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THE INFLUENCE OF RELIGIOUS QUEST (INTERNAL-EXTERNAL) AND DEFENSE MECHANISM ON THE RESILIENCE LEVEL OF THE MOTHERS WITH MENTALLY RETARDED CHILDREN

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Abstract

The purpose of this study is to investigate the role of religious quest (internal- external) and defense mechanisms in predicting the bearing level of mothers with mentally retarded children. The research methodology is descriptive and correlational. The population of the study: all mothers with mentally retarded children living in Khorram Abad from whom 100 people were selected through random sampling. The tools used in this research included items like Connor and Davidson's resilience questionnaire (2003), Alport's religious quest questionnaire (1967), and defense mechanisms questionnaire (DSQ Andrews, 1993). Pearson's correlational coefficient and regression were utilized for data analysis. The results of the study indicated a positive and significant relationship between resilience and internal religious quest ($P < 0.001$), while the relationship between resilience and external religious quest was negative and significant ($P < 0.05$). There was also a positive and significant relationship between resilience and developed defense mechanism ($P < 0.001$), yet the relationship between resilience and undeveloped defense mechanism ($P < 0.05$) and neurotic defense mechanism ($P < 0.01$) and resilience was negative and significant. The results of the stepwise regression also showed that the internal quest had a positive influence resilience ($P < 0.001$). The more the mothers with mentally retarded children utilize internal religious quest, the more will their mental health improve, but this relationship will grow even stronger with the presence of developed defense mechanism. This study revealed that those mothers with mentally retarded children who utilize internal religious quest and developed defense mechanism will have a greater level of resilience and mental health.

Key words: Resilience, religious quest, defense mechanisms, mentally retarded.

Introduction

The child's personality is directly linked to how he is reared by his parents. Due to the special healthcare demands, the presence of a mentally retarded child in families is a source of anxiety and stress for mothers who spent most of their time with him and can have a negative influence on the mental health and compatibility of mothers (Singer et al., 2007; McConky et al., 2008). This stress might be caused by anxiety about dealing with future problems, the behavioral problems and the child's level of disability, changes in family relationships, heavy economical costs, the shattered dreams, others, compassionate behaviors, negative attitude of the society, lack of information, problems in accessing the services, facilities, and the contradictions associated with having another child (Witter, 2003; Buelow et al., 2004). Many families are faced with the problems associated with mentally retarded children (Seyf Naraghi & Naderi, 2010). Based on various international statistics, some 2.5% of all kids and students are mentally retarded, and the 20-million population of the students in Iran renders some 500 thousand such students in our country (Afrooz, 2000).

One of the interesting issues in families who try to take care of their mentally retarded children is the level of parents' resilience. In many cases, taking care of a mentally retarded child may lead to reduction of the resilience level of the family members, especially the one who is particularly responsible for the mentally retarded one (Krohloth et al., 2003). Resilience is the generic term for factors and processes that prevent the development trajectory from deviating to problematic behaviors and psychopathologies and yield adaptive results despite unfavorable conditions (Jokar, 2007). Resilience helps people in dangerous situation utilize their capabilities to gain success and development in their personal life despite dangerous factors and use these challenges as an opportunity for empowering themselves (Newman, 2005). Thus, people with high levels of resilience preserve their psychological health in stressful and unfavorable conditions.

Religion is one of the factors that influence resilience. Religious believes organize parents' thoughts and gives meaning to their efforts. Commitment to religion can influence the experience and reaction of parents to their mentally retarded child. Trenbal & Trenbal (1990) believes that religious resources increase the possibility of accepting mental retardation and parents' resilience in families with mentally retarded child through social support and provoking believes. Researches have shown a relationship between religious resources and the manner of dealing with the adverse conditions of life, and various forms of religious dealing are associated with skills for dealing with problems. It is also proved that people with religious morale have higher levels of resilience against life predicaments (Neenan, 2009; Call, 2003). Rew & Wong (2006) showed in their study that of all 43 researches surveying the relationship between religion and mental health, 84% of them found a positive relationship between them. Koing et al. (2001) also reported that of all 850 studies surveying the relationship between religion and mental health, two-third of them reported a positive and significant relationship between commitments to religious believes, resilience and mental health. Park et al (1996) realized that religious attitude in stressful situation reduces the sense of depression and anxiety. Offering social support and giving sense and purpose to life can create strong positive excitements and purposes and help parents promote their level of resilience.

