfering, and accompanied by unwanted functional differences (1). Anxiety disorder is the most common type of disorders which happens during childhood and adulthood (2, 3), and its prevalence is estimated to be at the range of 10-32% (4). Anxiety disorders in children are associated with many other problems, including poor academic achievement (5), and cognitive dysfunction (6). Anxiety has symptoms that arise at different levels and it has physiological indices, such as high blood pressure, facial paleness, and changes in heart rate, difficulty in breathing, dry mouth and muscle tension (7). However, its psychological and behavioral symptoms are often manifested as emotional instability, destructive attention disorder, and anger, hypersensitivity, and motion disorders (8). In addition, if left untreated, anxiety disorders are more likely to persist in the adulthood (4).

Despite the fact that biological and psychological factors interact with each other in the development of children's anxiety symptoms (9, 10); models which address the etiology of anxiety in children, always emphasize the importance of parents' roles in creating and perpetuating anxiety. These theories indicate that parents of anxious children are likely to experience anxiety themselves; in other words, incorrect parenting styles may to some extent reflect their own anxiety and impact on the children's anxiety (11). Children's anxiety disorders not only lead to problems related to themselves but also cause problems and confusion in the family. The methods of parent-child interaction have been highly emphasized in the etiology and treatment of anxiety disorders in children and adolescents, so

that parental training is more common in comparison to other treatment programs that reduce children anxiety (12). Children anxiety may lead to parents, especially mothers' frustration and negative emotions, and also dysfunctional and negative attitudes over time. The parental self-efficacy is a construct that has a great impact on the relationship between parents and children (13). Self-efficacy is related to individuals' belief in their ability to perform tasks and can affect their life too. Individuals with a high level of self-efficacy believe in their abilities if they are faced with conflicting life events. On the other hand, people with a low level of self-efficacy feel helpless and frustrated in overcoming life events and believe that they do not have enough ability to affect the situations (14). They give up trying to solve problems if they are faced with and their initial efforts usually lead to failure. After Bandura's definition of self-efficacy, parental self-efficacy was defined as the degree to which parents are able to take on all aspects of child-rearing.

Mothers' perception of children's early relationships, social support, education, and gender are among the main factors affecting the parental self-efficacy (15). Mothers' image of the initial interactive relationship with children can be the first source of information about self-efficacy. Mothers with anxious children may have a source of inefficiency. Mothers, who feel to be effective in their parenting roles, have warm relationships with their children, leading to the creation of healthy parent-child relationships. Mothers with a low level of parental self-efficacy experience more physiological arousal when faced with difficult and complex parenting situations, especially with anxious children (16). Given mothers' important roles in raising children, it is necessary to increase parents' self-efficacy.

Happiness training is an approach that is considered important in improving

children's anxiety. It is through training mothers of anxious children that their parental self-efficacy can be improved. Due to an increase in the effect of happiness on individuals' mental health and well-being and also its effect on the consolidation of the human's psychological forces to deal with stressful problems and complexities of today's world, the researchers have paid particular attention to this issue. Happy people feel more secure, are more partnership-spirited, make decisions easier than others in their living environment, and are more satisfied (12). Happiness was the first arisen in the studies conducted by Fordyce (17).

By formulating a program containing 14 elements (eight cognitive elements and six behavioral elements), he laid the foundation for happiness in the public (17). The eight cognitive elements of Fordyce's program included creating positive and optimistic thoughts; focusing on the present; lowering levels of individual expectations and desires; planning for tasks; reducing ineffective negative emotions; avoiding worry; give happiness top priority; and developing healthy personality. The six behavioral elements of program included development of positive social personality; enhancing activity; enhancing social communication; improving intimate relationships with others; being creative and engaging in meaningful work; and being self-sufficient (18, 19). The research literature indicates that interventions that teach happiness to individuals significantly increase their self-efficacy. For instance, teaching happiness to students improves their self-efficacy (20). Rezaei et al. (21) indicated that when parents with autistic children attended positive psychology-based intervention sessions, in which the happiness training was an important section, their parental self-efficacy increased. Cognitive skills including mindfulness are effective in counteracting

