

Comparing the Level of Mental Pressure, Marital Adjustment and Ways of Coping among Parents of Retarded and Normal Children

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Abstract: The current study aimed to compare the level of mental pressure, marital adjustment and ways of coping among parents of retarded and normal children in Zahedan. This was a casual-comparative study. The statistical population included all parents of retarded and normal children in Zahedan in 2015. Due to severe problems in having access to the considered subjects, through applying convenience sampling method, 50 parents of retarded children and 50 parents of normal children were selected as the sample. To collect data, the Locke and Wallace marital adjustment test 15 items, the Lazarus ways of coping questionnaire 66 items and the Markham mental pressure inventory 38 items with some slight changes were used. The validity of the current study was examined using content validity and the total reliability of marital adjustment test, ways of coping questionnaire and mental pressure inventory was respectively 0.78, 0.88 and 0.82. To analyze the obtained data, statistical indicators including mean and standard deviation were used and to examine the research hypotheses, independent t-test was applied. The obtained results indicated that parents of retarded children experienced higher levels of mental pressure and had lower marital adjustment. Moreover, the findings revealed that there were significant differences between parents of retarded and normal children with regard to confrontive, distancing, self-controlling, accepting responsibility, seeking social support and escape-avoidance ways of coping. Additionally, when confronting with an issue, mothers of retarded children, compared to mothers of normal children were less likely to apply efficient problem-solving methods and were more likely to employ inefficient ways of coping.

Key words: Mental pressure, marital adjustment, parents, ways of coping, adjustment

INTRODUCTION

Family, without a doubt can be considered as the first and foremost foundation for comprehensive human development. Family roles and functions have long attracted the attention of psychologists, sociologists and education and training specialists. Married life of a man and a woman is initiated by marriage and starting a family and marital satisfaction can be regarded as an assurance for mental health of the family.

Given the importance of families in the contemporary societies, its correlation with quality of life and its impact on various aspects including physical and mental health, since the 90s, marital adjustment has been considered. Marital adjustment is a situation in which a couple in most cases, are happy and satisfied with each other and is a process that can occur during the life of the couple and requires compliance of tastes, personality traits, establishment of behavioral rules and formation of interactional patterns (Pour *et al.*, 2008).

The birth of a retarded child in a family creates various problems including stress on family members, especially parents (Headey *et al.*, 2010) and impacts on the quality of life of family members (Schieve *et al.*, 2007). Many researchers among whom are Afrouz and Malekpour have stressed that the psychological status of parents of children with disabilities as those who play a key role in children's socio-emotional development, should be highly considered and their issues and mental conflicts should be addressed and modified through providing appropriate counselling and implementing suitable intervention programs.

Ways of coping refer to an individual's actual responses to the source of stressful situations. Among ways of coping, problem-focused coping, more than emotion-focused coping is associated with general health. People who apply more problem-focused coping can usually cope better with stressful situations and they indicate less morbid symptoms and as a result experience higher levels of general health (Thoits, 1986).

Michaeili in their study concluded that having an exceptional child can cause irreparable effects on the mental health of the family. In fact, the mother and father may suffer severely from having a disabled child and may experience some conditions such as depression, anxiety, aggression, fear and shame or even have a death wish.

In another study, Rafei indicated that autism spectrum disorders can impose several mental pressures to families and relatives of child with disorders. This is because the disorders are accompanied with a variety of lingual, communicational, behavioral and social anomalies and also difficulty in diagnosis, occurrence of symptoms after normal childhood development, lack of decisive and effective treatments and undesirable prognosis.

Malekpour revealed that since mentally retarded children have so many needs and due to their mental impairment are not able to deal with their own issues, they need a relatively permanent attachment to their parents, especially their mothers; therefore, their disability becomes a permanent cause of pressure and stress.

Results by Mollabashi (2003), Alizadeh (2002) and Motamedian *et al.* (2008) demonstrated that there was a significant difference between marital satisfaction among parents of damaged and normal children, hence, it can be concluded that having a damaged child affects parents' marital satisfaction.

Findings of Khazaei showed that there was a significant difference between mothers of mentally retarded and normal children in applying efficient methods of coping. When confronting with an issue, mothers of mentally retarded children, compared to mothers of normal children, used less efficient problem solving methods and applied more inefficient methods.

