

The Comparison of Psychological Problems Between Parents of Intellectual Disabilities Children and Parents of Normal Children

¹Mohammadreza Bayat, ²Mahdieh Salehi, ¹Abbolreza Bozorgnezhad and ³Akbar Asghari

¹Islamic Azad University, Andimeshk Branch, Andimeshk, Iran

²Islamic Azad University, Tehran Central Branch, Tehran, Iran

³Islamic Azad University, Khalkhal Branch, Khalkhal, Iran

Abstract: For the purpose of studying psychological programs in parents with intellectual disabilities children 100 parents with mentally retarded child were selected and compared with 100 having normal children. The subjects were parents of student's studying in exceptional and normal primary schools of Arak grades Second to fifth. That was selected by sample random sampling method. Of the total simple 100 subjects were mothers and the remaining 100 were fathers that are 50 mothers and 50 fathers of intellectual disabilities children on the other hand. Also the existence of psychological problems in parents with intellectual disabilities children were studied and compared. The finding of the independent t-test for to groups showed that parents with intellectual disabilities children experienced more psychological problems as compared with those having normal children and their difference as regards hostility, Anxiety, obsessive compulsive, interpersonal senility, psychotics, summarization and depression were significant and as regards phobic-and paranoid states, there were no significant differences between parents of the two groups. The findings of the dependent t-test for examining difference existed between mothers and fathers with intellectual disabilities children showed that mothers tolerated those problems more than fathers. That there existed a significant difference between fathers and mothers as regards hostility behavior, depression, summarization inter personality senility and anxiety and obsessive-compulsive and there was no significant difference between fathers and mothers of intellectual disabilities children as regards psychotics, phobic and paranoid states.

Key words: Psychological problems • Intellectual disabilities children • Normal children

INTRODUCTION

Family is a social system and is one of the fundamentals of society that is formed through mutual agreements of man and woman. Duty of family is training and looking after children, establishing good communication between family members and helping to independence of children. Even if the child is mental retard, he or she is one of the family members. A mental retard child and parents not only have mutual effect but they affect other family members include other children. In this situation family peace is destroyed and all the family members focus on disabled child. In other word, disability of one child prevents parents from having desirable performance [1]. As an example for these performances, establishing pleasant environment and a situation for establishing social interaction among family members can be mentioned. Wife and husband put the blame on

themselves or each other because of disability of child and arguments begin from this point and finally result in divorce, mental and spiritual problems and destroying of family members' agreement.

Existing of a disabled child can cause problems for mental health of family members which can't be compensate. Parents may suffer from having such a child and become depressed, stressful, disputative, ashamed or feared and may hope to die [2].

Process of training a child is pleasurable for parents although it is accompanied by problems and discomforts. Parents are expected to be patient, wise, ingenious, cheerful and powerful. Even about parents of healthy children patience, honesty and agreement are essential components. However such a situation is more complex and complicated for family of a mental retard child and reward for "parenting" is very limited.

Studies indicate that most families which have a disabled child are usually limited and there is limitation for these families in context of leisure activities, exercising, using social facilities and means of transportation and these families undertake costs.

But another group of researchers have gained different results. They have reported that these families are similar to families of normal children in the context of stress [3].

Psychological problems in this research are problems which are determined through SCL90 questionnaire which include quarrel, agitation, depression, interpersonal sensitiveness, paranoid ideation, obsession and physical complaints and phobia.

Mental retardation is witness of fundamental limitations in function. Its traits include:

- IQ is significantly lower than normal
- Concurrent limitations in two or more following contexts: interaction, self-care, living in home, social skills, social usage, hygiene and safety, education, leisure and work
- Mental retardation becomes apparent before 18 years old [4].

Malekpoor [2] about conducted researches in the context of mental retards and their parents has addressed that almost all of studies conducted in this context has been accompanied by lack of control. In his opinion conducted researches have tried to find multiple and common factors that are between families and these common features are indicated by chance.

Another subject that should be mentioned in researches about families of mental retard children is that some studies have chosen parents of children that their ages are so different. So results of studies have not considered affects of age and these results decrease reliability of information [5]. Results of some researches have indicated that existence of a mental retard child is a source of stress for parents and other family members [1]. But Kassari and Sigman [6] believe that parents' point of view and their understanding about disability are important factors toward increase or decrease of spiritual pressure on parents.

