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EFFECTIVENESS OF RESILIENCE TRAINING UPON LIFE QUALITY AND LIFE EXPECTANCY OF DEAF CHILDREN'S MOTHERS IN RASHT CITY

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ABSTRACT

Having deaf child can cause to a mental pressure upon parents and increase of familial and behavioral problems. One of the appropriate strategies for promoting the mental health, life quality and life expectancy is resilience. Resilience indicates to the human ability against the diseases and pain and suffers from the difficulties and important stressors in the current life. This project was done for investigating the effect of mental resilience training upon the life quality and hope for life in deaf children's mothers. Statistical community of this project was about total mothers of deaf children of Rasht. The research method used in this project was pretest-posttest with test and control group. In this research, 30 of mothers whose children were occupied to study in 2014-2015 in educational institute of baghcheban in Rasht city were selected randomly, after completing the life expectancy questionnaires of Schneider and life quality of WHO according to the were selected to the Lower cut-off point and then randomly divided to two educational and control group (mothers number were 85). They were in two same groups that half of them were in the test group and other one in the control group. The life-expectancy questionnaires and life quality was used for two groups. The results of 10 sessions of mental resilience using the Covariance analysis showed that mothers that were under the certain training have the better's development in the increase of resilience, life expectancy and quality of life to the mothers whom had no training. *Conclusion:* The results of research indicated that resilience training can cause the hope for life and quality of life in deaf children's mother to be increased.

Keyword: *Resilience, Life Expectancy, Quality of Life, Deaf Children*

INTRODUCTION

The main issue of human in life span is mental health. In the other words for having a healthy life, having the mental health is an inevitable case. Without doubt, the health and wellness has always obsessed human to itself throughout the history. In defining the mental health is said that every person who can cope with serious issues, cope with him and others and does not paralyzed against the inevitable internal differences and not rejected himself by society, is a person having mental health. The process of giving birth to a child is a painful process. Although this process accompanies with many discomforts, hope for having healthy and natural child usually create a feeling of trust on parents. But once the parents know about the disability of their child, all hopes and wishes turns to frustration and their problems begin.

Since parents of deaf children due to their children problems, usually are faced with wider different mental and social pressures. Children's parents are faced with incapacities, stress and depression more than to other parents. Bahri *et al.*, (2014) state that parents are more affected by such disability of their child. One of the appropriate strategies for promoting the mental health in persons is resilience. Resilience addressed to this issue that the person despite of being exposed to the severe pressures and risk factors can improve his/her social performance and overcome difficulties. The resilience is an appropriate skill for putting behind the life problems even when the non-appropriate conditions exist. For example, the person draws an elastic cord around the problems that help the person when things were bad to pull back them and to look at them as a human. The results of researches has shown that the deaf children parents have low quality of life and life expectancy in comparison to the normal population, hence the effectiveness of education of mental resilience upon these factors is necessary.

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Statement of Problem

One of these physical deficiencies is deafness. Having a deaf child causes to tensioning and mental pressure for parents and increased levels of behavioral and familial problems. Deaf children parents in relation with their childrens is faced with fiasco and this fiasco in relation, probably is a reason for this that high ratio of tensioning will be shown from themselves (Bahri *et al.*, 2014).

The presence of deaf child in each home affected the structure of that home and mental health of family especially the parents was affected, the child by the severe conflicts between the family members, makes involved whole family within the crisis. Its is possible the family relationships, the increase of unwanted physical –emotional-financial pressures causes that the deaf child to enter the irreversible effects upon the family mental health including the resonance of marital disputes, Separation, heavy economic burden, depression, hopelessness, anxiety, embarrassment and anger and so on. The permanent care of deaf children often is for parent's stressfull because these difficulties of children inevitably affect their life (Kernic *et al.*, 1983).

The resilience that is identified using the persons' response to the life stressfull incidents or continuous facing with stress, is a factor that help to persons in coping or compatibility with hard conditions and protect them with mental disorders and life's difficulties.

The resilient person is not more compatible with stressfull factors of environment in their life (Bahri *et al.*, 2014) the disable child is one of the family members.

These two not only have interactive effect but other members of this system ie, parents and other children will be affected that often these effects are negative.

