



## Evaluating Anxiety and Stress Coping Skills and Related Variables of Mothers with Mentally Retarded Children

### Zihinsel Engelli Çocuğu Olan Annelerin Anksiyete ve Stresle Başa Çıkma Becerileri ve İlişkili Değişkenlerin Belirlenmesi

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#### Abstract

**Aim:** Our aim is to compare the socio-demographic characteristics of mothers with mentally disabled children with those without, and to evaluate anxiety levels and ability of these mothers to cope with stress.

**Materials and Method:** Our study is designed as a cross-sectional descriptive study. We included the mothers of 110 children with mental disabilities as the study group, and mothers of 117 children in a primary school without any mental disabilities as the control group. Socio-demographic data of all the mothers participating in the study were recorded and Beck Anxiety Inventory and The Ways of Coping Scale were applied.

**Results:** The mean age of the study group was 31.2±3.45 years in the study group and 28.62±2.25 years in the control group; there was no statistical difference between the groups (p=0.215). Monthly household income was statistically significantly lower in the study group (p=0.005). The average Beck Anxiety Inventory score of the mothers with mentally disabled children was 29.88±12.68, and that of the control group was 28.76±16.86; there was no statistically significant difference between the groups (p=0.578). The average Ways of Coping Scale score of the mothers of mentally disabled children was 70.83±13.49 and average score of the control group was 73.64±16.20; there was no statistically significant difference (p=0.158). However, the average scores of mothers with mentally handicapped children of the three subscales of Ways of Coping Scale, including Submissive Approach, Seeking for Social Support and Optimistic Approach, were significantly higher than the control group (p: 0.001, 0.001, 0.005, respectively).

**Conclusion:** We suggest that mothers of mentally disabled children should be followed up closely and supplied with psychosocial support, and rehabilitation services; even, measures to improve their economic situation should be taken.

**Keywords:** Disabled Children; Anxiety; Psychological Status.

#### Özet

**Amaç:** Çalışmamızda zihinsel engelli çocuğu olan ve olmayan annelerin sosyodemografik özelliklerini ve zihinsel engelli çocuğu olan annelerin, kontrol grubundaki annelere göre anksiyete düzeylerini belirleyebilmek ve stresle başa çıkma becerilerini değerlendirebilmek amaçlanmıştır.

**Gereç ve Yöntem:** Çalışmamız kesitsel tanımlayıcı bir çalışma olarak planlanmıştır. Şubat 2015 tarihinde Malatya Rehberlik ve Araştırma merkezine müracaat eden sadece zihinsel engelli olan ilköğretim çağındaki 110 çocuğun anneleri ile kontrol grubu olarak bir ilköğretim okulunda herhangi bir zihinsel engelli olmayan 117 çocuğun anneleri alınmıştır. Çalışmaya katılan tüm annelere Sosyodemografik Veri Formu, Beck Anksiyete Ölçeği, Stresle Başa Çıkma Tazları Ölçeği uygulanmıştır.

**Bulgular:** Çalışmaya katılan annelerin yaş ortalaması zihinsel engelli çocuğu olanlarda 31.2±3.45 yıl, kontrol grubunda 28.62±2.25 yıl olup istatistiksel olarak benzer idi (p=0.215). Hane halkının aylık geliri zihinsel engelli çocuğu olan annelerde kontrol grubuna göre istatistiksel olarak anlamlı derecede daha düşük idi (p=0.005). Beck Anksiyete Ölçeği puanı zihinsel engelli çocuğu olan annelerde 29.88±12.68, kontrol grubunda 28.76±16.86 olup her iki grup arasında istatistiksel olarak anlamlı bir fark yoktu (p=0.578). Stresle Başa Çıkma Tazları Ölçeği puanı zihinsel engelli çocuğu olan annelerde 70.83±13.49, kontrol grubunda 73.64±16.20 idi (p=0.158). Ancak Stresle Başa Çıkma Tazları Ölçeğinin alt ölçeklerinden olan Çaresiz Yaklaşım, Boyun Eğici Yaklaşım, Sosyal Destek Arama gruplarında zihinsel engelli çocuğu olan annelerde kontrol grubuna göre anlamlı düzeyde daha yüksekti (p sırasıyla 0.001, 0.001, 0.005).

**Sonuç:** Zihinsel engelli çocuğu olan annelerin psikososyal açıdan daha çok desteklenmesi ve yakından takip edilmesi hatta ekonomik durumlarının iyileştirilmeye çalışılması ve kendilerine de rehabilitasyon hizmetleri verilmesi sağlanmalıdır.

**Anahtar Kelimeler:** Engelli Çocuklar; Anksiyete; Ruhsal Durum.

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## INTRODUCTION

Contributing to the creation of family structure and the need to love among family members, child is an important and indispensable element of family life (1). Even the slightest inclination that they might have a handicapped baby brings about a complex psychology among individuals in family. Learning that a child has a disability is quite a traumatic situation for family members regardless of the degree and kind (mental or physical) of disability (2).

