

Viability Of Compliance And Obligation On Reducing Anxiety Based On Mothers Mental Health

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Abstract:

Objectives: the present research was performed with the objective of study of effectiveness of compliance and obligation on reducing anxiety; and improvement of mental health of mothers of children suffering from the autism disorder.

Method: statistical population of the research included all mothers of the children suffering from autism in Isfahan. To conduct this research, 24 mothers of the children suffering of autism were selected through the random sampling method amongst the mothers referring to the Ordibehesht Center for treatment and rehabilitation of children suffering from autism in Isfahan in spring 2014 and we're assigned through with the random assignment and the experimental project of pretest-posttest with the control group to the test groups (12 mothers and the last group and 12 mothers in the control group). Interventions relevant to treatment based on compliance and obligation on the test group were conducted in the group for stock tools used in this research included the Kettle anxiety test and the 28 question general health questionnaire (GHQ).

Findings: Results of the covariance analysis revealed that the treatment based on compliance and obligation on anxiety and improved mental health of the mothers of children suffering from autism in the post- test stage has not been effective.

Discussion: and spite of various researches indicates and effectiveness of the treatment based on compliance and obligation on psychological scales of various individuals, this research indicated inefficacy of this therapeutic method.

Probable reason for inefficacy of this therapeutic procedure turns oh to that issue that the role of factors effective on psychological health of mothers of children suffering from autism is various and that this treatment has not been able to play an effective role in improving the Health of the understudied mothers.

Keywords: Compliance and Obligation; Anxiety; Mental Health; Autism

Introduction

Before 1980, children with any type of comprehensive mental growth disorder were categorized as individuals suffering from a type of schizophrenia. For the first time however, in the diagnostic and statistical guide of comprehensive mental growth disorders the comprehensive mental growth disorders were defined as an independent group and later on, and the third edition of diagnostic and statistical guide of mental disorders they were categorized under the two subgroups of autism disorder and the comprehensive growth disorder which was expressed in an unspecified form. Autism or preoccupation with inner thoughts is a type of comprehensive mental growth disorder. The symptoms of which appear from birth to age 3 exhibiting through stable construction of social interaction, delayed communication deviation and the limited stereotype communication model (SharifiDaramadi , 2007). Incidence rate of this disorder in children is 1:1000 (0.08%). In the epidemiologic studies, mainly performed in Europe, the incidence rate of autism has been mentioned to be 2 to 30 in 10,000. Boys suffer 4 to 5 times more of this disorder however, the probability of mental in ability is more intensive and girls (Rafeie, 2007).

Although the process of child bearing is accompanied with frequent pains however, it is pleasurable for the parents. And spite of the numerous problems that parents bear to give birth and raise their children, the hope for the child to be healthy and normal usually involves trust in them and results to compliance of the child. Awareness of mental, physical or psychological the civility's over child reverts all their desires to depress and problems begin (Narimani et al. 2007). In the course of diagnosis of the autism disorder as one of the abnormal conditions of birth accompanied by an extensive spectrum of verbal, communicative, behavioral, and social abnormalities and also difficulties of recognition, incidents of symptoms following normal growth of the children, lack of decisive and effective treatments and poor prognosis, can come tribute to many psychological pressures of the family and the child's relatives and in all cases leads to incidence of symptoms of anxiety and depression and finally decreases their mental health (Chim, 2007). Based on performed researches problems arising from having an autistic