Marshal and Hegrenes [7] address that during several years it has become clear that stress doesn't indicate insufficiency of family function.

Eric [8] in a research expresses that having a mental retard in frame of early reactions of parents to

determination and adaptation, making decision about protection, orphanage, psychological effect on parents, psychological effect on marriage and psychological effects on brothers and sisters is important. Having such a child is an unpleasant experiment for parents and can cause feelings such as fear, sadness, shyness, anxiety and reduction of self confidence and lack of enjoy from mental retard child that in this context consultation with knowledgeable and compassionate consolers is essential. This consultation should be done in throughout of life not only in a period of time.

Hazel [9] indicates through considering 13 young parents who fed their mental retard children by serum for a long time that they are under pressure of problems in decision making, feeding and even feeding child by serum and have social and spiritual problems.

In the context of approving kind of disability Pisula [10] indicated that parents of autistic children experience highest extent of spiritual pressure. However parents awareness about how this children change and their limitations are the most important determinants for predicting extent of pressure.

Matrimonial agreement and satisfaction is also affected by disability of the child but given to other variants it can be negative or positive. Brothers and sisters of a mental retard child feel and experience spiritual pressure and lack of enjoy [11].

Ali *et al.* [12] for considering characteristic traits and problems of parents of mental retard children have performed a study through Jai shank questionnaire and have resulted that parents of mental retard children had high scores in the context of psychoneurosis and this indicates that these parents were more instable than normal parents. Boyce and Barnett [5] considered effect of mental retard child and Down syndrome child in daily activity of mothers. Results indicate that mothers of Down syndrome children participate in social activities less than mothers of mental retard children.

In another study which was about mother's reaction while giving birth to a premature child it became apparent that mothers show emotional reaction in the result of a premature birth. These feelings are expressed through fear from dyeing or disability of child and also feelings such as lack of sufficiency and physical completion [13].

Another study was conducted by the aim of considering anxiety, depression and any other general symptoms of mental illness of mothers of autistic children and comparing them with mothers of mental retard children. In this research 400 mothers of autistic children

and 38 mothers of mental retard children participated. After a clinical interview psychological tests about depression, anxiety and word blindness was conducted and list of pain and sadness control was provided according to SCL 90 questionnaire. Rate of lack of depression in mothers of autistic children was 27.5% but for mothers of mental retard children it was 55.3% and there was no difference between anxiety and word blindness of two groups. In other measures of SCL 90 psychological pathology in mothers of autistic children was more popular than mothers of mental retard children. Mothers of autistic children have experienced more psychological pain and discomfort than mothers of mental retard children [14].

Considering profile of mothers of mental retard children indicates that there is significant difference between mothers of healthy children in three factors: depression, psychosis and physical complaint. Findings show that between exceptional children, parents of children who have eating disorders suffer from more psychological pressure and anxiety [15].

Another study in context of psychological development of mothers of adolescence with x syndrome was conducted. Context of study focuses on improvement of parents especially on autistic and depression and syndrome. However there are significant variants between adolescence in x syndrome. For example 25 to 33% of affected people have conditions for diagnosis of autism. It's apt that parents of adolescence with x syndrome face different extent and kinds of stress about condition of their children which is result of diagnosis of autism. So mothers of x syndrome sons given to boys autistic conditions had more concern and pressure about boys and their diseases and their future [16].

Holroyd and Mearthur [17] found out that mothers of mental retard children and behavioral disorders, report more problems than fathers. Holroyd and Mearthur [17] suggested that levels of experienced stress may depend on parents' understanding, tenses and adaptive strategy rather than age of parents and child.

On the other hand depression of mothers is more than others specially fathers and it cause insufficient interaction of mother and child and it decrease language development [18].

Method: This research has used comparing method. Aim of using this method is finding probable reasons of a behavior pattern. So we compare examinable factors which possess the behavior and examinable factors which this

behavior is not seen in them. This method is usually called post event. Statistical universe is all parents of students in second to fifth grade of exceptional and normal school of Arak who were studying in 85-86 school-year. 100 of this 200 statistical group were parents who had mental retard child and their children were studying in exceptional schools. Others were parents of normal students and simple random sampling was used for choosing sample group.