The presence of such child have bad effects upon the mental health of family, their parents severely suffer from having such children and most of them have depression, anxiety, fear, aggression, embarrassment and hope for being dead etc,....

Resilience as a power or returning ability to early life and beginning of a new state via neural pressure reduction or its conversion and replacement of liveliness will be defined. Resilience also as an ability of depression improvement or such issues could be considered. Resilient people have not the self-breaking behaviors regarding the emotional behaviors are relaxed and are able to convert the stressfull conditions (Piteridis *et al.*, 2006).

The most important applied results of resilience is this that we could promote the efficacy of person such that they achieve the Sense of identity and self-efficacy, decision making and belief in the future and could put initial human needs for kindness, relation with others, challenges, power and significance in hard conditions as the attention focus of any preventive educative interventions and individual growth.

The general aim of current research is the study of resilience mental effectiveness on the life quality and hope for deaf childrens' mothers. In this research we are finding the appropriate responses for our questions and are going to investigate the relation between the mental resilience and life quality and life expectancy of deaf and low hearing children mothers.

Literature and Research Background

The Necessity and Importance of the Problem

Reaction of all parents against the children's disability is not same, but totally can be accepted that the overwhelming parents show from themselves an adverse reaction that type of these reactions according to aspects of their personality traits, time and incidence of the reaction are different with each other. Therefore, all parents needs to a kind of help totally overcome their problems with expert individuals and because of this, this issue is not accessible without being informed accurately from deaf childrens' parents problems and investigating the psychological state.

According to this that the parents psychological state directly and indirectly affect principally the children's behaviors and social relations. Its important more to now that parents of these children have what personal features and have what differences together.

For preparing the accurate data for use from consultation and rehabilitation and required backgrounds for specific measures in field of consultation, parents and educators community, Exceptional Children and family education...

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The results of this research can help parents and trainers andwho are the responsible for training and education of children or pay attention to the emotions and requirements of children and steps in fields of raising the life quality and hope for life. Furthermore, the results of such researches can solve the issue for researchers and students of psychology that in this field are engaged. According to the studies performed in Iran and since that in Guilan province the similar researches have not been done therefore the necessity of this research seems essential.

Research Literature

Resilience

The resilience is described as the health protection and successful performance or compatibility with a threatening tissue or situation (Azizi, 2010). Of course resilience is not only the stability against the injuries or threatening conditions, and also passive state in facing with the dangerous conditions but active and constructive cooperation in its environment. It can be said that resilience is persons's ability in achieving the biological-mental balance, in bad conditions and moreover researchers believe that resilience is a kind of own cure and recovery with positive cognitive-emotional consequences.

The resilience word can be identified as the ability for coming out of the harsh conditions or its adjustment (Seyyedmahmoodi, 2011). In fact the resilience is the persons' capacity for being healthy and resistance and education in hard conditions that the person not only overcome those but will be strengthened during and along with it.

Alvord *et al.*, (2005), defines the resilience meaning the skill, characteristics and abilities that each person is able to cope with challenges and difficulties. Although some of features related with resilience are identified in biological and genetical ways, but skills related to resilience can be learned and strengthened (Kordmirza, 2009). According to the experts' emphasis upon the different teachable skills of resilience (Venia 2003), we can by education of these skills, increase their mental health level and hence raise the feelings of life satisfaction. The various models of resilience in the literature review that tends to be concentrated upon the interaction between the stress/life challenges and protective safety – factors/processes, were described (Kordmirza, 2009).

Resilience models generally follow the descriptive approach about the interaction of risk factors and supportive factors and only the difference of aforementioned models is in their importance ratio to the risk & supportive factors not the description of resilience.

For description of stress effect and individual features on the compatibility feature and accordance, some models were presented:

1-Compensatory Model

The compensatory factor is variable that will neutralize the Confrontation effect with danger. This factor is not in the interaction with risk generator factor but have a direct effect on the desired outcomes.

2-Challenge Model

According to this model the risk factor itself is instinctive promoting of the successful adaptation in this model also the very low risk does not create the adequate challenge and high level of risk also can not lead to the maladaptive behaviors but the medium risk make the person to be faced with a challenge that if could face with that will enhance the competency.

