



Emotional States Of Parents Of *Divynjayan* (Children With Intellectual Disability)

Dr. N. Pramod Kumar
Associate Professor
Department of Education
Mizoram University

Abstract

Due to the irreversible nature of intellectual disability, nurturing child leads to significant changes in the psychological temperament of the parents. These parents face many conflicts and problems such as unwanted emotional states when the child has special needs due to disability. The numbers of samples for the present study 22 were purposively selected, comprised of 10 fathers and 12 mothers. The aim of the study is to find out the parents' emotional states when nurturing children with intellectual disabilities. The present research revealed that parent of child with intellectual disabilities experiencing considerable negative emotional states. There is no difference between the emotional experiences of fathers and mothers. Both the mother and the father are emotionally stable. There is a correlation between parents' emotional states and gender. Families of children with intellectual disabilities deal with a lot of stress, including financial, emotional and physical hardships. Compared to father, mother of child with intellectual disability experienced depression and burden. This study logically concludes that despair, depression and burden are experienced by both parents.

Keywords: *Anxiety, disability, emotions, parents, and stress.*

Introduction

Intellectual disabilities manifest before the age of 18, as severe limitations in both cognitive abilities and adaptive behavior. Most people have IQs between 85 and 115, with the average being 100. An individual is deemed to have an intellectual disability if their score is below 70 to 75 (APA, 2000). A specialist will scale a child's adaptive behaviors by observing their abilities and comparing them to those of other child their own age. Things that may be observed include how well the child can feed self, dressing, able to communicate and understand others, interacts with family, friends and other children of the same age (Farber, 1959). About one per cent of the population affected with this disability. Out of those affected, 85 per cent have mild intellectual disability. This shows they are little slower than average to learn new information or skills (Hammer & Barnard, 1966). With the right support, most will be able to live independently as adults (Gathwala & Gupta, 2004).

The ways of diagnosis of intellectual disability are first interviews with the parents, second observation of the child, finally testing of intelligence and adaptive behaviours (Beckman, 1991). When child exhibits both IQ and adaptive behaviour deficiencies, they are categorised as intellectually disabled. If only one or the other is present, the child is not considered intellectually disabled (Azar & Badr, 2006). A group of experts will evaluate the child's unique strengths and shortcomings following an intellectual impairment diagnosis. This helps to determine how much and what kind of support the child will need to succeed at home, in school and in the community (Baker et al., 2002).

Depression, anxiety and stress are mainly considered to be the constructs under the umbrella of negative emotional states. Hopelessness, suicidal ideation and demoralisation are proposed to be related to these emotional states; under the circumstances a person feels sad, dejected and gloomy (Cummings, Bayley & Rie, 1966). The main characteristic of a negative emotional state is the lack of positive emotion, which also includes feelings of worry and anger. It is obvious that prolonged stress, sadness and rage do not support performance. Worry and depression can make people delay doing the things that will help them get out of the negative cycle.

People with intellectual disabilities require more intense support than the general population, which is the most significant difference between the two groups. Therefore need supports that are both qualitatively and quantitatively different than supports needed by most others in the general population (Lovibond & Lovibond, 1995). Having a child with a disability can bring up a lot of changes and worry. The family structure may be upset by a handicap diagnosis, necessitating a new degree of balance or organisation. Many parents believe they have little control over the situation of having a child with a disability. However, they do have significant control over how they react and cope with their situation (McCubbin & Patterson, 1983).

Parents often identify with their disable child's emotions to the point of feeling personally responsible for the child's failures (Mohammadreza et al., 2011). They also reported that the most frequent complaints from the family and school personnel involving the moderately retarded males were those of masturbation, genital exposure and overtly affectionate behaviour, whereas the moderately retarded females presented problems with respect to caring for their menstrual periods and to masturbation.

The prevalence rate of intellectual disability in India varies from 0.22 to 32.7 per cent. It is a significant burden on family members, and they are the primary caregivers in the disability spectrum. They give physical and emotional support and have to bear the financial expenses which are associated with disability and care (Panayiotopoulos, Pavlakis & Apostolou, 2013). A family with child who has intellectual disability faces a lot of stress, including financial, emotional and physical hardships. The larger part of people with intellectual disability has generally care been taken by their family members (Ellis, Upton & Thompson, 2000). While numerous studies have examined the stress, burden and sadness experienced by parents of children with intellectual disabilities, none have specifically examined Mizoram.

Needs and Significance

The present study focused on parenting anxiety, depression and stress among parents of child with intellectual disability. Family members especially parents have played a crucial in the development and undevelopment of the child. They play in dominant role in shaping the personality of the individual. They face many conflicts and problems such as unwanted emotional states when the child has special needs due to the condition of disability (Kerenhappachu & Sridevi, 2014). When the condition is severe, the parents are burden with care and management including taking care of toilet, grooming and self-care needs. Normal children grow up to become independent whereas the child with intellectual disability continues to remain dependent upon parents or care givers.

