

Psychological characteristics and marital satisfaction in mothers of children with mental retardation and physical disabilities

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Abstract

Introduction: Mothers who have children with mental and physical disabilities experience mental and social challenges. Recent researches indicate that Psychological status and marital satisfaction in mothers of children with mental retardation and mothers of children with physical disabilities is different. The aim of this study was to compare marital satisfaction and psychological characteristics of the mothers of children with mental retardation and mothers of children with physical disabilities.

Methods: This is a causal- effectual design study. The study population was all mothers of mentally retarded and physically disabled children that living in Bandar Abbas and their children have 5 to 12 years old. The sampling method was convenience sampling. 30 mothers of mentally retarded children and 30 mothers of children with physical disabilities were selected from two well-being and occupational therapy centers. Participants responded to psychological status (MMPI) inventory and marital satisfaction (MIS) inventory. The obtained data were analyzed using SPSS software at the 0.05 significant level.

Results: Mothers who have children with mental retardation, had significantly higher level of hypochondria, depression, hysteria, paranoia, schizophrenia, mania and lower marital satisfaction, than mothers of children with physical disabilities.

Conclusion: It seems that in addition to the type and severity of disability, spousal support, social support, parent s attitudes to type of disability can be affected on psychological characteristics and marital satisfaction in mothers. Conclusions are useful for families of exceptional children researchers.

Key words: Psychological Characteristics, Marital Satisfaction, Retardation

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Introduction:

The process of children born to parents is an enjoyable process. However, this process is associated with a lot of hardships and discomforts.

Despite these problems, it should be said that the hope for the health of the child usually creates

the sense of trust in parents and they accept their child but the moment they are made aware of the disability of their child, all their hopes and wills change into despair and problems start (1). On the other hand, since family is a social institution, disorder in each of its members can distort the whole family and lead to new problems in the

family. This can cause the intensification of the retardation and various problems of the child and deprive him of having a healthy environment for his optimal development that creates a vicious cycle.

Meanwhile, the mother experiences more stress because of her special role during pregnancy, birth, child care and education and needs more support (2).

The studies have shown that mothers see more problems with regard to mentally retarded children than fathers and they are more involved with the behavioral problems of children. Accordingly, they experience more stress and need more help and this indicates the necessity of the care taking regarding the health of mothers. Unfortunately, this is only met in some developed countries (1). Here we know it necessary to study the prevalence of disability in our society before studying the effects of disability of the child on families and especially mothers.

Despite the progress of science and technology and systematic efforts to reduce disability, unfortunately about 10% of school age children in each community are exceptional and are quite different in physical, mental and psychological terms. Due to population under the age of 20, there are two million exceptional children in our country whose families need help and support in accepting their children (2). Among exceptional children, mental retardation is a common disorder that affects about 1 to 3 percent of the population. The diagnostic criteria for mental retardation include: significant reduction in mental function recognized by standardized and sensitive tests, disorder in compatibility, inability to perform daily actions, inability to take care of their own and a low IQ (3). In other words, mentally retarded children are those who have stopped at the low levels of mental development and actions are strong and high among them (2).

The studies have shown that most studies regarding families with mentally retarded children are related to taking care and rehabilitation to the disabled child and less research have been conducted about the health of mothers with mentally retarded children and they have been looked at as a care taker of the disabled child. These questions are left alone: what are the effects of the child's disability on mother's health and marital life? And whether the type and intensity of disability have the same effects on mother or not?

In fact, the vulnerability of mothers with mentally retarded children asks us to emphasize the nature of the health experience of mothers more. Moreover, due to the slogan of the priority of prevention over treatment, the evaluation of the health of mothers can have an important role in the betterment of the aspects of the health quality of mothers.

According to what was mentioned above, some cases of the findings of researchers can be pointed out. Robert N. Jamison points out that the presence of a mentally retarded child at home brings a lot of stress and problems for parents. The creation and the intensity of marital conflicts, divorce, the heavy burden of financial costs, tolerating others speaking about the child and many other issues are among the difficulties of having a mentally retarded child at home (4).

