Iranian Evolutionary and Educational Psychology Journal
June 2020: 141-147
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DOI: 10.29252/ieepj.2.2.141
http://ieepj.hormozgan.ac.ir

The Role of Life Review on Life Expectancy and Family Cohesion among Mental Retardation Students

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Abstract: The purpose of this study was to determine the role of life review on life expectancy and family cohesion among mental retardation students. The present study was a quasi-experimental study of two groups with pre-test and post-test and the statistical population was comprised of all students with mental retardation in the secondary school of Birjand that according to the physician, did not have mental retardation and psychological disorders also they had ability to answer questions and willingness to cooperate. The statistical sample of research consisted of 40 subjects who were voluntarily selected and randomly divided equally into two experimental and control groups. Measurement tool was Miller life expectancy questionnaire (1988) and Olson family cohesion (1991). First, all the samples responded to the questionnaires. Then, a treatment plan of life review was performed for the experimental group based on Haight and Webster's life review (1995) at 8 sessions (each session 60 minutes), and the post-test was taken from the experimental and control group. Data were analyzed using covariance analysis and SPSS16 software. The results showed that life review has been effective in increasing the life expectancy and family cohesion of mental retardation students.
Keywords: life review, life expectancy, family cohesion, mental retardation students.

[DOR: 20.1001.1.25884395.2020.2.2.7.5]

Introduction

One of the inevitable events that may occur in some families is the birth of mental retardation children. These children include a significant number of people in all human societies. Therefore, any action to optimize their living conditions can reduce the variety of social, cultural, economic problems and reduce the family problems along with it. The birth of a child with special needs can have different effects on the family and create a wide range of emotional responses to the father, mother and other family members. For someone, this is a crisis and requires great psychological regulation. For someone, the birth of a child with special needs is an unfortunate event, and the initial response can be emotional collapse (Sharma et al., 2015).

Parents of children with special needs experience a stressful life, and these conditions endangers their mental health (Verma, Srivastava, & Kumar, 2017). Parents who have children with special needs not only suffer from special characteristics of these children, such as challenging behaviors, mental retardation and physical

[DOI: 10.29252/ieepj.2.2.141]

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limitations, but also suffer from labels of different cultural interpretations of injuries (Sanner & Neece, 2018). Mental retardation is a heterogeneous disease with multiple causes. Individuals may have a problem in social judgment, risk assessment, individual behavior management, emotions or interpersonal relationships, or academic or job motivation and the lack of communication skills can lead to vexatious behavior and aggression (DSM-IV, 2013). These individuals have poor social skills (Matson, Anderson, & Bamburg, 2000) and social activity is associated with some failure in them (Hyatt & Filler, 2007). The problems of these people in social skills, social capability and in general, adaptive skills have led to failure criterion in adaptive behavior in recognition of mental retardation is also considered in addition to the criterion of intelligence quotient (Armatas, 2009). The mental retardation limits the overall development of the affected person and affects the parents and other members of the family. The presence of a child with mental retardation can put parents in the risk of family and marriage disputes, reducing opportunities for social interactions, entertainment and leisure. The opportunity to handle their home affairs decreases and their normal life plans are disrupted and affects family cohesion (Mailick Seltzer & Wyngaarden Krauss, 2001).

The purpose of life review is to help individuals in successful integration of life experiences. Butler (1963) presented the term “life review” in his historical article (Haber, 2006). In life review, the person recounts, contemplates, examines past experiences and think deeply about it with the goal of achieving more self-knowledge (Haber, 2006). The life review refers to issues that with considering the unresolved conflicts, the creation of guilty, resentment and hatred of those references has problem in their review alone (Haber, 2006).

The purpose that Butler points out for the treatment of life review is to create a situation in which the advisor and the authorities create newer and more structured meanings for the past and present experiences of the authorities and help the authorities to successfully summarize their life experiences. Life review-based treatment plans are usually conceptualized with a psycho dynamic viewpoint, in which the references call and reflect incidents and experiences by help of a therapist (Haber, 2006). Mental retardation students are often unable to develop social and mutual relation with peers and adults, due to mental defects and deprivations caused by it, and their social and emotional adaptation is difficult. These children are usually secluded and introverted, and often have a low life expectancy and have problems with the family. The family is the first and most appropriate role taking place and the main focus of children development, and acts like a system of dynamics, whose members interact positively and mutually affect each other. Disrupting in performance of this system, can disrupt in the behavior of its members. The process of treatment plan of life review for mental retardation people offers opportunities that, given their success in resolving conflicts, social adjustment, establishing healthy relationships in the community and family, and increasing the life expectancy and family cohesion.