Disability is defined as the inadequacy to play the roles set by age, sex, and socio-cultural differences due to inabilities (3). In 2009, calculations estimated that 10% of the world's population was disabled, and out of the 650 million people with disabilities, an estimated 200 million would be children (4). In Turkey, this number is reported to be 12,3% in the total population (5).

Many studies on families with mentally or physically handicapped children show that family members are much more stressed with much higher anxiety levels compared to families with non-handicapped children (6). It is also known that somatic complaints, depression, and psychological problems such as anxiety disorders are more common in mothers with disabled children than mothers with non-handicapped children (7). However, factors that affect the stress these family members experience and defense mechanisms they use against stress are not clear.

In our study, we aim to evaluate sociodemographic characteristics of families with mentally disabled children and of families without disabled children, the pregnancy of mothers with mentally disabled children, determine the anxiety levels of these mothers, and evaluate their ability to cope with stress.

## MATERIALS and METHODS

Our study is designed as a cross-sectional descriptive study. Our study includes the mothers of 110 elementary school children with mental disabilities who consulted to Malatya Yesilyurt Guidance and Research Centre (GRC) of the Ministry of Education in February 2015 and, as the control group, the mothers of 117 children without any mental issues from a nearby elementary school.

We started our research after obtaining the approval of the Inonu University, Faculty of Medicine, Clinical Research Ethics Committee.

The questionnaire was based on sociodemographic data form, Beck Anxiety Inventory (BAI), and The Ways of Coping Scale (WOCS). The sociodemographic data form we prepared contained questions concerning the age and profession of the mothers, whether they were conceived willingly, their pregnancy period, the age and sex of the disabled their children, and monthly income of the family members. BAI is a scale developed by Beck et al. in 1988. It is used to determine prevalence of anxiety symptoms and level of anxiety in times of stress;

the validity and reliability of the scale for Turkey was carried out by Ulusoy et al. in 1998 by (8, 9). Divided into two as emotion-based and problem-based and developed by Folkman and Lazarus in 1988, WOCS is a scale measuring coping with stress and cognitive and behavioural efforts individuals develop to cope with stimuli from the environment in times of stress (10). The validity and reliability of this scale for Turkey was conducted by Sahin and Durak in 1995 (11). Sahin and Durak have prepared the 30-question scale in five subgroups: Desperate Approach (DA), Submissive Approach (SBA), Search for Social Support (SSS), Safe Approach (SFA), and Optimistic Approach (OA) (12). Before the survey, mothers were informed that filling in the questionnaire was totally voluntary and that they did not need to specify their names. Then, we had face to face interviews and enabled them to ask questions at any time they wished.

The obtained data were evaluated with SPSS ver. 17 and the level of significance was accepted as  $p < 0,005$ . For the statistical analysis, basic parameters were summarised as mean, standard deviation, and percentages. To compare the numerical data, we used Student t test; for the comparison of nominal parameters, we used the chi-square test.

## RESULTS

The average age of mothers with mentally disabled children was  $31,2 \pm 3,45$  years; this was  $28,62 \pm 2,25$  in the control group and there was no statistically significant difference ( $p=0,215$ ). Comparing the occupations of the participants, we found out that many of the mothers with healthy children worked for the state institutions, which was statistically significantly ( $p=0,012$ ), despite the majority of the mothers in both groups were housewives. The monthly household income was significantly lower in the patient group ( $p=0,003$ ). Some of the socio-demographic data of the participants are given in Table 1.

**Table 1.** Socio-demographic data of the participants.

	Patient	Control	p
<b>Sex of the disabled child</b>			
Female	57	60	0.116
Male	53	57	
<b>Mother's occupation</b>			
Housewife	87	86	0.012
Position at a state institution	8	18	
Worker	3	4	
Private sector	5	9	0.003
Other	7	0	
<b>Monthly household income</b>			
Below 1000 Turkish lira	66	46	0.003
1001-2000 Turkish lira	26	47	
2001-3000 Turkish lira	13	11	
3001-4000 Turkish lira	4	3	
Above 4001 Turkish lira	1	10	

Comparing the average BAI and WOCS values of the mothers who participated in the study, the mean BAI value of mothers with mentally disabled children was  $29,88 \pm 12,68$ ; this was  $28,76 \pm 16,86$  in the control group; there was no statistically significant difference between the groups ( $p=0,578$ ). The comparison of the WOCS mean values of the groups showed that the WOCS score of the families with mentally handicapped children was  $70,83 \pm 13,49$ ; this score was  $73,64 \pm 16,20$  in the control group, with no statistically significant difference ( $p=0,158$ ).

Evaluating WOCS sub-scale scores in both groups, we found out that mothers with handicapped children had statistically higher scores in DA, SBA, and SSS ( $p:0,001$ ;  $0,001$ ; and  $0,005$ , respectively); there was no statistically significant difference in terms of SFA and OA (Table 2).