Research was performed by using SCL 90 questionnaire (aggression, obsession, anxiety, pathologic fear, physical complaint, sensitivity in mutual interaction, paranoid thinking, psychosis and extra questions) current test includes 90 questions for considering psychological symptoms which is reported by replier and at the first time was designed for indicating psychological aspects of physical and mental patients. Early form of test was introduced by Derogtis, Lipmann and Covi and was revised according to clinical experiments and psycho analysis and final form was provided.

Statistical method of this research is independent t and dependent t statistical test. Because SCL90 test has 9 aspects, independent and dependent t was used for considering existence or lack of difference between parents of mental retard children and parents of normal children and also existence of difference or lack of difference between parents of mental retard children.

CONCLUSION

According to table above in considering comparison of average scores of physical complaints, obsession, sensitivity in interaction, depression, anxiety, aggression and psychosis zero hypothesis is disapproved given that in all these comparisons, calculated t is upper than amount of t in table in 0.01 level of significance and 198 (2.326) level of freedom and contrary hypothesis about existence of significant difference between average of scores of parents of normal and mental retard children in 0.01 level of significance is approved and in considering comparison of average of scores of pathologic fear and paranoid thinking zero hypothesis is not disapproved given that in these two aforementioned comparisons amount of calculated t is smaller than amount of t in table in 0.05 level of significance and 198 (1.645) level of freedom and contrary hypothesis about existence of significant difference between average of scores of parents of normal children and parents of mental retard children is not approved.

Table 1: Results of comparing average of scores of subscales of SCL90 test in considering first hypothesis

Factors	Calculated t	Degree of freedom	Level of significance	Diversity of averages
Physical complaints	-30.369	198	.000	-23.13
Obsessive compulsive	-20.146	198	.000	-19.09
Sensitivity in interaction	-30.987	198	.000	-20.29
depression	-19.745	198	.000	-31.27
Anxiety	-29.199	198	.000	-20.23
Aggression	-20.906	198	.000	-11.21
Pathologic fear	-.087	198	.931	-.05
Paranoid thinking	-.499	198	.618	-.23
psychosis	-40.192	198	.000	-20.22

Table 2: results of comparing average of subscales of SCL90 test in considering second hypothesis

Factors	Calculated t	Degree of freedom	Level of significance
Physical complaints	-21.219	49	.000
Obsessive compulsive	-27.284	49	.000
Sensitivity in interaction	-14.068	49	.000
depression	-12.772	49	.000
Anxiety	-15.370	49	.000
Aggression	-21.517	49	.000
Pathologic fear	-1.628	49	.110
Paranoid thinking	-.116	49	.908
psychosis	-.534	49	.596

According to this table in considering comparison of average of scores of physical complaints, obsessive compulsive, sensitivity in interaction, depression, anxiety and aggression zero hypothesis is disapproved given that in all scales, amount of calculated t is more than amount of t in table in 0.01 level of significance and 49 level of freedom (2.423) and hypothesis which is against of existing significant difference between average of scores of parents of mental retard children in 0.01 level of significance is approved and in considering comparison of scores of pathologic fear, paranoid thinking and psychosis zero hypothesis is not disproved given that in all aforementioned comparisons calculated t is less than t in the table in 0.05 significant level and 49 (2.684) degree of freedom and hypothesis which is against existence of significant difference between average scores of parents with mental retard children is not approved.

DISCUSSION

So in first hypothesis parents of mental retard children experience more psychological problems in aspects of aggression, depression, obsession, anxiety, physical complaint and psychosis than parents of normal children. The reason is that having a mental retard child especially those with low IQ needs more care, causes

more problems for parents and these parents have more limitation in social interactions than parents of normal child.

A number of researchers state that most parents of mental retard children have unlimited social interaction and another group try to isolate child and this isolation that cause reclusion of whole family may cause family a lot of lose and when parents find out that their child has a mental retardation they will have excessive anxiety. This anxiety may be result of slow development of child, lack of educational success, disability in communicating whit others, going to school and problems for having a job in future. Even aggression of parents may be result of feeling guilty and this feeling may result in aggress to people who are responsible for mental disability of child.

