The Impact of Adler Lifestyle Education on Resiliency of Parents of Educable Mentally Retarded Students

J. Tavakolizadeh
School of Medicine
Gonabad University of Medical Sciences
Gonabad, Razavi Khorasan Province, Iran
Phone: +98 51 5722 3028

Isfahan University of Medical Sciences
Isfahan Province, Isfahan, Iran
Phone: +98 31 3792 3071

ES. Yazdi
Islamic Azad University of Qaenat Branch
Qaenat, Iran

A. Akbary
School of Medicine
Gonabad University of Medical Sciences
Gonabad, Razavi Khorasan Province, Iran
Phone: +98 51 5722 3028
doctor.akbary@chmail.ir

Abstract

Introduction: Over the past two decades, the field of resiliency has attracted increasing attention in evolutionary psychology. Having mentally retarded children is one of life’s stressors for parents, that can have a devastating impact on their mental health. Therefore, any strategy that can help the parents of these children relieve stress and deal effectively is important. This study aimed to determine the impact of Adler lifestyle education on resiliency, especially on parents of mentally retarded students and will measure the following two hypotheses.

Method: This was a semi-experimental study with pre and post-test with control group. The statistical population of this study included parents of all the students of the Shahid Alavian Exceptional Education Center in Gonabad (N=120) whose children were studying in the 2012/2013 academic year; 60 people were randomly selected and assigned to two groups of 30 (case and control). It should be noted that each group consisted of 15 fathers and 15 mothers. The pre-test was administered to both groups separately. After that, the training in 11 sessions of 60 minutes was presented in the workshop of advisers for the case group. In this study, the Connor and Davidson’s resiliency questionnaire was used. In this study, the reliability coefficient equal to 0.89 was obtained using Cronbach's alpha method. To determine the validity, the correlation of each item with the total score was calculated. In the present study, the reliability of this instrument using Cronbach's alpha coefficient was determined as 0.89. Data were analyzed using SPSS for Windows version 16.

Results: The mean scores of the resiliency have increased in the case group than the control group which is statistically significant (P < 0.01). The mean scores of fathers’ resiliency have increased than mothers, but the differences were not significant between the two groups (P > 0.05).

Conclusion: The result of this study concluded that appropriate Adler lifestyle training helps parents of educable mentally retarded children to boost their resiliency. This is important due to the existence of mentally retarded children on parental stress.

Keywords: Adler Lifestyle; Resiliency; Parents; Educable Mentally Retarded Students; Stress.

1. Introduction

Over the past two decades, the field of resiliency has attracted increasing attention in evolutionary psychology (Mohammadi et al., 2005). Resiliency refers to the ability to cope with life
crises and overcome them. Resiliency is actually a positive adaptation in response to the harsh conditions of life (Waller, 2001). Abiding individuals reduce adverse effects and maintain their mental health despite being exposed to chronic stresses (Soleimani et al., 2008; Hosseini and Jalali, 2018). Some authors refer to resiliency as adaptation to the dynamic process positively grim experience (Luthar & Cicchetti, 2000; Masten, 2001). Resiliency, also known as "stress resistance" (Garmezy, 1985) or "post-traumatic growth" (Tedeschi et al., 1998), is along a continuum with varying degrees of resistance to the psychological damages (Ingram & Price, 2001). Resiliency by this definition is beyond that survived the destruction of life stresses and adversities (Bonanno, 2004) and agrees with the positive growth, adaptability and reach a level of equilibrium after being disturbed balance in the former (Richardson, 2002). This definition of resiliency represents the efficiency and dynamics of a construct that involves a complex interaction between risk and protective factors (Olson et al., 2003).

Early theories about resiliency were stressed on the characteristics associated with positive outcomes in the face of stress and adversity in the life (Rutter, 1985; Rahavard, 2018). These studies, then found the outer protective factors such as efficient school and supportive relationship with adults effective in improving the resiliency (Luthars et al., 2000). Current theories consider resiliency as a construct which is consisted of the multi-dimensional nature of the variables, such as temperament and personality with special skills such as problem solving skills (Campbell-Sills et al., 2006).

