

## Coping in Parents of the Mentally Challenged

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To study the various coping strategies used by the parents of mentally challenged individuals, fathers and mothers of 628 mentally challenged individuals are assessed using the Coping Checklist by Rao K, Subbakrishna and Prabhu, which taps seven coping strategies namely problem solving, positive distraction, negative distraction, acceptance-redefinition, religion-faith, denial-blame, and social support. Results indicate that fathers and mothers differ significantly at 0.001 level with regard to use of all the seven strategies. Other than religion-faith and denial-blame, on all other five strategies the mean is more for fathers. Most of the coping strategies remain unutilized by most of the parents to a proper extent. For fathers, most commonly used coping strategies are problem solving and acceptance-redefinition. For mothers, most commonly used coping strategies are problem solving, religion-faith and denial-blame. Both fathers and mothers use problem-focused coping more often than the emotion-focused coping. Fathers use problem-focused coping more often than the mothers and mothers use emotion-focused coping more often than the fathers. Higher educational level, nonagricultural occupation, higher income and urban status of the family are the important factors predicting higher levels of coping.

**Keywords:** Mentally challenged, parents, coping strategies, problem-focused coping, emotion-focused coping.

The early focus on study of stress was followed by focus on study of coping as well. Van (1999) opines that research in future needs to shift the focus from assessing stress and distress, to assessing resilience and adaptation, because there is need for an understanding of the factors that contribute to resilience and successful adaptation.

The coping strategies are classified into two types. One is problem-focused and the other one is emotion-focused. In problem-focused coping the person is attempting to deal constructively with the stressor or situation it self; whereas, in emotion-focused coping the focus is on dealing with the person's own fears, anger or guilt. Problem-

focused coping is cognitive and behavioural efforts to alter a stressful situation; and emotion-focused coping is to reduce the distress produced by a stressful situation (Brehn, Kassin & Fein, 1999). Any strategy which is aimed at problem-solving decreases the stress; and coping strategies, which are involved with emotions and defensive in nature, increase the stress (Lazarus 1966).

Sequeira, Rao, Subbakrishna & Prabhu (1990) report that the commonly utilized coping styles by the mothers of the handicapped children are denial (used by 98.18% of the mothers); rehearsal of outcome (96.36%); finding a purpose (85.45%); seeking emotional support (83.64%) and

seeking information (50.91%). Mother's problem-focused coping correlates positively with their children's constructive behaviour and negatively with their children's behaviour disturbances. Hyden & Heller (1997) report that older care givers are likely to seek more of spiritual support. Guess (1998) finds that stress is a function of coping efforts rather than of child conditions. Kim (1999) finds that mothers who use more of problem focused coping, experience lower burden and depression. Grant & Whittel (2000) notice that women identify a slightly higher proportion of useful coping strategies than men. Blair (2003), reports that mothers use more of religious coping. Support from others is another important factor helping parents to cope better (Heiman, 2002). Booth & Booth (2002) finds that the role of men in the lives of mothers of the intellectually retarded as important. Venkatesan (2003) reports that the support from spouse; parents; siblings; and from professionals; is an important source of emotional support.

### **Method**

#### **Sample:**

628 mentally challenged individuals with both father and mother living with them are selected for the present study, who attended the Karnataka Institute of Mental Health, Dharwad, during the year 2002 and 2003. There are 387 male and 241 female cases. Age range of the mentally retarded individuals is from 4 to 30 years. IQ ranges from 20 to 62. 580 families have one mentally retarded child and 48 families have 2 or 3 mentally retarded children. Families having only mentally retarded children and no normal other siblings are 44. There are 290 cases associated with behaviour disorder. 71 fathers and 374 mothers are aged less than

35 years. 265 fathers and 374 mothers are not educated. 493 families are rural and agricultural. 503 families are of low income. 272 families have grandparental support.

#### **Tool:**

Coping Checklist by Kiran Rao, Subbakrishna and Prabhu (1989) is used in this study to find out the coping strategies used by parents to cope with their mentally challenged child. Test-retest reliability is 0.74 (p 0.01). Test retest reliability for the Kannada version is 0.716 (estimated by the present researchers in their pilot study). This checklist has 70 items. There are 7 coping strategies – (1) Problem solving, (2) Positive distraction, (3) Negative distraction, (4) Acceptance / redefinition, (5) Religion / faith, (6) Denial / blame, and (7) Social support. Individual has to answer YES (score = 1) if he is using a given method often or frequently and answer NO (score= 0) if he is using the method infrequently or not at all.