Another factor which is thought to be tightly related with the resilience level of mothers with mentally retarded children is utilization of defense mechanisms. For example, parents with mentally retarded children may use defense mechanisms like projection, isolation, displacement, depression, suicide motif, anger, fear, etc. (Milanifar, 2007). Vaillant (2000) has defined defense mechanisms as unconscious and internal and regulating processes which enable a person to reduce the cognitive discord towards the internal and external changes of the environment. He considers defense mechanisms as factors that make mental balance and as a tool for dealing with challenges and discords. He also states that defense mechanisms play a more important role in

resilience and shows the cognitive method of events changes is the basic strategy for resilience. Rutter (1987) defines resilience as a defensive and supporting mechanism which moderates the response of a person to predicaments. If the defense mechanisms for reducing the intense contradiction caused by stress are ill-used in people, it will increase the distance between the person and himself in long term due to escaping the reality and creating a world that is unique to him (Heydari, 1385). If a mind that is directly associated with mental health, training and educational issues of mentally retarded children uses destructive defense mechanisms, it will cause problems for both itself and other people associated with it. One of such problems is lower levels of mental health which can influence a large portion of the society. Considering the importance of resilience and the factors that influence it in the mental health of the mothers with mentally retarded children and the lack of a research in this field, the main goal of this research is to survey the role of religious quest (internal and external) in predicting the resilience of the mothers with mentally retarded children. The hypotheses of the research are:

- 1- Mothers with mentally retarded children have an internal religious quest and higher levels of patience.
- 2- Mothers with mentally retarded children have an external religious quest and higher levels of patience.
- 3- Mothers with mentally retarded children have a neurotic defense mechanism and higher levels of patience.
- 4- Mothers with mentally retarded children have a developed defense mechanism and higher levels of patience.
- 5- Mothers with mentally retarded children have an undeveloped defense mechanism and higher levels of patience.

Research tools and methodology

This is a descriptive, correlational study. The study population of this research includes all mothers with mentally retarded children in Khoram Abad. The research sample included 100 mothers with mentally retarded children chosen randomly. Thus, the first step of the study was to identify mothers with mentally retarded children in the age range of 5 to 14 years and an educable mental performance level.

The tools utilized in this research included

Conner-Davidson Resilience scale (CD-RISC): this scale which was proposed by Conner and Davidson includes 25 questions which are evaluated in Likert scale between 0 (completely incorrect) to 4 (always correct). The average score of this scale is 52 and as the score of the subject moves above 52, he will have higher levels of resilience and as the score moves below 52, the resilience level shrinks. Mohammadi (2005) validated it in Iran. Samani et al (2007) calculated a Cronbach alpha coefficient of 0.87 for the validity of this test. The present research utilizes Cronbach's alpha method to determine the validity of the questionnaire and the resulting validity coefficient was reported to be 0.89.

Religious quest scale (internal-external) of Allport: Allport formed a 20-item scale in which 11 items discussed external religious quest and 9 were about internal religious quest. In 1963, Fegin prepared a 21-item version of T/E scale in which all Allport items were selected in addition to one extra item. There was a great positive correlation (0.61) between this item and E scale and, henceforth, this scale has been used more frequently (Donahu, 1985). To evaluate the validity of this test in Iran, the internal and external religious quest scale of Fegin was translated to Persian and this translation was confirmed through the reviews of other experts and a re-translation of the resulting Persian version of the scale to English. Various revisions attempted to synchronize it with the Iranian cultural and religious context and items were set according to

Likert scale. In this scale, evaluation of external religious quest scale questions was done in this format: totally disagree 5, partially disagree 4, partially agree 2, totally agree 1. Evaluation of external religious quest scale questions was done in this format: totally disagree 5, partially disagree 4, partially agree 2, totally agree 1. The of this scale was tested by John Bozorgi in a sample consisting 235 college students of Tehran with a validity of 0.737 based on Cronbach's alpha. In another study conducted by Mokhtari on a sample consisting of 10 students of Tehran University, the validity of this scale was calculated based on Cronbach's alpha and the resulting alpha coefficient was 0.712 and Cronbach's alpha for the internal and external religious quest were respectively 0.78 and 0.76.

Defense styles questionnaire (DSQ): this questionnaire was investigated and validated by Rahimi Nasab (2006) in Iran. The results associated with the validity showed that the Iranian version of the questionnaire had a desirable level of credibility just like the original version. The validity of this questionnaire was evaluated through retesting and calculation of Cronbach's alpha. The alpha coefficient in the study groups was investigated separately among students and college students and the gender of sampling group and defense mechanisms. The highest total alpha was observed among male students (0.81) and the lowest total alpha was observed among female students (0.69). As for defense mechanisms, the highest level of alpha was for undeveloped style (0.72), while the lowest alpha was associated with neurotic style (Heydari Nasab, 2006). Beshaat et al also reported Cronbach's alpha coefficients of 0.75, 0.73 and 0.74 for developed, neurotic, and undeveloped styles respectively and reported a retest validity coefficient of 0.82 with a distance of 4 weeks (Besharat, Sharifi, and Irvani, 2001).