child and parents are anxiety and reduced mental health. Investigations indicate that mothers of the autistic children enjoying less mental health and employ ineffective confronting approaches (Afshari et al. 2006). Mental health means a state of wellbeing and it is this feeling in the individual enables him/her to compromise with the society. Mental health means the feeling of satisfaction, a healthier mind, and social recommendation with the criteria accepted for each society (Kaplan and Sadoc, 2002). Also, Kohen and Carter (2006) in study of personality characteristics of parents of the autistic individuals found out that such personality traits as isolation, inefficiency, irresponsibility, and anxiety is seen in parents of children suffering of autism. It is while anxiety is a type of undesired, and vague and defused feeling of panic and worry with unknown origin experienced by the individual and includes lack of confidence, distress and psychological excitement (Lotfi and Amiri, 2011) Cook et al. (1994), Sharpelli et al. (1997), Linheart, (1999) Kohen and Carter (2006) and Afshari et al, (2006) have shown that mothers of children suffering extensive autistic disorders more than mothers of children suffering of other psychological disorders are exposed to psychological pressure due to having a disabled child. In direction with these problems, frequent procedures and interventions have been employed to reduce anxiety and improved mental health of parents of such children including drug therapy, behavior therapy, cognitive behavior therapy and recently treatment based on compliance and obligation (Wildneck, 2012). Fundamental principles of this treatment include: 1) compliance or willingness to experience pain or other disturbing events without taking action to control them. 2) Action based on value or obligation together with willingness to act as personal meaningful objectives is more than elimination of unwanted experiences. Also there exist verbal methods and cognitive processes through interaction with other nonverbal dependences in such a way that leads to healthy function. This procedure includes exercises based on confrontation, verbal metaphors, and such methods as mental meditation (Heize, 2004).

In this method of treatment, instead of changing cognitions, attempt is made to increase the individuals' psychological relation with his/her thoughts and feelings. In the treatment based on compliance and obligation, the main objective is establishment of psychological flexibility, i.e. providing the potential to practical selection among various choices the one which is more appropriate, not merely the action of avoiding disturbing thoughts, feelings, memories or inclinations or and fact it is imposed on the individual. In this type of treatment the patient is instructed that any action for avoidance or controlling these unwanted mental experiences is ineffective or has a converse effect and causes their intensification and that such experiences should be completely accepted without any internal or external reaction for their elimination (Formen and Herbert, 2008).

Treatment interventions based on compliance and obligation have shown a significant increase in willingness for participation in difficult activities while experiencing difficult emotions (Massuda et al. 2004). Act Central processes instruct the individuals how to stop precluding thought, how refrain to intermix with the disturbing thoughts and cause the individual to better tolerate the undesirable emotions (Twohing, 2009). The treatment based on compliance and obligation can exert a positive effect on many of the signs and clinical manifestations of the practical and thought obsession like avoidance, thought precluding, disturbed quality of life come and temper problems (Levit and Brown 2004). Numerous case studies have been performed in connection with efficiency of ACT, incited disorders like compulsive obsession (Izadi et al., 2004), drug abuse and drug dependence (Band and Bonth, 2003) Post accident stress (Ursilve and Beten, 2005- Toheight, 2009), temper disorders (Zelthy and Heiss, 1986; Zelthy and Reinz, 2009), anxiety and stress experienced by mothers of mentioned mental retarded children (Blacladge, 2006) and panic (Levit et al. 2004; Lopez and Salace, 2009). In the same direction, and the role played by the mind health in improving psychological conditions of parents and children, any attempt towards improving the mental health of parents of autistic children is worth consideration. Therefore, the objective of the present research is to study the effectiveness of the interventions based on the compliance and obligation approach on decreasing anxiety and increasing the mental health of mothers of children suffering of autism disorder.

Method

The present research is an experimental pre-test, post-test and control group project in which a test group and a control group were employed. Statistical population of this research included all mothers of children suffering of autism in the city of Isfahan. To conduct this project, 24 mothers of children suffering of autism were selected through the random sampling method amongst the mothers referring to Ordibehesht Center for Treatment and Rehabilitation of Children Suffering from Autism in Isfahan in spring 2014 and were assigned through the random assignment and via the experimental project of pre-test, post-test with the control group to the test groups (12 mothers in the test group and 12 mothers in the control group). The independent variable (treatment based on compliance and obligation) for the purpose of decreasing the anxiety role in increasing the

mental health (dependent variables) were exerted during 7 therapeutic sessions, while the control group received no treatment.

It is worth mentioning that for observing ethical issues members of the control group were ensure that following termination of the research they too will receive this treatment protocol. To analyze the data, mean and standard deviation and for determining the effectiveness of the treatment education based on compliance and obligation in AHCOVA analysis test was employed.