3-If the challenge to be done in a successful manner, helping the person to be ready for the next problem.

4-Protective Model:

According to this model, a protective factor for reduction of a negative Outcome' possibility interacted with a risk generator factor. In this model, a protective model adjusts the effects of risk factor on the negative behavioral phenomenon.

Quality of Life and Life Expectancy

Quality of life is one of the words that have not a definite definition, although people will not understand easily its meaning instinctively, but this concept is not same for them. Since that as other variables, its measurement needs a comprehensive definition of it, and always our attempt was in way of finding an appropriate definition for that. The world health organization in definition of quality of life emphasizes on the individual understanding from each persons' situation in tissue of surrounding cultural and value

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systems, in association with goals, expectations, standards and their interests. In this look, quality of life is a comprehensive concept that is affected from physical health, personal development, and psychological state, level of independence, social relationships, and relationships with leading environmental organizations and is based on individual perception (Bayatyany, 2011).

In the practical approach, the quality of life as a total important concept is described that all biological aspects include the material satisfaction, vital needs, in addition Transitional aspects of life such as personal development, self-analysis and ecosystem health (Ghaffari and Oidi, 2009).

Often all scientists agree on the concept of quality of life including the 5 dimensions:

1-Physical: Concepts such as power, energy, ability of everyday activities and own-care are from this group.

2-Psychological: Anxiety, depression and fear are included

3-Social: This dimension is about the person's relation with family, friends and colleagues and finally society.

4-Spiritual: Including the individual conception from life and goal and meaning of life it's proved that spiritual dimension is not a sub section of psychological dimension and is considered as an important and independent range.

5- The signs related to the disease OT variations related to the treatment: in this regards cases such as pain, Nausea and vomiting could be noted. This dimension more is paid attention in the especial tools.

Meanwhile the concept of life quality is a multilateral and multi dimensional concept and doesn't only fit the material life aspects, measurement and understanding it is related to the various cultural, social, economical and even environmental factors.

Also, the personal characteristics of society person interfere within it. The description of quality of life depends on this that people live where and do what and have what type of cultural and racial origin.

Familiarity and sensitivity to the life quality concept, helps to the states and governments in way of desired objective living conditions and realities and make possible the person penetrate in his own region and achieve his own life quality management. However the quality of life is a paradigm that is compatible semantically with the modern economic and stable development and now is paid attention to it by most of the countries (Mohtari, 2010).

Schneider describes the expectancy such: a positive motivational state that is created from the success state results from the reciprocity relation between the agent and achievements routes for target.

In this definition, the aim of individual factor is this that consumes the energy and required will for achievement of their goals and route of achievement as the programmings that are required to meet the goals and achieve them are required. Therefore according to what is spoken regarding to the psychological view can be considered three dimensions for expectancy as follows:

1- Targets

2-Achievement routes to these targets

3-Factors which this targets were defined for itself

Research Background

Emmy Werner was one of the first scientists who used the resilience word in 1971.

He studied a group of children from the region of Hawaii that was very poor or have been living with parents who were mental patients or were always drunken and fired from work.

Werner showed that children who have grown in a very bad conditions, among them 2/3 in older ages showed malicious behavior from themselves such as abuse and illegitimate births, etc. But 1/3 of these children have no any destructive behaviors and Werner named this group resilient. Rather performed some cognitive studies in London and received that 1/3 of persons despite the experience of riskfull factors were resilient (1979, 1985). Resilience features that can be easily achieved are: soft-mood, feminine, Positive school climate, mastering yourself, self-efficacy, planning skills and a warm relation and near to a adult. Raivich and Shate 2002 in one of the resilience increasing programs, emphasizes on the several skills that directly are linked with resilience. That one of these skills can be mentioned as emotional regulation, momentums control, and analysis of problem reasons and thoughts styles,

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maintaining the realistic optimism, self-efficacy and empathy with others. Freedman (2003) in a program which is related to the resilience increase have driven as their intervention axis, subjects such as education in the field of resilience and positive & negative resilience understanding, learning the emotional intelligence, learning the self-efficacy, understanding the value of social supports and its achievement, stress-management skills training, understanding the optimism of oneself and achievement of skills for increase of it and skills for happiness increase.