Material and Method

This research was quasi-experimental research with pre-test and post-test plan with control group. During which life review was considered as an independent variable and the amount of life expectancy and family cohesion among mental retardation students as dependent variable. The statistical population was comprised of all students with mental retardation in the secondary school of Birjand that according to the physician, did not have mental retardation and psychological disorders also they had ability to answer questions and willingness to cooperate. The statistical sample of research consisted of 40 subjects who were voluntarily selected and randomly divided equally into two experimental and control groups. Since it is essential for the implementation

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of a treatment plan of life review to study all stages of development, people reviewed the subsequent periods of life through mental imagery because they are at an early age. These people reviewed their young age, middle age and aging through mental imagery. Mental imagery helped them to portray their future. When the person made his future coherent, his life expectancy increased and on the other hand, when he was able to coherent the future of life, he could design his own plan of life and move forward with the plan. Research objectives are explained for research samples. To achieve the research goals, Miller life expectancy questionnaire (Naderi & Hosseini, 2010) and Olson family cohesion (Olson, Russell, & Sprenkle, 1989) were used. First, all the samples responded to the mentioned questionnaires. Then, a treatment plan of life review was performed for the experimental group based on Haight and Webster's life review (Haight & Haight, 2007) at 8 sessions (each session 60 minutes), and the post-test was taken from the experimental and control group.

Measurement tools

The Miller life expectancy questionnaire:This scale was created in 1988 by Miller and Powers. Miller life expectancy questionnaire is a type of diagnostic test and consists of 48 aspects of hope and helplessness states, where the materials specified in it are selected based on obvious demonstration or hidden of behavior in hopeful or disappointed individuals. For each aspect that represents a behavioral sign, sentences are written as follows (very opposite = 1, opposite = 2, indifferent = 3, agree = 4, strongly agree = 5), each person earns a score by choosing a sentence that applies to him. The score values for each aspect changes from 1 to 5, the total score earned represents hope or disappointment. In this test, the range of points earned is from 48 to 240, and if a person earns a score of 48, he is considered totally helpless and the score of 240 shows the maximum hope, 14 items (questions 11-13-16-18-25-27-28-31-33-34-38-39-47-48) are also scored inverted (Naderi & Hosseini, 2010). To determine the validity of this questionnaire, Naderi and Hosseini (2010) used the criterion question score so that the total score of the questionnaire correlated with the criterion question score and it was determined that there is a significant positive relationship between the two. To determine the validity of this questionnaire, Cronbach's alpha and bisection methods were used, with the order of its coefficients equal to 0.90 and 0.89 (Naderi & Hosseini, 2010).

Olson family cohesion : This questionnaire was prepared using the Olson et al. (1989). This test has 28 options that are designed in the form of a Likert scale. For the first option, I totally agree with the score of 5 and respectively to I completely disagree with the score of 1. The maximum achievable score in this test is 140 and the minimum score is 28. Samani (2006) reported that Cronbach's alpha coefficient was 79% and the reliability coefficient for the whole scale was 0.90 by a re-test method. In another study by Zare and Samani (2008), the internal correlation coefficient was 0.85, the Cronbach's alpha coefficient was 0.74 and the reliability coefficient was 0.80.

Treatment plan of life review

The treatment plan for this study is based on the treatment of the life review by (Haight & Haight, 2007). In Haight and Haight's model, structure, evaluation, comprehensiveness and individuality are taken into consideration. Accordingly, the person's life cycle was reviewed at a 60-minute session that lasts for 8 weeks and 1 time per week.

Summary of treatment sessions is as follows:

First session: welcoming to members, introducing the group leader to members and members to each other, reviewing group goals and goals of life review treatment, reviewing the structure of the sessions and rules,

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and getting acquainted with the treatment of life review treatment.

Second session: An explanation about childhood memories and solving the unresolved conflicts of that period by discussing these topics in the group: What is the first memory you remember from your childhood? Did everybody loved you in your childhood and were always looking after you? (Basic trust stage against distrust), (Self-determination against doubt and shame). In these circumstances, each member talks and discusses about their childhood memories.

Third session: Review the memories of the home and the family by discussing the following topics:

1. Who were you so close with? 2. Did you do a lot of sabotage? What games did you play? And what did you make? Would you feel guilty and being bad as a child? (Initiative against guilt) 3. Have you been a vibrant child? (Construction against humiliation).

Fourth session: Review the diary of adolescence by discussing the following topics:

Have you had friends who you talk to each other adolescence? Or was there a group that you participate in? (Identity against role confusion).

Fifth session: Review the memories of the young and middle age and solve the unresolved conflicts of those stages, by discussing the following topics:

Was there someone who you would love him/his so much at a young age? Have you had a sincere relationship with him? (Intimacy against isolation), Have you done your duties well as parents? And have you moved to the next generation? (Generative against stagnation).

