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The Effectiveness of a Spiritual Intelligence Curriculum Based on Interactive-Emotional Brain-Centered Strategies on Social Isolation of Parents of Children with Intellectual Disabilities in Isfahan

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of a spiritual intelligence curriculum based on brain-centered interactive-emotional strategies on social isolation among parents of children with intellectual disabilities in Isfahan.

Methods: The research employed a quasi-experimental design with pre-test and post-test and a control group. The statistical population included all parents of children with intellectual disabilities in the six districts of the Exceptional Education Organization in Isfahan, totaling 2,411 individuals. Using convenience sampling, 60 parents were selected and assigned to experimental and control groups. Data were collected using the Yazdi (2014) Social Isolation Questionnaire. Descriptive statistics included frequency distribution tables, charts, and calculation of descriptive indices. Inferential statistics involved analysis of covariance (ANCOVA). The Kolmogorov-Smirnov test was used to examine data normality, Levene's test to assess variance equality, and regression homogeneity was checked via the slope homogeneity test. All statistical analyses were performed using SPSS version 24.

Results: The results indicated that the spiritual intelligence curriculum content, designed based on brain-centered interactive-emotional strategies, had a significant effect on social isolation among parents of children with intellectual disabilities ($F = 10.230$, $p < 0.05$).

Conclusions: The findings suggest that implementing a curriculum designed to enhance spiritual intelligence through brain-centered interactive-emotional strategies can effectively reduce social isolation in parents of children with intellectual disabilities.

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Introduction

One of the key contributions of the field of educational sciences, particularly curriculum planning, lies in the realm of education and human development, especially regarding children with special needs and their parents. Educational and training programs for children with special needs and their families—who often face additional challenges beyond those experienced by typical families—are of significant importance. Among the seven groups of children with special needs, children with intellectual disabilities (slow learners) exhibit unique characteristics. Primarily, they are human beings whose intellectual disability is a prominent feature. These individuals are somewhat slower in cognition and communication, and they struggle with understanding, comprehending, and expressing complex concepts. Children with intellectual disabilities attend school, aspire to find suitable employment, and, like other humans, have dreams. They experience emotions such as happiness, sadness, disappointment, pride, and other affective states that are part of the human experience (Khanzadeh, 2019).

Parents play a crucial role in the psychological and physical well-being, comprehensive development, and social adaptation of their children. Parents of children with intellectual disabilities can participate in educational programs in various ways and realistically confront the associated challenges (Behpou, 2025). The presence of a child with intellectual disability can create difficulties for families, particularly if other children in the family have normal or above-average intelligence. Parental reactions to a child with intellectual disabilities depend on factors such as the severity of the intellectual impairment, guidance from counselors, socio-economic conditions, and parental personality. Generally, the realization that their child cannot progress like other typically developing children can be shocking for families (Milani Far, 2021).

Parents' responses to this situation vary, with common reactions including guilt and self-blame. Such feelings are often intensified by conflicts between parents, as each may reject the child or leave them unattended, leading to guilt and self-reproach. Ultimately, neglecting the child or overreacting does not benefit anyone and can disrupt the balance of both the family and the child (Milani Far, 2021). Feelings of frustration and deprivation are another common parental response, arising not only from having a child with developmental delays but also from the lack of inadequacy of treatment, care, and support facilities. Social attitudes, high costs of care, and the perceived irreversibility of the disability exacerbate parental frustration. Research indicates that

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no other life issue can destabilize family dynamics and members' psychological equilibrium to such an extent. Socially, families are often compelled to accept numerous limitations, forgo gatherings and trips, and devote themselves to child care (Seif, 2021).