#### **Procedure:**

To confirm the clinical diagnosis of mental retardation, Binet-Kamath test of intelligence has been administered. Coping Checklist has been administered separately to fathers and mothers. Coping scores are converted into standard scores and t-test has been used to find the significance of difference between fathers and mothers. Percentages are used for further analysis. As all have used most of the strategies to some extent, to estimate the frequency of use of these different strategies, number of parents using them at least 50% of the time or more often are noted. Correlation coefficient is used to find the relationship between various factors and coping scores (here, the family score which is the average for fathers and mothers is taken in to account).

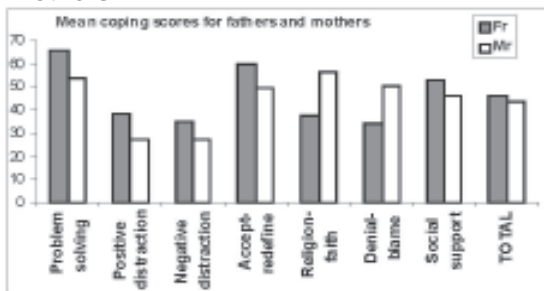
**Results**

**Table 1: Student's t-test for significance of difference between fathers and mothers for coping strategies and number of parents using them 50% or more often**

The Seven Coping strategies	Fathers SD	Mothers SD	t-value	Parents reporting 50% or more often					
				Fathers Mean	Mothers Mean	No	%		
Problem solving	66.29	13.07	53.68	10.12	19.12***	610	97	533	85
Pos. distraction	37.91	6.915	27.68	5.792	28.41***	4	1	0	0
Neg. distraction	35.56	7.054	27.41	6.850	20.79***	9	2	0	0
Accept-redefine	59.51	10.27	49.61	9.241	17.96***	477	76	212	34
Religion-faith	37.72	12.61	56.02	14.04	24.29***	112	18	431	69
Denial-blame	33.92	10.38	50.74	12.45	26.00***	41	7	319	51
Social support	53.21	8.922	46.13	9.738	13.44***	96	15	39	6
Total	45.72	3.887	43.65	3.932	9.35***	57	9	15	2

\*\*\* p<0.001

**Figure 1: Mean coping scores for fathers and mothers**



**Table 3: Variables which correlate significantly with coping**

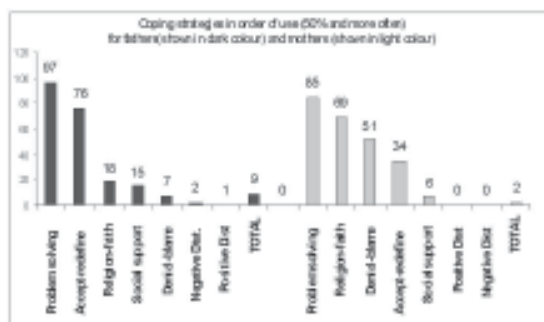
Variable	Correlation coefficient
Father's age	0.1266
Father's education	0.3467
Mother's education	0.3492
Agri / non-agri	0.3541
Income	0.3257
Rural / urban	0.3595

N = 628, critical value of r = +/- 0.1205 at p<0.05

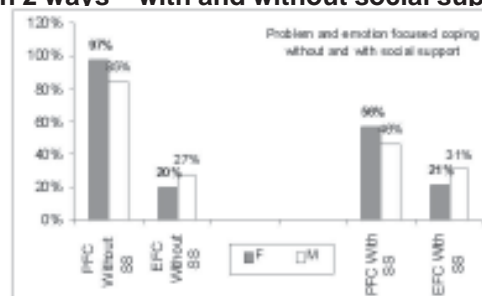
**Table 2: Extent of use of problem and emotion focused coping strategies by parents**

