

## An investigation on impact of Glasser method on improving quality of life: A case study of mentally retarded children's mothers

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### ABSTRACT

This study aims to evaluate the effectiveness of training on quality of life based on Glasser's training program on parents with mentally retarded children. In our study, samples were divided into two groups of experiment, control and pretest were executed for two groups, and then Glaser's method was performed in six consecutive 150 minutes long sessions and, finally, both groups were investigated, statistically. The population of this survey includes mothers of mentally retarded children and the study has been performed in city of Esfahan, Iran. We selected a group of 60 mothers and divided them into two equal groups of 30 people. World Health Organization Quality of Life Questionnaire contained 26 questions where 24 questions measure physical and psychological health, social relationships and environment health consisted of 7, 6, 3 and 8 questions, respectively. The results of the survey indicate that Glaser's training program could significantly improve quality of life in our study.

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## 1. Introduction

Child birth process is one of the most enjoyable events for parents. The hope for having healthy child normally helps them accept their newly born infant. However, a bad news on having child with some sort of disability could have some bad consequences on parents and all hope is turned to despair. Every child is unique and special to his/her parents but some children have special needs. Some of these children may face with some mental disabilities and need some cooperation from other people in the society. Recent survey on the number of children with mental disability has revealed that there were approximately 1.5 million children with some sort of mental deceases.

Another survey indicates that over 25% of world's population are involved dealing with people with mental disability such as acting as teachers, social workers, parents, etc. Children who suffer from

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some mental disabilities normally need more care than normal children do and there are many studies, which indicate their parents often suffer from general health care (Hickman, 2000). Other studies show that parents with disable children often feel guilty and blame themselves for having disable children. Unfortunately, physicians do not provide much social assistance and they get socially isolated from the society (Wang, 2006). The first person who builds a direct and continuous relationship with such as child is his/her mother.

According to Bigham et al. (2012) children with mental disability often have mothers who are suffering from general health care. Bertelli et al. (2012) also indicate that families with mentally retarded children are financially poor compared with other families. Therefore, it is necessary to find appropriate methods to empower these parents especially mothers of the families. In fact, when there is an improvement in quality of life among mothers with mentally retarded children, they could take care of their children.

One of the primary issues in handling children suffering with some sort of serious mental disease is to help parents cope with their children. According to Walsh et al. (2013), children with ASD have increased severity and incidence of pain symptoms compared with developing children and children with other disorders. They investigated pain and problem behavior as predictors of parent stress and also tried to find out how parenting style interacted with pain and problem behavior to impact parent stress. The results of their study demonstrated that problem behavior was a moderating factor between parent stress and pain and there was an interaction between pain and problem behavior predicting stress. Children with some sort of mental disabilities normally have serious problems in learning.

Channell et al. (2013) compared reading-related skills of youth with intellectual disability (ID) with those of typically developing (TD) children of similar verbal capability level. The group with ID scored less than the TD group on word recognition and phonological decoding, but similarly on orthographic processing and rapid automatized naming (RAN). Channell et al. (2013) recommended that poor word recognition in youth with ID could be associated with poor phonological decoding. Holmes (2008) determined the library usage, attitudes, and requirements of an underserved population, people with developmental disabilities, and offered insights to librarians as to how to serve this population better.

In this paper, we present an empirical study to find the effect of Glasser's (2003) medication on mothers having children with mental disability. The organization of this paper first presents details of the survey in section 2 and the results are given in section 3. The paper ends with concluding remarks to summarize the contribution of the paper.

## 2. The proposed method

The proposed study of this paper uses two groups of pre and post exam in this survey. Table 1 shows details of our survey where RG1 represents pretest and RG2 shows after test.

**Table 1**

Different groups in survey

Pretest(RG1)	Pretest(T1)	Independent variable (X)	Posttest (T2)	Follow up (T3)
After test(RG2)	Pretest(T1)	-	Posttest (T2)	Follow up (T3)

The proposed study of this paper uses Glasser's questionnaire (Glasser, 2003; Glaser & Morreau, 1986; Colella et al., 1992). In our study, samples are divided into two groups of experiment and control and pretest were executed for two groups and then Glaser's method was performed in six consecutive 150 minutes sessions and, finally, both groups were investigated. The population of this

survey includes mothers of mentally retarded children's. We select a group of 60 mothers and divide them into two equal groups of 30 people.

World Health Organization Quality of Life Questionnaire contains 26 questions where 24 questions measure physical and psychological health, social relationships and environment health consists of 7, 6, 3 and 8 questions, respectively (Sorensen et al., 2002). The first two questions are more general forms of questions and do not belong to any area but 24 other questions measure these four perspectives in Likert scale of 1-5. However, questions 3, 4 and 26 are scored in reverse form. We first explain details of our medication programs.