White & Driver (2010) in a research that with aim of investigating the indices of resilience and compatibility during the rehabilitation of patients with spinal cord injury, showed that eepin track does not achieved a significant change in resilience rate but we have seen a significant change in modification of rehabilitation indices and resilience rate is related with satisfaction of life and depression remarks. Such that persons with medium resilience reported the more life satisfactory and less depression signs. In his research of Kaveh (2006) that was done on the mothers having children with mental retardation, results indicated that the rate of resilience of parents that was put under the resilience program was more than the parents who were not trained and their stress were low. Mehr *et al.*, (2012) compared the mental disorders and couples' resilience having the first normal child and exceptional one in the city of Faraj.

The results showed that we can see a difference among the normal and exceptional children's parents in the rate of mental disorders and resilience regarding the different variables.

The rate of mental disorders of women was more in comparison of men and rate of men's resilience was more in comparison of women.

MATERIALS AND METHODS

Research Method

According to this that the current research is going to investigate the effectiveness of social skills training upon the increase of adaptive function and reduction in Emotional Behavioral Disorders of students: therefore this research is an experimental study regarding its method.

In this research that is the best form of research, researcher by having the ability of experimental condition controlling, the most accurate conditions for scientific hypothesis of test to be prepared (Delavar, 2011).

The used design in this research is the pre-test –after –test project with test and control group. The test and control groups were equivalent regarding age, education, social class and before experimental interventions regarding the test and control groups, a pre-test about them was executed.

And post-test in the end of intervention was executed, in this research the investigation of mental resilience effectiveness as an independent variable and quality of life and life expectancy in deaf children mothers as the dependant variables was considered.

Statistical Population and its Region of Implementation

The statistical population in this research included the deaf children of Rasht than their number was more than 120 individuals. In this research 30 mothers that their children in 2014-2015 were occupied for education in Rasht Baghcheban institute in a random method were choosed. 15 persons as the test group and 15 persons again as the control group were selected among them two homogenous group were created for reduce the effect of interventor variable. One of groups as a control group is considered that without resilience training was evaluated and other group during 10 sessions 1.5 h-2 will be trained about resilience that finally the resilience effect will be measured on the rate of hope for life and life quality of this mothers with control group.

Research Tools

In this research was used of two expectancy questionnaires ; that were created by Schneider *et al.*, (1991) for measurement of expectancy and standard quality of life's questionnaire of WHO – (WHOQOL BREEF).

In the current research, the final coefficients of questionnaire of life expectancy using the cronbach alpha and Bisection was calculated that is for all scale respectively 0.7 and 0.77 that indicating the desired stability of aforementioned questionnaire. In the current research, resilience that includes: being valuable;

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accepting him/erself as a valuable person, and respect to him/herself and teeir capabilities 2- skill in problem solving 3- social adequacy 4- optimism 5- empathy will be trained to the deaf mothers ' children. The program of resilience training in format of 10 sessions in time of 2 months and alf was executed. This session was held once a week and used of resilience package and these sessions were prepared as film and documentary image. It is required to mention that the test group persons during the educational sessions have no other intervension.

RESULTS AND DISCUSSION

Research Findings

According to the research fidings that is obersable in table 1, frequency of education and mother's age of control and test group is observable:

Based on this issue, the under investigation case have some features that are as follows that minimum age of mothers were 32 years and maximum 43 and minimum rate of mothers, education was five elementary and maximum junior secondary.

Table 1: The frequency of respondents' age and education

Test groups	Control group	Educational status
4	4	Fifth grade
6	7	third Secondary
2	1	First highschool
2	3	Second High school
1	0	Third High school
test group	control group	age
9	5	30-37
4	6	38-40
2	4	Over 40 years

Table 2 idicating the descriptive features of research in pre-tests in separation by group.

Table 2: Statistical features of research variables in pre test in separation by group

Standard deviation	Average	Group	Variable
8.35	81.06	test	Quality of life
8.53	86.20	control	
3.92	41.86	test	
7.19	39.66	control	Life expectancy

Table 3 indicating the descriptive feature of research variable in pre test in separation by group.