Studies have indicated that an increasing stress involves families with mentally retarded children among which we can mention the lack of health or low mood, the excessive therapeutic requirements, the excessive care, negative attitudes towards children, social support, excessive commitment, pessimism and so on (2).

Faceman and Wolf believed that one of the most important human systems is the family and the families of disabled children affect the parental, marital and sibling subsystems and even the outer-family systems such as friends, neighbors, schools and service institutes and cause more pressure within the system (4).

Many researchers believe that parents' reactions to their child's disability occur in a predictable manner and their move to the next step depends on the successful resolution of the previous stage (5).

Emotional reactions against child disability are stated in a theory of stages: shock, denial, feeling guilt, anger, sadness, anxiety, frustration, loneliness, acceptance and consistency.

Stark and Salft concluded that mothers feel guilty from the unequal devotion towards the child, child intolerance, the tendency to deny relationship to the child and ultimately the simulation to the mentally retarded child in which mother knows herself injured narcissistically can be seen in the reaction of mothers to mentally retarded children. It is worth mentioning that the extreme support of parents is bound to the culture to a great extent (6).

For example, the studies show that Jewish parents pay more attention to mentally retarded children than Americans and Italian parents pay less excessive attention than Americans. Extreme support is very tangible among Iranian families. In addition, the type of disability is also effective in the amount of the extreme support of parents. When the disability is physical, the extreme is far more common than when the disability is mental. The less the amount of disability, the more the similar is the interaction between parents (especially mothers) and the retarded child with the normal children-parents relationship (7). Has conducted a research on the mental health of mothers with mentally retarded children and physically disabled children (blind-deaf) and mothers with normal children the results of which indicate that there is a difference between the four groups of mothers in terms of mental disorder, depression, anxiety, psychosis, phobia and aggression. There was no significant difference between the groups in terms of physical difficulties, obsession, compulsion, interpersonal sensitivity and paranoid ideas (2).

Ramezani conducted a study with the aim of studying the marital satisfaction of 30 parents with mentally retarded children with the parents of normal children in Birjand. The results showed that there is a significant difference between the marital satisfaction of the parents in two groups in many aspects. On the other hand, mothers with mentally retarded children report less marital satisfaction in comparison with fathers (8).

In a cross-sectional and descriptive study conducted on the role of mental health on the life quality of 100 married women with mentally retarded children referring to Ahvaz Care Center, the researchers concluded that 37% of women complained of physical discomfort, 29% had anxiety and sleep disorder and 14% showed signs of depression and in conclusion, 37% had a disorder in their general health (9).

In a study, the effect of the mental disability of the child on family was studied among 800 families with mentally retarded and normal children and the results showed that in families with mentally retarded children, 40% of the mothers have introduced themselves as ill while in the sample, only 16% introduced themselves as sick. While the two groups were the same in terms of age, number

of children and the place of living, the statistical test shows a significant difference so that it can be said that the presence of a mentally retarded child affects the physical and mental health of mothers severely and causes the reduction of their resilience against diseases and as a result, it increases illness among them to a great extent (10). The mental pressure in mothers with mentally retarded children is higher in comparison with mothers with physically disabled children (1).

Hatic conducted a qualitative study about the experience of having a child with mental retardation in the view of their mothers and concluded that mothers had experiences in physical-mental and social terms such as the limitation of social activities and relationships, getting worried about the child in taking care of themselves in future and taking the responsibility of taking care of the child by the family after the death of parents, constant worry about the child and the lack of support by the side of their relatives (11).

In a study conducted in the field of marital compatibility of parents with mentally retarded children. Whenever the stressful and daily conflict factor increases among parents, they will interpret their marriage and marital relationship more negatively (1).

Researchers found out that many parents suffer having this kind of child and tolerating such a condition and feel depression, anxiety, aggression and shame. Whatever the stress related to the child and his behaviors is higher, the symptoms of depression becomes stronger and the need to help is felt more. Harris and Mc Hall stated that when parents find their children disabled, they feel their identity at risk and their dissatisfaction and sense of guilt is increased because constant stress decreases their sexual tendency and enjoyable marital relationships. Moreover, the fear of pregnancy and the birth of another disabled child can be effective in the reduction of sexual tendency (12).

