

Investigating Psychological Profile of Families with Mentally Retarded Children Based on the Family Content Process Model in Elementary Schools in Shiraz

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ABSTRACT

Objective: The objective of this study was to investigate the psychological profile of families with mentally retarded children based on the family content process model in elementary schools of Shiraz in the years of 2013-2014. **Methods:** The present study was conducted using descriptive and casual comparative method. The statistical population includes all parents of mentally retarded students of elementary schools studying in Shiraz during the academic year of 2013-2014. The number of parents of mentally retarded students is 853 people. Using Krejcie and Morgan table, 200 individuals were selected as sample size and cluster random sampling was used. The used instrument are standard questionnaire of family process self-reporting scales, which contains 43 questions with five-point scale, and the standard questionnaire of family content self-reporting scale, which consists of 38 questions with five-point scale including seven subscales of physical and mental health, time of being with together, financial resources, physical appearance, place of living, educational facilities and social status. **Results:** The reliability coefficient through retest test with two week intervals and alpha coefficient for this test was 0.80 and 0.85 for the process, respectively, and this scale contains five subscales of decision making and problem solving, coping skill, coherence and mutual respect, communication skills and religious beliefs. The reliability of the questionnaires was confirmed by Cronbach's alpha method for questionnaire of family process self-reporting scales 0.85 of the reliability of the tool was confirmed by content validity method. **Conclusion:** The results of the research indicate a positive and significant relationship between the investigating style of psychological profile of families with mentally retarded children and family process self-reporting scales.

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As it is cleared by the evidence, the history of mental retardation is tied to medical science. As we know, until the eighteenth century, mentally retarded people were not behaved with affection, and even doctors refused to accept and treat them. Generally, in the 1990s, emphasis was placed on the empowerment of people with disabilities and their families, with the aim of reducing dependency and increasing the autonomy and independence of these individuals. It must be recognized that mental retardation is a complex phenomenon in which initial beliefs about it are changing. So far, several definitions from mental retardation have been presented by practitioners and specialists. But it must be admitted that the precise and clear definition of mental retardation is not so easy. Because mental retardation is not observed with similar conditions and with similar causes and effects in all people with mental retardation (Behpajouh, 2010).

The family content-process model was first presented at the conference of the International Society for Theoretical Psychology in Cape Town, South Africa (Khoshabi, 2010). This model is designed based on clinical studies on Iranian families. The main issues and main axes in this model are family typology (diagnosis) and the formulation of educational or therapeutic programs (prescriptions) for families. By providing a suitable model for family pathologic activities and providing the basis for the development of the syndrome derived from this activity for family typology, this model attempts to provide the primary and professional opportunity for family-therapy activities and family education for professionals. Based on the family process and content model, the family is a dynamic system and consists of elements with unique characteristics that are in a special interaction with each other and have a special production and are formed in a social context based on a social contract (Rajabi Damavandi, 2009).

In this model, family processes are functions that help the family to adapt to new conditions and new needs, including communication skills, decision-making skills and problem solving, coping skills, flexibility, coherence, religious beliefs, self-expression skills, tolerance and leadership skills. In other words, family processes are "organizational functions" that provide conditions for family encounter with different emotional, cognitive, and social situations.

In the family process model, family typology can be done with two scales of self-reporting of family processes. By calculating the family score on the family process scale, family status can easily be represented on a family typology chart (Kazak, 2009).

American association on Mental Retardation (AAMR) (2002) defines mental retardation as follows: "mental retardation" is type of "retardation" with major constraints in mind performance as well as adaptive behavior, in such a way that it is revealed in the conceptual, social and practical skills. This retardation should begin before the age of 18.

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The stresses and pressures of having a child with disabilities influence the family as a system and cause the family to experience transitional stages in the life cycle at a time other than what is anticipated (Sharifi Daramadi, 2009).

