



A COMPARATIVE STUDY OF ATTITUDES AND COPING MECHANISMS OF PARENTS OF PHYSICALLY AND MENTALLY HANDICAPPED CHILDREN.

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ABSTRACT According to the Census (2001), there are 2.19 crore people with disabilities in India who constitute 2.13% of the total population. Parents may experience various emotions on birth of a handicapped child. Various studies have suggested different types of parental attitudes and coping strategies. The parent-child relationship is dependent on the parent's attitudes. There is evidence that family attitude contributes to prognosis in these children. Hence, this study was undertaken with the aim of studying the attitudes and coping of parents of handicapped children. **Material and methods:** The sample consisted of 90 children of both sexes. 60 of these were handicapped -30 physically and 30 mentally. 30 children were non handicapped. IQ was assessed using Coloured progressive matrices and Goddard form board. Mechanism of Coping Scale and a semi structured proforma was administered. Chi-square test and the paired 't' test were used for statistical analysis. **Results:** On analysing the first reaction of parents, Grief & Denial were found to be the most common reaction. Over protection was found to be significant higher in fathers of physically handicapped. No significant difference was found between fathers of mentally handicapped & nonhandicapped children. Mothers did not show significant difference in their attitudes. Parents of physical handicapped children used fatalism and that of mentally handicapped used escape avoidance and expressive action significantly more frequently. **Conclusion:** Greif and Denial were found to be most common first reaction followed by guilt and shame in parents of physically handicapped and indifference in mentally handicapped. A significant difference was found in the coping mechanism used in the parents of the two handicapped groups. No significant difference in attitude was found in mothers. Fathers of physically handicapped children had significantly higher overprotective attitude. Sex of child and family type did not have any significant impact.

KEYWORDS : Attitude, coping, Handicapped, Parents

INTRODUCTION

According to the Census (2001), there are 2.19 crore people with disabilities in India who constitute 2.13% of the total population. This includes persons with visual, hearing, speech, loco motor, and mental disabilities^[9]. Parents have series of thoughts and expectations for their newly born baby. This excitement may become suppressed with the birth of a disabled child. The discrepancy between the normal baby of their imagination and the actual new born child may develop negative attitudes and parental trauma.^[14]

On knowing about birth of a handicapped child the three major parent's reactions are disappointment, anger and guilt^[18]. Although, Parents experience a variety of emotions, according to Sharon Price- Bonham and Susan Adison upon learning that their child is mentally handicapped: alarm, ambivalence, denial, guilt, grief, shame, self-pity, sorrow, depression, and a wish for their child's death is commonly found^[3]. It has been observed that parental reactions to the birth of a blind or orthopaedically imperfect child differ more in degree than in kind, generally, from reactions of globally handicapped child. Solnit and stark have recently directed attention to the mother's reaction to the birth of a mentally handicapped, defective infant, describing this event, as "the 'sudden' loss of baby that was expected"^[1]. Hersh (1961) finds fathers more removed, less emotionally involved, more objective and less expressive of their feelings, and believes mothers suffer the more intense feelings, in general^[12].

In the two-dimensional schema, the four quadrants align themselves with four categories of child rearing attitude as suggested by Schaffer (1959) and Zuckerman (1959). That is, as defined by interaction between two dimensions, these categories are: Punitive attitudes - (High authoritarian control and high parental coldness), Overindulgent attitudes - (High autonomy and high parental warmth), Rejecting attitude - (High autonomy and parental coldness), Over protective attitudes - (High authoritarian and high parental warmth)^[6]. Barber found that the attitudes of mothers of retarded children is not influenced by the sex of the child.^[5] But Various studies suggest that females would be more positive in their attitudes to all types of handicapped subjects than males (Greenbaum and Wang, 1965; Weir, 1981; Fletcher, 1974)^[7,11].