Denial or concealment of reality is another defensive mechanism used by parents of children with intellectual disabilities. Some parents insist so strongly on denial that they interpret even minor actions of the child as signs of intelligence and avoid medical or therapeutic interventions, thereby inadvertently worsening the child's developmental delays (Milani Far, 2021). Another common parental reaction is anxiety and worry, which begins upon realizing the child's developmental delays and intensifies after consulting specialists and losing hope for improvement. When a child with intellectual disabilities enters school, family issues become more complex, threatening the psychological well-being and peace of the parents (Behpou, 2025).

Projection is another reaction in which parents attribute the child's problems to external sources, absolving themselves of responsibility. Such parents often blame deficiencies in medical, therapeutic, or care systems and hold others accountable for their child's condition. In some cases, mothers who experience projection feel frustrated for not having a healthy child, which can reduce self-confidence and hope (Baker et al., 2021).

Given that parental mental health significantly affects the well-being of children with special needs, educators and professionals working with families of children with special needs are eager to provide services informed by recent advances in spiritual intelligence and neuroscience. Neuropsychological research has demonstrated the existence of a region in the temporal lobe associated with spirituality, with its physiological basis confirmed (Baratali et al., 2013). Baratali and colleagues (2013) were the first to introduce and validate a curriculum model based on brain-centered strategies, emphasizing three domains: cognitive-metacognitive, interactive-emotional, and motor-physiological. In 2020, Baratali et al. further proposed seven subcomponents of interactive-emotional brain-based strategies, including: 1) fear, stress, and insecurity as barriers to learning; 2) the role of the prefrontal cortex in self-regulation; 3) emotional health and managing negative emotions for optimal learning; 4) the impact of artistic skills and music on socio-emotional growth; 5) the importance of human relationships in classrooms; 6) benefits of collaborative learning on brain development and communication skills; and 7) the advantages of effective management and brain-based education (Baratali, 2020).

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Numerous studies have explored brain-based education. Baratali et al. (2016) highlighted key insights from neuroscience for effective educational processes, emphasizing brain plasticity. Baratali and Setayeshfar (2016) examined Islamic education using interactive-emotional brain-based components, highlighting fear, stress, self-control, emotional health, artistic skills, interpersonal relationships, and effective management in curricula. Baratali and Taghian (2016) recommended interactive-emotional brain-based strategies to enhance learning and engagement, with subsequent research confirming positive effects on mathematics learning in girls with intellectual disabilities (Baratali & Aldavood, 2015) and life skills learning for female prison inmates (Baratali & Shadabnia, 2017).

The present study, based on Baratali's three-domain brain-based curriculum model (2013), focuses on interactive-emotional components of brain-based strategies, with particular attention to spiritual intelligence. Previous studies by Baratali and Taheri Mobarakeh (2017) and Baratali and Alborzi (2016) have confirmed the feasibility of implementing brain-based strategies. Spiritual intelligence, derived from interactive-emotional brain components, has long been of interest in psychology and education. Extensive research indicates that spiritual intelligence can regulate other cognitive and emotional intelligences, enhance self-awareness, interpersonal relationships, and overall well-being (Sohrabi, 2017). Spiritual intelligence helps individuals adopt a broader perspective, focus consciously on meaningful activities, increase resilience, and approach life challenges purposefully (Swilem Mustafa, 2019).

In today's world, attention to the needs of children with special needs and their parents is recognized as a primary priority in education. Parents of children with intellectual disabilities face unique challenges and require targeted support and training. They not only deal with difficulties arising from their children's disabilities but also experience feelings of shame, isolation, and frustration. In this context, curricula based on spiritual intelligence and interactive-emotional brain-based strategies can effectively reduce the social isolation of these parents. Spiritual intelligence, as a key construct in promoting parental mental and social health, can help parents manage negative emotions and cope with life challenges. Simultaneously, brain-based strategies focusing on emotional and cognitive interactions can provide parents with tools to strengthen social connections and improve quality of life.

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Therefore, this study investigates the effectiveness of a spiritual intelligence curriculum based on interactive-emotional brain-based strategies on the social isolation of parents of children with intellectual disabilities in Isfahan. The main research question is: Do interactive-emotional brain-based strategies affect the social isolation of parents of children with intellectual disabilities in Isfahan?