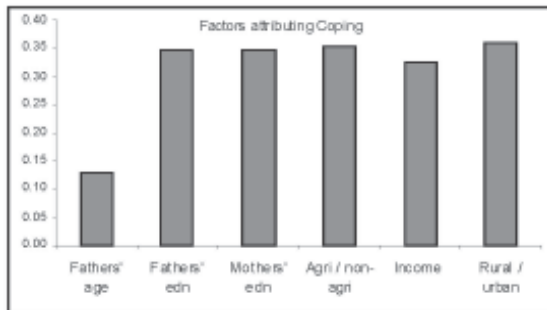
Type of coping		Fathers	Mothers
Problem-focused	Without Social support	97%	85%
	With social support	56%	46%
Emotion-focused	Without social support	20%	27%
	With social support	21%	31%

**Figure 2: Coping strategies in order of use for fathers and mothers**



**Figure 3: Average percentage of fathers and mothers using problem and emotion focused coping strategies more often (50% or more) in 2 ways – with and without social support**



**Figure 4: Factors attributing to coping**

### Discussion

It is noticed from Table 1 and Figure 1 that, except on religion-faith and denial-blame, on all other five strategies the mean is more for fathers. This shows that mothers use more of religion-faith and denial-blame strategies compared to fathers. The more commonly used strategies for fathers are problem solving, acceptance-redefinition and social support (mean is 66.29, 59.51 and 53.21 respectively). For mothers these are religion-faith, problem solving and denial-blame (mean is 56.02, 53.68 & 50.74 respectively). Fathers and mothers differ significantly at 0.001 level on all the seven strategies and on total coping score. Grant and Whittel (2000) noticed that women identified a slightly higher proportion of useful coping strategies than men. In the present study we find that the mean total score is slightly more for fathers (45.72) than mothers (43.65).

When the number of parents, who use the coping strategies at least or more than 50% of the time is taken into account, it is noticed that, most of the coping strategies remain unutilized to a proper extent by most of the parents. 9% of the fathers and 2% of the mothers use coping strategies above the level of 50% (Table 2 and Figure 2). For fathers, most commonly used coping strategies are: problem solving (97%) and acceptance-redefinition (76%). For mothers, most commonly used coping strategies are problem solving (85%), religion-faith (69%)

and denial-blame (51%). Positive distraction and negative distraction are rarely used strategies. Problem solving occurs in the first place for both fathers and mothers. Positive distraction and negative distraction are used by fathers (1% and 2% respectively); and none of the mothers used these 50% of the time or more often. Mothers use religion-faith and denial-blame strategies more frequently than the fathers. Sequeira, Rao, Subbakrishna and Prabhu (1990) reported denial as one of the commonly used coping style by mothers. Hyden and Heller (1997) reported that older care givers are more likely to seek spiritual support. Blair (2003) reported that mothers use more of religious coping. The findings of the present study are supported by the earlier studies. Heiman (2002) reported social support as an important factor in coping. In the present study social support occurs in the 4<sup>th</sup> place for fathers and in the 5<sup>th</sup> place for mothers suggesting that parents do not use social support adequately.

Sarafino (1998) indicated that social support may be emotion-focused or it may be problem-focused depending on whether it is intended to seek emotional support from others; or it is intended to seek problem solution. In Table 3 and Figure 3, social support is aligned with problem-focused and also with emotion-focused coping. Probably, as social support is not used adequately by parents of the present sample, such alignment do not change the picture. It is noticed that both fathers and mothers use more of problem focused coping compared to emotion focused coping. Emotion focused coping is used more by mothers than fathers and problem focused coping is used more by fathers than mothers. Kim (1999) found that mothers who use more of problem focused coping experience lower burden and depression.

From Table 3 and Figure 4, it is observed that factors predicting higher levels of coping are; father's higher age, father's and mother's

higher education, nonagricultural occupation, higher income and urban status of the family. Out of these father's age is comparatively having low correlation.

### Conclusion

Most of the coping strategies remain unutilized by most of the parents to a proper extent. For fathers, most commonly used coping strategies are problem solving and acceptance-redefinition. For mothers, most commonly used coping strategies are problem solving, religion-faith and denial-blame. Both fathers and mothers use problem-focused coping more often than the emotion-focused coping. Fathers use problem-focused coping more often than the mothers and mothers use emotion-focused coping more often than the fathers. Higher educational level, nonagricultural occupation, higher income and urban status of the family are the important factors predicting higher levels of coping.

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