

Family Functioning and Disability: A Study on mothers of Mentally Disabled Children

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Abstract

Aim: The present study aims to explore the perception that mothers of mentally disabled children have of their family functioning, measuring: the dynamics of the familiar functioning; the perception that the parental couple has about parenting and family functioning; the similarities between fathers and mothers in the perception of these dimensions. **Materials and Methods:** The sample included 50 mothers of mentally disabled children. The sample was taken from selected special school. They completed: Family Assessment tool was used to assess specific aspects of family functioning, such as problem solving, communication, roles, affective response and involvement, behavioral control and general functioning; Family Adaptability and Cohesion Evaluation Scales to measure family adaptability and cohesion. **Results:** Shows that highest percentage (40%) of the sample was in the age group of 20-25 years. Shows that maximum percentage (68%) of mothers had average family function, 20% had poor family function, and 5% very poor family function. The parents of disabled daughters showed significantly higher on following scales: cohesion, communication and satisfaction. In contrast, the parents who have male sons showed high scores in the scale of flexibility. Parents of children with autism reported higher scores than the parents of children with pervasive developmental disorders in the following scales: cohesion, communication and satisfaction. **Conclusions:** Children depend on their parents and caregivers for stability, safety, support, and assistance in helping them make sense of adverse events and life challenges. By strengthening community support and attending to parent and caregiver needs and well-being, family-serving professionals will be doing their utmost to ensure that the special children and their families thrive.

Keywords: Mentally disabled; Special school; Cohesion evaluation scale; Family assessment school.

Introduction

The family is both the fundamental unit of society as well as the root of culture. It is a perpetual source of encouragement, advocacy, assurance and emotional refuelling that empowers a person and his/her well-being. Caregiver stress is a daily fact of life for many caregivers[1]. Care-giving often takes a great deal of time, effort, and work. Many caregivers struggle to balance care-giving with other responsibilities including full-time jobs and caring for children. Constant stress can lead to "burnout" and health problems for the caregiver. Some of the signs of stress that caregivers may experience are anger, guilt, anxiety/irritability, exhaustion, inability to concentrate, depression, thoughts of harm to self or others, weight loss etc[6]

Parents of mentally disabled may experience many problems related to child care and can even exhibit higher levels of stress[1]. Parenting stress may result from the child's social and behavioural problems, isolation and experience of bullying, as well as deficits in planning and organizing his/her own activities and being less independent than peers. A number of these children suffer from emotional problems, depression and anxiety, which may also contribute to their parents' stress[2]

The non-obvious character of the disorder leads to a

lack of understanding for both the children's and parent's problems, and to questioning of parental competences, and the challenges stemming from child rearing can significantly affect family life and expose it to crises.[1]

Family commitment, challenge, cohesion, expression and marital support are recognized as the predictors of family quality of life. Family commitment, challenge, cohesion, expression and marital support are recognized as the predictors of family quality of life. Research findings have corroborate the relationship between the functioning level of a child with mentally disabled (including autism symptom severity, IQ, communication skills) and family system characteristics and parental satisfaction with family functioning.[6] The aim of the study was to Assess the level of family system strengths among the care givers of mentally disabled children and Associate the level of family system strengths with selected demographic variables.

Materials

A descriptive research design was adopted and the study was conducted in a special school at Chennai. The sample size for this study was 50 and the samples were recruited by convenience sampling method.

Inclusion criteria

- ◆ Mothers with mentally disabled children
- ◆ between the age group of 20 to 45 years.
- ◆ Who come regularly to school
- ◆ who are willing to participate in the study.



eISSN: 2522-7165
pISSN: 2520-7342

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Exclusion criteria

- ♦ Mothers who were
- ♦ Who cannot understand and follow Tamil or English.
- ♦ Who have severe mentally disabled children.

Ethical clearance was obtained from institutional ethics committee.

Family Adaptability and Cohesion Evaluation Scales IV (FACES IV) is a 20-item self-report instrument that yields two orthogonal dimensions, cohesion and adaptability. The cohesion dimension ranges from extremely low levels of cohesion to extremely high levels. Adaptability ranges from extremely low to extremely high. Scores near the center represent optimum levels of these dimensions.[8]

Family Assessment Device (FAD) Each item consists of a statement and likert scale with four possible response options (strongly agree, agree, disagree, on strongly disagree). The scale is applicable to both one- and two-parent families.[3]. It contains scales measuring: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control. The General Functioning scale contains two items from each of these six domains and is highly correlated with the total score of the Family Assessment Device.[3].