This study seeks to examine the effect of disability on the mental health of mothers and wants to answer the question whether the kind of disability has the same effect on the health of mothers or not. In fact, although the presence of a mentally retarded child can have irrecoverable consequences on the mental health of families, these consequences are compensable to a great extent. The compensation or

the reduction of these consequences requires having scientific knowledge about them. In this regard, we can conduct the study on those who carry the heaviest burden, meaning mothers, of children with mental retardation, in order to come over their problems by the reflection of the results to the authorities.

According to the sources related to subject matter, the two following hypotheses were developed:

A) There is a significant difference between the psychological characteristics of mothers of children with mental retardation and mothers of children with physical disabilities.

B) There is a significant difference between the marital satisfaction of mothers of children with mental retardation and children with physical disabilities.

Methods:

The method design in this study is causal-comparative and independent-samples t-test is been used since the research variables are interval and there are two independent groups.

The method used in this study is eventful. The statistical population consists of all mothers of children with mental retardation and physical disabilities in the age range of 5 to 12 years who live in the city of Bandar Abbas. The sampling method is convenient sampling in which 30 mothers with mentally retarded children and 30 mothers with physically disabled children were selected from two care centers and a therapy center. The short form of MMPI questionnaire: Minnesota Multi-phased Personality Inventory is one of the most important and reliable questionnaires that was prepared by using an external criterion. This questionnaire was built at the University of Minnesota in 1943 by Hatari and McKeneil. Due to length and time consuming features of the basic form, a short form with respect to the Iranian culture in the form of 71 questions was constructed. The questionnaire included three measures of validity and eight clinical scales. Research on the population of Iran represents the character values of the short form of the questionnaire confirming the diagnostic value of short form (13).

In the study of Momeni, the validity of the questionnaire is in range between 46% and 90% using Cronbach's alpha coefficients and all coefficients are significant at the level of $P < 0.01$.

Inventory of Marital Satisfaction (IMS): it was developed in 1992 by Walter W. Hudson. It is a 25-question scale to measure the extent, severity or scope of the problem of wife or husband.

The validity of the questionnaire is 96% outside Iran representing the excellent internal consistency and low standard error. The questionnaire has a consistency coefficient of 0.96 in a 2-hour test-retest method of excellent short-form validity. The validation of the scale by Khodabande showed 92% validity using Cronbach's alpha coefficients (14).

Results:

In this study, both groups were given the short form MMPI and marital satisfaction questionnaires, and after completing the questionnaire, eight psychological characteristics (Hypochondria sis, depression, hysteria, post facto anxiety, paranoid, schizophrenia, antisocialism and mania) and marital satisfaction variable were compared using independent-samples t-test and the results are shown in the table below.

As the results of the table show, due to the fact that the estimated "t" for hypochondria sis, depression, hysteria, paranoid, schizophrenia, mania and marital satisfaction are significant at the level of 99% certainty, it can be concluded that mothers with mentally retarded children are significantly higher in terms of hypochondria sis, depression, hysteria, paranoid, schizophrenia, and mania than mothers with physically disabled children with 99% certainty and in terms of marital satisfaction, they are significantly lower than mothers with physically disabled children with 99% certainty. The results confirm the first hypothesis that there is a significant difference between the psychological characteristics of mothers of children with mental retardation and mothers of children with physical disabilities. It means that mothers of children with mental retardation experience a higher level of physical complains, depression, hysteria, pessimism, schizophrenia, and mania with 99% certainty than mothers of children with physical disabilities. The two groups have no significant

difference in terms of anxiety and antisocial behaviors.