anxiety and stress caused by difficult situations, but the question is how does mindfulness affect parenting? Mindfulness is a state of aroused attention and awareness of what is happening at the moment. In fact, mindfulness is a balanced mental framework that prevents emotional and unpleasant exaggerations and provides an opportunity to keep people away from unpleasant emotional states and instability of emotions (22). In other words, mindfulness-based interventions allow parents to foster their focused awareness to meet their children's needs and respond purposefully instead of responding to parents' automated practices, thereby realizing more parental self-efficacy (23). The results of the relevant studies indicate that mindfulness-based interventions are effective in improving the behavior of mothers of children with chronic diseases and are able to significantly increase their quality of life (24). Another study indicates that raising students' mindfulness increased their self-efficacy (25). The research findings also show that mindfulness-based interventions on mothers increased their psychological well-being and maternal self-efficacy (26). Based on the foregoing, the present study aimed to investigate the effectiveness of mindfulness and happiness training on parental self-efficacy in mothers of preschool anxious children.

## **2- MATERIALS AND METHODS**

### **2-1. Study design and population**

This research is experimental in terms of method with a pretest-posttest-follow-up design and a control group. The study population included all mothers of anxious preschool children in Shahrekord, Iran, in 2018. The multistage sampling method was employed in this study. First, Shahrekord was divided into five regions: North, South, East, West and Central; then, several kindergartens of each region were selected based on the kindergarten

managers' cooperation. Spence Children's Anxiety Scale (SCAS) questionnaire was completed by 288 mothers. Among the mothers, 45 of them with higher scores than one standard deviation from the mean of population in children's anxiety score were selected as the research sample. They were then randomly assigned to two experimental groups and a control group (n=15 per group). The pre-test was done under the same conditions, and then the first experimental group was exposed to eight 90-minute sessions under the mindfulness training intervention. The happiness training was performed on the second experimental group for ten 90-minute sessions; and the control group did not receive any mindfulness and happiness training. After the training sessions, the experimental and control groups received the same post-test.

The follow-up was performed one month after the post-test. The treatment sessions were performed on the control group in order to adhere to the ethical principles after the training sessions on the experimental groups and post-tests on the experimental and control groups. The participants were informed of the research objectives and its procedures. Also, the researchers received a written consent for participation in the research from the participants. Data analysis was conducted using one-way analysis of variance (one-way ANOVA), and analysis of covariance (ANACOVA). SPSS (version 24.0) was further used for data analysis. The significance level of research was considered to be  $\alpha=0.05$ .

## **2-2. Assessment Tools**

**2-2-1. Spence Children's Anxiety Scale (SCAS):** The Children's Anxiety Scale (CAS) (Parental form) was designed by Spence et al. (27) in a 28-item form, rating on a 5-point Likert scale. The subscales of this test are generalized anxiety disorder, social phobia, obsessive-compulsive

disorder, fear of physical injury, and separation anxiety disorder, which yield the total score of tests. Spence et al. (27) calculated the correlation of the subscales of this test to be 0.44. Validity of the tool was examined by Ghanbari et al. (28) in Iran and the correlation of its subscales was 0.82 in total scale score by the test-retest, and greater than 0.70 in all its subscales. In the present study, Cronbach's alpha was employed to determine the reliability of the Children's Anxiety Scale and it was 0.84 for the questionnaire.

**2-2-2. Parenting Self-Agency Measure (PSAM):** The scale was introduced by Dumka et al. (29) to assess the levels of parental self-efficacy. The test assesses parents' efficiency and frustration when they are confronted with children's situations, their ability to resolve parent-child conflicts, and their resistance in parenting. The test consists of ten items. High scores in this test indicate high self-efficacy and low scores indicate low self-efficacy. Dumka et al. (29) reported the internal consistency of this scale in English-speaking mothers with a moderate economic level with a Cronbach's alpha coefficient of 0.70. To use the parental self-efficacy scale in psychological research, Talei et al. (30) first translated Dumka's parental self-efficacy questionnaire into Persian, and then asked three professors to investigate the face validity of the questionnaire. Finally, he implemented the parental self-efficacy questionnaire on a sample of twenty-five mothers of 7-9-year-old girls, who were randomly selected after correcting its drawbacks. Finally, he reported the Cronbach's alpha coefficient of 0.70. In the present study, Cronbach's alpha was 0.76 for the questionnaire.

