
The Effect of Teaching Therapeutic Interventions On Tolerability of Disappointed Mothers with Autism Child

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ABSTRACT

The aim of this study was to examine the effect of teaching Therapeutic interventions on tolerability of disappointed mothers with autism child. The sample included 50 mothers with autism child that they were selected by random sampling and divided into 2 control and treatment groups. Tolerability and teaching Therapeutic interventions questionnaires were used to collect data. Pearson correlation coefficient and covariance analysis were used to analyze data. The result showed that there is a significant relationship between Therapeutic interventions and tolerability.

Introduction

Autism as an extensive disorder is occurred among infants. It is characterized by severe disorder in cognitive, social, behavioral and emotional dimensions. Autism is diagnosed by three features: 1-qualitative disorder in social interaction, 2-severe disorder in communication, 3-limited and frequent patterns (U.S Psychiatrist Association, 2000, as quoted by Benson, 2009). A child with developmental disorder needs the caregiver with desirable psychology and physical conditions (Emerson, 2003). Mental health of caregivers can affect the mental health and performance of children (Abeduto etal, 2014).

There is some evidence that mothers with autism child have more psychological problems than others (Biley etal, 2007). However there is evidence of mental problems among mothers with the disabled child (Davis and Karter, 2008). As there is no treatment for disappointment, mental problems can influence on individual and social relations. The result of several studies show that level of happiness, life satisfaction, hope, the quality of life and mental health for parent with autism child is very low. Gray (2013) stated that mothers with autism child experience the major depression. Sharply etal (1997) claimed that mothers with autism child have more mental problems than fathers and some fathers experience more stress and threats by their wives than problems related to autism child. Disappointment is not tolerable when individual is disappointed. Tolerability for disappointment was first used by Ellis in 60s. Tolerability reduces when an individual is disappointed to achieve a desirable target. Low tolerable Individuals have inflexible beliefs, to be sad and unhappy, non-logical and changeable. High tolerable Individuals are logical, happy and flexible and seek fast and practical solutions to obtain the success. They easily cope with problems and try to obtain the long-term objectives. Tolerability is considered as an important and inhibitive factor to commit crime. It is the most important factor in Reckless' inhibition theory that it is enhanced by the positive individual interaction during mental and social development stages (Ansari-Nejad, 2011).

Autism has some symptoms such as social shortages, verbal problems and frequent behaviors. It affects the life style. Parent with autism child have more responsibilities and they are exposed to mental stress consistently (Shu, 2009). The result of most studies show that parent with

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disabled child are more vulnerable to mental stress so that 70% of mothers with disabled child experience mental stress (Magno et al, 2007). Mother is responsible for training autism child so she experiences more fatigue and mental stress and low satisfaction (Gupta and Singal, 2005). As these children have many problems, family especially mothers with autism child suffer from mental problems and stress (Mohammadi zade et al, 2006, as quoted by Yektakhah, Allame and Gorji, 2014).

Disappointment stimulates the aggressive behavior. Based on disappointment theory, aggressiveness increases when the target behavior is inhibited. If disappointment causes to stimulate aggressive behavior, aggressiveness will be accidental or unexpected. Disappointment does not direct aggressive behavior but it causes to stimulate the negative emotion. However level of disappointment must be considered because it may lead to produce stress and mental disorders. Aggressiveness is defined as behavior to damage someone that it is stimulated by avoiding the similar behavior. As individual cannot act based on his/her needs and satisfies them, he/she is disappointed and shows aggressive behavior. If this behavior is not treated, it causes psychological and physical problems. Most psychological and physical diseases are caused by severe and long stress that they interfere in mental health (Sefidgari, 2014).

Review of literature

In this section, there are some studies to review. Bahrami (2000) studied phobia among students in Tehran and showed that facing with new social conditions is the most common phobia, following phobia of animals, doctor, school and events. Female students showed this type of phobia more than male students. Koushan and Shani (2002) studied the relationship between stress factors and physical problems among students of medical college in Sabzevar. They showed that most common physical problem for female students is menstruation and sleep for male students. Male students experienced more stress than female. Also there was the significant relationship among heartburn, muscular weakness and stress.

Scholtz (1998) investigated psychological pathology and showed that autism students feel alone and have less and short friendship. They do not prefer to be alone but their solitude is related to lack of social skills. Sharghi Afshan et al (2003) examined depression among mothers with Thalassemia children and concluded that there is a significant relationship between depressed mother and Thalassemia child.