Table 3: Statistical feature of research variables in pre test in separation by group

Standard deviation	mean	Group	Variable
21.24	97.46	test	Variable
10.06	8440	control	
6.57	48.33	test	
7.33	43.00	control	Life Expectancy

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Table 4: Levine test for equal variances in ANCOVA

Significant level	The second degree of freedom	Degree of freedom	F	Dependent variables
0.092	28	1	2.864	post test quality of life
0.370	28	1	0.26	Post test of life expectancy

Based on the table 4 data, the results of this test showed that because the significance level achieved here is more than 0.05, therefore two control and test group are not significantly different regarding their variance therefore this default is considered for covariance test.

Table 5: The results of covariance analysis of effect of resilience upon the life expectancy and quality of life

Ability test	(Eta)	Significant level (P)	F	Mean square	Degree of freedom	Sum of squares	Variations source
0.547	0.142	0.040	4.635	1280.533	1	1280.533	life quality group
0.526	0.136	0.0455	4.394	213.333	1	213.333	life expectancy

According to the results inserted in table 5 and attention to the control and auxiliary statistical removal of random variables (pre-tests) because is calculated for two variables of quality of life and hope for life, the calculated significance level is less than 0.05 alpha level.

Therefore F statistically calculated is significant. The size of effect that in fact is Equal to the square of the correlation (r^2) respectively equals 0.142 and 0.136. It means that about 14 % of variables in the grades of post-test quality of life and about 13 % of variations in the grades of post tests of life expectancy is related to the effect of resilience effect. Therefore the research hypothesis is based on the effect of mental resilience training effect on the life quality and hope for life in mothers of deaf children is confirmed and will be concluded that there is a significant difference between the quality of life average grade and hope for life in deaf children's hope for life in two test and control group.

Table 6: Analysis of covariance resiliency effect on quality of life

Ability test	(Eta)	Significant level (P)	F	Mean square	Degree of freedom	Sum of squares	Dependent variable
0.547	0.142	0.040	4.635	1280.533	1	1280.533	Quality of Life

As is shown in table 6, since that the evaluated significance level is smaller than 0.05 alpha, F is significant.

Therefore we concluded that the mental resilience education upon the life quality in deaf children is effective.

Therefore the first research hypotheses based on the mental resilience training on the quality of life in mothers of deaf children is confirmed.

Table 7: The results of coavarience analysis of resilience on the quality of life

Ability test	(Eta)	Significant level (P)	F	Mean square	Degree of freedom	Sum of squares	Dependent variable
0.526	0.136	0.045	4.394	213.333	1	213.333	Life expectancy

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As is seen in table 7, since that calculated significance level is less than 005, the calculated F is significant therefore we can conclude that mental resilience learning and hope for life is effective in deaf children's mothers.

There fore the second minor hypotheis of research bsd on the effect of mental resilience effect is confirmed uponthe life expectancy of deaf children mothers.

Conclusion

The goa of this research is to investigate the resiliebce training upon the life quality ad hope for life in deaf children's mothers.

According to the achieved results from research hypothesis based on learning the mental resilience upon the quality of life and expectancy of deaf hildren' mothers is confirmed and concluded that There a significant difference between the average rades of life expectancy and quality of life of deaf children's mothers in two experimental and control groups therefore the research process with 95 % confidence will be confirmed. The achieved results in this research are consistent with Gholami *et al.*, (2010), Kaveh (2011), Poor Sardar a pierson ' results (2005).

Skehill (2001) also in his research concluded that the resilience is related with the usage of efficient Compromise. Finally it must be said that the result of this research indicates thet the resilience programs, causes the coping strategies to be produces and better defence mechanisms, in individuals and can increase the quality of life of them via this way.

Intervension process based on resilience training is such that it tries to change the cognitive scheme of parents with deaf children with difficulties in fostering their children and superstitions, immaginations common about the deafness to be corrected for having realistic expectations of their child.

Also resilience program produces some changes in attitude, behavior and parents' skills that they could act better in their relations with children, also helps the parents with deaf childen overcome the problems due to chil care and not to permit these problem affect their life.

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