Table 1. Treatment educational sessions based on compliance and obligation

1	First session	Introduction, Establishing relation with the group members and performance of pre-test
2	Second session	Explanation of employed approaches by the referring individual and their inefficiency, attenuation of attendance of the individual to her approaches and establishing willingness for obtaining inefficient approaches.
3	Third session	Instruction of this point that control is a problem and that avoidance emotional evasion leads to conflict inefficient results and complications
4	Fourth session	Instruction of verbal limitations in comprehension of experiences and attenuation of blending between self and language
5	Fifth session	Instruction of attenuation of dependents on conceptual self and producing awareness of the observer self and also expressing the difference between the conceptual and observer selves.
6	Sixth session	Instruction for achieving mind awareness through particular instruction procedures
7	Seventh session	Instruction of understanding the importance of living based on value, comprehend and performance objectives and providing a healthy life and prepare a framework of values in major fields of life along with referrers.
8	Eight session	Instruction and direction with comprehension of compliance qualities and the employ of willingness and selection, understanding the nature of compliance and obligation and connecting these two issues, study obstacles toward compliance and their solution.
9	Ninth session	Execution of post-test.

Research tools

The kettle anxiety test: this questionnaire he contains 40 questions. Each question is scored with a three-degree scale(zero, one, and two). This questionnaire was deployed in an Iranian sample in 1988 including 977 students of TehranUniversitywith the age range of 18 to 30 and has normalized scores for hidden anxiety (trait) and apparent anxiety (manner).

The general health questionnaire (GHQ): is the most known screening test that so far and psychology has had much impact on progress of researchers(Henderson, 1990). This questionnaire he was established by Goldberg and has been translated for use into 36 languages. Goldberg(1972) in his primary study on confidence of this test report of that indices of sensibility, specificity and error rate through the GHQ scoring method in general classification of the 16th question for is 77.5, 88.4 and 15.4. This index in a primary study performed in Iran on 28 –GHQ was 82.5, 86 and 16 respectively (Yaaghoubi, 2008). In a study recently performed on a student population of the new Lee enrolled students, the scores of 68, 65 and 35.7 respectively were obtained (Yaaghoubi, Ghaedi, Omid, Kahani and Zafar , 2008).

Findings:

To analyze the data, mean, standard deviation and for determining the treatment effectiveness based on compliance and obligation on improving mental health and treatment of anxiety and mothers of children suffering of autism the covariance analysis test was employed separately.

Table 1: mean and SD of anxiety and mental health of mothers

	Variable	Test type	Mean	SD
Anxiety	Test group	Pre-test	42.21	14.05
		Post-test	37.50	14.94
	Control group	Pre-test	45.13	9.91
		Post-test	45.42	12.72

Mental health	Test group	Pre-test	34.23	14.01
		Post-test	25.77	15.18
	Control group	Pre-test	30.46	12.23
		Post-test	32.00	12.59

Through the study of the above table it is revealed that the mean test groups compared with the control group in the post-test stage due to intervention of the independent variable (treatment based on compliance) has changed.

Prior to employee covariance analysis test, first for the purpose of equality of variances, the Löwen test is examined.

Table 2. Results of Löwen test for study of the equality of variance relevance to scores of anxiety and mental health of mothers

Source of changes	F	df1	df2	Significance
Anxiety	1.27	1	22	0.27
Mental health	0.31	1	22	0.58

Results of theLöwen test showed that the condition of the equality of the variances has been observed and through observing other pre-assumptions, employment of the F test is not facing any limitation.

Table 4. Summary of results of covariance analysis of the ACT effect on anxiety and mental health of mothers

Variables	Source	Some of square roots	df	Mean of square roots	F	Significance	Eta square	Power of the test
	Changes							
Anxiety	Pre-test	304.63	1	304.63	1.67	0.20	0.07	0.23
	Group	506.02	1	506.02	2.7	0.11	0.11	0.35
Mental health	Pre-test	293.76	1	293.76	1.68	0.214	0.10	0.22
	Group	1.15	1	1.15	0.01	0.93	0.01	0.05

Regarding results of the above table, changes occurred in the mean variables of anxiety and mental health of mothers of the autistic children due to the (Independent) categorization variable has not been significant. It means that instruction of the treatment based on compliance and obligation has not let to a significant difference in anxiety and mental health of mothers of the autistic children at the post-test compare with the control group.

