

RELATIONSHIP OF DEPRESSION, HOPELESSNES AND ASSOCIATED ATTITUDE AMONG PARENTS OF MENTALLY RETARDED CHILDREN

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ABSTRACT: *Present study was aimed to explore the relationship between Depression, Hopelessness and Associated Attitude among parents of mentally retarded children. The sample size of 53 parents with age range 30 to 60 was selected, 12 were mothers and rest being fathers. All the respondents were taken face to face interviews based on translated Urdu version of scales of Depression, Hopelessness and Associated Attitude. It was assumed that depression among parents of mentally retarded parents is positively correlated with measures of hopelessness and their attitude. Correlations analysis was done and results yielded that there is highly significant relationship between hopelessness and attitude in parents of MR children where as no significant relationship was found between depression and parental attitude. Findings suggest that parents of mentally retarded children show less psychological symptoms which may be due to positive perception, parental strengths and resilience among them.*

Key words: Depression, Hopelessness, Attitude, Mental Retardation

INTRODUCTION

The birth of a mentally retarded child signifies a significant transition for most families and requires adjustment of new family roles and routines. The birth of a child with a disability creates unexpected crises modifies family patterns in ways that are stressful and makes coping demands for dealing with a disabled child more distinct for the family system. Research has constantly established that families of children with developmental delays experience elevated levels of stress, specifically related to child rearing, which is not surprising considering the unique challenges these children show to parents [1].

According to the American Association on Mental Deficiency Mental Retardation refers to significantly sub-average general intellectual functioning, existing along with with deficits in adaptive behavior and is manifested during the development period [2]. According to AAMD, mental retardation is a disability that occurs before age 18. It is identified through the use of standardized tests of intelligence and adaptive behavior. Mental retardation is generally present if an individual has an IQ test score of approximately 70 or below and a significant deficit in at least one area of adaptive behavior [3]. The cause is more likely heredity, early environment or some combination there of. Children with MR are less efficient at learning than others. Raising a child who has been diagnosed with mental retardation is very tiring tasks [4]. Parenting is one of the most challenging jobs an individual will ever face. Raising children can be demanding at times, but also very gratifying. Becoming the parent of a child who has a disability is a time of great strain and change [5]. There are many actions to keep; families can easily become besieged by the process of finding and backing appropriate services. They face stress of continually witnessing their child's struggles to complete everyday tasks. They live with the knowledge that there will be no end in sight for these struggles. Family members face their own troubling emotional reactions and adaptations to having a mentally retarded family member.

Parents play very important role in the life of mentally delayed child. It is evident that number of MR children is from families: 1) of low social status 2) of different composition 3) with the parent's marriage having been contracted for unsatisfactory reasons. Any chronic illness might cause heavy impact on family members. Consequences of chronic childhood diseases are much

more pronounced in disturbing mental health of these children [6].

Depression is an emotional state typically manifested by low mood, lack of energy, great sadness, feelings of worthlessness and guilt, withdrawal from others, loss of sleep, appetite, sexual desire and interest and pleasure in usual activities. Pakistan has one of the highest reported rates of childhood intellectual disabilities in the world, 65/1000 for mild MR [7]. The most significant reason for stress in parents of disabled children were shown to be difficulties in child care, children's behavioral problems and severity of disability [8]. Dysthymia is commonest psychiatric disorder that was found followed by generalized anxiety disorder and moderate depression [9]. It is also found that the parents of children with disabilities perceive more problems in themselves and their family. Parents of children with disabilities are often perceived to experience harmful psychological effects. Parents tend to view it as incurable disease and readily detect such defeatist attitudes and develop feelings of hopelessness. Adaptation patterns of both mothers and fathers of young children with disabilities remain unexplored. The conditions of parent himself or herself may activate a process of adaptation for the mentally retarded children of the family [10]. Therefore the mental health and the self-growth of a parent himself or herself are authentically something important and admirable for the intense concern. Some characteristics of adaptive functioning of parents include high education level, positive view of child and less negative ideation [11]. Locality of parents influences only on the dimensions of social adjustment and parental attitude [12]. In Pakistan, Religion also plays an important role in identifying the rank of mental disability. For example, the existence of an inborn disability is often associated with superstition, the belief that outer space influences caused the disability, which enables their existence to be efficient, although they are troubled; they are socially isolated and become objects of shame, if not fear and hatred [13]. Pakistan where education is low and economic development has not in use off much, any disability in home is normally concealed, especially mental disabilities from birth or those developed after. It is hypothesized that more the level of depressive symptoms in parents of mentally retarded children, more likely they develop hopelessness and negative attitude. Higher the level of hopelessness in parents, lower will be adaptive attitude towards their MR children.