Parental attitudes are of paramount importance, not only because a majority of such children are looked after at their homes, but also because these will determine the efficiency and adequacy of training measures to be adopted by the parents (Akhtar, and Varma, 1972). Most parents can be of help to express, recognize and eventually modify their attitude for the mutual benefit of themselves and of their children. (Kanner, 1966)^[5]. Fundamentally therefore, the parent-child relationship is dependent on the parent's attitudes^[13]. There is evidence

that family attitude contributes to prognosis in these children. Helping families to develop a positive outlook might be the serving point of intervention by mental health professionals. Since research in this field is limited in India, there is a need to develop culturally appropriate intervention strategies to help the families and children to adapt to the situation^[4]. Hence, a study was taken up to understand the attitudes and coping strategies of parents of handicapped children.

Aim:

To study and compare the attitude and coping of parents of physically and mentally handicapped children.

MATERIALS AND METHODS

The sample under study consisted of 90 children of both sexes. 60 of these were handicapped -30 physically and 30 mentally. 30 children were non handicapped.

Sample Selection:

Physically handicapped: 30 physically handicapped children were selected from a school for the physically disabled. They were in the age-group of 8-12 years. Children with subnormal IQ were excluded from the study.

Mentally handicapped: 30 Mentally handicapped of the same age-group of 8-12 years attending a special school of the mentally handicapped were selected. Children with accompanying physical handicap were excluded from the study.

Non handicapped: 30 non handicapped children matched on socio-demographic variables were selected from the relatives accompanying patients to various OPDs in a general hospital.

A semi-structured proforma was prepared and administered.

Instruments Used:

- 1 Intelligence Quotient in the subject was assessed using the Coloured Progressive matrices and the Goddard Form board.
2. Mechanism of Coping Scale,^[15]

A MOCS originally devised by Folkman and Lazarus as a 65 items scale, modified according to Rajesh Parikh et al. to 30 item scale which correlated significantly with the original scale was used. The items were grouped into five factors.

- Escape Avoidance
- Fatalism
- Expressive Action
- Problem Solving
- Passivity

Two items did not fit into any factor and hence were deleted from the analysis as mentioned by Rajesh Parikh et al. The coping mechanism used by each parent was assessed and also the mean factors score across the two groups on each coping mechanism was compared. All the subjects were administered the relevant portions of the proforma.

The data was then analysed and subjected to statistical evaluation using the chi-square test and the paired 't' test.

The result obtained are discussed.

RESULTS:

Table 1. Parents first reaction

	Grief	Denial	Withdrawal	Guilt shame	Rejection	Others	Total
PH	13	9	0	6	0	2	30
MH	10	9	0	1	0	8	30

On analysing the first reaction of parents on learning of the handicap in their child, Grief & Denial were found to be the most common one in both the groups. Also, Guilt & Shame was high in the physically handicapped group & indifference (others) in the mentally handicapped groups.

Table 2. Attitude of father:

	Acceptance & Affection	Over Rejection	Perfectionism	Over Protection	Indifference	Total	P-Value
PH	16 (55.2%)	2 (6.9%)	4 (13.79%)	8 (27.6%)	0	30 (100%)	MR Vs PH<0.05
MH	19 (70.4%)	3 (11.1%)	4 (14.8%)	0	2 (7.4%)	28+ (100%)	MR Vs NH>0.05
NH	23 (76.66%)	0	6 (20%)	0	1 (3.33%)	30 (100%)	PH Vs NH<0.05

+2 Father Expired

Looking at 5 different attitudes, over protective attitude was found more in physically handicapped children, while it was not at all found in the other two groups. Indifference was not found in father of physically handicapped children while it was found in the other two groups. Other two attitudes did not vary much in all the three groups. Similarly, over protection was found to be significant higher in fathers of physically handicapped children when compared with those of mentally handicapped and nonhandicapped group. No significant difference was found between fathers of mentally handicapped & nonhandicapped groups.

