

## IMPACT OF EDUCATION AND SPIRITUAL MESSAGE ON SELF EVALUATION AND CONSCIOUSNESS DEVELOPMENT OF MOTHERS OF CHILDREN WITH CEREBRAL PALSY

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### ABSTRACT

*The aim of the research was to determine the impact of education and spiritual message on self-evaluation and consciousness development of mothers of children with cerebral palsy. Research included the sample of 30 respondents. After evaluation of the initial status, 7 mothers gave up, so in the end, total sample was consisted of 23 respondents. Research was conducted by specially conceived protocols. Educations, and one modification of psychophysical relaxation based on Jacobson concept, were used. Multidimensional approach in inducing personal states of consciousness of the respondents, with specifically harmonically background of learning and listening to spiritual messages was used during the psychophysical relaxation. In order to review the research objective that was set, two modified scales of self-evaluation of mother herself and of the child. In order to check the hypothesis of the research, t-test for dependent sample of the respondents, was used. Based on the analysis of the obtained results, we could conclude that it has come to significant changes in applied sample of the respondents, during the séances, and that changes manifested in the levels of self-evaluation for controlled variables, of how mothers perceived themselves and their children, stimulated by spiritual messages during the séances.*

**Keywords:** Mothers of children with cerebral palsy, psychophysical relaxation, education, spiritual message.

### INTRODUCTION

When we talk about cerebral palsy, we can say that it is inability of adequate motoric functioning, caused by brain damage. Year 1998, world cerebral palsy commission defined cerebral palsy as “permanent, but not unchangeable movement disorder, caused by nervous system damage that happened during the development of the child, before or after birth, or in first months of breastfeeding (Griffiths and Clegg, 1998 according to Prstačić, 2005). It is a chronic condition that has no improvement, unless the child is involved in education-rehabilitation treatment. The birth of handicapped child often causes stressful situations to

parents, and mothers often feel responsible for that. Because of emotional problems, parents’ concern for child’s future after their death, mothers are often depressed (Götz, 2000), and have emotional and behavioral problems (Bristol, Gallagher, Schopler, 1988). Concern for the child’s well-being requires significant capacities, which include, not only emotional engagement, but also time and finances. Although, many parents deal well with individual needs of their child with cerebral palsy, they can still have implications on their psychological and physical health (Brehaut et.al., 2004 according to Dorčić, 2008).

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Because of that, specialists of various profiles, try to use various complementary, educational and therapeutic approaches (methods), in order to discover and support life potentials and quality of living of the child and its parents.

Number of prospective researches, that examine efficiency of various complementary-supportive therapies, linked to various problem areas such as body image, pain, coping mechanisms, consciousness, self-evaluation etc., is rising. Renaissance philosophers, according to Prstačić (2003), addressed issues of comfort of body and soul and those questions are, today, in center of modern bio-psycho-social and holistic approaches, which examine not only bodily, and spiritual, but also various psycho-pathological tendencies of holistic ideal. In holistic medical care, spiritual needs of the patients have special meaning. The book "Clinical Research in Complementary Therapies", presents the results of large number of studies about the effect of prayer and spiritual help on health of individual patient (Prstačić 2003, 2006). In scientific literature, we can now more often find terms like psychology of spirituality, spiritual help, therapeutic theology, and that refers to effect of prayer in which, "esthetic satisfaction, triggered by spiritual message, can allow experience of wonderful, unlimited and calming inside of a person, but also outside of person in terms of person's interaction with the environment and transcendental, noble and unknown, but healing object..." (Prstačić 2003).

In that frame, one of the ways of maintaining psychological and organismic homeostasis is prayer and spiritual message, which in certain culture and tradition can be applied as educational and psycho-therapeutic factor in supporting and developing person's body and soul unity. According to all the above, research aim was to determine the effect of education and spiritual message on self-evaluation changes of children with cerebral palsy, and their mothers. According to that objective, starting hypothesis of the research was defined, and it reads: "After therapeutic séances were conducted, there were significant changes in self-evaluation of children with cerebral palsy and their mothers".

## MATERIAL AND METHODS

### Sample of respondents

Research included the sample of 30 respondents.

After evaluation of the initial status, 7 mothers gave up, so in the end, total sample was consisted of 23 respondents. Respondents sample included mothers of children with cerebral palsy, chronological age ranging from 25 to 60 years. Percentage of the respondents, living on a country side was 69.6%, and living in cities 21.7%. Majority of mothers were unemployed, exactly 91.3% and only 8.7% had a job. Education levels of mothers were as it follows: 26.1% finished elementary school, 60.9% finished high school, 4.3% finished higher education and 8.7% had a college degree.