Material and Methods

This study employed an experimental design with pre-test and post-test stages. Data were analyzed using analysis of covariance (ANCOVA), and all quantitative analyses were conducted with SPSS software (version 24). The statistical population consisted of all parents of children with intellectual disabilities in Isfahan whose children were enrolled in exceptional schools. According to the Department of Education of Isfahan Province, the number of these students was reported as [exact figure], with 2,411 parents. Based on the adequacy of sample size in experimental studies and in consultation with the research supervisory team, it was determined that a minimum of 30 participants per group would be sufficient. Therefore, using convenience sampling, 30 parents were assigned to the experimental group and 30 parents to the control group.

Procedure

The experimental group participated in a 12-session training program (each session lasting 90 minutes) on the *spiritual intelligence curriculum based on interactive-emotional brain-based strategies*. Meanwhile, the control group did not receive any intervention during the study period. A total of 30 questionnaires were distributed in both the experimental and control groups. Of these, 27 were returned from the control group and 29 from the experimental group.

Ethical Considerations

Participants were assured that their responses would be used solely for research purposes, that anonymity would be maintained, and that participation was voluntary. They were informed that they could withdraw from the sessions at any time without penalty.

Instruments

Social Isolation Questionnaire: The Social Isolation Questionnaire used in this study consists of 18 items across four subscales, accompanied by operational and conceptual definitions. This instrument is a valid and reliable tool for measuring social isolation and has been applied in prior

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research (Modarresi Yazdi, 2014). Items are scored using a structured rating system, and results may be analyzed both through SPSS and manual scoring. From Seeman's perspective, social isolation is defined as a cognitive state in which an individual feels detached from societal norms and lacks a sense of belonging. In Modarresi Yazdi's study (2014), the face validity of the questionnaire was confirmed by expert review after translation. Reliability was assessed using Cronbach's alpha, demonstrating acceptable internal consistency across all subscales.

Spiritual Intelligence Curriculum Based on Interactive-Emotional Brain-Based Strategies: The intervention was designed in accordance with brain-based strategies focusing on interactive and emotional components of spiritual intelligence. The program was delivered across 12 structured sessions (90 minutes each).

Table 1. Structure and Content of the Spiritual Intelligence Curriculum

Session	Focus / Objectives	Key Activities and Content
1	Introduction to the program	Informed consent; pre-test administration; group familiarization; establishing rules and structure; overview of different types of intelligence
2	Concepts of spiritual intelligence	Brain areas associated with spirituality; emotional-interactive strategies; relaxation training; identifying positive and negative habits
3	Self-awareness (limbic system)	Relaxation exercises; guided imagery; recalling spiritual states; emotional release techniques; listing personal aspirations
4	Self-knowledge through mindfulness	Mindful breathing; mindfulness practices; reflection on personal needs, obstacles, social, emotional, and spiritual dimensions of life
5	Awareness of brainstem functions	Mindfulness in eating; use of spiritual resources (e.g., prayer, devotion); gratitude practices
6	Creativity and flexibility (hemispheric integration)	Mindful activities; enhancing creative thinking; gratitude completion tasks; relaxation techniques
7	Self-awareness (parietal lobe)	Promoting positive interpersonal relationships; community building; practicing virtuous behaviors (forgiveness, gratitude, compassion)
8	Stress reduction	Meditation practices; training in stress-coping strategies; introduction to Meichenbaum's stress-reduction model
9	Meaning of life	Existential reflection (e.g., "Who am I? Where am I going?"); group discussions; hope-building activities
10	Hope and resilience (prefrontal cortex)	Methods for fostering optimism; strengthening resilience; promoting mental health skills
11	Value clarification	Exploration of values in four domains (God, self, others, nature); compassion-focused therapy; empathy practices; resilience strategies
12	Program closure	Post-test administration; review and consolidation of previous sessions; training in self-management and environmental mastery; conclusion and closure

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Results

The results of the descriptive analysis of the study variables are presented in Table 2. For each research variable and its dimensions, descriptive statistics including the mean, standard deviation, minimum, and maximum scores are reported.