Having mentally retarded children is one of life stressors for parents that can have a devastating impact on their mental health and parents' mental health risk (Alizadeh, 2003; Khoshtinat, 2017). Certainly the birth of the child with mental retardation in a family can be a challenging and undesirable event that may cause frustration and despair (Tavakolizadeh, 2017). There is a large body of evidence indicating that parents of children with mental problems are more likely to encounter with social, economic and emotional problems that often are destructive, widespread and have restrictive nature (Mikaeli, 2008). Therefore, any strategy that can help the parents of these children relieving stress and dealing effectively is important. There are many methods to stress resiliency that many of them are psychological in nature. Different people according to their personality, each choose a method for adaptation to stress. Some try to look into the problems of life with a positive perspective, some are seeking social support and others that fled. One of the things that seem to help parents cope with the stress of having mentally retarded children is educating them in changing their lifestyle.

Lifestyle is the look on he's own person, others, the world around and the distinct behaviour to achieve goals and uses it to their destination. Although the first six years of life are taught to an individual lifestyle, other events are also a big influence on his development. Childhood itself has no effect on the individual's experience. What is important to the interpretation of events. Adler’s concept of the self, personality, individuality, character and unity to confront problems or general attitude towards life speaks (Stein & Edwards, 2003; Gujarit and Kumar, 2018). Adler believed that people have four types of lifestyle that reflect the six types of lifestyle which are joyful, rebellious, receiver, ruler, incompetent and socially beneficial (Keshmiri, 2010), and any person in his life extends the lifestyle which is often useful in solving problems related to three functions: social interactions with others, employment and love (Keshmiri, 2010; Alahdadi and Razaghi, 2018).

In Adler lifestyle teaching, the ways of telling stories, interviews, diary writing and art therapy are used. The content of training programs for parents includes a sense of belonging, a sense of security, communication, cooperation, sense of empowerment, a sense of self-control and self-discipline, self-worth and confidence (Snow et al., 2001).

Similar studies on the relationship between mental health and resiliency (Bonanno, 2004; Campbell-Sills et al., 2006; Samani et al., 2008; Rahimian Boogar, 2008) and the relationship between lifestyle and coping strategies (Keshmiri, 2010; Summers et al., 1996) have been conducted. But there is not any study exploring the impact of Adlerian lifestyle education on
resiliency, especially parents of mentally retarded children. This is especially due to workloads that are stressful for the parents of these children and are of great importance. For example, Dalton & Epstein research on parents of mentally retarded children did conclude that the parents of these children may have different emotions such as feelings of hopelessness and sadness and feelings of guilt about their conflicting feelings of responsibility concerns react to the child's future (Dalton & Epstein, 1963). Sternberg J showed in a study about skills like communication skills, coping, Self-assertiveness, resiliency can express them and seek to increase the health level (Conner & Davidson, 2003).

This study aimed to determine the impact of Adlerian lifestyle education on resiliency, especially parents of mentally retarded students and will measure the following two hypotheses:

1 - Adler lifestyle education leads to the increase of resiliency in parents of mentally retarded children.

2 - The impact of Adler lifestyle education on the resiliency of parents of mentally retarded children is different.

2. Material and Methods

This was a semi-experimental study with pre and post-test with control group. The populations of all parents of 120 students in special education center Martyr Alavian of Gonabad city were enrolled during the school year 1389-1390. The researchers randomly assigned 60 parents and then divided them randomly into two groups (30 cases and 30 controls). It should be noted that each group consisted of 15 fathers and 15 mothers. Subsequently, the training was conducted in 11 sessions of 60 minutes for the case group by the author and one of the family education instructors who had a master's degree in exceptional children with a certificate of attendance at the Adlerian counseling workshop. The training was as follows:

Session I: preparation and pre-tests, Session II: understanding the purpose, to provide guidelines for participation, communication and empathy, specifying the goals of counseling sessions to explain the outline of the group's members, Session III: understanding lifestyle and the factors affecting it (the introduction of the position of the family and each family member), Session IV: exploring the dynamics of individual, familiar and challenging tasks of life, recognizing the beneficial and harmful behaviors, session V: understanding the challenges and priorities in life personal preference and clarify its fifth assignment of life (work, spirituality, love, social relationships and self), Session VI: understanding the challenges of living with basic errors (change of ideas as part of lifestyle modification and the use of press technique), session: VII understanding the early memories (meaning early memories, discover old memories, memories rewrite), session VIII: to encourage self-evaluation, re-evaluate life goals to strengthen social interest, identify goals and barriers in its realization, session IX: giving hope and courage to change (acceptance, develop relationships with others, depending on the capabilities and highlight the positive points) and summarizing the categories of family systems, memories, fundamental errors, behavioral objectives, work life and personal preference. session X: to encourage self-analysis and gain insights, identify goals and barriers in implementing it, helping reorientation, insights into practice exploring life metaphor and. The session XI: implementation and completion of post-test resiliency questionnaires again by testing the control group with an interval of about three weeks after session X.

In this study, the Connor and Davidson's resiliency questionnaire was used (Conner & Davidson, 2003). The Connor-Davidson Resilience scale (CD-RISC) comprises of 25 items each rated on a 5-point scale (0-4), with higher scores reflecting greater resilience. The subject’s minimum score is 0 and his/her maximum score is 100 in this scale. Internal consistency, test-retest reliability and convergent and divergent validity of the scale have been reported adequate and the results of exploratory factor analysis has confirmed five factors (competence/personal strength, confidence and personal instincts/tolerate negative emotions, positive emotions reception/security relations, containment and spirituality) for the resiliency scale. Since, the reliability and validity of
the scale have not yet definitively confirmed, the overall resiliency score is currently valid only for
the researching purposes (Conner & Davidson, 2003).
Mohammadi has adapted this questionnaire for using in Iran (Mohammadi et al., 2005). In
this study, the reliability coefficient equal to 0.89 was obtained using Cronbach's alpha method on
718 men within the age range of 18-25 years old on the resiliency scale implementation who were
divided into normal individuals, consumers and drug abusers. To determine the validity, the
correlation of each item with the total score was calculated. Factor analysis method was then used
and the results indicated adequate validity of the questionnaire. In the present study, the reliability
of this instrument using Cronbach's alpha coefficient was determined as 0.89.

3. Statistical analysis
Data were analyzed using SPSS for Windows version 16. Quantitative variables were
presented by central indices (Mean and Standard error of mean) and qualities variables were
presented by frequencies tables (frequency and percentages). Independent sample t test was used for
comparison of quantities variables between two groups. Two-tailed significance level of 0.05 was
used to detect difference between variables.

4. Results
The mean and standard deviation of pre and post-test scores of the case and control groups
are shown in Table 1.

Table 1. Mean and standard deviation of pre and post-test scores of the case and control groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Case</td>
<td>30</td>
<td>38.47</td>
<td>52.03</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>40.17</td>
<td>41.40</td>
</tr>
</tbody>
</table>

The mean and standard deviation of pre and post-test scores of the parents in the case and
control groups are shown in Table 2.

Table 2. The mean and standard deviation of pre and post-test scores of the parents in the case and control
groups.

<table>
<thead>
<tr>
<th>Parents</th>
<th>Group</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
</tr>
<tr>
<td>Fathers</td>
<td>Case</td>
<td>15</td>
<td>38.13</td>
<td>52.73</td>
</tr>
<tr>
<td>Control</td>
<td>15</td>
<td>39.8</td>
<td>41.2</td>
<td>7.52</td>
</tr>
<tr>
<td>Mothers</td>
<td>Case</td>
<td>15</td>
<td>38.8</td>
<td>51.33</td>
</tr>
<tr>
<td>Control</td>
<td>15</td>
<td>40.53</td>
<td>41.6</td>
<td>5.47</td>
</tr>
</tbody>
</table>

Based on data from Table 3, the mean scores of the resiliency have increased in the case
group than the control group which is statistically significant (P < 0.01). In the other words,
educating Adler lifestyle has increased the resiliency of the parents in the case group than the
control group and the first hypothesis is confirmed.