Table 3. Attitude of Mother

	Acceptance & Affection	Over Rejection	Perfectionism	Over Protection	Indifference	Total	P-Value
PH	9 (30%)	2 (6.7%)	5 (16.7%)	13 (43.3%)	1 (100%)	30 (100%)	PH Vs MH>0.05
MH	12 (40%)	0	9 (30%)	8 (26.7%)	1 (3.3%)	30 (100%)	MH Vs MN>0.05
NH	18 (60%)	0	8 (26.6%)	4 (13.3%)	0	30 (100%)	PH Vs NH>0.05

As shown in the table, over rejection was found in 2 mothers of physically handicapped children and was not at all found in other 2 groups. Indifference was found in handicapped groups but not in non handicapped group. On comparison none of the groups differed significantly.

Table 4. Type of Coping:

	Escape Avoidance	Fatalism	Expressive Action	Problems Solving	Passivity	Total
PH	4 (13.3%)	23 (76.7%)	0	1 (3.3%)	2 (6.7%)	30 (100%)
MH	11 (36.7%)	10 (33.3%)	6 (20)	0	3 (10%)	30 (100%)

P<0.05

As seen in the table, expressive action was high in parents of mentally handicapped children while it was not found in parents of physically handicapped children. Similarly, problem solving was found in one of

the parents of physically handicapped children while it was not found in parents of mentally handicapped groups. Fatalism and escape avoidance was found in both the groups but fatalism was very high in parents of physically handicapped children and escape avoidance was high in parents of mentally handicapped children. On comparison a significant difference was found in the type of coping mechanism used in two handicapped groups. Significant higher number of parents of physical handicapped children used fatalism. On the other hand, parents of mentally handicapped used escape avoidance and expressive action significantly more frequently.

Table 5. Individual type of coping:

Types of coping	P.H. (Mean Score)	M.H (Men Score)	P Value
Escape avoidance	0.8023	0.7267	>0.05
Fatalism	1.6957	0.9933	<0.05
Expressive action	0.6707	0.5667	>0.05
Problems solving	0.9067	0.6627	<0.05
Passivity	1.0187	0.6733	< 0.05

On comparing the extent of individual coping mechanism used; fatalism, problems solving & passivity were found significantly high in parents of physical handicapped children, while no significant difference was found in escape avoidance and expressive action.

Table 6. Type of coping Vs. Sex

	Physically Handicapped			Mentally Handicapped		
	Male	Female	Total	Male	Female	Total
Escape avoidance	3	1	4	7	4	11
Fatalism	15	8	23	8	2	10
Expressive action	0	0	0	1	5	6
Problem solving	1	0	1	0	0	0
Passivity	1	1	2	1	2	3
Total	20	10	30	17	13	30
	P > 0.05			P > 0.05		

The sex of the handicapped child (physically handicapped and mentally handicapped) did not significant affect the frequency of the type of coping mechanism used by the parents.

Table 7. Type of coping Vs type of family

	Physically Handicapped			Mentally Handicapped		
	Joint	Nuclear	Total	Joint	Nuclear	Total
Escape avoidance	1	3	4	2	9	11
Fatalism	5	18	23	1	9	10
Expressive action	0	0	0	0	6	6
Problem solving	1	0	1	0	0	0
Passivity	0	2	2	1	2	3
Total	7	23	30	4	26	30
	P > 0.05			P > 0.05		

The type of family did not significant affect the frequency of the type coping mechanism used.

DISCUSSION

Among parents of the mentally handicapped both mother and father are deeply affected by the psychologically stressful experience of rearing handicapped child. Mothers upon learning their child is mentally handicapped, exhibit more emotional reactions then do fathers. In the present study, maximum number of parents are with grief (43% in physically handicapped & 33% in mentally handicapped) and denial (30% in Physically Handicapped & 36% in mentally Handicapped). 20% of parents of physically handicap reacted with guilt and shame and 27% of parents of mentally handicapped reacted with indifference (others). Surprisingly, none of the parents in either of the groups showed withdrawal from the child or rejection toward the child as a reaction (Table 1).