### Manner of conducting the research

The research was conducted in the Center for children with multiple disorders – "Koraci nade". At the initial meeting, parents were given short instructions to fill PD-modified visual-analog scales of self-evaluation, relating to perception of self and perception of the child. They were given 20 minutes to fill the questionnaires. After the questionnaires were filled, parents were given the explanation of the research, with all the relevant information (purpose, procedure and benefits), whereupon parents were given chance to ask questions. After verbal explanation, somathotherapist handed out typed consent, prepared earlier, and 30 parents agreed to participate in the research. In cooperation with the management of the Center "Koraci Nade", and in accordance with parents' capability to come to the séance, time plan was made for research implementation. Parents were divided into 10 groups of 3 respondents, and two groups took participation in one day, so that during one work week one séance was held. First day, 2 groups of 3 respondents attended the séance for 45 minutes, and the next 4 days (until Friday), remaining groups attended the séances in same time interval. Total duration of séances per day was 2 hours, i.e. from 10 to 12 am. Premises and conditions for holding séances undisturbed were prepared earlier. Every respondent was given detailed description about the content of the séance, before it began. After verbal instructions, respondents were given instructions to fill modified visual-analog scales of self-evaluation of perception of self and the perception of their children, in initial and final measurement. Research was conducted by specially conceptualized protocols, and more detailed information can be attained from author of paper correspondence.

## Measurement instruments

Questionnaire PD/form A (Prstačić and Desclaux, 1996). Questionnaire was intended for the discovery of coping mechanism based on control variables for following areas: Perception of one's body, body image, body image colorgram, body position preference etc. Utilizing this instrument, two modified self-evaluation scales were covered for areas of perception of self and perception of the child. Results in total, on each of the scales were in range 0-100, where larger result indicates better self-evaluation.

## Data processing methods

Research data were processed using methods of parametric and nonparametric statistics. Central tendency, dispersion measure, frequencies, and percentages were calculated and results were presented as a tabular report. Research data were processed in statistics package SPSS 20 for Windows.

## RESULTS

In Table 1 initial-final measurements results are shown, i.e. results before and after therapeutic sessions.

Table 1 Results of t-test (initial - final measurement)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	60.17	16.07	-4.83	<b>0.00</b>
	Final	81.00	19.02		
Perception of the child	Initial	43.47	20.82	-8,30	<b>0.00</b>
	Final	84.65	14.52		

According to obtained results, shown in Table 1, we can see that in regard to self-evaluation of perception of self, arithmetic mean, in initial measurement was 60.17, while in final measurement it was 81. According to the results of t-test, we can conclude that moth-

ers of children with cerebral palsy accomplished better results on final measurement, on significance level of 0.01. On self-evaluation of perception of the child arithmetic mean was 43.47 in initial measurement, and 84.65 in final measurement.

Table 2 Results of t-test (1st séance)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	59.70	18.19	-5.70	<b>0.00</b>
	Final	83.00	13.90		
Perception of the child	Initial	49.04	20.79	-6.57	<b>0.00</b>
	Final	76.39	23.95		

According to the results of t-test (Table 2), we can conclude that mothers of children with cerebral palsy accomplished better results on final measurement on significance level of 0.01. On self-evaluation of perception of the child arithmetic mean was 49.04 in initial measurement, and 76.39 in final measurement.

According to the results of t-test, we can conclude that mothers of children with cerebral palsy accomplished better results on final measurement, in regard to self-evaluation of perception of the child, on significance level of 0.01.

Table 3 Results of *t*-test (2nd séance)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	66.83	21.29	-4.76	<b>0.00</b>
	Final	80.00	14.43		
Perception of the child	Initial	66.13	22.32	-3.88	<b>0.00</b>
	Final	79.48	18.06		

According to obtained results in Table 3, we can conclude that values of arithmetic means for “Perception of self” variable, in final measurement were larger than values of arithmetic means in initial measurement. T-test results have shown, that between two observed measurements, there was statistically significant difference, i.e. mothers of children with cerebral palsy achieved better results of

perception of self in final measurement of the 2nd séance, than in initial measurement ( $t = -4.76$ ,  $p = 0.00$ ), on the statistical significance level of 0.01. In regard to evaluation of perception of the child, mothers of children with cerebral palsy, achieved significantly better statistical results, in final measurement than in initial measurement ( $t = -3.88$ ;  $p = 0.00$ ).

Table 4 Results of *t*-test (3rd séance)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	61.73	26.36	-4.59	<b>0.00</b>
	Final	82.04	12.45		
Perception of the child	Initial	67.82	24.36	-3.22	<b>0.00</b>
	Final	80.04	16.71		

T-test results have shown, that between two observed measurements, there was statistically significant difference, i.e. mothers of children with cerebral palsy achieved better results at perception of self in final measurement (Table 4), on the statistical significance

level of 0.01. In regard to variable “Perception of the child”, mothers of children with cerebral palsy, achieved significantly better statistical results, in final measurement, on the statistical significance level of 0.01.