Table 2. Descriptive statistics of social isolation in the control group

Variable	Mean	SD	Minimum	Maximum
Pre-test social isolation	2.704	0.243	2.11	3.28
Post-test social isolation	2.709	0.248	2.22	3.28

Table 3. Descriptive statistics of social isolation in the experimental group

Variable	Mean	SD	Minimum	Maximum
Pre-test social isolation	2.552	0.306	1.67	3.00
Post-test social isolation	2.323	0.455	1.50	3.33

Given the use of pre-test and post-test data in both the experimental and control groups, analysis of covariance (ANCOVA) was employed. Since a pre-test–post-test control group design was used, ANCOVA was conducted to control for the effect of the pre-test as a covariate and to examine the effectiveness of the spiritual intelligence curriculum based on interactive-emotional brain-based strategies on reducing parents' social isolation. Three assumptions of ANCOVA were tested: (a) normality of distribution, (b) homogeneity of variances, and (c) homogeneity of regression slopes.

Normality of Distribution

The Kolmogorov–Smirnov test was used to assess normality (Table 4).

Table 4. Kolmogorov–Smirnov test for normality of pre-test and post-test scores of social isolation

Statistic	Control Pre-test	Control Post-test	Experimental Pre-test	Experimental Post-test
K–S Z	0.665	0.157	0.189	0.109
Sig.	0.079	0.069	0.200	0.084

As shown in Table 4, the significance values were all greater than 0.05, confirming the normality of distributions in both groups.

Homogeneity of Variances

Levene's test was performed to test homogeneity of error variances (Table 5).

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Table 5. Levene's test of equality of error variances

F	df1	df2	Sig.
3.676	1	54	0.056

The result was not significant ($p > .05$), indicating that the assumption of equal variances was satisfied.

Homogeneity of Regression Slopes

The interaction between the covariate (pre-test scores) and group was tested to assess homogeneity of regression slopes (Table 6).

Table 6. Test of homogeneity of regression slopes

Source	SS	df	MS	F	Sig.
Pre-test × Group	4.821	2	2.411	2.304	0.071

The interaction effect was not significant ($p > .05$), confirming the assumption of homogeneous regression slopes. The ANCOVA results examining the effect of the curriculum on parents' social isolation are presented in Table 7.

Table 7. Results of ANCOVA for social isolation

Source	SS	df	MS	F	Sig.	Partial Eta²	Power
Pre-test	2.739	1	2.739	31.040	0.001	0.369	1.000
Group	0.903	1	0.903	10.230	0.002	0.162	0.881
Error	4.677	53	0.088	–	–	–	–
Total	362.284	56	–	–	–	–	–

As shown in Table 7, after controlling for pre-test scores, a significant difference was found between the experimental and control groups ($F = 10.230$, $p < .01$). The curriculum designed to enhance spiritual intelligence through interactive-emotional brain-based strategies had a significant effect on reducing social isolation among parents of children with intellectual disabilities. The effect size (partial eta squared = .162) indicated that approximately 16.2% of the variance in post-test scores was explained by the intervention. The observed statistical power was 0.881, confirming the adequacy of the analysis. To further examine between-group differences, Bonferroni pairwise comparisons were conducted (Table 8).

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Table 8. Bonferroni pairwise comparison of social isolation between control and experimental groups

Group (I)	Group (J)	Mean Difference (I–J)	Std. Error	Sig.	95% CI Lower	95% CI Upper
Control	Experimental	0.264*	0.082	0.002	–0.429	–0.098
Experimental	Control	–0.264*	0.082	0.002	0.098	0.429

The Bonferroni test confirmed a significant difference between the groups (p = .002). Specifically, parents in the experimental group reported significantly lower levels of social isolation compared to those in the control group.