## **2-3. Intervention Program**

The first intervention program consisted of eight 90-minute sessions of mindfulness training. This intervention was performed

by Baer (31) on the parents of exceptional children and the results showed good validity (**Table.1** presents a summary of the sessions). The second intervention program consisted of ten 90-minute sessions of group happiness training. This intervention was performed by Fordyce (17) on the couples and the results showed good validity (**Table.2** presents a summary of the sessions). The intervention program was implemented in Persian for the participants.

**Table-1:** Mindfulness training sessions (31).

Session	Session Description
First	Establishment of a relationship; definition and conceptualization; the need for using mindfulness training; and pre-test.
Second	Presenting general themes of each session; brief introduction to the mindfulness approach; parent-child interaction overview; mindfulness to exit automatic guidance; training raisin eating and focusing on it; training thoughts and feelings; sitting meditation; and physical examination.
Third	Training mindfulness of breathing and meditation of mindfulness; sitting meditation, mindfulness of breathing and body; mindfulness and meditation training; training to see and hear; walking training with mindfulness; physical checking by focus on breathing.
Fourth	Breathing and body meditation training; meditation of thoughts and noise; different ways of see thoughts; training to see the connection between activities and mood.
Fifth	Permission of experiences as they are without their judgment; Meditations.
Sixth	Creating negative thoughts restricts our connection with experience even though they are not true.
Seventh	Learning to take self-care by practicing and meditation.
Eighth	A balanced life by the help of mindfulness and meditation.

**Table-2:** Description of Happiness Training Sessions (17).

Session	Content of Sessions
First	Introducing members of group to each other; reviewing structure of sessions, rules and regulations; training the activity technique, and being more active member; and performing the pre-test.
Second	Training techniques for increasing intimacy and social relationships in members.
Third	Training techniques for increasing creativity in members.
Fourth	Training techniques for planning and better organization in members.
Fifth	Training techniques for stopping concerns in members.
Sixth	Training techniques for lowering expectations and self-esteem in members.
Seventh	Training techniques for developing positive thinking and optimism in members.
Eighth	Training techniques for living at the present time.
Ninth	Training techniques for expressing emotions quite easily.
Tenth	Training techniques for valorizing happiness in members.

The mean age of the participants ( $\pm$ SD) in the mindfulness training, happiness training and control groups were  $34.36\pm 2.59$ ,  $36.08\pm 2.63$  and  $34.20\pm 2.29$  years, respectively. The demographic characteristics of the participants are shown in **Table.3**.

## 2-4. Ethical Considerations

This article was extracted from a part of the PhD dissertation of Arjang Fereydooni in the Department of Psychology, Khuzestan Science and Research Branch, Islamic Azad University, Ahvaz, Iran. Ethical approval was received from the ethics committee of the Department of Psychology, Ahvaz Branch, Islamic Azad University (ID-code: 23220706981001).

**Table.4** presents the mean of research variables in the experimental and control groups in the pre-test, post-test and follow-up. The normality of the data distribution was checked and approved by Shapiro-Wilk test. The Levene's test was also employed to examine the equality of

variances (for equality of variances in the experimental and control groups) ( $F= 2.86$ , and  $p>0.05$ ). The results indicated that the assumption of the equality of variances was true and the use of analysis of covariance was permitted. Furthermore, the analysis of variance was used to test the assumption of homogeneity of line

slope ( $F=0.72$ , and  $p>0.5$ ). This interaction was not significant, indicating the compliance with assumption of homogeneity of line slope. Therefore, the assumption of homogeneity of regression line slope was true for the research variables; and the analysis of covariance test can be used accordingly.

**Table-3:** Demographic characteristics of the participants.

Groups	Age (years) (Mean± SD)	Education level				
		Middle school	High school	Associate degree	Bachelor's degree	Master's degree
Mindfulness training, (n=15)	34.36±2.59	5	1	3	4	2
Happiness training, (n=15)	36.08±2.63	2	6	1	5	1
Control, (n=15)	34.20±2.29	0	5	4	2	4
Percentage (%)	-	15.55	26.70	17.80	24.40	15.55

SD: Standard Deviation.

