

Impact of Mentally Challenged Children on Family : Parent's Report

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ABSTRACT:

Families not only affect but also are affected by their disabled members in various ways. In the present study an attempt was made to find out significant problem areas that should be targeted during counselling. Data was collected on parents of 30 mentally retarded children attending Deepshikha ICD&MH, Ranchi. Yes/No type checklist was used. Data was analyzed in percentage. Most commonly felt 'stresses' were apprehension about child's future, burden of child's care, anxiety, feeling low, preoccupation with child's problem, irritability and problem in taking care of other family responsibilities. In most of the cases, there was no significant change in social interaction and parents did not hide child's problems from others. Result shows that mothers felt more stress related to emotional area. Parents who were attending the counselling and social service for a longer duration felt significantly less anxiety and irritability. Presence of emotional stress emphasizes a need of counselling of parents, especially mother.

Key words: Mentally challenged, impact on family, parental stress

INTRODUCTION:

Adams (1966) mentioned that the rationale for providing adequate social services to the retarded is not based only on the retarded's needs, of more importance is needs of the total family unit containing retarded members. Families both affect and are affected by their disabled members in various ways (Mink & Nihira, 1987). Parents of mentally challenged (mentally retarded or MR) children experience a variety of stressors and stress reactions related to the child's disability (Orr et al., 1993). Literature suggests that most commonly found impact is emotional reaction (Bristol, 1987; Wickler, 1984; Beckman-Bell, 1981; Cunningham, 1979; Kaslow & Cooper, 1978; Olshansky, 1962). Burden of care of mentally retarded child affects psychological, physical and financial well-being of the parents over a period of time (Quine & Payul, 1985; Gallagher et al., 1983; Venture & Box, 1983; Seligman & Meyerson, 1982)

Due to the presence of MR child family feels social restriction (McAndrew, 1976; Roos, 1977; Wickler, 1981; Strain, 1982; Skrtic et al., 1984; Vadasy et al., 1984; Brotherson, 1985; Goldfarb et al., 1986). Marital relationship of family members are also affected (Reed & Reed, 1965; Gath, 1977; Featherstone, 1980; Murphy, 1982). Studies related to impact of mentally retarded child on their family in India suggests emotional reactions like, shock, guilt, etc. (Seshadri et al., 1983; Narayan, 1979), and increased interpersonal conflict among family members and their social isolation (Narayan, 1979; Jain & Sathyavathi, 1969). Peshwaria et al. (1995) found that more than 10% parents reported emotional reactions, mental worries, extra demands, strained relations, loss of support, social restriction, facing ridicule and problem in career adjustment.

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Although the passage of time might mitigate the effect of some stressors on the parents and make their responses to stressful situations more routine, it is also possible that with the changing nature of the child and increased expectations associated with growing older, the magnitude of stress that parents experience may increase (Orr et al., 1993). According to system model of family, family is interactive and interdependent system in which individual members reciprocally affect each other, such that anything affecting one member of the family will have some impact on all other members and therefore on the family as a whole (Marshak & Seligman, 1993). From this point of view, counselling of key members of the family of MR child becomes a very crucial part of intervention.

Identification of significant areas affected by presence of MR child is very important for counselling. During interview of parents of MR children attending child guidance clinic and special school, authors of the present study did not find worries and apprehensions related to many areas reported in literature. In view of different experience, an attempt was made to find out significant problem areas of parents of mentally retarded children (attending special care center) that should be targeted during the counselling.

METHOD

Sample :

Data was collected on parents (mother or father) of 30 mentally retarded children attending Deepshikha, Institute of Child Development and Mental Health, Ranchi. Mother or father who used to come with mentally retarded children frequently was taken as subjects. Informed verbal consent was taken. All children were either attending regular special school of Deepshikha or were coming regularly to attend outpatient services of Deepshikha. Out of 30 subjects 18 were

mother and 12 were father. All mothers were housewives and fathers were employed. All subjects belonged to middle socio-economic status and were coming from urban or semiurban areas of Ranchi district. Age of children ranged from 3 to 15 years.

Tool :

On the basis of information collected from literature, a checklist was prepared (see Table 1). It consisted of yes/no type items.

Procedure :

Subjects were selected for the study and a detail interview was taken. Data was collected using the checklist prepared for the present study. Subjects were given option to report any other significant problem that was not included in the checklist.

Result :

Most commonly felt stressess by parents of mentally retarded children (more than 70%) were apprehension about child's future (73.3%), burden of child's care (73.3%), feeling of anxiety (72.4%) and feeling low (70%) (Table 1). Other significant stresses felt by more than 50% parents were preoccupation with child's problem (64.3%), irritability (56.7%) and problem in taking care of other family responsibilities (51.7%). It was interesting to note that less than 30% parents experienced disturbance in marital relationship (23.3%), job related stress (23.1%), negative effect on other siblings (27.6%), and a desire to keep the child in hostel (26.7%). There was no significant change in social interaction of 66.7% parents and they did not hide child's problems from others.

When comparison was done between 'felt stress' by father and mother, father reported less stress. Difference was significant for preoccupation with child's problem (77.8% mothers vs 40.0% fathers, $N=28$, $X = 3.996$, $df=1$, $p<.05$), problems in marital relation (36.8% mothers vs no father, $N=30$, $X = 5.286$,

df=1, $p<.05$), irritability (73.7% mothers vs 27.3% fathers, $N=30$, $X = 6.111$, df=1, $p<.05$), and anxiety (84.2% mothers vs 50.0% fathers, $N=29$, $X = 3.839$, df=1, $p<.05$). Result shows that mothers felt more stress related to emotional area.

A significant point was that there was an inverse relationship between duration of contact in the special service and irritability ($r = -.379$, $p<.05$), and anxiety ($r = -.496$, $p<.01$). No significant difference was felt by parents of male and female children.

DISCUSSION

Literature reports stress related to many aspects of life of parents of mentally retarded children, like, emotional reactions, burden of care, social restriction, strained marital relationship, increased interpersonal conflict among family members and social isolation. Our findings suggest that stresses are mainly related to apprehension for child's future, emotional stress, burden of care anxiety and problems in marital relation. These tensions are mainly found in mothers in comparison to fathers of mentally retarded children. One possible reason is that mother spends more time with the child and is more responsible for child's care.

Most positive aspect revealed by present findings is that marital discord, job relates stress, negative effect on other siblings, change in social interaction, tendency to hide child's problem and a need to keep the child in the hostel were not prominently felt by parents. These findings are contrary to the findings reported in literature. Literature suggests social isolation (Narayan, 1979; Jain & Sathyavathi, 1969) and interpersonal conflict (Jain & Sathyavathi, 1969). Emotional reactions were mainly shock and guilt (Seshadri et al., 1983; Narayan, 1979). Our findings suggest that most prominent emotional reactions were anxiety, irritability, apprehension etc. that have

a negative relationship with the duration of contact with special service. Parents who were attending the service for a longer duration felt significantly less anxiety and irritability. Orr et al. (1993) reported that increasing age of mentally retarded child increased the stress of parents but our findings show that if child is getting proper training, increasing age of the child does not put extra burden of the care. Prominent emotional stress emphasizes a need of counselling of parents, especially mother.

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