Implementation method

After making the arrangements with the bureau of training and education of Khorram Abad for exceptional children and gaining the agreement of the subjects and identifying mothers with educable retarded children, the purpose of the research was explained to them and they were asked to read the questions carefully and choose the answers that best describe their features and leave no question unanswered. Finally, the data were analyzed using Pearson's correlation coefficient and stepwise regression analysis. They were also assured that their information will remain secret and they are free to participate in the research.

RESULTS

The following levels of education were observed for mothers who had participated in the research: 71% below diploma, 22% diploma, 4% college diploma, 3% undergraduate. The following figures were also reported about the occupational status of the mothers: 11.36% employees and 88.64% housewives. In this part, we used Pearson's correlation and its corresponding significance test to confirm and reject the hypotheses.

The results of Pearson's correlation coefficient shows that there is a positive and significant relationship between internal religious quest ($r=0.68$), developed defense mechanism ($r=0.66$) and resilience. There is a negative relationship between undeveloped defense mechanism and resilience ($r=-0.49$). No relationship could be concluded between external quest and neurotic defense mechanism with resilience. Thus, the first and the fourth hypotheses are confirmed. Based on table 1, the correlation coefficient between the developed defense mechanism and resilience is significant, thus the hypothesis is confirmed ($P=0.001$).

First hypothesis: there is a relationship between the internal religious quest and resilience in mothers with mentally retarded children. Based on table 1, the correlation coefficient between internal religious quest and resilience is significant the hypothesis of the research is confirmed ($P=0.001$).

Fourth hypothesis: there is a relationship between the developed defense mechanism and resilience of mothers with mentally retarded children. Based on table 1, the correlation coefficient between the

developed defense mechanism and resilience is significant, thus the hypothesis is confirmed ($P=0.001$).

As we can see in table 2, of 5 predicting variables entered the synchronic regression equation, internal religious quest with a beta standard of 0.541 and developed defense mechanism with a standard coefficient of 0.372 are capable of predicting the significance for resilience ($P=0.001$).

Thus, there is a positive and significant relationship between internal religious quest and tolerance.

There is also a positive relationship between developed defense mechanism and resilience of mothers with mentally retarded children. The results of the multi-variable regression analysis showed that the share of such variables in predicting the resilience is 46%. In other words, 46% of resilience variance is determined by internal religious quest and developed defense mechanism.

To determine the influence of each component, external religious quest, internal religious quest, developed defense mechanism, undeveloped defense mechanism, and neurotic defense mechanism as the predicting variables; and resilience as the criterion variable were analyzed with multi-variable regression analysis. As we can see in table 3, the level of F observed is significant. Based on the specification coefficients in the first step of research, the internal religious quest alone specifies 32.5% of the changes in the criterion variable (resilience) ($P<0.001$), but in the second step of the increased analysis, the developed defense mechanism variable raises the power of prediction to 46.2% and this level of increase is also significant ($P<0.001$). Thus, mothers of the mentally retarded children will have greater levels of resiliency if the use internal religious quest. Yet, this relationship will even grow stronger with presence of a developed defense mechanism. Thus, mothers of the mentally retarded children who utilize the internal religious quest will have a greater level of tolerance.

CONCLUSION AND DISCUSSION

The purpose of the present study is to survey the role of religious quest (internal-external) and defense mechanisms in predicting the resilience of the mothers with mentally retarded children. The results indicate a positive and significant relationship between internal religious quest and resilience. These results are in line with the results of the studies of Donaho (1985), Netan (2009), Kal (2003), Ru and Veng (2006), McKalo& Larson (2001), Krook (2003), and Jokar et al (2010). In specifying these results, we can say that resilience is one of the influential factors in mental health and life satisfaction of people who are faced with various mental predicaments. The presence of mentally retarded children in a family can be a devastating mental shock for other members and parents with such children experience higher levels of tension and anxiety than others (Ahmad Panah, 2001). Resilient people are more likely to be searching for meaning in the face of unfavorable conditions. Having faith increases the resilience of people against hardships and assists them in overcoming challenges and changes in life. Having belief in spiritual beings (believing in a superb being) acts as a support for greater adaptation. Spirituality is known to be the key factor in developing and educating the resilience. It has been proved by many studies that spirituality can help people reduce their negative emotions, tensions and anxiety and can manage their life problems more easily and utilize an appropriate strategy for reducing their stress and depression while being able to preserve their mental health, because the presence of depression, tension, and anxiety as a dangerous factor can cause many physical problems and mental disorders and reduce resilience. The religious and ethnic context of our country and presence of deep-rooted spirituality and religious believes are important supporting resources which secure the mental health and preserve personal calmness and also promote one's ability in dealing with life predicaments. Allport believes that it is only the internal religious believes which have a positive relationship with mental health (Allport and Ruth, 1967). Koork (2003) claims that believing this fact that it is god who controls situations and observes peoples can greatly reduce the anxiety associated with situations. People who have such believes think that relying on god can help bring uncontrollable situations under control. Finally, we can say that due to the special life style of people with internal religious quests, they show higher levels of resilience in the face of unfavorable events. In other words, mother with higher degree of internal religious quest