Discussion and conclusion

The present research was conducted with the objective of investigating effectiveness of compliance and obligation therapy on reducing anxiety and promoting mental health of mothers of the autistic children. In order to study effectiveness of the treatment based on compliance and obligation on mothers of the children suffering of autism, results of the covariance analysis test following pre-test control indicator that the mean difference of the two groups at the post-test is insignificant. As so, results show that there is a difference between the test and control groups however, these results are not statistically significant, i.e. compliance and obligation have no effect on decreasing anxiety of the mothers of the autistic children. This is while findings of PourfargOmran(2009) indicated that this treatment cause decreased anxiety scores. Findings effectiveness of which has been confirmed by Abedi, Jabalameli and Shoushtari(2010) and Abedi and Oreizi and Laali(2012). Results which do not correspond with findings of the present research.

On the one hand and study of effectiveness of the treatment based on compliance and obligation on mental health of mothers of the autistic children, results of the covariance analysis test following the pre-test control revealed that mean difference of the two groups on the mental health is insignificant, thus results indicate that there is a difference between the test and control groups however, this difference is not statistically significant. This means the compliance and therapeutic obligation has no effect on mental health of mothers of the autistic children. Results

of the present research partly corresponds with those of Afshari, Khoshabi, Poretmadi and Moradi(2006) who showed that there is no relation between the confrontational and emotional approaches and mental health. However, our findings do not correspond with those of Repon(1992), Cook et al. (1994), Linheart(1999), Kohen and Carter(2006), Pyon and Palmer(1999) who showed that parents of the autistic children do not enjoy mental health and that these parents, more than parents of children suffering of other psychological disorders, are exposed to psychological pressures arising from having disabled children. Also the present findings do not correspond with those of Masuda, Hayes, Lillis, Bunting and Herbst (2009) showing that the treatment based on compliance and obligation improves the mental health of the participants. In a research conducted by Mehrdoust(2011), the treatment based on compliance and therapeutic obligation significantly decreased the symptoms of social panic and the test group and Abedi and Jabalameli and Shushtari(2010) and Abedi, Oreizi and Laali(2010) showed efficacy of this treatment and decreasing anxiety and Riahi, Khajeddin Izadi Mazidi, Eshrati, Naghdinasab (2010) showed effectiveness of the supportive, and cognitive– behavioral treatments on mental health and illogical beliefs of mothers of the autistic children.

Findings of the present research can be expressed as follows:

Various factors contribute to incidence of a psychological event. These factors have both environmental and intrapsychic and processing origins. Some individuals during the course of treatment reduce the importance of role of the environmental origins in their cognitive processing and instead refer to their intra-mental cognitive changes. However, environmental social, familial, and econometric conditions of the community play roles in human behaviors. It is expected that during the psychological treatment sessions like the treatment based on compliance and obligation, the environmental pressures in vulnerable individuals due to acceptance of the present conditions are reduced. Sometimes these expectations are not realized. Because the role of environmental and familial factors are such obvious that the treatment course cannot conduct individual to the belief that instead of confronting the present environmental conditions, accept these conditions. This event is more evident when the present conditions play a constructive role in the psychological process of the individuals. In the group of mothers of the autistic children such conditions from two viewpoints exert evil psychological effects on the individuals. First deductions and judgments of the outsiders and second the cognitive, physical, social and communicative conditions of the autistic children. These conditions together make the mothers of the autistic children not to accept the conditions mentioned in the treatment sessions, and as a result show an affirmative reaction and direction with decreasing anxiety, and increase their mental health.

Regarding the research findings showing “lack of significant effect of compliance and obligations therapy on mental health of mothers of autistic children”, it is suggested to the health authorities of the country to conduct a multifaceted study on the health state and life quality, economy and social conditions of mothers of autistic children. This study is done for finding the major cases that at present as even impede effectiveness of the treatment based on compliance and obligation in the mothers.

Limitations of the research included the following:

A- Results of the research being limited to the mother’s of the autistic children referring to the treatment and rehabilitation center of Isfahan and precaution in generalizing results to the other cities.

B-this research in most fields has no considerable historical background; therefore, there was no possibility to fully compare results of this research with other results.

C-Regarding the time limitations and location of conducting the project, the treatment project was conducted during eight weekly sessions. Regarding extensive problems of patients, probably treatment protocols with more sessions would prove more useful.

D–short time interval between the post -test and follow-up stages is amongst other limitations of the research.

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