

Psychological Stress and Coping Strategies of the Parents of Mentally Challenged Children

Venkatesh Kumar, G.
University of Mysore, Mysore

Parenting a mentally retarded child is not an easy task. Parents having a mentally retarded child experience a variety of 'psychological stress' related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which is, indeed, easier for them while the child is still a baby. The birth of a handicapped child is likely to be one of the most traumatic events experienced by the family. Parents and other children in the family must undergo a variety of profound changes to adapt to the presence of a disabled member. Research has indicated that families who are successful in coping with having a mentally retarded child, are able to mobilize their internal and external means of support to deal effectively with the special needs of their child. A total of 62 parents including both father and mother of the mentally retarded child i.e., 32 fathers and 30 mothers had been studied. Two way ANOVA was employed to find out the significance of difference between gender, educational level on psychological stress and coping strategies. In the present study, gender and educational levels are treated as Independent variables, and psychological stress and coping scores as dependent variables. The analysis of the results showed that the relationship between psychological stress and coping strategies of the parents of mentally retarded children was negative and highly significant.

Keywords: Psychological Stress, Coping Strategies, Mentally Retarded Children

All parents wish for a healthy baby, but some parents though not by their choice are gifted with mentally retarded child. Some are able to cope up with such a situation and some experience psychological stress. Parenting a mentally retarded child is not an easy task (Peshawaria R. and Ganguli R, 1995) Parents having a mentally retarded child experience a variety of 'psychological stress' related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which is, indeed, easier for them while the child is still a baby. An anxious love, on the part of the mother, may do much to exacerbate the defective's disability. (Boswell, 1974)

Psychological Stress refers to "pressures on an individual that are in some way

perceived as excessive or intolerable, and also to the psychological and physical changes in response to those pressures i.e., the pattern of specific and non-specific responses an individual makes to the stimulus events that disturb his/her equilibrium and that exceed their ability to cope" (Zimbardo 1988). People differ not only in the life events they experience but also in their vulnerability to them. A person's vulnerability to psychological stress is influenced by his or her temperament, coping skills and the available social support. Vulnerability increases the likelihood of maladaptive responses to psychological stress.

The birth of a retarded child at home is likely to be one of the most traumatic events experienced in a family. Parents and other

children in the family must undergo a variety of changes to adapt to the presence of a disabled member. Most parents expect that their children will be attractive, smart, graceful, athletic, and loving. Parents of a handicapped child not only mourn the loss of unfulfilled expectations but often face enormous strain on their psychological and economic resources. American Association of Mental Retardation (AAMR) in the 10th edition of the manual published in 2002 defines ; "mental retardation is a disability characterized by significant limitations in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills.

There is abundant evidence that parents of retarded children undergo more than the average amount of psychological stress. There is no universal parental reaction to the added psychological stress of raising a retarded child. A number of factors can influence reaction and adjustment, including the severity of the retardation. Family adaptation is also influenced by the parent's prior psychological make up, availability and quality of professional services, marital interaction, religious beliefs, attitudes, family sized and structure, SES. The amount of support the parents receive from friends, relatives and professionals, self determination and intellectual functioning of the parents (Featherstone, 1986). A high level of intelligence and education does not guarantee good adjustment, but it is believed that the capacity to clearly understand what is wrong and what resources exist facilitates coping.

The presence of a child with mental retardation in the family creates additional needs, whether the family is able to meet the needs or not is dependent on number of factors like nature of the event, the family resources and its perceptions of the event. Unmet needs, tangible or intangible however create psychological stress. Research has

indicated that families, who are successful in coping with having a mentally retarded child, are able to mobilize their internal and external means of support to deal effectively with the special needs of their child. Resources that act as facilitators to effective coping can be of two types : internal coping strategies (i.e., coping through passive appraisal, reforming, spiritual and religious support) and external coping strategies (i.e., coping through use of social support or formal support). Parents know their children best and the best for their children (King, 2002).

Research has indicated the high level of marital satisfaction support from husband as expressed by mothers of retarded children is an important facilitator to the family having a child with mental retardation. The elements of such support include encouragement, assistance, feedback (Houser, Seligman & Milton, 1991) and pragmatic help in the completion of tasks important in daily life. In addition, support and help from extended family members like grandparents also act as significant facilitators to coping.

The presence of a child is a source of strain for the members of the family, particularly, for the parents. The interaction of a retarded child with his family is both more intense and more prolonged than if he were normal. As a result his or her parents need a great deal of help. Parental reactions to the fact of having a mentally retarded child include shock, realization, retreat and feeling of guilt, acknowledgement and so on. The child's condition can range from mild to profound; the family's stability and its ability to handle problems can range from weak to strong.

Method

Sample:

A total of 62 parents including both father and mother of the mentally retarded child i.e., 32 fathers and 30 mothers had been studied. There was no age bar for the parents in the

study. Those who can read, grasp and write cooperated with the study. Education or income level also was not a limitation of the study. The only requirement was that the individual should be a normal parent of a mentally retarded child.

Tools Used:

To measure psychological stress – Perceived psychological Stress Life events scale for parents with Mentally Retarded Children (2003) developed by Sheela and Venkatesh Kumar was used and to measure Coping Strategies – Coping Skills Strategies for parents of mentally retarded children (2004) developed by Venkatesh Kumar were used. The 5-points rating scale were used for scoring for both the scales. Further, with regards to coping skills strategies, the helpful thoughts about the child, helpful thoughts about self / other and helpful thought about who needs to change are the three strategies used.