Aggression of parents depends on factors such as degree of mental disability of child, socioeconomic level of family and also personality of parents. However parents of two groups are similar only in two aspects of pathologic fear and paranoid thinking and these results are parallel to results of Eric [8], Gordon [15], Beckman [19] Ali *et al.* [12], Pisula [10], Adell [11].

And in second hypothesis mothers of mental retard children experience more psychological problems in aspects of aggression, obsession, depression, anxiety, physical complaints and psychosis than fathers of mental

retard children Because mental retard child especially those who have low IQ need more attention and mother should spend more time and may become tired during long time. Since mother spends more time at home with mental retard child than father, so she experiences more problems. It is stated that mothers have more problems in social interactions. So since responsibility of caring and training mental retard child is on mother and father spends most of time outside, mother experiences more problems.

Most anxiety that mothers experience is about caring, training, personal independence of child and doing child's tasks. There is a few numbers of studies which consider anxiety of mother in comparison to father. Moreover because fathers spend most of their time outside and have less time to contact directly with child they have few time for expressing anger and disappointment. So mothers show more aggressive behaviors.

Parents of mental retard child are similar in two aspects: pathologic fear and paranoid thinking. These results are parallel to results of Gordon [15], Brance [13], Petterson and Albers [18], Holroyd and McArthur [17] and Lewisp *et al.* [16].

REFERENCES

1. Dyson, L.L., 1991. Families of young handicapped children: Parental stress and family functioning. *American J. Mental Retardation*, 14(5): 623-663.
2. Malekpoor, M., 1998. Family health of mentally retarded children. Fifth printing. ACECR publication office.
3. Hant, N. and K. Marshall, 1994. *Exceptional Children and Youth*. By Houghton Mifflin.
4. Robinson, N.M. and H. Robinson, 1999. *Mentally retarded children*. Fifth translation of Astan Qods Razavi. Farhad Mehr publications.
5. Boyce, G. and W.S. Barnett, 1995. Effects of children with Down syndrome on parent's activities. *American J. Mental Retardation*, 100(2): 115-127.
6. Kassari, C. and M. Sigman, 1997. Linkins parental perspectives to Interaction in Young children With Autism. *University of California*, 27(i): 39-57.
7. Marshall, N.R. and J.R. Hegrenes, 1993. Verbal interaction: Mother and their retarded children vs mother and their non retarded children. *American Journal on Mental Retardation*, 96(7): 242-257.
8. Eric, E.D., 2007. Psychological Effect on the family of a mentally retarded child.
9. Hazel, R., 2006. The psychosocial impact on parents of tube feeding their child, 18(4): 19-22.
10. Pisula, E., 2002. Parents of children autism. *Psychiatrpol.*, 36(1): 95-108.
11. Adell, J.H., 1999. Stress and Needs of parents with Young children with Development Disability.
12. Ali, M.R., A. Alshatti and A. Rahman, 1994. Bangladesh institute for the mentally retarded Parents of mentally Retarded children: Personality characteristics and psychological Problems, pp: 41-52.
13. Bruns, N., 2006. How do parents experience premature birth of their child, 19(3): 164-55.
14. Sunay, F. And R.S. Dialer, 2002. Comparison of Psychopathology in the mothers of Autistic and mentally Retarded children, 17: 679-85.
15. Gordon, H., 1996. Feeding child ren. The impact on Family system from paternal perspective.
16. Lewisp, A., R. Marphym and E. Gilesn, 2006. Psychical well-being of mothers of youth with fragile x syndrome: specify and within-syndrome variability, 50(12): 894-904.
17. Holroyd, J. and D. McArthur, 1976. Mental retardation and stress on the Parents: A contrast between Down syndrome and childhood autism. *American J. Mental Deficiency*, 80: 43-436.
18. Petterson, N. and A.M. Albers, 2007. Effect of poverty and Maternal depression on childhood development *Child Development*, 77(6): 179-1813.
19. Beckman, P.J., 1991. Compression of mother's and father's perceptions of the effect of young children with and without disabilities. *American J. Mental Retardation*, 95(5): 585-599.