

## Emotional Intelligence and Quality of Life of Parents of Children with Special Needs

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The present study intended to examine the Emotional Intelligence and Quality of Life of Parents of Children with Special needs. The study was conducted on a sample of 200 parents, of which 100 are parents of children with special needs and 100 matched parents of normal children. The five selected categories of special needs are ADHD, Autistic Disorder, Down syndrome, Mental Retardation, and Learning Disabilities. The tools used for the study are Emotional Intelligence Scale and Quality of Life Scale. The results reveal that the parents of children with special needs are significantly different from the parents of normal children on the study variables irrespective of the category to which the child belongs. It is also interesting to know that the condition of the child affects both the parents equally.

**Keywords:** Emotional Intelligence, Quality of Life, Special Needs

To a parent, every child is special in his or her own way. But some children have special needs that challenge parents to find ways to best prepare these children for the future and to handle any problem that may surface. In the past, the children who had a disability such as a developmental delay or cerebral palsy were labeled "mentally retarded or physically handicapped". This kind of labeling, which only focused on the child's disability and not on him as an individual, is no longer used. Children who have a mental or physical disability are now described as children with special needs. The birth of a child with a disability, or the discovery that a child has a disability, can have profound effects on the family. Special needs are a condition that occurs among people throughout the world. Guidelines for classifying special needs vary by state. Common conditions and diagnosis include attachment disorder, attention deficit hyperactivity disorder, developmental disabilities, foetal alcohol syndrome, learning

disabilities, and oppositional defiant disorder (Hickman, 2000).

The parents of children with special needs definitely face more difficulties than parents of normal children, which in turn affect their emotional well being. There is perhaps no event more devastating to a family than a child born with a birth defect. There is no more severe test of a family's resiliency than the discovery that a child is with an incurable disease. Understanding the emotional reactions and attitude of parents as well as family members of retarded children are of great importance in the management. Children with physical disabilities generally require more care, attention and direct supervision than children without disabilities do. Research demonstrates that these higher care giving demands are associated with poorer psychological and physical health states for parents and other family members (Finston, 1990).

Many factors can influence the well-being of a family. Parents are definitely the heart of the family. They are the ones who deal with the issues associated with child's disability and also maintain the household. Therefore, it is very important for parents to take some time to care for themselves as individuals: getting enough sleep, eating regular meals, taking a short walk, and doing the things that they really enjoy. Parents having a child with special needs experience a variety of stressors and stress reactions related to the child's disability. Parents are known to get impacted in many ways because of having a special child. These include feeling sad, depression at various stages of life and experiencing other emotional reactions. Their social life may get affected, recreational and leisure activities get reduced, interpersonal relationship with the family members also gets affected, financial problems may arise, parents' own physical and mental health also tend to be at a greater risk. (Orr, Rutter & Quinton, 1993).

In a study by Geetha, Bhaskar, and Geetha (1993) on certain characteristics of the families of mentally retarded children and normal children. It was found that there is significant difference between two groups on all the variables studied.

Allik, Klassen, Miller, and Fine (2006) conducted a study aimed to evaluate aspects of health related quality of life in parents of school-aged children with Asperger Syndrome (AS), High Functioning Autism (HFA), and the correlates with child behaviour characteristics. Parental health-related quality of life was surveyed by the use of 1 item short form Health Survey (SF-12) which measures physical and mental well-being. The child behaviour characteristics were assessed using the structural questionnaire. The results showed that mothers of children with AS/HFA had lower SF-12 scores than the controls, indicating poorer emotional health. They also had lower physical SF-12

scores compared to the fathers. In the AS/HFA group, maternal health was related to behaviour problem such as hyperactivity and conduct problem in the child.

In this context, it can be noted that the studies conducted by Wright, Matlock, and Matlock, (1985) attempted to evaluate the effects of the stresses of having a child with disabilities on the lives of their parents. The study compared the parents of children with disabilities to the parents of children without disabilities. It was found that the parents of children with disabilities did not differ from the other parents with respect to self-image, and quality of life or life satisfaction.

We know from the experiences of families and the findings of research that having a child with a disability seriously affects everyone in the family. Special needs is a term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities, such as medical, mental, or psychological disabilities. For instance, the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases- both give guidelines for clinical diagnosis. Autism, Down syndrome, Mental retardation, Blindness, Attention Deficit Hyperactivity Disorder, and cystic fibrosis are examples of special needs. The term "special needs" means a child who receives or needs special education or who has a disability of some sort. The types of Special Needs selected for this study are ADHD (Attention Deficit Hyperactivity Disorder), Autistic Disorder, Down Syndrome, Mental Retardation and Learning Disabilities.