### *2.1. First session*

During the first session, we first distribute the questionnaire among participants before the session begins, then we introduce people to other people, present the rules and regulations and explain structure of all sessions. We also explain how we select them for this survey and present details of all objectives. We explain inside and outside control, control internal and external tools, introduce 4 groups of people who feel unfortunate and three basic theories associated with external control. We also explain that different 3 members groups need to be setup and finally, we discuss the next upcoming session events.

### *2.2. Second session*

In the beginning of this session, we briefly explain human being's needs, introduce five basis human being's requirements. We also explain that different people have various expectations from society and world and we get people's feedback.

### *2.3. Third session*

We explain how we can establish better relationship with society and practice on how we could find the cause of some problems. We introduce on how we can find better perception on real-world and definition of four different categories of behavior including thoughts, feeling, behavior and psychology.

### *2.4. Fourth session*

We first review on what we have performed in the previous session, explain about machine's life mechanism and we describe how to reach to positive feeling. Another important issue is to explain creativity and positive and negative creativity are explained in this survey. We introduce seven destructive components of relationships including complain, punish, humiliate, blame, grumble, threaten and bribe. We also explain how we choose depression and consequence of depression.

### *2.5. Fifth session*

We review last sessions' programs and explain seven effective habits for building relationships including caring about issues, trusting people, listening, supporting, discussing, having friendship relationships and encouraging people. We generally discuss on how these seven factors impact people to build better relationship with others.

## 2.6. Sixth session

We review what we have explained in previous five sessions and review any questions and concerns. We setup some case study where there are some conflicts and we explain how to resolve the issues. The main hypothesis of this survey studies whether Glaser's method could help mothers' of some mentally retarded people improve the quality of their lives or not, which is stated as follows,

$H_0$ : Glaser's method does not help mentally retarded children's mothers improve their quality of lives.

$H_1$ : Glaser's method helps mentally retarded children's mothers improve their quality of lives.

## 3. The results

In this section, we present details of our findings and Table 1 summarizes the results.

**Table 1**

The summary of testing the main hypothesis of this survey

	Stage	Group	Mean	Standard deviation	Number
Quality of life	Pre	Experiment	37.61	4.82	20
	Test	Control	35.55	3.35	20
	Post	Experiment	68.56	4.7	20
	Test	Control	38.76	3.33	20
	Follow up	Experiment	67.48	4.58	20
			Control	39.36	3.23

In order to examine the uniqueness of variances, we have used Levin test and the results are summarized in Table 2 as follows,

**Table 2**

The results of Levin test

Dependent variable	Stage	Levin test	Degree of freedom	P-value
Quality of life	Pre test	0.57	1, 18	0.35

Since P-value is calculated as 0.35 and it is well above 0.05 we can conclude that variances are equal. Therefore, we can use parametric tests to analyze the results and the Table 3 demonstrates details of our findings,

**Table 3**

The results of analysis of variance for quality of life (df =1)

Variable	Sum of Squares	Mean of Squares	F	P-value	Eta <sup>2</sup>	Statistics
Group	264.25	264.25	8.23	0.017	0.21	0.78
Experiment	459.47	234.34	19.29	0.001	0.28	0.80
Group	3741.01	248.93	40.37	0.001	0.38	0.86

The word Group in the last row of Table 3 represents both experiment and group. Since the F-value in the last row is equal 40.37 and it is statistically significant we can conclude that Glaser's training program could significantly improve quality of life in our study. Therefore, we can confirm the main hypothesis of this survey.

#### 4. Conclusion

In this paper, we have presented an empirical study to measure the effectiveness of training on quality of life based on Glaser's training program on parents with mentally retarded children. In our study, samples were divided into two groups of experiment and control and pretest were executed for two groups and then Glaser's method was performed in six consecutive 150 minutes sessions and, finally, both groups were investigated. The population of this survey includes mothers of mentally retarded children and the study has been performed in city of Esfahan, Iran. We have selected a group of 60 mothers and divided them into two equal groups of 30 people. World Health Organization Quality of Life Questionnaire contains 26 questions where 24 questions measure physical and psychological health, social relationships and environment health consists of 7, 6, 3 and 8 questions, respectively. The results of the survey indicate that Glaser's training program could significantly improve quality of life in our study.

We recommend implementation of Glaser's method for other societies and compare the results and in case of having wider rate of success, it is possible to set some rules and regulations to extend such programs in regularly. We also recommend examining other factors such as the type and amount of retarded children, disability and the mood of the child with the mother's quality of life. We also recommend to consider other factors such as the type and amount of retarded children with disabilities, and the mood of the child, maternal quality of life.

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