Sixth session: Review the memories of the old age and solve the unresolved conflicts of those stages, by discussing the following topics:

When did you become grandparents? Describe that experience? Have you lost your spouse? How do you cope with the lack of your spouse?

Seventh and eighth session: Summarizing and evaluating the whole of life and helping to feel of integrity in individual by discussing the following questions:

In total, you think that how was your life? If you want to start your life again, do you like what to change and what else to stay intact? Explain three good memories of your life. Everyone expresses the bitter and sweetest and most prideful memories of his life (Integration against disappointment) / finally, expressing all the points of each person's life with the help of other members / renaming the negative aspects of the individual's life and interpreting them positively / evaluating their satisfaction.

Results

The results of the descriptive statistics of this research are divided into experimental and control groups and pretest and posttest in Table 1. According to Table 2, the test statistic for an independent variable (group) is 44.87 and its significance level is approximately 0.0005. Since the significance level is less than 0.05, there is a significant difference in the level of life expectancy of mental retardation students in Birjand city in experimental and control groups. In other words, life review has a significant effect on the life expectancy of mental retardation students in Birjand. Also, the amount of Eta squared for the group variable indicates that 62% of the changes in the test scores in the life expectancy variable (the difference of groups in the post-test) are due to the implementation of a treatment plan of life review. Therefore, the first hypothesis of the research is accepted..

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Table 1. The mean scores post-test and pre-test of the experimental and control group

Group	Variable	Phase	N	Mean	SD	Minimum	Maximum
Experimental	life expectancy	pre-test	20	173.4	15.09	150	197
		post-test	20	218.2	9.1	208	234
	family cohesion	pre-test	20	87.11	9.23	48	116
		post-test	20	98.16	10.17	54	140
Control	life expectancy	pre-test	20	189.4	14.84	160	207
		post-test	20	189.4	14.84	160	207
	family cohesion	pre-test	20	88.76	12.63	48	118
		post-test	20	89.57	11.47	52	127

Table 2. The results of the one-way ANOVA for Testing the first hypothesis of research

Variable	Sum of Squares	Df	Mean Square	F	P-Value	Eta square
Group	8105.00	1	8105.00	44.87	0.00	0.62

The second hypothesis of the research states that "the life review effects on family cohesion of students with mental retardation in Birjand city". To test this hypothesis, one-way ANOVA was used. According to Table 3, the test statistic for an independent variable (group) is 21.72 and its significance level is approximately 0.0005. Since the significance level is less than 0.05, there is a significant difference in the level of family cohesion of mental retardation students in Birjand city in experimental and control groups. In other words, life review has a significant effect on the family cohesion of mental retardation students in Birjand. Also, the amount of Eta squared for the group variable indicates that 37% of the changes in the test scores in the family cohesion variable (the difference of groups in the post-test) are due to the implementation of a treatment plan of life review. Therefore, the second hypothesis of the research is accepted.

Table 3. The results of the one-way ANOVA for Testing the second hypothesis of research

Variable	Sum of Squares	Df	Mean Square	F	P-Value	Eta square
group	4011.96	1	4011.96	21.72	0.00	0.37

Discussion

The research hypotheses were about the role of life review on life expectancy level and family cohesion among mental retardation students in the post-test phase. The results of this study showed that treatment plan of life review significantly increased the life expectancy and family cohesion of mental retardation students in the post-test.

The findings of the present study are consistent with a number of results of previous researches (Caldwell, 2005; Korte, Bohlmeijer, Cappeliez, Smit, & Westerhof, 2012; Symons, Koppekin, & Wehby, 1999). In explaining the results of this research, we can say that considering the principle that the main goals of treatment plan of life review are to pay attention to people to ineffective beliefs and their changes, outsourcing and incapacitate of problem, making an external look to the problem from different angles and in result, the creation of dissimilar interpretive and re-compilation for narrative of the story of life, therefore, people can get a new perspective on the facts through a treatment plan of life review (White, White, Wijaya, & Epston, 1990).

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Finally, the findings of the present study indicate the role of life review on increasing the life expectancy and family cohesion of mental retardation students and it introduces this treatment plan as one of the types of treatments that can help mental retardation students to give generality and special meaning to their unfinished goals. Now, with regard to what is said about Treatment plan of life review, the following can be said about the effectiveness of the life review.

The reason of effectiveness of life review is that teaches people to accept responsibility for their behavior. Life review increases motivation of people for action and effort. It teaches people that they have control and responsibility for their lives in their own hands. Life review teaches people that their past, despite their failures and bitterness, is not the determining factor for their future, but what they are doing now determines their future. The life review teaches people that they have moved towards changes by gaining self-knowledge and introspection, because when the way of life is uniform, it can become a grave and bury people under the slack of inertia. An attempt to self-knowledge and move toward change can increase the amount of life expectancy and family cohesion (Carr, 2006).