Discussion

The aim of this study was to examine the effectiveness of a spiritual intelligence curriculum based on interactive-emotional brain-based strategies on social isolation among parents of children with intellectual disabilities in Isfahan. The findings of the statistical analyses indicated that the curriculum significantly reduced parents' social isolation. The effect size (η^2 = .162) suggested that 16.2% of the variance in post-test scores, after controlling for pre-test scores, could be explained by the intervention. This demonstrates that the observed reduction in social isolation was attributable to the curriculum, which served as an effective intervention. The observed statistical power (0.881) further confirmed the robustness of the findings.

These results are consistent with previous research. Arnaud et al. (2008) reported that raising a child with special needs not only increases psychological stress for families but also elevates the risk of chronic physical illnesses and psychiatric disorders, such as depression, especially among mothers. Similarly, Debirian et al. (2011), in a study comparing spiritual intelligence and mental health among mothers of deaf, blind, and typically developing children, found significant differences across groups. They concluded that spiritual intelligence could be a predictor of maternal mental health. More recently, Salehi et al. (2021) demonstrated that mothers of children with intellectual disabilities face substantial psychological and social challenges in caring for their child, including limited access to specialized services and insufficient financial and social support—factors that contribute to social isolation. These findings underscore the need for specialized professional support to address the core needs of such mothers and families, thereby preventing potential harms and improving treatment outcomes.

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In line with these observations, the present study highlights the importance of supporting parents during the early years of their child's development, when both progressions and regressions in the child's condition may occur. Each of these phases represents a potential therapeutic target for intervention. However, few studies have directly examined the relationship between spiritual intelligence and social isolation, meaning that the literature remains underdeveloped in this area.

From a theoretical perspective, spiritual intelligence enables individuals to cope with life's challenges by ascribing meaning and value to their experiences. Through this form of intelligence, individuals can make sense of their actions, recognize which behaviors are more meaningful, and align their lives with higher purposes or role models. Individuals with high levels of spiritual intelligence assign meaning to hardships, maintain goals despite crises, reduce anxiety, and sustain deeper and more empathetic connections with others. Because spiritual intelligence is inherently tied to values and the cultivation of imagination, it fosters creativity, self-actualization, and effective social interactions. As empathy increases, social isolation diminishes. Moreover, spiritual intelligence contributes to life satisfaction and self-realization, enabling individuals to transcend social stigma and accept their child with disability while maintaining meaningful social connections and trust in a higher power.

Analyzed in more depth, the curriculum developed for this study targeted key components of spiritual intelligence, such as meaning-making, empathy, effective communication, self-awareness, and mindfulness. These factors are critical in reducing social isolation and enhancing social interaction. Parents of children with intellectual disabilities often experience social pressure, feelings of rejection, negative judgment, and a lack of understanding from others—all of which intensify their isolation. The intervention, however, encouraged internal growth, promoted attention to higher values, and reshaped parents' perspectives toward themselves and the world. This internal psychological support fostered greater self-acceptance, stronger relationships, and more purposeful social engagement. In sum, the curriculum functioned not only as an educational program but also as an effective psychological intervention with the potential to improve the quality of life for families of children with intellectual disabilities.

This study was limited to parents of children with intellectual disabilities in Isfahan, which restricts the generalizability of the findings to other populations or cultural contexts. Caution should therefore be exercised when applying these results elsewhere. Given the cultural and religious

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significance in the region, future interventions should integrate local spiritual and religious practices—such as prayer, Qur'an recitation, and religious ceremonies—to further strengthen spiritual intelligence and reduce social isolation. Additionally, organizing parent workshops focused on developing social and communication skills, including effective communication, conflict resolution, and empathy, may further support parents and mitigate their social isolation.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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