Parents and the entire family find it challenging to accept a child with intellectual disability, especially in a society that places a high value on performance and competence. Thus, when it suddenly becomes necessary for parents to love someone who has a very limited capacity the parents are put in conflicting situation and result in a great deal of unwanted emotional states such as depression, anxiety and stress (Schonell & Watts, 1957). Parents having a child with intellectual disability experience a variety of problems and stressors to the child's disability and are known to get impacted in many ways because of

having a special child (Majumdar et al., 2005). At different phases of their lives, parents of children with intellectual disabilities are always depressed and going through other unpleasant emotional reactions. The investigator felt the need to study and assess the parenting negative emotional states of parents of children with intellectual disability.

Objective

To study the emotional state of the parents of children with intellectually disability.

Method and Procedure

The number of samples selected for the present study was 22, and the participants were purposively selected from the area of Aizawl and are comprised of 10 fathers and 12 mothers. The sample selection includes participant belonging to the group identified with parents of children with intellectual disability. Since the sample is selected from only the area of Aizawl, the number of participants is small for the best size of the research sample design, only 10 males and 12 females are able to participate as the parents of children with intellectually disabled.

Result and Discussion

Scores of anxiety, depression and stress are computed by summing the scores for the relevant items. The DASS scale (Lovibond & Lovibond, 1995) items are total 42, depression, anxiety, and stress items are 14 each. Each respondent's score on each of the subscales is then assessed using the severity-rating index listed below.

Table 1: Scoring table for behavioural measures

Category	Anxiety	Depression	Stress
Normal	0-7	0-9	0-14
Mild	8-9	10-13	15-18
Moderate	10-14	14-20	19-25
Severe	15-19	21-27	26-33
Extremely Severe	20+	28+	34+

Depression Anxiety Stress Scale-42 (DASS-42) was developed and standardised by Lovibond and Lovibond (1995). Quantifying the three associated negative emotional states of stress, anxiety, and depression, the 42-item self-report scale is graded on a four-point scale from “strongly disagree” to “strongly agree.” There are 14 items on each of the three DASS scale, which are further divided into subscales of two to five items with comparable substance. The relevant item characteristics of high scores on each DASS scale are added up to determine the scores for stress, anxiety, and depression.

The study was conducted on one to one condition with a participant and the researcher in separate single setting. Each participant received a booklet containing the demographic sheet, DASS to be completed in presence of the researcher. After good rapport is formed and the informed consent of the participant is obtained, each participant completed the demographic information sheet and the behavioural measures. Approximately 15 minutes is required per sitting with participant. The individual response sheet are carefully coded, screened, cleaned and tabulated for analyses.

Table 2: Descriptive statistic of the participants on the behavioural measures

Statistic	Anxiety	Depression	Stress
n	22	22	22
Mean	8.91	10.59	17.50

As shown in the result table (table-2), the subjects mean scores in anxiety, depression and stress is 10.50, 8.10, and 17.50 respectively which all the scores fall under the mild category.

Anxiety

The subjects mean score in anxiety is 8.91 which fall in the mild category from the scoring table (table 2). This indicates that the participants exhibit modest signs of anxiety, including restlessness and uncontrollable worry, heightened irritation, trouble concentrating, perspiration, and sleep issues such trouble sleeping or staying asleep.

Depression

The subjects mean score in depression is 10.59 which fall in the mild category from the scoring table (table 2). According to this, the subjects exhibit mild depressive symptoms like being easily agitated or angry, feeling guilty and hopeless, feeling bad about oneself, losing interest in once-enjoyed activities, having trouble focusing at work, lacking motivation, suddenly losing interest in socialising, experiencing aches and pains that do not seem to have a clear cause, feeling sleepy and exhausted during the day, experiencing insomnia, changing appetite, changing weight and acting recklessly.

Stress

The subjects mean score in stress is 17.50 which fall in the mild category from the scoring able (table 2). This shows that the subjects show the stress symptoms such as the feelings like anxiousness, nervousness, easily distraction, excessive worry, headaches, chest pain, fatigue and changes in sleep patterns.

From the above result table (table 2) the subjects mean score in depression, anxiety, stress falls at 10.59, 8.91, 17.50 respectively. It indicates that the participants are in the mild category, meaning that parents of children with intellectual disabilities experience mild depression. This type of depression involves more than just feeling depressed for a short time; it can persist for days and cause enough symptoms to interfere with daily activities. It is not simple to ignore these symptoms and avoid talking to professionals about them. The result shows that the parents of children with intellectual disability have mild anxiety which involves constant worries but generally able to ignore, feeling nervous, nauseated, disturbances in sleeping, problems in concentration. The result in this study shows that the parents of children with intellectual disability have mild stress which involves anxiousness, feeling nervous, easily distractible, excessive worry and changes in sleep patterns. From the above results interpretation and conclude that the negative emotional states have the impact on the parents of intellectually disabled children such as mild depression, mild anxiety and mild stress. Many symptoms mentioned above can feel like regular emotional responses so it is not easy to dismiss the symptoms by self-management and easy to avoid discussing them with the professionals help.

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