Hosseinejad conducted a study entitled "Examining and Comparing the Level of Mental Pressure and Marital Adjustment among Parents of Educable Mentally Retarded and Physically Disabled Children with Parent of Normal Children". This study was carried out on three 30-individual groups of parents and two questionnaires of stress and source of stress and couples' adjustment were used. The obtained data was analyzed using statistical tests (one-way analysis of variance, independent t-test and correlation test). Results indicated that there were significant differences among these three groups in terms of their levels of mental pressure and marital satisfaction. In addition, families of physically disabled children, on one hand, experienced higher levels of mental pressure and on the other hand, had higher levels of marital adjustment. Moreover in this group, a significant difference was found between mothers and fathers considering the level of mental pressure and marital adjustment.

The results of Wolfensberger (2001) indicated that there was a significant difference between parents of damaged and normal children with regard to marital satisfaction. Therefore, having a damaged child can affect parents' marital satisfaction.

Doris (1995) claimed that parents of mentally retarded children often suffer from stress and anxiety and evidence suggested that mothers are more affected by a disabled child compared to other members of the family, since most of these children's needs are fulfilled by their mothers.

Donovan (1990) compared mothers of mentally retarded and autistic children and concluded that mothers of autistic children experienced higher levels of stress.

According to what was mentioned earlier, the current study sought to answer this question: is there any significant difference among parents of retarded and normal children in Zahedan in terms of the level of mental pressure, marital adjustment and ways of coping?

MATERIALS AND METHODS

In the present study, since the objective of the study was to compare the level of mental pressure, marital adjustment and ways of coping among parents of retarded and normal children, a casual-comparative method was applied. The statistical population included all parents of retarded and normal children in Zahedan in 2015. Due to severe problems in having access to the considered subjects, through applying convenience sampling method, 50 parents of retarded children and 50 parents of normal children were selected as the sample. The required data was obtained using three questionnaires.

Marital adjustment test: To assess marital adjustment, a scale developed by Locke and Wallace (1959), applied in various studies was used. This scale included fifteen 5-point items and the scores range from 15-75. Lower scores indicate poor adjustment and higher scores indicate high adjustment. Scores lower than 45 demonstrate stress and scores of 45 and higher show marital adjustment. Mazaheri using split-half method, reported this scales' high validity and reliability which was 0.90. Moreover, through creating a clear distinction between tensioned and non-tensioned couples, he indicated this scale's high reliability. In the current study, Cronbach's alpha coefficient of marital adjustment test was 0.89.

Ways of coping questionnaire: The Lazarus (1991) ways of coping questionnaire was developed based on ways of coping checklist designed by Folkman and Lazarus (1980) and was revised in 1985. This questionnaire consists of

Table 1: Reliability of mental pressure, marital adjustment and ways of coping questionnaires

Variables	No. of questions	Alpha
Mental pressure	38	0.82
Marital adjustment	15	0.78
Ways of coping	66	0.88

66, 5-point Likert type scale items. Ways of coping are a series of cognitive and behavioral coping efforts made by an individual to interpret and modify a stressful situation which reduce the suffering caused by it and evaluate a wide range of thoughts and actions that people apply when confronting with internal and external stressful conditions. In Iran, this questionnaire was standardized on two samples of 750 middle-aged couples and 763 second and third grade high school students. Cronbach's alpha coefficients were respectively 61 and 79%. In the Lazarus ways of coping, the highest score is 100. This questionnaire includes 8 subscales which are as follows:

- Confrontive coping
- Distancing
- Self-controlling
- Seeking social support
- Accepting responsibility
- Escape-avoidance
- Planful problem-solving
- Positive reappraisal

Mental pressure inventory: The measurement tool used to collect data on mental pressure in the present study was the Markham mental pressure inventory 38 items with some slight changes. In Iran, after studying various cases and appropriate to Iranian culture, Sharifi revised and standardized this inventory. Positive responses to each item indicate mental pressure and negative responses demonstrate the absence of mental pressure. The sum of scores on Mental pressure inventory can be classified into four classes, such that scores of 0-9 indicate normal mental pressure, 10-18 show moderate mental pressure, 19-27 demonstrate severe mental pressure and 28-38 indicate very severe mental pressure. In the present study, to determine the reliability of this inventory, Cronbach's alpha coefficient was used.

In the current study, to analyze the research hypotheses, inferential statistics including independent t-test was used. It should be noted that all statistical calculations were conducted using SPSS₂₁ (Table 1).

Examining the gathered data on subjects' gender: Based on the obtained data, 22 individuals (44%) of parents of normal children and 28 individuals (56%) of parents of retarded children were female and 28 individuals (56%) of parents of normal children and 22 individuals (44%) of parents of retarded children were male (Table 2).