Su-kah chang and Estephan (2000) showed that there is a significant relationship between high level of efficacy and mental health. They concluded that high level of efficacy and creating a supportive social environment can help to reduce anxiety and depression.

Bosquet and Egeland (2001) studied the relationship between depressed mother, mental health and behaviors of parent and child and showed that mother's mental health and positive attitude influence on how to care child.

Method and Material

The sample included 50 mothers with autism child. They were selected by purposeful sampling and randomly divided into control and treatment groups.

The method was quasi-experimental. Pre-test/post-test/follow up design was used to examine the effect of Therapeutic interventions on mental health and efficacy of mothers with autism child.

Harington tolerability questionnaire was used to measure the level of tolerability. This questionnaire has 4 factors with 5-points Likert scale (5-completely agree, 1-completely disagree). The low score indicates high level of tolerability and high score for low level of tolerability. The first factor measures affective tolerability, second factor for uneasy

tolerability, third factor for achievable objectives tolerability and fourth factor for unfair tolerability. The Alpha-Cronbach coefficient of 0.84 was calculated for reliability and validity was verified.

Steps of Therapeutic interventions were done as follows:

Session 1: define autism concept and objectives

Session 2: definitions and history of autism

Session 3: symptoms of autism

Session 4: methods to diagnose

Session 5: interventions

Session 6: sensory-motor approach

Session 7: medical approach

Session 8: counseling the family to participate in therapy sessions

Session 9: follow up mothers

Duration of intervention was 30-45 minutes.

Data Analysis

Descriptive and inferential statistics were used to analyze data. In addition, covariance analysis was used to compare the results of pre-test and post-test.

Findings

Covariance analysis was used to test the hypothesis. Table 1 shows mean, standard deviation, Kolmogorov-Smirnov index, Alpha-Cronbach coefficient for components of tolerability (affective, uneasy, achievable objectives and unfair tolerability) among mothers with autism child.

Table 1. Mean, Standard deviation, K-S index and Cronbach coefficient for tolerability components

	uneasy tolerability	affective intolerability	Achievable objective tolerability	Unfair tolerability
Mean	0.08 29	0.70 24	0.10 28	56.32
SD	3.66	3.07	4.69	7.20
k-s index	0.089	0.069	0.112	0.115
Cronbach coefficient	0.767	0.732	0.803	0.837

The table 1 shows that Kolmogorov index for objective tolerability has a significant value in $p < 0.05$. Alpha-Cronbach coefficient for components of uneasy, affective, objective, and unfair tolerability as 0.767, 0.732, 0.803 and 0.837 respectively. Table 2 shows the results of Levene test to evaluate error variance for each components.

Table 2. Levene test to evaluate the equal error variances for tolerability components

variable	F	Df1	Df2	sig
Uneasy tolerability	4.449	1	98	0.037
Affective tolerability	5.319	1	98	0.23
Achievable objective tolerability	2.049	1	98	0.023
Unfair tolerability	6.036	1	98	0.016

This table shows that difference of error variance for uneasy, affective and unfair tolerability is significant in $p < 0.05$ and the variance ratio for any components is not greater than 3. Multi-variable variance analysis showed that homogenous covariance matrices for dependent variables is significant at $p < 0.05$ ($F=1.948$, $P=0.035$). Also the result of Bartlett test was significant at $p < 0.01$ but multi-variable variance analysis showed that F value is not significant at $p < 0.05$.

Discussion and conclusion

As mentioned, the aim of this study was to examine the effect of Therapeutic interventions on tolerability of mothers with autism child. Based on the results, obtained F value by pre-test was significant. Therefore, it can be concluded that Therapeutic interventions can improve the tolerability for mothers with autism child. The result is consistent with the studies by Shamaeizade (2005), Mohsenpour et al (2007), Zade mohammadi et al (2008), Amini, Narimani, Berahmand, Gharamelaki (2008), Nazarizade, Mirdooraghi, Karshki (2010), Moghtaderi, Refahi, Khosravi (2010), Zarafshan, Naplach et al (2008), Jones (1986), Torner, Bidel and Cooli (1995), Ratman et al (2010) but it is not consistent with studies by Sarabi, Hasanabadi, Mashhadi, Asghari nekah (2011). Finally, it can be explained that a great part of purposeful behavior is recognized by past thoughts to achieve the objective. An objective is achieved through individual capabilities. Therefore higher level of tolerability, individual experiences more challenges and has more responsibilities.

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