The present research has focused on parental dynamics in relation to the presence of a child with special needs. As parents of children with special needs, they should be aware of the challenges in the daily life of the child. Each disability brings with it its own special concerns, but there will be many issues which parents share in common. Here

the work focuses on the familial and environmental factors that can influence the parent of a child with special needs in different ways. The present study intends to verify whether there is any significant difference between parents of children with special needs and parents of normal children on these study variables.

### **Hypotheses**

There will be significant difference between parents of children with special needs (study group) and parents of normal children (control group) on Emotional Intelligence and Quality of Life.

- i There will be significant gender difference among the samples on Emotional Intelligence and Quality of Life.
- ii There will be significant differences in Emotional Intelligence and Quality of Life among the parents of children with special needs (study group) on the basis of category of the child.
- iii There will be significant differences in Emotional Intelligence and Quality of Life among the parents on the basis of income.

### **Method**

#### **Sample:**

The sample for the present study

consisted of 200 parents, of which 100 were parents of children with special needs (Study group) and 100 matched parents of normal children (Control group). The study group consists of parents of children belonging to five selected special need categories. It was taken care of selecting equal number of male and female parents. The parental age group was 25-50 yrs. And child's age group was restricted to 3-18 years.

#### **Tools:**

*Emotional Intelligence Scale:* This scale was developed by Jayaraj and Sananda Raj in 1998. This scale is used to measure the emotional Intelligence of the individual. The major qualities used for the test development are Self awareness, Mood management, Self motivation, Impulse control and People skills.

*Quality of Life Scale:* This scale was developed by Jamila and Sananda Raj in 1999. It measures the quality of life using some statements, which probe the frame of mind of the subject with regard to three main aspects, namely physical, psychological and social circumstances of the subject's life.

### **Results and Discussion**

The data were subjected to t-test for verifying the significance of difference between the two groups on the study variables. The results are presented in Table1.

**Table 1: Mean, SD and t-value on Control Group and Study Group on the Study Variables (N=100)**

Variable	Groups	Mean	SD	t-value
EI	Control group	111.56	10.17	13.225**
	Study group	98.74	9.20	
QOL-1(physical )	Control group	41.73	4.31	20.793**
	Study group	32.74	4.34	
QOL-2(psychological)	Control group	41.77	4.06	26.670**
	Study group	30.86	4.13	
QOL-3(social)	Control group	42.36	4.49	23.221**
	Study group	31.10	5.18	
QOL-Total	Control group	125.86	9.92	33.087**
	Study group	98.74	8.89	

\*\* p<0.01

The results indicate that there is significant mean difference exists between the study group and the control group on the variables. The mean differences are significant at 0.01 level. The parents of children with special needs scored significantly different from the parents of normal children on their Emotional Intelligence and all aspects of Quality of Life. From the mean scores it is clear that the parents of children with special needs scored significantly less than the parents of normals in all the variables.

Literature reviews revealed the impact of a child with special needs on the family, especially on parents. When parents learn

that their child has a disability or a chronic illness, they begin a life that is often filled with strong emotions. A study was conducted by Altman, Cooper and Cumyham (1999) in the case of disability in the family: Impact on health care utilization and expenditure for non disabled members. It was found that families with a disabled member undergo heightened emotional and financial stress, which can arise from caring for the person with one or more disabilities over the life course or at the end of life.

The data were subjected to t-test to find out the significance of gender difference on the study variables and the results are presented in Table 2.

**Table 2: Mean, SD and t-value on Male (n=98) and Female (n=102) on Study Variables**

Variable	Group	Mean	SD	t value
EI	Male	104.84	11.85	-.518
	Female	105.45	11.41	
QOL-1	Male	37.40	6.22	.528
	Female	37.07	6.27	
QOL-2	Male	36.27	6.87	-.115
	Female	36.35	6.80	
QOL-3	Male	37.09	7.12	.955
	Female	36.38	7.72	
QOL-Tot	Male	110.76	17.95	.527
	Female	109.80	18.51	

The t-value obtained for the variables indicate that there is no significant gender difference on emotional intelligence and quality of life. Both the male and female parents scored somewhat equally. It can be inferred that the responsibility of child rearing is equally shared by fathers as well as mothers irrespective of the condition of the child.

Krauss (1993) conducted a study to find out the similarities and differences in child related and parenting stress between mothers and fathers of 121 toddlers with disabilities. Fathers reported more stress related to their child's temperament and their

relationship to the child. Mothers reported more stress from the personal consequences of parenting. Differences between mothers and fathers regarding the most powerful predictors of child-related and parenting stress were also found. Fathers were more sensitive to the effect of the family environment, whereas mothers were more affected by their personal support networks.

The study conducted by Girolametto and Tannock (1994) also found that both parents reported similarly low levels of child related and parenting stress, but mothers perceived more stress than fathers related to the responsibilities associated with parenting a

child with handicap.