**Table-4:** Mean and standard deviation of dependent variable in experimental and control groups in pre-test, post-test and follow-up.

Dependent variable	Phase	Mindfulness, (n=15)	Happiness, (n=15)	Control, (n=15)
		Mean ± SD	Mean ± SD	Mean ± SD
Parenting self-efficacy	Pre-test	34.00±7.17	35.13±7.74	35.40±7.78
	Post-test	43.86±7.46	43.53±7.41	36.26±6.69
	Follow-up	42.53±7.17	42.60±7.61	36.66±7.07

SD: Standard Deviation.

According to **Table.5**, there were significant differences between mindfulness training, happiness training, and control group in terms of parental self-efficacy interaction. Therefore, at least one of the trainings had a significant effect on the dependent variable, and the effect persisted over time. The results of the LSD post hoc test were used to find out which treatment was effective and whether there was a significant difference between different trainings (**Table.6**). There was a significant difference between mindfulness and control groups in terms of parents' self-efficacy in the post-test and follow-up stages ( $P=0.000$ ). The finding indicated that mindfulness training was effective in

promoting the parental self-efficacy and the effect was stable over time. Furthermore, the difference between means of happiness training group and control group in terms of parental self-efficacy was significant ( $P=0.000$ ) in the post-test and follow-up stages. The finding also indicated that happiness training was effective on parental self-efficacy; and the effect was stable over time. Furthermore, the difference between mindfulness and happiness training groups on parental self-efficacy was not significant at both stages. Therefore, there was no significant difference between the mindfulness and happiness training groups on parental self-efficacy (**Table. 6**).

**Table-5.** Results of univariate analysis of covariance on the post-test and follow-up scores of parenting self-efficacy.

Dependent variable	Phase	SS	df	MS	F	P-value
Parenting self-efficacy	Post-test	655.39	2	327.69	41.88	0.0001
	Follow-up	452.31	2	226.15	31.52	0.0001

df: Degrees of freedom; SS: Sum of Squares; MS: Mean Sum of Squares.

**Table-6:** Results of the LSD post hoc test in post-test and follow-up.

Dependent variable	Phase	Groups	Mean difference	SE	P-value
Parenting self-efficacy	Post-test	Mindfulness - Control	8.83	1.04	0.0001
		Happiness - Control	7.49	1.02	0.0001
		Mindfulness - Happiness	1.33	1.03	0.20
	Follow-up	Mindfulness - Control	7.28	1.00	0.0001
		Happiness - Control	6.29	0.98	0.0001
		Mindfulness - Happiness	0.99	0.98	0.32

SE: Standard Error; LSD: Least Significant Difference.

#### 4- DISCUSSION

The present study aimed to compare the effectiveness of mindfulness and happiness trainings in promoting the parental self-efficacy in mothers of anxious preschool children. The results indicated that the mindfulness training was effective in promoting the self-efficacy of mothers of anxious preschool children; and the effect persisted over time. In interpreting the finding, which was consistent with previous findings (26, 32, 33), we can claim that mindfulness interventions increase psychological flexibility and decrease strict and inflexible parental behaviors. Accordingly, they increase parents' efforts to avoid the feeling that inefficiency and inadequacy destruct their ability to use new parenting skills. The combination with utterances such as "I cannot tolerate my child's problems" makes parents to escape from this unpleasant condition and feeling by any behavior or reaction. The lack of mindfulness and inflexible mind may prevent issues in short term, but in fact lead to the persistence of children's problems, including anxiety, and even exacerbate them over a long period of time. The main focus of many mindfulness-based programs is on