Table 5 Results of *t*-test (4th séance)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	65.00	21.52	-4.88	<b>0.00</b>
	Final	80.69	15.46		
Perception of the child	Initial	71.52	21.76	-3.43	<b>0.00</b>
	Final	84.21	15.66		

T-test results have shown, that between initial and final measurements, in regard to perception of self, there was statistically significant difference, i.e. mothers of children with cerebral palsy achieved better results in final measurement (Table 5), on the statistical sig-

nificance level of 0.01. If we refer to Table 5, we can conclude that for variable “Perception of the child”, mothers of children with cerebral palsy achieved better results in final measurement, on statistical significance level of 0.01.

Table 6 Results of t-test (5th séance)

Variables	Measurement	AM	SD	t	p
Perception of self	Initial	69.17	21.08	-2.32	<b>0.03</b>
	Final	81.00	15.46		
Perception of the child	Initial	76.00	20.65	-2.63	<b>0.00</b>
	Final	84.65	14.52		

Obtained results, shown in Table 6, indicate that the values of arithmetical means (AM = 81) of variable "Perception of self" were larger in final measurement than in initial measurement (AM = 69.17). T-test results have shown that between initial and final measurement, there was statistically significant difference in regard to perception of self, i.e. mothers of children with cerebral palsy achieved better results in final measurement on statistical significance level of 0.05. Also, if we refer to table for variable "Perception of the child" we can conclude that mothers of children with cerebral palsy on significance level of 0.01 achieved better results in final measurement.

## DISCUSSION

According to obtained results, it can be concluded that results were better after therapeutic séances, and it justifies utilizing faith, i.e. education and spiritual message as complementary supportive therapies in prevention and mental health improvement (in terms of changes in consciousness regarding perception of self, and of the child) with mothers of children suffering of cerebral palsy. There are studies that addressed issues of spirituality and health an individual. Rana and North (2007) claim that theoretical and practical principles of Islam, based on Quran, are useful, protective, and have therapeutic impact on mental, psycho-social and psycho-somatic wellbeing of an individual. Kemp (1996) researched literature about Islam and health, and he concluded that reciting Quran can improve health. Also, results of these researches have shown that spiritual messages can be used as mechanisms of dealing with difficulties, and this favors the fact that many historical figures used religiousness and spirituality as mechanisms to deal with difficulties (examples are Muhammed pbuh. Abraham, Gautam, St. Augustine, Luther) (Čorić 2002). It goes without doubt that connection between human religiousness and difficulties and calamities is strong, states Čorić (2002), and according to Koenig

(1994). Furthermore, when we speak about therapeutic impact of spiritual message on health, Rana and North (2007) state two different researches, which have addressed this subject. In that sense, they state that Adib (2004) concluded that Islamic medicine is, among other things, based on reciting ayat from the Quran. Also, Brewer (2004) researched various literature, and he came to conclusion that in western hospitals therapeutic procedures are based on Islamic religiousness. Haque (2004), stated by Rana and North (2007), conducted researches about American Muslims and he came to conclusion that their "Islamic religiousness" has positive impact on their mental health. Guerin et.al., (2004) analyzed psychological problems of Somali population in New Zealand and came to conclusion that, among traditional therapeutic approaches, reciting ayat from the Quran was used for efficient physical and mental health improvement. Research conducted by Rana and North (2007), favors statement mentioned above. Their research examined the impact of listening to the Quran on severity of depression symptoms that hospitalized patients had, in Islamic state of Pakistan. Obtained results showed that after listening to the Quran, on significance level, depression levels of respondents sample, dropped. All that is mentioned above does not promote excluding model of medical treatment, but it justifies the use of faith, i.e. "utilize" individual spirituality as an additional support in prevention, education and treatment of mental conditions.

## CONCLUSION

Based on analysis of obtained results, and in conjunction with hypothesis of the research, it can be concluded that during the séances ecstatic and generic experiences of the respondents sample changed. Those changes manifested in levels of self-evaluation for controlled variables of perception of self and of child, and were triggered by spiritual messages during the séances.

Also, during the conduction of therapeutic séances, it was possible to trigger new levels of esthetic psychological state and existential experience (perception of self) in respondent's behavior, actualization of creative potentials and in a manner therapeutic catharsis, therefore it was possible to trigger auto-regulation of psycho-dynamic and psycho-social processes related to perception of self in mechanisms of facing mothers of children with cerebral palsy. Results obtained with this research favor significance of teaching and incorporating spiritual component in treatment processes, education and rehabilitation.

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