Table 3. T-test scores of the case and control groups’ resiliency differences.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Mean difference</th>
<th>Standard deviation</th>
<th>Standard error</th>
<th>T score</th>
<th>Df</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case</td>
<td>30</td>
<td>13.57</td>
<td>9.95</td>
<td>1.82</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>1.23</td>
<td>10.78</td>
<td>1.97</td>
<td>4.61</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>
As seen in Table 4, the resiliency scores of parents in the case group have increased than the control group which is statistically significant (P < 0.01). So, Adler lifestyle education has increased the resiliency of parents in the case group than the control group.

<table>
<thead>
<tr>
<th>Parents</th>
<th>Group</th>
<th>Number</th>
<th>Mean difference</th>
<th>Standard deviation</th>
<th>Standard error</th>
<th>T score</th>
<th>df</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers</td>
<td>Case</td>
<td>15</td>
<td>14.60</td>
<td>12.36</td>
<td>3.19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>1.4</td>
<td>10.67</td>
<td>2.75</td>
<td>3.132</td>
<td>28</td>
<td>0.004</td>
</tr>
<tr>
<td>Mothers</td>
<td>Case</td>
<td>15</td>
<td>1.067</td>
<td>7.07</td>
<td>1.83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>12.53</td>
<td>11.26</td>
<td>2.91</td>
<td>3.34</td>
<td>23.55</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Results Table 5 show that the mean scores of fathers’ resiliency have increased than mothers, but the differences were not significant between the two groups (P > 0.05). Thus, it is concluded that lifestyle education had not different effect on parent’ resiliency.

<table>
<thead>
<tr>
<th>Case group</th>
<th>Number</th>
<th>Mean difference</th>
<th>Standard deviation</th>
<th>Standard error</th>
<th>T score</th>
<th>df</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers</td>
<td>15</td>
<td>8</td>
<td>13.18</td>
<td>2.41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>15</td>
<td>6.8</td>
<td>10.93</td>
<td>1.99</td>
<td>0.384</td>
<td>28</td>
<td>0.702</td>
</tr>
</tbody>
</table>

5. Discussion
The results of this study confirmed the first hypothesis of the study that Adlerian lifestyle training increases the resilience of parents of exceptional educable children. This finding is consistent with Samani and Jokar (2007), who showed that resilience is associated with the increase in mental health. It seems that parents of the case group, influenced by the Adlerian lifestyle training, increased their level of resilience and more easily faced with stressors such as retarded child and used more constructive strategies. Increasing the skill to change lifestyle causes parents to feel that the situation is manageable. One of the consequences of gaining insight and discovering the metaphor of life is positive thinking, which seems to be associated with the sense of environmental control and internal causation documents. Because internal causation documents allow one to control emotions and change inappropriate behavior (Fati et al., 2006).

The results of this study rejected the second hypothesis about the different effect of training Adler lifestyle on resiliency of the parents of exceptional students. The results indicated the positive effect of Adler lifestyle education on the level of resiliency of parents of mentally retarded children. But the parents are the same in this regard and there is no significant difference between them. This finding is consistent with the results obtained from the study of Maldar (2012). Thus, the findings show Adler lifestyle education does not work different according to gender.

The limitations of the present study may be the limited sample of the parents of educable mentally retarded students and the use of self-report tools to collect data.

Attention to these issues in future researches will provide more accurate judgments about the two variables.

6. Conclusion
The results of this study concluded that appropriate Adler lifestyle training helps parents of educable mentally retarded children to boost their resiliency. This is important due to the existence of mentally retarded children on parental stress. More studies on a larger group of parents of children with varying degrees of mental retardation are necessary for more accurate judgment about this issue. However, training to all parents who have children with mental retardation is recommended mental health programs to all parents.
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