Table 2: The frequency distribution of these two groups based on gender

Gender	Normal	Retarded
Female		
Frequency	22.00	28.00
Percent	0.44	0.56
Male		
Frequency	28.00	22.00
Percent	0.56	0.44

Table 3: The frequency distribution of these two groups based on level of education

Level of education	Normal	Retarded
Under diploma		
Frequency	5.00	10.00
Percent	0.10	0.20
Diploma		
Frequency	14.00	15.00
Percent	0.28	0.30
Associate degree		
Frequency	3.00	1.00
Percent	0.06	0.02
BA and higher		
Frequency	28.00	24.00
Percent	0.56	0.48

Examining the gathered data on subjects' level of education: Based on the Table 3, among parents of normal children, 5 individuals (10%) and 10 individuals (20%) of parents of retarded children had an under diploma degree. The 14 individuals (28%) of parents of normal children and 15 individuals (30%) of parents of retarded children had a diploma. Moreover, 3 individuals (6%) among parents of normal children and 1 individual (2%) among parents of retarded children had an associate degree and 28 individuals (56%) of parents of normal children and 24 individuals (48%) of parents of retarded children had a BA degree or a higher degree (Table 3).

RESULTS

First hypothesis (considering the level of mental pressure, there is a significant difference between parents of retarded and normal children): The results presented in Table 4 indicate that mean score of normal children's parents on mental pressure is 11.00 with the standard deviation of 5.53 and mean score of retarded children's parents on mental pressure is 13.06 with the standard deviation of 5.30. Moreover, the findings show that the calculated $t = 3.66$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that the levels of mental pressure among parents of normal and retarded children are not alike. Since, mean score of normal children's parents on mental pressure is lower than that of retarded children's parents, it can be stated that parents of mentally retarded children experience higher levels of mental pressure.

Second hypothesis (considering ways of coping, there is a significant difference between parents of retarded and normal children): These results demonstrated in this Table 5 indicate that there are significant differences between parents of normal and retarded children considering confrontive, distancing, self-controlling, accepting responsibility, seeking social support and escape-avoidance ways of coping.

The results presented in Table 5 indicate that mean score of normal children's parents on confrontive coping is 9.06 with the standard deviation of 3.2 and mean score of retarded children's parents on confrontive coping is 8.0 with the standard deviation of 2.30. Moreover, the findings show that the calculated $t = 1.35$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of confrontive coping, parents of normal children obtained higher scores compared to parents of retarded children.

The findings demonstrated in Table 5 show that mean score of retarded children's parents on distancing is 13.26 with the standard deviation of 2.77 and mean score of normal children's parents on distancing is 7.74 with the standard deviation of 2.0. Moreover, the findings indicate that the calculated t is 5.26 with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of distancing, parents of retarded children obtained higher scores compared to parents of normal children.

The results presented in Table 5 indicate that mean score of retarded children's parents on self-controlling is 9.80 with the standard deviation of 2.66 and mean score of normal children's parents on controlling is 11.6 with the

standard deviation of 3.02. Moreover, the findings show that the calculated $t = 2.24$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of self-controlling, parents of normal children obtained higher scores compared to parents of retarded children.

The findings demonstrated in Table 5 show that mean score of retarded children's parents on accepting responsibility is 6.83 with the standard deviation of 2.30 and mean score of normal children's parents on accepting responsibility is 5.70 with the standard deviation of 2.25. Moreover, the findings indicate that the calculated $t = 1.12$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of accepting responsibility, parents of retarded children obtained higher scores compared to parents of normal children.

The results presented in Table 5 indicate that mean score of retarded children's parents on seeking social support is 5.96 with the standard deviation of 3.21 and mean score of normal children's parents on controlling is 7.66 with the standard deviation of 4.02. Moreover, the findings show that the calculated $t = 1.12$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of seeking social support, parents of retarded children obtained higher scores compared to parents of normal children.

The findings demonstrated in Table 5 show that mean score of retarded children's parents on escape-avoidance is 13.20 with the standard deviation of 3.30 and mean score of normal children's parents on escape-avoidance is 8.60 with the standard deviation of 2.70. Moreover, the findings show that the calculated t is 3.08 with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that in terms of accepting responsibility, parents of retarded children obtained higher scores compared to parents of normal children.