Since the psychosocial, economic, and social health of these families, make more distance from ordinary families, more research is needed in this regard to help them adapt more appropriately (Faber, 2010). The family content process model is designed to show us the differences, so that parents, educators and teachers would have proper and suitable actions for these families, and if we should try more to support these families and their health, because the family environment affects the level of intelligence and understanding of children. It is clear that when the child grows in a rich and better environment, he/she would have better improvement, and since the family process-content model is a psycho-educational model and it is designed according to the needs of the Iranian family, it can help us in designing and setting such a program (Pourqanbarzadeh, 2010). One of the studies that has been done in this area is the study of Tajrishi et al. (2014), entitled the effectiveness of positive parenting education on the interaction of mothers with mentally retarded children, and found that the positive parenting education improved the interaction of the mother with a mentally retarded child. It is suggested that specialists, through the implementation of a positive parental education program, promote the interaction of mothers with mentally retarded children. Siadatian et al. (2013) in a study entitled "comparative study of the lack of enjoyment in parents with and without mentally retarded children: with a care approach" and found that the parents with mentally retarded children in all aspects of the lack of pleasure, compared with parents of mentally retarded children obtained lower scores, which is statistically significant. Rahbari Karbasdehi et al. (2016) conducted a research entitled "the effect of cognitive-behavioral stress management education on improving parent-child relationship and psychological well-being of mothers of mentally retarded children". The results of this study showed that stress management education has been able to reduce the components of excessive support, excessive permissiveness, and rejection of mother-child relationships, and increase the acceptance component and also increase psychological well-being in mothers of mentally retarded children.

In foreign research, Majorek and Husser (2004) in a research entitled "the effect of exercise with music on five children with attention / hyperactivity disorder", found that exercise with music had a positive effect on social behavior problems and speed work of these children and, in some areas, their hyperactivity has declined. Simons and Dedroog (2009) conducted a research entitled "body awareness in children with mental retardation" and found that children with diabetes as well as children with mental retardation in learning words were worse than their expressing. Nieh and Sherr (2014) in a study titled "Mental retardation / mental disability", concluded that almost no classification of disease from mental retardation (MR) in the field of medicine does not lead to further discussion because it causes issues such as genetics and the balance between nature (genetics) and breeding influence on behavioral phenotypes.

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Today, many families suffer from having a mentally retarded child and the its resulted pressures. The presence of these children, according to Minochin, damages the family's health and interaction and increases the risk of inappropriate performance of the family and parents, so that the problem of backwardness is one of the acute problems of human societies and is currently one of the most important issues in the field of psychology of exceptional children and paying attention to family issues of these children is of special importance. Therefore, it is necessary to consider the problems of these families regarding their children's mental retardation and suitable solutions for them should be provided. The researcher is trying to determine the psychological profile of families with a mentally retarded child based on the family content process model in elementary schools in Shiraz.

METHODS

The objective of this study was to investigate the psychological profile of families with mentally retarded children based on family content process model in elementary schools of Shiraz. The present study was conducted using descriptive and casual comparative method. The statistical population consists of all parents of mentally retarded students of elementary schools who are studying in Shiraz during the academic year of 2013-2014. The number of parents of mentally retarded students is 460 people. In this study, 200 people were selected as sample size using Krejcie and Morgan table. Sampling method was random cluster sampling. The used instrument is standard questionnaire of family content self-reporting scale, which contains 38 questions with five-point scale, including seven subscales of physical and mental health, time of being with together, financial resources, physical appearance, place of living, educational facilities and social status, and the s standard questionnaire of family process self-reporting scales, which consists of 43 questions with five-point scale. It consists of five subscales of decision-making and problem-solving, coping skills, coherence and mutual respect, communication skills, and religious beliefs. The reliability of the questionnaires was calculated using Cronbach's alpha method for the questionnaire of family content self-reporting scale equal to 0.672, and for the standard questionnaire of family process self-reporting scale equal to 0.830. The validity of the tool was confirmed by content validity method.