Chaturvedi and Malhotra in a study of parental attitudes towards mentally handicapped found rejecting attitude to be the commonest. 70% of parents had strong feeling of shame, 75% of blamed past sins, 50% had guilt feeling and blamed themselves for being the cause of mental handicap in their children. 73% parents were nagging whereas perfectionistic attitude was also commonly seen^[5]. We found an over protective attitude in 43.3% of mothers of physically handicapped, 26.7% in the mentally handicapped whereas only 13.3% in the nonhandicapped. Surprisingly, over rejection was seen only in physically handicapped group (6.7%) (Table 3)

Fletcher (1974) found that women have been more accepting to the handicapped children than are men.^[7] we found that fathers showed more acceptance and affection in both handicapped groups than the mothers. (Physically Handicapped= 55.2% Vs. 30%, Mentally Handicapped= 70.4% Vs. 40%). Also, overprotection as an attitude was observed to be more prevalent in mother of all the handicapped groups and in fact absent in fathers of mentally handicapped.

Furnham and Pendred conducted a study on difference in the attitude towards the mentally and physically disabled in 1983. The study revealed the more favourable attitude towards the physically handicapped than the mentally handicapped. Also, it has been predicted that females would generally be more positive in their attitude to all types of handicap people than males.^[11] The present study revealed no significant difference in the attitude of the mother towards the child between any of the groups. (Table 3) Father of physically handicapped children had significantly higher overprotective attitude than the other 2 groups. There was no significant difference observed on the other attitude in the 3 groups. (Table 2).

The concept of coping resources presented by Folkman et al^[10] provides a useful basis for understanding the coping process and subsequent familial outcome. The perceived familial stress is moderated by coping resources. Slopper and Turner (1993) studied risk and resistance factor in the adaptation of parents of children with severe physical disability. Good adaptation to the ethic was associated with low use of wishful thinking as a coping strategy.^[16] Wishful thinking has been shown to be strongly associated with negative outcome. In the present study, significantly higher number of parents of physically handicapped children use fatalism as the coping mechanism. Subscale fatalism includes question pertaining to wishful thinking. We could extrapolate that these parents did not adjust well to the handicap in the child. On the other hand, parents of mentally handicapped children used escape avoidance and expressive action significantly more frequently. (Table 4)

On comparing, the extent to which fatalism was used as a coping mechanism in the two handicapped groups too, we found fatalism to be significantly higher in the parents of the physically handicapped children (Table 5). Similarly, passivity as a coping mechanism was used in the same group to a significantly higher extent. Though problems solving was also observed to be used to a significantly higher extent, the level of significance was lower than that of fatalism and passivity.

Bristol (1979) and Farber (1959) found boys to be more stressful than girls.^[2] In our study, we did not find boys to be more stressful than the girls. The coping mechanism used by the parents did not change significantly in relation to the sex of the child. (Table 6)

In a retrospective study (German & Maispov, 1982), it was found that families who Maintained their mentally handicapped child at home perceived that they received greater support and help from grandparents and extended family members and had a greater availability of sitters than families who had placed their children in residential care during the previous year.^[8] Vaishnav et al (1972) highlighted the difficulties faced especially by an Indian household, where presence of a joint family system may have members reacting differently, depending on their psychological makeup, that may worsen the situation^[17]. Our present study did not reveal a significant influence of the type of family on the type of coping mechanism used (Table 7). In fact, expressive action as a coping mechanism was used in only 6 parents of mentally handicapped, all belonging to nuclear families.

CONCLUSION

- Parents first reaction to the knowledge of the handicapped condition in their child was studied. Greif and Denial were found to be most common. Also, guilt and shame were high in physically handicapped and indifference in mentally handicapped.
- A significant difference was found in the coping mechanism used in the parents of the two handicapped groups. Significantly higher no of parents of physically handicapped children used fatalism. On the other hand, parents of mentally handicapped children used Escape Avoidance and Expressive Action. The sex of the child of the type of family did not affect the coping mechanism used.
- No significant difference in attitude was found in mothers, whereas, fathers of physically handicapped children had significantly higher overprotective attitude.

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