Results

A descriptive statistic is carried out in order to examine variables involved in the perception of their family functioning. Table 1 shows the mean scores and standard deviations obtained from the parents to the administration of the Family Adaptability and Cohesion Evaluation Scales.[8]

Table 1. Mean and standard deviation of (FACES IV)

Measures	Mother	
	Mean	S.D
Cohesion	3.79	0.64
Flexibility	3.94	0.67
Disengagement	3.15	0.69
Enmeshment	2.98	0.68
Rigid	3.29	0.65

Table 2. Mean and standard deviation of FAD scales.

Measures	Mother	
	Mean	S.D
Problem solving	1.92	0.42
Communication	2.06	0.37
Roles	2.12	0.45
Affective responsiveness	2.19	0.44
Affective involvement	2.61	0.66
Behavior control	2.33	0.49
General functioning	2.15	0.37

Pearson's correlation was done to measure the relation between the dimensions of Faces and Fad: in reference to the mothers, the correlation analysis shows the ability of problem solving correlates negatively with the balanced cohesion and flexibility, the enmeshment, the rigid adaptability, the communication and the satisfaction scales; the roles correlate negatively with the disengagement, the enmeshment, the chaotic adaptability, the communication and the satisfaction scales; the affective responsiveness correlates negatively with the rigid adaptability and the satisfaction scale; the affective involvement correlates negatively with the chaotic adaptability; the adaptive behavior control correlates positively with the cohesion, and negatively with the enmeshment, the rigid and chaotic adaptability.

Discussion

The analyzes showed that the mothers with high level of satisfaction and communication manifested high perception of general family functioning, ability of problem solving, effective responsiveness, and behavior control. Against, the mothers characterized by enmeshment manifested low level of problem solving, clarity in the definition of roles and general functioning; likewise the mothers with perception of rigid family adaptability seemed to manifest low level of problem solving, affective responsiveness and behavior control[5]. The mothers with a perception of chaotic family adaptability were characterized by poor definition of roles, reduced involvement and control. At the last, disagreement in the literature, in the mothers with good level of cohesion were present low level of problem solving and general functioning.

Mothers of children with disability report greater distress. Mothers with older child got higher scores in the dimensions of enmeshment; older mothers of male children are more entangled; younger mothers of daughters show greater flexibility; and older mothers of daughters have greater cohesion. sex of child and the family flexibility seem to be predictive variables of the family ability of problem solving; predictive variable of family communication is family disengagement; predictive variable of affective responsiveness is the age of mother.[7]

Conclusions

Literature points out how a harmonious family environment, characterized by good functioning, can lead parents to be more sensitive to the children's pain, to develop less depression and greater functional involvement. While these protective effects have been identified, most of the research till today has focused on the negative outcomes associated with the poor functioning of the family[4] By strengthening community support and attending to parent and caregiver needs and well-being, family-serving professionals will be doing their utmost to ensure that the special children and their families thrive

References

1. Blandini, M., Fecarotta, P., Buscemi B., Ramaci, T., & Buscemi, A. (2015). Anti stress protocol based on the Psychological Functional Model. International Journal of Education and Research, 3 (3), 459-468 [ISSN: 2201-6333 (Print), ISSN: 2201-6740 (Online)].

2. Bluth K., Roberson, P.N.E., Billen, R.M., & Sams, J.M. (2013). A Stress Model for Couples Parenting Children with Autism Spectrum Disorders and the Introduction of a Mindfulness Intervention. *Journal of Family Theory & Review* 5 (3), 194-213
3. Epstein, N.B., Baldwin, L.M., & Bishop, D.S. (1983). The Mc Master Family Assessment Devise. *Journal of Marital and Family Therapy*, 9, 171-180
4. Floyd, F.J., Harter, K.S., & Costigan, C.L. (2004). Family problem-solving with children who have mental retardation. *American Journal on Mental Retardation*, 109 (6), 507-524.
5. Gray, D. E. (1994). Coping with autism: stresses and strategies. *Sociology of Health & Illness*, 16, 275-300
6. Keller, D., & Honig, A.S. (2004). Maternal and paternal stress in families with school-aged children with disabilities. *American Journal of Orthopsychiatry*, 74 (3), 337-348.
7. Hutton, A. M., & Caron, S. L. (2005). Experiences of families of children with autism in rural New England. *Focus on Autism and Other Developmental Disabilities*, 20, 180-189.
8. Olson, D.H., Russell, C.S., & Sprenkle, D.H. (1983). Circumplex Model of Marital and Family Systems: VI. Theoretical. *Update Family Process*, 22 (1), 69-83.
9. Olsson, M.B., & Hwang, C.P. (2001). Depression in mothers and fathers of children with intellectual disability. *J Intellect Disabil Res*, 45, 535-543. [doi: 10.1046/j.1365-2788.2001.00372.x].