METHODOLOGY

Inclusion criteria are: 1) only parents of mild/moderate mentally retarded children. 2) Those parents who gave approval for study. 3) Only parents of those children were taken who have been diagnosed with mental retardation and. 4) Must be the innate parents of the children with mental disabilities.

Exclusion criteria are: 1) older parents of adults with mental retardation. 2) Parents having children with severe mental retardation. 3) Parents having persistent physical illness, recent stressful events and 4) mentally challenged parents.

Design, Setting and Sample: It is a quantitative exploratory study on relationship of depression, hopelessness and associated attitude among parents of mentally retarded parents. Current study was conducted in Muzaffarabad city of AJK and surrounding countryside, the Jhelum valley of AJK. Data was gathered by getting addresses of parents from the ERRA (earthquake rehabilitation and reconstruction authority), psychiatric department of Abbass institute of Medical Sciences and School for Special Children, Manak Pian, Muzaffarabad, Azad Jammu Kashmir as it was convenient to get list of registered mentally retarded children who were earlier diagnosed as MR children through screen testing. Sample comprised of parents of mentally retarded children. Sample of 60-70 was decided but due to unavailability, only sample of 53 was made possible which includes 12 mothers and rest of being fathers. Through purposive convenient sampling, from city of Muzaffarabad and surrounding area within range of 55 KM, parents were selected having children between age group 3 to 18 years.

Instruments and Procedure: Socio Demographic Questionnaire is based on the basic information of the respondent, which is basic necessity of every research like age, sex, income. Urdu version of Beck Depressive Inventory and Parental Attitude scale and Beck Hopelessness Scale were administered to assessed relationship of Depression, Hopelessness and Associated Attitude among Parents of Mentally Retarded Children. The procedure that was used for the following study was according to nature of study. Consent was taken from respondents. They were explained with the purpose of study and they were advised to become careful active listener during session of asking questions. Parents were allowed to skip the item which they don't find comfortable while answering. All three questionnaires took 2 hours' times. Time was given at the end of interview for asking any query related to study. BDI last item which was not suitable to study was omitted. Data collection took one month and then using SPSS 17.0. Data was entered and then analyzed.

RESULTS

Table 1: Correlations showing the relationship of depression with hopelessness and attitude of parents.

Variable	Depression
Hopelessness	.069
Attitude	-0.08

df = 51, P = n.s

Table 1 shows the association of depression with hopelessness and associated attitude present in parents of mentally retarded children. Statistical findings show (r=.069, p= n.s) the relationship between Depression and Hopelessness is found to be insignificant. There is negative correlation between depression and associated attitude (r= -0.08, p= n.s), the more the depressive symptoms present in parents of mentally retarded children, less likely there is decrease in parental adaptative attitude towards their child. Statistically, it is non significant relationship.

Table 2 Correlations showing the relationship of attitude of parents with their hopelessness.

Variable	Hopelessness
Attitude	-.33**

df = 51, **p<.01

Table 2 shows the relationship of Hopelessness with attitude of parents towards their child. On the basis of statistics found it is clear that weak inverse relationship exists between two variables. (r=-.33, **p<.01). Higher the level of hopelessness in parents, lower will be adaptive Parental attitude towards their MR children showing significant relationship.

DISCUSSION

The present study was on parents of mentally retarded children for which sample size of 53 was selected to find out depression, hopelessness and associated attitude among them. Possibility of having such child brings traumatic experience and the causes of this mental illness exclude the possibility from awareness about such phenomena. Present study was conducted to observe the psychological problems in parents related to their mentally retarded child. Family particularly parents positive attitude and relocation is important determinant of child's behavior. But in actual parents don't bother these things. Many of parents hope to fulfill their own dreams through their children. Parents of mentally retarded children are not able to realize their dreams or expectations in such a way. For the study under consideration, 41 fathers and 12 mothers were selected from the area of Muzaffarabad.