RESULTS

Table 1: Correlation coefficient between psychological profile of families with mentally retarded child and family content process model

Statistical population Predicting variable	correlation coefficient	Squared correlation coefficient	Significance level
Family Content Process Model	0.227 *	0.052	0.017
Physical and mental health	0.088	0.008	0.330
Time being with together	0.179 *	0.032	0.049
Financial resources	0.273 **	0.074	0.002

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Statistical population	correlation coefficient	Squared correlation coefficient	Significance level
Predicting variable			
Physical appearance	0.261 **	0.068	0.004
Place of life	0.206 *	0.042	0.021
Educational facilities	0.220 *	0.050	0.019
Social status	0.263 *	0.063	0.033

The results of Table 1 show that the correlation coefficient between the psychological profile of families with mentally retarded child and the family content process model is significant. It means that there is a significant relationship between the psychological profile of families with mentally retarded children and the family content process model ($r = 0.227$). Based on the determination coefficient (r^2), 5.2% of the variance of psychological profile of families with a mentally retarded child and family content process model have been common. Therefore, the first hypothesis (there is a relationship between the psychological profile of families with a mentally retarded child and the family content process model in elementary schools in Shiraz) is confirmed.

DISCUSSION AND CONCLUSION

This study was conducted aimed to investigate the psychological profile of families with a mentally retarded child based on the family content process model in elementary schools of Shiraz. The result of the main hypothesis showed that Alborzi and Bashash (1996) state that communication in families with mentally retarded children is inappropriate and the embarrassment feeling is more in these families. Biok and Bahiraei (2008) believed that there is a relationship between stress, religious attitude, degree of child's disability and awareness of acceptance of mentally retarded children. Religious attitude would lead to a higher acceptance of these children. Mikaeili Manie (2008) in a study concluded that coping styles in parents with a mentally retarded child are lower than parents with normal children. Kazak (1987) concluded in his research that stress in parents with mentally retarded child is more than parents with normal children. Jonaliser (1994) concluded that adaptive techniques and religion are powerful and effective sources for reducing stress and increasing their compatibility. Vidiapushan Gupta (2007) concluded in a research that the parents of children with special needs endured more stress than a parent with a healthy child.

entitled the effectiveness of positive parenting education on the interaction of mothers with mentally retarded children, and found that the positive parenting education improved the interaction of the mother with a mentally retarded child. It is suggested that specialists, through the implementation of a positive parental education program, promote the interaction of mothers with mentally retarded children. Siadatian et al. (2013) in a study entitled "comparative study of the lack of enjoyment in parents with and without mentally retarded children: with a care approach" and found that the parents with mentally retarded children in all aspects of the lack of pleasure, compared with parents of mentally retarded children

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Another finding from this study showed that the parents of mentally retarded children are in an undesirable position in terms of ideal distortion, which suggests that such parents feel that their spouse is not ideal wife because she does not understand her, does not sympathize with his mood and, in many cases, feels anxious about his relationship with his wife. In the relationship between husband and wife, due to the sharing of all fields, there are mutual demands and needs, some of which are natural and logical and are usually the same in most of the lives. However, this depends on the type of personality that can express their natural wishes and maintain its boundaries. Knowing that what kind and levels of expectations, desires and needs of both husband and wife are logical and natural is one of the important points that should be given close attention.

The results also showed that mentally retarded people compared to normal people in adaptive behavioral domains have lower performance in independent performance, economic activity, language development, numbers and time, occupational-pre-occupational activity, self-management, accountability, individual disruptive behavior, home activity, socialization, social behavior, symmetry and reliability. Differences in behaviors and social skills of mentally retarded individuals in this study are consistent with other results from other studies. But in the areas of physical growth, stereotypic and hyperactivity behavior, sexual behavior, self-harm behavior and social employment, no significant difference was found.

Conflict of Interest: None declared

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