**Table 2.** The distribution of mean scores according to WOCS.

	Mean±SD		p
	Patient	Control	
<b>Desperate Approach (DA)</b>	16.56± 4.19	17.77± 3.52	0.001
<b>Submissive Approach (SBA)</b>	16.90± 4.40	15.04± 3.75	0.001
<b>Search for Social Support (SSS)</b>	9.71± 2.52	8.83± 2.17	0.005
<b>Safe Approach (SFA)</b>	14.41± 4.08	14.76± 4.43	0.532
<b>Optimistic Approach (OA)</b>	11.22± 2.62	11.15± 2.99	0.837

## DISCUSSIONS

In our study evaluating the WOCS and BAI scores of mothers with mentally handicapped children and those of the mothers in the control group, we observed that WOCSS and BAI scores of mothers were similar but mothers with handicapped children had considerably higher scores from the WOCS subgroups of SBA, SSS, and OA than the mothers in the control group.

Having mentally retarded children is quite traumatic for family members. Especially because it is a lifelong experience and family members know that disabled children cannot sustain life in their absence, productivity of family members declines as the frequency of anxiety increases. Many studies show that mothers with children who have mental disabilities have high levels of anxiety compared to mothers of healthy children (13, 14). Studies in the literature point that, regardless of the disability type and degree of their children, mothers with mentally retarded children have intense expectations about their children and, accordingly, have higher anxiety levels than mothers with healthy children (15-17). In our study, in line with these studies, we have observed higher levels of anxiety in mothers with mentally handicapped children compared to the mothers in the

control group and these levels were statistically significant. These results indicate that mothers in the patient group have moved on from denial and projection periods, which are among the initial responses upon receiving the news that their children will be disabled, into the acceptance period.

Studies show that as the amount of social support to mothers of children with mental disabilities increases, their access to this support gets easier, which helps them to use their skills to cope with stress more easily (18). In our study, although mothers with mentally handicapped children had higher SSS scores than the control group, this difference was not statistically significant. This can be because of the fact that mothers in the patient group were selected from those who had applied to GRC probably seeking support. This case should be investigated with further community-based studies comparing mothers with motives to seek for support and those without such motives.

Damrosch et al. have stated that diagnosis of mental disability for children is the most feared diagnosis for parents and that it is a very serious source of stress. They have also related that, in case of such a situation, there are many families who think that giving in is the only option to cope with this unresolvable problem (19). Similarly, our study has shown that mothers with mentally handicapped children often use SBA, SSS, and OA methods. This can be a sign of the possibility that, having survived the anxiety period, mothers with mentally retarded children have now moved into submissive and fatalistic period during which they are more inclined to look for social support. Yildirim et al. have showed that the average DA and SBA scores, two sub-scales of WOCS, of mothers with mentally disabled children decrease in line with the level of education while average SFA scores increase significantly. According to this picture, as parents' self-confidence increases, negative emotions tend to diminish. Women with chronic diseases and mothers with disabled children should not be left on their own; they should receive rehabilitation services to teach them how to deal with these problems (18, 20). To provide this awareness, psycho-educative sessions must be organised and their skills should be increased through individual and group therapies.

It is clear that strength of families with disabled children and factors affecting these endurance skills are more frequently investigated in recent years. Raising a disabled child requires additional responsibility and skills and parents who achieve these skills become stronger; yet, parents need time to establish such skills (21). Heiman believes that this strength associated with talking to family, friends, and professionals about this situation, having a positive bond within family, continuous therapy and psychological support family members receive. Heiman relates that 93.5% of the parents with mentally handicapped children who were enrolled in his study receive help from special education centres and psychological support consultants. Again, his study shows that these participants were stronger, more sturdy and realistic, and, acting in this way, they

believed that their children would also have a more optimistic view in the future (22). In our study, we observed that mothers of mentally disabled children make use of SBA, SSS, and OA methods the most. This can be interpreted as their search for social support in a fatalistic mood at the end of which they become more resistant and stronger.

Studies in the literature show that mothers of mentally handicapped children share a lower level of income compared to those without mentally disabled children (14, 23). Our study confirms that mothers with mentally disabled children have a lower income than those without such disabled children.

It is observed in the literature that, along with social support awareness levels, stress and anxiety levels of mothers with mentally disabled children increase as the income level of families decreases (14). Our study has shown that income level of mothers with mentally handicapped children is statistically significantly low. However, we could not detect any significant results in the correlation analysis concerning the relationship between monthly income and anxiety levels. We believe that there is need for further studies with wider participation to investigate the relation between income and stress and anxiety levels.

Studies on the professions of mothers who have children with mental retardation show that majority of these mothers are housewives. These studies also reveal that these mothers, due to cultural expectancies, believe that they should spend more time with their children and, thus, even quit their jobs if they have any (24, 25). In our study, 91.2% of mothers were housewives similar to the literature.

The small number of samples, selecting mothers who had already consulted to GRC, and attempting to evaluate the mental state of these mothers through scales can be counted among the limitations of our study.

To sum up, mothers with mentally disabled children who enrolled in our study had higher scores in SBA, SSS, and DA, three sub-groups of WOCS. This can be interpreted as a sign of the condition that, having survived the denial and projecting periods upon hearing the news that they will have disabled children, mothers have moved into acceptance period during which they show submissive stance. This requires that these families need more psycho-social support and their mental conditions should be followed more closely. At the same, their economic conditions should be improved and mothers, like their children, should be provided with rehabilitation services.

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