

# **STRESS, THE STRATEGY OF CONFRONTING WITH IT AND NEEDS OF SUPPORT FOR PARENTS HAVING CHILDREN WITH MENTAL RETARDATION**

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## **The perception of stress by families having children with mental disorders**

Considering the personal experience during my daily work with several problems due to the mental health I have seen as reasonable to investigate about this problematic and the potential possibilities to offer my help. By review of various previous researches/studies it is noted the parents' support groups, the training and education sessions are necessary and useful to the parents of children having development problems, but this is not possible if are unknown the necessities and perceptions of Parents having children with development problems. Since the category of people that I work every day have mental problems of various degrees, to make my study easier in evidencing my work I choose the children with mental retardation. This is because my work with them was more manage able and the parents of these children were more disposed to interact. They are disposed to interact understanding this way that the work with them does not consist on a direct benefit but they have seen this joint work as an investment to the establishment of a better raport with the child and the community therefore to the their benefit of them and their children too. As noted above, the research aims primary to explore the subjective perceptions of parents having a child with development disorders, the problems and stress they have to be confronted with, and their perceptions about their child health problems. This study seeks to give to these parents the opportunity to be heard, to understand their deficiencies and needs.

### **The target of study**

1. To explore and to be better introduced with parents having children with development disorders, and factors that serves as stress triggers to them.

### ***Definition of key terms***

- *Development disorders*: This is e general term that includes a wide range of disorders that occur during the prenatal and infancy development. In general it refers to those individuals who do not represent the typical development model. (Diagnostic and Statistical Manual of Mental Disorder, 2000).

- *Stress*: The stress is defined as perceived inconsistency among requests placed in front of an individual by a determined situation, and sources that it dispose to respond to thus requests. (Sarafino 2002)

The perceptions of parents are studied to observe the indication exercised as stress strengthening or abolishing of families having children with mental disorders.(mental retardation of varying degrees).

The stress seeks bio-psychosocial resources to succeed in challenging situation and to the intervention in crisis appearing very often into the environments where they live and is treated such a contingent.

- The psychologists believe that the level of stress experienced a person, increases proportionally to the frequency, intensity and duration of the stressor action.

- According to Lazarus and Folkman (1984), the stress confrontation is referred to the cognitive and behavioral instruments that re used or disposed by the individual to manage the stressing circumstances, which he will encounter during his life.

- According to Lazarus, the stress confrontation consists in a series of transactions between the individual and environment aiming to regulate the inner individual condition, or his relationship with the environment. The emotional evocations and stress coping are owed to the recognitions related to the way the individual estimates or perceives his relations with the environment.

- By numerous preparatory sessions with these children's parents it resulted a negative correlation between stress level experienced by parents and their perceptions on reward or satisfaction received from others showing care for their child. I say frequent sessions due to the fact of hospitalizations and constant consultations made with this sample but also due to another fact of familiarization to the caring personnel.

- Concerns of parents of their children future, who would take care of them later, possibilities of institutionalization etc., are other stress triggers to the parents.

## **- II. Methodology**

- The object of this study was the exploration of parent subjective experiences who have a child of adolescence age, having development disorders, (mental retardation) parent's stress triggers. This study has a descriptive and exploring approach of parents' experiences. To suit the study requirements, it was used the qualitative research, applying the approach of the Results based theory (Grounded Theory) on data analyze.

- Another reason of this approach selection, lies on the assessment qualifying it as the most appropriate of studies having a descriptive nature, (the nature of this study), which studies aim to identify and describe this phenomenon, how it appears, what are the consequences, and how various interactions are combined.

The method used for data collection was the interview.

The objective f interview was the collection of data on preliminarily chose thematic but also leave a sufficient space to the parents to express their experiences and concerns. This would ease the clearer understanding of their weak and strong points to face the situation. This is why it was used the semi-structured interview. The semi-structured interview questionnaire consists on questions of opened end. The first questionnaire part that generally consists of closed end

questions, aimed the general data collection, particularly demographic ones, regarding to the families included in this study. The second part consists of opened end questions that are more often related to the stress in family according to precedent studies. The subjects who were part of this study are not undergone to a casual selection. All of them were parents of children having a similar development disorder (mental retardation of various degrees). In concrete terms from 8 children who were undergone to this study only 1 of them was diagnosed of light mental retardation, 3 of them had a medium mental retardation and 4 of them had a severe mental retardation. The psycho-therapeutic sessions with these children (patient) and their parents were carried out in Shkoder psychiatric hospital where I work as a psychologist and the patients come to receive medical and psychological aid. All patients came in the hospital at least one time, but not always disposed to communicate and believing in help they would receive. This also depended on the severity and remission of their health and psychological condition. After the acute condition transition, both parents and patients have been very collaborative and communicative being fully conscious this would derive positive output to them, but even to other families being in similar conditions.