Table 1. Psychological characteristics and marital satisfaction variable were compared using independent-samples t-test

Group		Mean	Std.devuation	T	Df	Level of sig.
Hypochondriasis	Mental	74	0.79	3.11	58	0.01
	Phusical	56				
Depression	Mental	10.66	0.24	4.29	58	0.01
	Phusical	9.63				
Hysteria	Mental	13.1	0.67	3.61	58	0.01
	Phusical	10.68				
Antisocialism	Mental	7.56	0.23	1.43	58	-
	Phusical	7.23				
Paranoid	Mental	7.56	0.36	5.27	58	0.01
	Phusical	5.66				
Anxiety	Mental	9.2	0.56	1.55	58	-
	Phusical	8.33				
Schizophrenia	Mental	10.03	0.59	2.45	58	0.01
	Phusical	8.56				
Mania	Mental	5.56	0.05	6.6	58	0.01
	Phusical	5.23				
Marital satusfaction	Mental	34.55	1.96	4.06	58	0.01
	Phusical	26.58				

Conclusion:

Mothers of children with mental retardation are significantly higher than mothers with disabled children in terms of hypochondria sis, depression, hysteria, paranoia, schizophrenia and mania with 99% confidence level and are significantly lower terms of marital satisfaction with 99% confidence level. Mothers of children with mental retardation experience higher levels of mental disorders, depression, anxiety, psychosis, phobia and aggression in comparison to mothers with deaf, blind and normal children.

This finding is consistent with many studies. Davarmanesh state that mothers of children with mental retardation have more physical complains compared to mothers of normal children (10).

Mehrabi Zadeh and colleagues found out that mothers of children with mental retardation have 37% disorder in their general health (9).

Vijesh and Sukumaran did a study on the experienced stress on mothers with children with cerebral palsy. The results showed that these mothers experience more stress and higher anxiety compared to the control group and the lower the

attitude of mothers towards the adequacy of her child, the greater the stress they experience. Moreover, they found that the higher the rate of disabilities among children (multiple disabilities), the more the anxiety that mother experiences (15).

In addition, Levinthal and Sabbeth conducted a study on the effects of child disability on family and concluded that the individual consequences of disability include depression and the lack of life satisfaction and the familial consequence is the reduction of marital satisfaction (16). Benson and Gross (1989) found out that the presence of a disable child in the family has both positive and negative consequences but there are several studies state that there is no difference in the amount of marital satisfaction between the parents of normal and disable children such as the study of Meredith and Abbolt ,McCath and Capelli (17).

In a study on the psychological characteristics of mothers of disabled and normal children, Yang Yim and colleagues concluded that the mothers of the first group have a significant difference in the psychological characteristics such as physical disorders, depression, anxiety, anger and phobias at 5% significance level compared to the control

group (18). In order to explain the lack of difference in anxiety and anti-social condition, the study of Yazdani can be noted: the severity of child retardation does not have any effects on the stress that parents experience, and even educable children create a disproportionate burden for parents and especially the mother who has a special role in child care are due to the frustration in hopes and aspirations of parents, family fears for the future of their education, employment, marital status and even social problems (19). Moreover, the study of Brown on the examination of the perceived stress and the perceived social support and the physical health of mother with cerebral palsy children, he found that the severity of the disability is not in a significant relationship with the health of the mother but the perceived stress and the perceived social support, together and separately, are significantly the index of mother's health (20).

In the second hypothesis, there is a significant difference between the marital satisfaction of mothers with mental retardation children and mothers of children with physical disabilities.

Studies confirm the second hypothesis as well. The study of Ramezani studying the marital satisfaction of 30 parents with mentally retarded children with the parents of normal children in Birjand is in line with this hypothesis. This means that there is a significant difference between the marital satisfactions of parents in both groups in different aspects (8). Arzhangi point out that the presence of a mentally retarded child at home brings a lot of stress and problems for the parents such as: the creation and the intensity of marital conflicts, divorce, the heavy burden of financial costs and tolerating others speaking about the child (3).

Angle and colleagues state that although the mentally retarded child brings some problems with him (such as the extra care), it affects the marital relationships and may make the parents indifferent to the conflicts and tension of the family and marital life or make them evade the responsibilities of accepting and tolerating the marital problems due to the special extreme care they need. However, in families in which fathers have more cooperation with mothers in taking care of the disabled children, mothers experience more marital satisfaction and less depression and psychological damages. On the other hand, stoneman also states in his study entitled

as "marital compatibility of parents with mentally retarded children" that whenever the stressful and daily conflict factor increases among parents, they will interpret their marriage and marital relationship more negatively (1). When parents find their children disabled, they feel their identity at risk and their dissatisfaction and sense of guilt is increased because constant stress decreases their sexual tendency and enjoyable marital relationships. Moreover, the fear of pregnancy and the birth of another disabled child can be effective in the reduction of sexual tendency (3).