When there is no hope or positive perception related to child's future it raises the feelings of hopelessness in parents, if the level of such hopelessness goes unconditionally increasing then it may lead to depression symtomtology in parents of mentally subnormal children. The current study has focused that as majority of parents are having no depression hopelessness feelings, this portrays there is no significant relation between both variables as shown by correlation analysis (Table 1).Therefore rejecting hypothesis that higher the level of hopelessness, more likely parents of mentally retarded children have depression feelings. It symbolizes parents have positive perception and hope related to their retarded children [11] unlike other studies [14,15] which pointed out that levels of positive future thinking were associated with increased distress among the high stress optimists and low stress pessimists. This may be the reason of rejection of our hypothesis.

The relationship of depression with parental attitude is found to be insignificant as majority has average attitude

scores. Statistics based, it is insignificant relationship. Thus, the hypothesis that more the level of depressive symptoms in parents of mentally retarded children, more likely they develop negative attitude is rejected as against other researches which support the role of depression in creating negative attitude among parents towards their child's disability [6,16,17].

The relationship between hopelessness and adaptive attitude is found to be significant. With increase level of hopelessness, parents may have less positive or adaptive attitude towards their children [18]. The findings exposed hope as a vibrant process that helped parents to reframe their lives in view of the experience of having a child with special needs. Most of the parents accounted that associating a child with a mental disability on the road to life became a positive and strengthening experience for them. Findings suggest that having a child with disability contributed to personal and spiritual growth, family stability, and personal hopefulness. All the earlier researches studied depression in parents of MR children and there were few attitude studies related to them but there was no literature found showing the relationship between two variables. Even in past, on Hopelessness variable, studies on mothers were done not on both parents. Except one, results are found to be insignificant. Many of factors may be responsible for this. It may happen fake statements were given by respondents. Religious beliefs of parents may effects the results of study, majority were having beliefs that their retarded child is God gifted, considered him/her as source of luck for them. Many were considering it's a period of trial for them and they will get the reward in the next world. There was found hope in great many of parents irrespective of knowledge about mental retardation. Another problem may be scales are not the absolute means of measuring depression and hopelessness in parent's interms of their retarded children.

The few suggestions can help the parents of mentally retarded children to cope with such dilemma. It could be suggested that the results of the present study provide further evidence that future interventions are necessary for the parent's mental health. Investigation is needed to discover how parents integrate, organize and balance the various problems and activities related to their child and their working life simultaneously. Suggestions for parents; they should be assisted to feel greater sense of personal control over child through wide range of information. Various parenting approaches need to be recommended to parents to promote the sense of cohesiveness in family. These recommendations can be applied to parents of mentally retarded children in order to gain control over behavioral difficulties so that fluctuations of parental stress could be prevented. Parents with mentally retarded children all need to reinforce their self-concept and work firm to search for, for the acceptance and help of their family members, relatives, friends, and community. They should treasure the value and significance of life and should have the code of benefiting others and themselves also. Such Parents should learn to play the role of a helper for mentally retarded children and the other members of their family. Parents should make use of sense of cooperation and integration. In Case of government role, they should think much of making the positive self-concept deeply rooted in parents related to mental retardation. They should

help them promote the habit and the development of self-growth, and self-efficacy.

CONCLUSION

The findings of present study are different from earlier studies which showed that Stress, hopelessness and negative transformation are interconnected variables in the lives of parents having developmentally delayed children. But the current findings predict that the development and progress with the passage of time suggests the future for mentally retarded children and their parents. Infact there are few researches done in the past focusing on the positive experiences of mental retardation. There should be further research focusing on the positive attributes of hope that is highly valuable to parents because parents can then develop realistic expectations. When parents develop cooperative attitude, healthy output can be accomplished. These constructive relationships need to be formed so that parents can begin to achieve these very important objectives for their mildly and moderately retarded.

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