**Ethic issues**

During this study was paid attention to the ethic issues as following is described:

In none of the cases the parents were obliged to be part of this study.

They were informed regarding to this study targets and relative data utilization.

In none of the cases the parents were obliged to answer to the questions they preferred to avoid.

The parents were informed they won't have any personal reward by their inclusion in this study.

I paid very attention to not hurt the sentiments of parents who shared with me their won experiences.

There was secured the subjects confidentiality.

**Analyze of data**

Initially the labeling had a descriptive nature. Regarding to the data labeling was followed the so-called "Grounded Theory" that is the data "zigzag" collection and analyze.

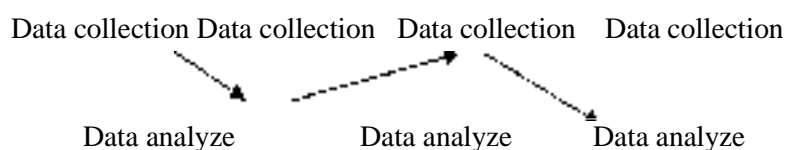


Fig. 1. Data collection and analyze

## Limitations of study

In this study are identified several limitations. First, the sample was intentional, selected in a limited territory. The sample dimensions are small. There were considered the demographic determined variables, as education level, incomes, number of children etc, regarding to the selection of sample. The selected sample can be homogenous in several aspects, all families consist of both parents, having a similar level of education and monthly incomes. Because of all these reasons the results cannot be generalized to the entire population. Other studies with a more extended sample, of well controlled variables, including other types of disorders, that generally generate stress, could provide more extended and general data.

## II. RESULTS

Because of study effect the interpretation of results is done according to the following detailed categories, as the questions raised in this interview served to these categories formulated issues. These ones were seen as the more vulnerable problematic on the wide diapason of this contingent attributes. As according to the literature and various precedent studies resulted that families of children with development disorders experience higher stress levels of families having children of a typical development. The aim of this study consists in exploring how is experienced the stress in family, which factors can induce its decrease or increase. Further we will treat the results according to the study object point of view.

### Question 1

*What are the triggers of stress experienced by parents taking into considerations their subjective needs?* The subjective experiences of families, expressed through the interviews, are encoded into several categories (dimensions) of family relations: inner the family system (nucleus family and family circle), the family in front of the professionals, and family in rapport to the society and cultural factors. Obviously, these categories were all simultaneously present as we talk of work with the children having similar levels of mental retardation. The chronology of these dimensions varied also in conformity to the capacity to perceive the information and the emotive condition of the interviewed ones. - *the inability of the child to take care of himself or to carry out his special needs.* In all cases the parents commented on children special needs, who differently to other peers with typical development, could not carry out. Two parents having children with medium mental affirmed that, believing their child could not take care of himself, they did not try to teach him anything as to fasten buttons, to tie the shoestring, to comb his one hairs etc. but they were only limited to control their behavior aggressively and avoidance of self injurious behavior, leaving aside teaching of an ordinary behavior that could be realized if stereotyped. - *the management of child problematic behavior and understanding of his needs,* During the comments of the parents it was evidenced another contributive aspect regarding to the family stress. The parents reported that often, the trigger of their stress it was their child aggressive behavior, throwing things, self injuring, or crying without any reason etc. - *Educating of special manners to the child, manners that are taught to the children having a normal development, because these are learned naturally and this way their parents would not be*