Table 4: Difference in the level of mental pressure of parents of retarded and normal children in Zahedan

Groups	N	Mean	SD	df	t-value	Sig.
Parents of retarded children	50	13.06	5.30	98	-3.66	0.000
Parents of normal children	50	11.00	5.53			

Table 5: Difference in ways of coping among parents of retarded and normal children in Zahedan

Ways of coping	Groups	N	Mean	SD	df	t-values	Sig.
Confrontive coping	Parents of retarder children	50	8.00	2.30	98	-1.35	0.006
	Parents of normal children	50	9.06	3.20			
Distancing	Parents of retarder children	50	13.26	2.77	98	5.26	0.001
	Parents of normal children	50	7.84	2.00			
Self-controlling	Parents of retarder children	50	9.80	2.66	98	2.24	0.030
	Parents of normal children	50	11.60	3.02			
Seeking social support	Parents of retarder children	50	5.96	3.21	98	4.06	0.009
	Parents of normal children	50	7.66	4.02			
Accepting responsibility	Parents of retarder children	50	6.83	2.30	98	1.12	0.020
	Parents of normal children	50	5.70	2.25			
Escape-avoidance	Parents of retarder children	50	13.20	3.30	98	3.08	0.001
	Parents of normal children	50	10.10	2.50			
Problem-solving	Parents of retarder children	50	8.54	2.41	98	0.99	0.410
	Parents of normal children	50	8.60	2.07			
Positive reappraisal	Parents of retarder children	50	8.20	3.17	98	0.82	0.560
	Parents of normal children	50	8.41	3.40			

Table 6: Difference in the level of marital adjustment of parents of retarded and normal children in Zahedan

Groups	N	Mean	SD	df	t-value	Sig.
Parents of retarded children	50	78.70	8.15	98	-8.21	0.000
Parents of normal children	50	90.30	9.79			

Third hypothesis (considering marital adjustment, there is a significant difference between parents of retarded and normal children): The results presented in Table 6 indicate that mean score of normal children's parents on marital adjustment is 78.70 with the standard deviation of 8.15 and mean score of retarded children's parents on marital adjustment is 90.30 with the standard deviation of 9.79. Moreover, the findings show that the calculated $t = 8.21$ with the degree of freedom of 98 which is significant at the 99% confidence level ($p < 0.01$). Therefore, it can be concluded that the levels of marital adjustment among parents of normal and retarded children are not alike. Since, mean score of normal children's parents on marital adjustment is higher than that of retarded children's parents, it can be stated that parents of mentally retarded children experience lower levels of marital adjustment.

DISCUSSION

First hypothesis (considering the level of mental pressure, there is a significant difference between parents of retarded and normal children): The obtained results indicated that the levels of mental pressure among parents of normal and retarded children were not alike. Since, mean score of normal children's parents on mental pressure was lower than that of parents of retarded children, it can be concluded that parents of retarded children experienced higher levels of mental pressure. This finding is in line with the results by Mikaeili, Malekpour and Rafei.

Second hypothesis (considering ways of coping, there is a significant difference between parents of retarded and normal children): The obtained results demonstrated that there were significant differences between parents of normal and retarded children with regard to confrontive, distancing, self-controlling, accepting responsibility, seeking social support, escape-avoidance ways of coping. Moreover, when facing an issue, mothers of retarded children, compared to mothers of normal children, applied less efficient problem solving methods and used more inefficient strategies. These findings are consistent with the results of Khazaei. The difference in applying inefficient problem-solving strategies among mothers

can be due to various problems with which mothers of retarded children are faced in different stages of development. Since, mothers directly and continuously deal with behavioral, physical and educational problems of their retarded children, these problems may negatively affect mothers' self-esteem and create problems in accepting the reality and using efficient strategies.

Third hypothesis (considering marital adjustment, there is a significant difference between parents of retarded and normal children): The obtained results revealed that mean score of normal children's parents on marital adjustment was higher than that of parents of retarded children. Therefore, it can be concluded that parents of retarded children experienced lower levels of marital adjustment

CONCLUSION

This finding is in line with the results by Motamedian *et al.* (2008), Banijamali *et al.* (2004), Mollabashi (2003), Alizadeh (2002) and Wolfensberger (2001), indicating that parents of mentally retarded children had lower marital satisfaction compared to others.

Since, incompatibility and marital dissatisfaction occur when the current interpersonal relationships among the spouse do not coincide with their expected and desired status, children with some kinds of mental or physical disabilities provide the grounds for maladjustment. On the other hand, the presence of these children affects parents, siblings and even other people including friends, neighbors and school authorities and this may reduce parents' adjustment and satisfaction with their marital relations.

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