The presence of a disable child in the family has both positive and negative consequences but there are several studies state that there is no difference in the amount of marital satisfaction between the parents of normal and disable children such as the study of Meredith and Abbolt, McCath and Capelli (18). According to the mentioned studies, it seems that other factors such as spouse support, society support and the attitude of parents towards the disability of their child is among the effective factors on mothers besides the type and the severity of the disability.

Eddi and Angle (18) did a research on the effects of the type of disability on families and found out that the type of disability is in mutual reaction with these five factors: 1. The way parents evaluate the current health of their child in comparison to the past year. 2. To what extent the health of their child is worrying. 3. To what extent the behavioral and emotional health of their child is worrying. 4. To what extent the behaviors of the child limit the activities of the family. 5. To what extent the health and the behaviors of the child stop the activities of the family.

Among the limitations of the study, we can mention the lack of access of the researchers to all the mothers with exceptional children. In this regard, it is recommended to other researchers to consider a larger sample in future researches and to benefit both quantitative and qualitative methods such as deep interviews and observation for data collection. From the application point of view, this finding can be interesting and important for authorities who are responsible for the protection of women and those who are interested in research in the field of mental health of women.

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ویژگی‌های روانشناختی و رضایت زناشویی در مادران کودکان عقب مانده ذهنی و معلول جسمی

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چکیده

مقدمه: مادرانی که فرزندان دارای ناتوانی‌های جسمی و یا ذهنی دارند، چالش‌های روانی اجتماعی زیادی را تجربه می‌کنند. تحقیقات اخیر بیانگر تفاوت وضعیت روانی و رضایت زناشویی مادران کودکان عقب مانده ذهنی و مادران کودکان معلول جسمی است. هدف این پژوهش، مقایسه ویژگی‌های روانشناختی و رضایت زناشویی در مادران کودکان عقب مانده ذهنی و معلول جسمی بود.

روش کار: طرح تحقیق در این پژوهش، از نوع آزمون‌های علی مقایسه‌ای است. روش تحقیق مورد استفاده نیز از نوع رویکردی است. جامعه آماری عبارت است از تمام مادران کودکان عقب مانده ذهنی و معلول جسمی ۵ تا ۱۲ ساله که در شهر بندرعباس ساکن هستند. روش نمونه‌گیری از نوع نمونه در دسترس می‌باشد که ۳۰ مادر دارای کودک عقب مانده ذهنی و ۳۰ مادر دارای کودک معلول جسمی از دو بیهیستی و یک کار درمانی انتخاب شدند. شرکت‌کنندگان به پرسشنامه وضعیت روانشناختی (فرم کوتاه) و پرسشنامه رضایت زناشویی MIS پاسخ دادند. داده‌های به دست آمده با استفاده از نرم‌افزار SPSS در سطح معنی‌داری 0.01 با آزمون t استودنت مورد تجزیه و تحلیل قرار گرفت.

نتایج: مادران دارای کودکان عقب مانده ذهنی از نظر هیپوکندریا، افسردگی، هیستریا، پارانوئید، اسکیزوفرنی، مانیا به طور معنی‌داری بالاتر از مادران دارای کودکان معلول جسمی می‌باشد و از نظر رضایت زناشویی به طور معنی‌داری از مادران دارای کودکان معلول جسمی پایین‌تر می‌باشند.

نتیجه‌گیری: به نظر می‌رسد علاوه بر نوع و شدت معلولیت، عوامل دیگری از جمله حمایت همسر، حمایت جامعه، نگرش والدین به نوع معلولیت فرزندان از جمله عوامل تأثیرگذار بر وضعیت روانشناختی مادران و رضایت زناشویی می‌باشد. نتیجه این پژوهش برای محققان علاقه‌مند به سلامت روان خانواده‌های دارای فرزندان استثنایی مفید است.

کلیدواژه‌ها: وضعیت روانشناختی، رضایت زناشویی، معلول ذهنی

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