*engaged so much.* Blaming, the lack of communication and understanding, are emerged as sub-issues related to the management of relationships with the familiars. There are seen, at least partially, as influenced of being in various stages regarding to the process of rejection of the fact their child is diseased.-Overcharging with responsibilities and family tasks was a sub-issue that brought on top the management of marital relations. With the exemption of two cases, when the spouses were both active regarding the child caring, at 6 other families included in this study, the main burden of child care belonged to the mother. Her spouse was convinced that naturally belonged to the mother to take care of child and to his needs. The misallocation of the responsibilities makes that mothers have difficulty with time management, engagement with various home works and lack of free time. -from the comments of mothers, another factor that contributed as a trigger to the family stress, was the management of behavior of children having a typical development versus the child having development disorders. All interviewed mothers affirmed they were conscious to pay more attention to the child having development disorders, often neglecting other children. All of them admitted that at different moments the children with typical development experienced jealousy toward their brother/sister with development disorder, anger because of concentration to their brother/sister with development disorder, avoidance behavior, shame, anxiety etc, and this was distressing to the mothers. All above was summarized into a single issue, *the management of family relations.* *The income management* appeared as another issue perceived as a stressing one, by all interviewed parents. The parents admitted they often experienced economic difficulties. This is related also with the supplemental expenses to the special needs of child with development disorder (medicaments, medical visits, etc) , and the unemployment of one parent, generally of mother, as she has to take constantly care to the child. The contact with physician was assessed as a positive one when they could talk a lot about concerns caused by child, they could make questions to the physician, and they got an explanation on their child disorder in simple and understandable language. *The involvement in collaboration with the professionals, the communication, the feeling of being heard, the perception of empathy, provision of information, the encouragement and consultation by professionals,* are all issues related to the positive experiences during interaction of family to the professionals.*Third dimension: the family and community* The parents talked to negative experienced during their contact with others outside the family. This had to do with the attention attraction in public places when the parents were accompanied by the child. The excessive interests and care paid by others, were perceived negatively by parents, as a behavior that expressing more the regret and mercifulness, or just artificiality, and not a real interests on their child. *Discrimination and prejudice* were other concerning issues to all parents. One of the parents said that another stressing factor, were the manners, attitudes of society not only toward the handicapped one, but even about the manners the family has chosen to confront the stress. It was underlined the prejudices that stand out if these manners go beyond the society expectations and the others tendency to interfere in decisions that belongs only to the family. Three of the interviewed mothers were currently employed. They admitted that their employer and colleagues were comprehensive and supportive, allowing them to leave during the work time table to see their child. None of the mothers included in this study had any contact to the other mothers having the same problems. *The lack of empathy* was another issue reflected during the comments

of parents. *Stigma and intolerance* against abnormal behavior was the topic where have been included the stressing issues of parents during their contact with others. By stress model taken as an example to analyze the situations of the study object, we can add also the cultural context where all treated factors are evolved and occur. By study reports of participants came out that the cultural context plays an important role on their experiences, at the manner they conceive the situation. This conclusion is supported as well by other outputs on reactions of various culture persons toward the disorder. (Finn, 1999). In general, the society shows less tolerance toward persons who are "different" or norm exceptions. Fear of prejudice and discrimination interfere in the assessment that people make to the situation or problem. This aspect also was evidenced by reports belonging to these study participants. The cultural factors influence not only to the attitude of people toward the handicapped, but also to the expectations and prejudices, or further to the stereotypes they have on manners they possess to confront the misfortune situations or very stressing events. The Cultural factors can facilitate or hamper the process of adoption to the stressing event. It is needed a more profound study, regarding to the more detailed society attitudes toward the handicapped one. This is because not only within various societies but also within a single society, depending on cultural and sub cultural diversity derives the differences of attitudes and expectations.

## **CONCLUSIONS AND RECOMMENDATIONS**

The confronting of parents to the child disorder, make they experience stress of various levels. The child wellbeing and psychological health is compromised by a number of factors that are combined to each other and influence to the manner the families have to cope to the stressing situation. The study showed that the level of mental retardation at children having development disorders influences to the stress level experienced by parents. The previous studies have shown that the severity of disorder can influence the parents' perception on situation and their experiences. A track of clinical intervention can be exactly the work with parents' perceptions and the expectations they have of their child. Other stressors interfere to the family stress experiencing. The management of incomes is one of the factors treated by parents as a strong trigger to the stress experiencing. For the work with families of children with development disorder, is necessary to increase the sensibility toward other life problems they are confronted with. Parents can be assisted creating the due referring systems, of support, offering the opportune services to their more emergent needs. During our work as professionals, we are confronted directly or not, with beliefs, cognitions, certain features of parents' personality. During our work with the parents, it is necessary to assess and respect beliefs or certain cognitions of them, but with what why do not have to necessarily agree. What is considered by us as irrational belief, or negation of reality, that re used by parents as necessary protective mechanisms to regain energy to take care of their child. It is important to orientate the work, as much as possible, to increase self-esteem and confidence of parents, and of self-control sense increase. Yet, in certain situations, the focus of psychologist work can be concentrated on the coping skills and internal resources in individual and/or family. Treatments and programs to promote the child cognitive skills of children, their abilities to care for themselves, would be helpful to the children, also indirectly to the parents. However, we have to considerate that,

according to the stress model treated above, exists a variety of factors that are interweaved to each-other and interfere to the experiences of parents. There are necessary the information providing, training programs on child needs, the management of child behaviors, stress management etc., it is important that these services influence directly helping to solve concretely the needs of parents. The professionals can support and potentiate the parents in confronting the difficulties. They have to know and to confirm the strong points and parents skills, and at once their weak points and needs. Certainly, this study has its shortcomings. A number of other issues remained untouched or treated partially and in a superficial manner, but all this can continue through other qualitative and quantitative studies.