Procedure:

Total 62 parents with mentally retarded children were considered. To assess the psychological stress level of the parents, perceived psychological stress life event scale (PSLE Scale) used. The scale was administered to the parents with the following instruction; “You may have experienced psychological stress (actual / imagined) in various life situations. Here are a few life situations are given. Your task is to read them one by one and indicate that degree of psychological stress you might have experienced or may experience or not, in your life. Please indicate your answers by putting a ‘X’ mark in the appropriate column, where it has given mild, moderate and severe. There is no time limit. Do it as fast as you can. To assess the coping strategies used by parents, interview method was used. Where the investigator spoke skill fully to reveal the facilitators of coping with psychological stress of having a child with

mental retardation. The open end questions such as “What are the things / events that have helped you to cope with the situation in spite of having a child with mental retardation in the family?” were asked by the researcher.

Results

Gender, Educational Levels and Psychological Stress scores between males and female parents, there was no significant difference in psychological stress scores. [$F = 0.452, P < 0.504$]. The mean psychological stress score of males was 111.47, and for female parents it was 125.27 which were statistically equal. However, there was a significant difference in the mean psychological stress score of the parents who had the education level of below PUC and that of above PUC [$F = 9.095, P < 0.004$]. The mean psychological stress score of parents who were below PUC level of education was 131.58; obtained by parents who were above PUC level of education. Lastly, the interaction effect between gender and education level was found to be non-significant revealing level pattern of psychological stress was same for parents with different educational levels irrespective of their gender.

Gender, Educational Levels and Coping scores gender-wise comparison revealed that males and female parents did not differ significantly in their coping scores [$F = 0.514, P < 0.412$]. The mean coping score of males was 6.84, and for female parents it was 6.73 which were statistically equal. However, there was a significant difference in the mean coping score of the parents who had the education level of below PUC and that of above PUC [$F = 8.882, P < 0.012$]. The mean coping score of parents who were below PUC level of education was 5.73, which is significantly lower than that of parents with higher educational level (mean 8.00). Lastly, the interaction effect between gender and education level was found to be non-significant revealing that pattern of coping

was same for parents with different educational levels irrespective of their gender.

Table 3 : Product moment correlation between psychological stress and coping

Variable 1	Variable 2	Correlation coefficient	Significance
Psychological Stress	Coping	-0.802	.001 *

* $p < 0.01$

A significant and negative correlation coefficient was observed between psychological stress and coping indicating that as the psychological stress scores increased, coping decreased linearly and vice-versa. In other words, psychological stress and coping were inversely related.

Discussion

Main findings of the present study are, psychological stress and coping were inversely related to each other. Gender of the parents did not have any impact over psychological stress and coping scores, Educational level had significant influence over psychological stress and coping; higher the educational level lesser was the psychological stress and higher coping strategies. The analysis of the results showed that the relationship between psychological stress and coping strategies of the parents of mentally retarded children was negative and highly significant. There is abundant evidence that parents of disabled children undergo more than the average amount of psychological stress (Kotopoulos 1980).

As far as the gender difference is considered, statistically no such differences were observed between male and female parents in psychological stress and coping strategies. Few parents were able to cope up with the situation of having a mentally retarded child much better than the others depending upon their coping skills and resources. Some families are embroiled in a

series of acute crisis interspersed with chronic sorrow other families accept the reality of disability and love their child for who he or she is. The ability of the parents to cope with the psychological stress situation is related to the available supporting internal resources like faith in God, self determination and external resources like support from the family members, relatives, friends, neighbors, and professionals for internal and external coping (Edger, 2006). This had been found out by a multi centered project on "strengthening families having children with mental retardation" taken up by Reeta Peshawaria and Rahul Ganguly during the year of 1995 in Secunderabad, India. The project study also revealed that besides the facilitators, there are inhibitors that act as barriers for the parents to cope effectively with the psychological stress which include additional financial hardships, stigma, extraordinary demands on time, social isolation and so on.

Further studies have indicated that coping styles predicted psychological distress and fathers' family adjustment. Social network predicted response to psychological stress. Factors that are helping parents to cope with the psychological stress include various factors. The studies have reported that the psychological stress level of parents of intellectually handicapped children is more and they further implicated family intervention and support programmes are important. They said that the various ecological contexts of the individual, family, peer group and social institutions, as well as of the interactions within and between these contexts act as mediators of coping resources. As the psychological stress affects psychological and physiological state of the parent, the coping resources are also include both physical and psychological variables including physical health, moral, ideological belief, previous coping experiences, parenting skills, intelligence and personality

characteristics. Socio ecological coping resources include the marital relationships, social networks, practical resources and economic circumstances.

In the present study parents with higher educational status had low psychological stress and high coping strategy scores. Most of the mothers who are educated seek professional help for coping. Educated parents are also able to provide appropriate and timely treatment for various problems of the child. The parents were aware of attending seminars and workshops to enhance their coping strategies and to deal with the problems of the child successfully. Further, the educated parents are more exposed to the prevailing facilities that will improve their child's condition and enhance the strategies that they can adopt to cope effectively with the psychological stress and they have frequent contacts with the experts and professionals.

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G. Venkatesh Kumar, PhD, Professor of Psychology, University of Mysore, Manasagnagotri, Mysore-570 006. Karnataka, India. e-mail : iamgvk@yahoo.com