One of the limitations of this research is that the present study examines the effectiveness of life review on the level of life expectancy and family cohesion among mental retardation students without psychological disorders, so the generalization of its results to mental retardation students with psychological disorders should be taken with caution. Another limitation of this study is to examine the effectiveness of life review on life expectancy and family cohesion among students with mental retardation in Birjand so, the generalization of its results to mental retardation students in other cities should be taken with caution. Considering that the results of this study showed that life review is effective on the level of life expectancy and family cohesion among mental retardation students, it is suggested that this treatment plan be trained in post-graduate students in clinical psychology in educational centers under the supervision of professors and in the treatment centers, this treatment plan should be used for other psychological and social problems. Since the effects of a life-style review plan may not last for one or more months after the post-test phase, it is suggested that supportive sessions be held repeatedly after the end of the treatment plan to preserve the therapeutic effects for a long time.

Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The authors received no financial support for the research, authorship, and/or publication of this article.

Acknowledgements: We are grateful to all the students who have contributed to this study.

References

AArmatas, V. (2009). Mental retardation: definitions, etiology, epidemiology and diagnosis. *Journal of Sport and Health Research*, 1(2), 112-122.

Caldwell, R. L. (2005). At the confluence of memory and meaning—Life review with older adults and families: Using narrative therapy and the expressive arts to re-member and re-author stories of resilience. *The Family Journal*, 13(2), 172-175.

Carr, A. (2006). Thematic review of family therapy journals in 2005. J*ournal of Family Therapy*, 28(4), 420-439.

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[DOR: 20.1001.1.25884395.2020.2.2.7.5]

[DOI: 10.29252/ieepj.2.2.141]

DSM-IV. (2013). *Diagnostic and statistical manual of mental disorders*. Am Psychiatric Assoc.

Haber, D. (2006). Life review: Implementation, theory, research, and therapy. *The International Journal of Aging and Human Development*, 63(2), 153-171.

Haight, B. K., & Haight, B. S. (2007). *The handbook of structured life review*; Health Professions Press.

Hyatt, K. J., & Filler, J. W. (2007). A comparison of the effects of two social skill training approaches on teacher and child behavior. *Journal of Research in Childhood Education*, 22(1), 85-96.

Korte, J., Bohlmeijer, E., Cappeliez, P., Smit, F., & Westerhof, G. (2012). Life review therapy for older adults with moderate depressive symptomatology: a pragmatic randomized controlled trial. *Psychological medicine*, 42(6), 1163-1173.

Mailick Seltzer, M., & Wyngaarden Krauss, M. (2001). Quality of life of adults with mental retardation/developmental disabilities who live with family. *Mental Retardation and Developmental Disabilities Research Reviews*, 7(2), 105-114.

Matson, J. L., Anderson, S. J., & Bamburg, J. W. (2000). The relationship of social skills to psychopathology for individuals with mild and moderate mental retardation. *The British Journal of Development Disabilities*, 46(90), 15-22.

Naderi, F., & Hosseini, S. M. (2010). On the Relationship between Life Expectancy and Psychological Perseverance: A Case Study of Male and Female Students of Azad University of Gachsaran. *Sociology of women*, 1(2), 123-141.

Olson, D. H., Russell, C. S., & Sprenkle, D. H. (1989). *Circumplex model: Systemic assessment and treatment of families:* Psychology Press.

Samani, S. (2006). Family cohesion and emotional autonomy in runaway girls. *Iranian Journal of Psychiatry and Clinical Psychology*, 12(3), 258-262.

Sanner, C. M., & Neece, C. L. (2018). Parental distress and child behavior problems: Parenting behaviors as mediators. *Journal of Child and Family Studies*, 27(2), 591-601.

Sharma, S., Raina, S. K., Bhardwaj, A. K., Chaudhary, S., Kashyap, V., & Chander, V. (2015). Socio demography of mental retardation: A community-based study from a goitre zone in rural sub-Himalayan India. *Journal of neurosciences in rural practice*, 6(2), 165.

Symons, F. J., Koppekin, A., & Wehby, J. H. (1999). Treatment of self-injurious behavior and quality of life for persons with mental retardation. *Mental Retardation*, 37(4), 297-307.

Verma, A., Srivastava, P., & Kumar, P. (2017). Stress among parents having children with mental retardation: a gender perspective. *Journal of Disability Management and Rehabilitation*, 2(2), 68-72.

White, M., White, M. K., Wijaya, M., & Epston, D. (1990). *Narrative means to therapeutic ends*; WW Norton & Company.

Zare, M., & Samani, S. (2008). The role of family flexibility and cohesion in child goal orientation. *Journal of Family Research*, 4(1), 17-36.

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