One way ANOVA has been done on the category of the child to find out whether there exists significant difference on the study variables. The five categories of special needs selected for the study are ADHD, Autism, Down syndrome, MR, and LD. The result is given as follows:  $F(4,95)=0.267$ ;  $P>0.01$  on the variable Emotional Intelligence and the F-value is found statistically insignificant. For the variable Quality of Life  $F(4,95)=0.799$ ,  $P>0.01$ , which is also insignificant. The results indicate that there is no significant difference among the parents of different categories of children with special needs on Emotional Intelligence and Quality of Life. It can be concluded that all the parents of children with special needs scored more or less same Emotional Intelligence and Quality of Life and the parents of children with special needs can not be differentiated on the category of their child.

One-way ANOVA has been done to find out the effect of income on the study variables and the results are given as  $F(3,196)=4.034$ ;  $P<0.01$  on the variable Emotional Intelligence and  $F(3,196)=7.751$ ;  $P<0.01$  on the variable Quality of Life. The F-ratios of 4.034 and 7.751 is found significant at 0.01 level.

The results of one-way ANOVA indicate that there exist significant differences in parental emotional intelligence and quality of life on the basis of income. To find the socio-demographic determinants of quality of life of rural families, GIRRISAN and SAMSANANDA (1988) measured quality of life using five subscales, viz. finances, home, family and friends, household, community & environment. The results indicated that the independent variables-gender, race, marital status, age, family, income, and employment status differentially affected the quality of life subscales.

The results obtained in the present study supported the hypothesis that the parents of children with special needs are significantly different from parents of normal children on the study variables. It is also interesting to know that the problem of special needs affect both the mothers and fathers equally.

Parents are the ones who deal with the issues associated with their child's disability. Therefore, it is very important for parents to take some time to care for themselves as individuals: getting enough sleep, eating regular meals, taking a short walk, and doing the things that they really enjoy. Learning that the child has a disability or illness is just the beginning of the journey. At times, they may feel overwhelmed by the challenges associated with disability. And while feeling alone and isolated, there are many supports available. Other parents can be invaluable sources of help and information. Services are also available through public agencies that can assist the entire family—early intervention services for infants and toddlers and educational services for preschoolers and school-aged children. Having access to information and supports may be critical in maintaining a stable and healthy family life. To talk to other parents who have a child with a disability will help them to share the experiences and emotions of being parents of children with special needs. The most important implication of the present study is the need to enhance the parents' psychological, social, physical, and emotional well-being by providing them with proper insight. The results of this study will help the parents to become aware of their inner conflicts, to come out of it effectively and thus be good parents to their children having special needs.

### References

- Allik, H., Klassen, A.F., Miller, A., & Fine, S. (2006). *Health- Quality Life outcomes*, .4; Biomed Central Ltd. Retrieved from Pubmed



- central, pu, June 12, 2006
- Altman, B., Cooper, P., & Cumyham, P. (1994). *The care of disability in the family*. Princeton: Princeton University Press.
- Finston, P. (1990). *Parenting plus: Raising children with special health needs* (p. 188). New York: Dutton. Retrieved from www.amazon.com March 5, 2006.
- Geetha, C.V., Bhasker, & Geetha (1993). A Study of certain characteristics of the families of Mentally Retarded Children in comparison to families of Normal Children. *Indian Journal of Applied Psychology*, 30, 25-29.
- Girolametto, L., & Tannock, R. (1994). Correlates of directiveness in the interactions of fathers and mothers of children with developmental delays. *Journal of Speech and Hearing*, 37, 1178-91.
- Girrisan, P., & Samsanda Raj, H., (1988). *Mental Health Status Scale and Manual*, Department of Psychology, University of Kerala, Thiruvananthapuram.
- Hickman, L. (2000). *Living in my skin: The insider's view of life with a special needs child* (p. 239). San Antonio, TX: Communication Skill Builders.
- Jamila, K., Warriar & Samsananda Raj, H. (1999). *Quality of Life Scale and Manual*, Thiruvananthapuram: Department of Psychology, University of Kerala.
- Jayaraj, B., & Samsananda Raj, H., (1998). *Emotional Intelligence Scale and Manual*, Thiruvananthapuram: Department of Psychology, University of Kerala.
- Krauss, M.W. (1993). Child related and Parenting Stress: Similarities and Differences between Mothers & Fathers of Children with Disabilities. *American Journal of Mental Retardation*, 97, 393-404.
- Orr, R.R., Rutter, M., & Quinton, D. (1993). Age related changes in stress experienced by families with a child who has developmental delay. *Mental Retardation*, 31, 171-176.
- Reeta Peshawaria (1994). *Moving forward: An information guide for parents of children with Mental Retardation*. NIMH. AP, India.
- Wright, L.S., Matlock, K.S. & Matlock, D.T. (1985). Parents of handicapped children: Their self-ratings, life satisfaction and parental adequacy. *The Exceptional Child*, 32, 37-40. Retrieved from www.utoronto.ca/qol/biblioqol15.htm on March 5, 2006

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