behave their mentally retarded children based on the religious teachings and consequentialism and the day of judgement, have a greater degree of resilience and mental health. We can say that possessing internal religious belief enables people to see the life more significant and, as a result, have higher levels of mental health.

What's more, the results of these studies revealed the fact that mothers with mentally retarded children prefer to use neurotic defense style (philanthropy and cancellation) and undeveloped defense style (physicalization and justification), while using them can reduce their resilience and jeopardize their mental health. In other words, the more these mothers use undeveloped and neurotic defense strategies, their mental health, especially anxiety, insomnia, and depression will descend to negative conditions, they will experience more negative emotions, and will have less options for reducing their psychological disorders (Abolghasemi, Mahmoudi, & Salmani; 2009). Although the descriptive information show that mothers with mentally retarded children generally use developed defense mechanisms less frequently, a positive and significant relationship is observed between this mechanism and resilience scale ($P < 0.001$) in the very mothers who use developed defense mechanisms. Thus, we may conclude that using the undeveloped defense mechanism and neurotic defense leads to higher levels of stress, insomnia, and depression, while using developed defense mechanism reduces stress, insomnia, depression and promotes the general health and resilience in mothers with mentally retarded children. Defense mechanisms are associated with mental and physical consequence (Abolghasemi, Mahmoudi, & Salimi, 2009; Vaylant, 2000). Thus, when people utilize developed defense mechanisms in the face of bad events, their stress will be much less than those who utilize undeveloped defense strategies (Thompson, 2007) and they will have greater general health and level of resilience (Mohammad Pour Yazdi et al., 2009).

As for the second hypothesis, the results indicated that internal religious quest along entered regression equation (in order to predict the resilience of mothers with mentally retarded children), it managed to specify 32.5% of resilience, but this relationship grew even stronger for 13/7% more with the presence of developed defense mechanism and the predictability power rose to 46.2%. Thus, mothers with mentally retarded children who have an internal religious quest besides developed defense mechanism show greater levels of resilience. This helps them deal with the stress of having a mentally retarded child and also have better general health. Researches also indicate that people with internal religious quest have higher levels of resilience, and using developed defense mechanisms and active and direct ways for dealing with life problems and stress reduces the destructive and harmful aspects of the stressful factors of life (having a mentally retarded child), because using internal religious quest and developed defense mechanism helps people improve their general physical health, mental health, happiness etc. and vice versa (Afzali, 2007; Dadseyan, Pakdaman, & Ali Bakhshi, 2008).

Using external religious quest and undeveloped and neurotic defense mechanisms not only cannot solve problems, but also creates emotional problems and has negative impact upon the personal life (Abolghasemi et al., 2009). In other words, internal religious quest and development of defense mechanisms and, consequently, high resilience have a significant impact on total psychological and social adaptation and the physical- clinical health of the mothers with mentally retarded children (Beygi, 2011).

As the first and the second hypotheses are confirmed, we may draw the conclusion that using positive internal mechanisms (internal religious quest and developed defense mechanism) leads to higher levels of resilience (as a positive external mechanism) which includes supports, positive emotional-social relationships, social and individual cultures and values (which can influence people's correct interaction with problems and thinking style). All of these factors taken together promote the mental and physical health of mothers with mentally retarded children.

Finally, the results of the study showed that using religion (if it is internal) and defense mechanism (if it is developed) can predict the resilience of the parents with mentally retarded children, while external religion and undeveloped and neurotic defense mechanisms cannot predict the resilience of parents. Based on the results of this study, it is recommended to provide the necessary conditions (using psychological treatments, providing various educations for increasing religious believers and resilience and correct ways of dealing with life challenges) to prevent the signs and consequences of having a mentally retarded child or, finally, accepting such a child.

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