behavior management training; while, they do not directly deal with individuals' thoughts, feelings and values. Such interventions often teach skills to control or suppress negative feelings (34). Based on the components of mindfulness-based interventions, negative thoughts increase inappropriate or inefficient parental behaviors. The strategies for controlling or suppressing negative feelings exacerbate them and prevent parents from using the value-based parenting skills. Mindfulness-based interventions are alternatives to traditional methods for dealing with negative thoughts and feelings. Instead of controlling or suppressing negative thoughts, these interventions facilitate communication and acceptance of negative thoughts and feelings that may occur in the parent-child interaction (35). In the present study, the mothers in the mindfulness intervention group learned fault recognition skills to take their thoughts less serious, and thus show less retreat towards their life values. The learned skills and practices helped the parents determine their values in their relationship with their children and adapt to the condition. In general, teaching the interventions such as fault recognition, acceptance, mindfulness and focus on committed and value-

oriented actions instead of controlling unpleasant thoughts and feelings has a positive effect on how people cope with negative thoughts and feelings, significantly increasing their parental self-efficacy. In fact, mindful parenting leads to development of parenting abilities affected by change mechanisms (36). These mechanisms include listening with full attention, acceptance without self and child judgment, emotional awareness of oneself and child, self-regulation in parenting, and compassion for oneself and child. Therefore, this method of exchanging ideas about establishment of rules leads to the presentation of logic, and increases positive emotions and behaviors between a parent and child (37). The process normally leads to improved parent-child communication quality and thus increases self-efficacy in parents. The research results indicated that happiness training was effective on the parents' self-efficacy in the mothers of pre-school anxious children. The findings were consistent with the results of previous studies on the effectiveness of positive parenting interventions on parenting characteristics (20, 21, 38).

In general, happiness has been considered as an important variable of health psychology research in recent years. According to the findings, the happiness training can increase individuals' knowledge and skills in affecting and controlling their emotions; affect the self-interpretation of surrounding events; reinforce the self-view on adverse effects of negative emotions and behaviors and good consequences of positive opinions and views; induce positive mood by utilizing the cognitive therapy methods; enhance the realistic assessment and correct thoughts; provide a happy act; affect the attendance at vibrant activities; affect the attention to intimate bonds and positive relationships with others, spiritual self-development, life in the present; help

individuals to have healthy and developed characters in different dimensions; diminish negative traits such as anxiety, depression, distress; and concern about personality and other factors (39). The individuals, who have happy spirits, put optimism at the top of their daily activities and find a better solution for their problems compared to others. According to the researcher, those who are optimistic about life events have a higher life expectancy and make better decisions when faced with bittersweet events of life because constructs such as happiness in positive psychology can protect people against stressful life events and promote self-efficacy beliefs (40). For proving the effectiveness of this intervention in promoting the parental self-efficacy, one can argue that since the parental self-efficacy means the parents' belief in their abilities to affect their children, parents need knowledge on the effective methods for children care and education, appropriate spirit and emotions, and optimism in order to have the feeling of self-efficacy. The happiness training increased the mothers' self-confidence, affected their and children's performance, increased the maternal self-efficacy; and decreased their stress.

In fact, the happiness training causes the children's positive behaviors to be further seen and strengthened by mothers by creating positive emotions in mothers, thereby increasing the parental self-efficacy and decreasing the feelings of helplessness, depression and stress. The intervention changed the attitudes, beliefs and thoughts in the mothers who had anxious children and corrected their perceptions and reactions. Therefore, it created a better relationship between mothers and children and improved the parental self-efficacy. According to the findings of the present study, there was no significant difference between the mindfulness and happiness training groups

in terms of parental self-efficacy. According to the findings, both mindfulness and happiness training methods could have lasting effects on the parent-child relationship and change the anxious relationship between a parent and child, leading to the parental self-efficacy for two following reasons: A) Both intervention methods affected the mothers' emotions and their interaction with anxious children. B) Parenting a preschooler, who suffered from anxiety, required methods to deal with anxiety situations, and evaluate the success of coping with anxiety. In a nutshell, both interventions applied in this study were equally successful.

## 5- CONCLUSION

Given the effectiveness of both treatments on the mothers of anxious children, counseling centers, pre-schools and schools are suggested to use these interventions as a complementary treatment. Since happiness is simply created in life, it is introduced as a suitable and effective method in reducing anxiety and increasing the parenting self-efficacy. Finally, it is suggested to use other appropriate therapeutic interventions along with the applied interventions for the families with anxious children to improve the family members' health and quality of relationships.

**6- CONFLICT OF INTEREST:** None.

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