PERSONALITY PATTERN OF PARENTS OF MENTALLY RETARDED CHILDREN

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SUMMARY

Parents of fifty mentally retarded children were studied for their personality pattern with the help of Middlesex Hospital Questionnaire. In fathers and mothers separately, none of the personality traits were observed to vary at statistically significant level in relation to the degree of retardation in their child, but both the parents of mildly retarded children obtained higher score on scale of anxiety, phobia and depression. Analysis of different factors when compared for fathers and mothers together, revealed a higher degree of neurotic traits in mothers.

Mental retardation is a biopsychosocial problem. The behavioural reactions of the retarded child are the byproduct of several interacting forces which started from the time of conception on. Not only these interacting forces are responsible but other factors like attitude and personality pattern of the family members, his peers and society in which he lives play an important role in the normal development of child. Although scientists have succeeded to some extent in exploring the biochemical and genetic basis of mental retardation, psychosocial factors which play an important role seem to have been emphasized less.

Bowlby (1958) observed that early maternal deprivation may lead to harmful effects on physical, intellectual and social development. Spitz (1948) demonstrated that the separation of mother from child could not only retard the development but could actually lead to the infant's death. Fabrega and Haka (1967) noted in their study of 47 families of mentally retarded children that those parents who showed unresolved grief were found to be depressed and anxious. McDaniel (1970) observed rejection and hostility in the parents of mentally retarded children. In our earlier study, we also observed that mother showed more negative attitudes towards their mentally retarded child as compared to fathers and both the parents of severely retarded children had more negative attitudes as compared to the parents of mildly retarded children (Rastogi, 1981).

Prabhu (1970) in a study of parents of 320 mentally retarded children observed that those parents who over estimate the potentialities of child are more extrovert, emotionally unstable and have poor self concept.

Matheny & Vernick (1969) suggested that these parents are not really neurotic, rather they are actually deprived of satisfactory information about their child, and ascription of neurotic mechanism to the parent should only be made if they fail to act appropriately on well planned interview. It should not be a premise to label them neurotic prior to counselling.

Personality of parents thus plays a major role in the bringing up of an emotionally stable child in family. Abnormal personality traits in parents may lead to various emotional reactions in children of which may manifest in the form of poor intellectual development.

In order to investigate some of the above facets a study was undertaken as follows.

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MATERIAL & METHOD

Sample of the study was drawn from the parents attending the child guidance clinic for treatment of their mentally retarded child. The subjects for this study were obtained only after the diagnosis was confirmed on the basis of clinical evaluation and psychological testing. Psychiatric evaluation of these cases was done independently by a qualified psychiatrist according to DSM III.

Fifty consecutive cases in whom at least one parent was available for interview formed the sample of this study. Attempt was made to interview other parent also. However both the parents could not be interviewed in all the cases and availability of the parents was as under:

Both parents—35
Only father— 8
Only mother— 7
(In the sample of 50 children, 44 children had both the parents alive).

Interview of each parent was conducted separately in a quiet atmosphere with adequate privacy. At the beginning of interview a brief history regarding the illness of the child was obtained to establish rapport and obtain demographic and socioeconomic variables. For measuring the personality characteristics of parents, Hindi version of Middlesex Hospital Questionnaire (M. H. Q.) was used. In India, standardisation of this questionnaire was done by Prabhu (1972). Hindi version was used in this study because majority of the subjects in our sample were not familiar with English language. The questionnaire consists of 6 scales of various neurotic dimensions e. g. Free floating anxiety, Phobic anxiety, Obsessional traits & symptoms, Somatic concomitants, Depressive and Hysterical personality traits.

OBSERVATION

The mentally retarded children were grouped on the basis of their I. Q. according to the D. S. M. III classification (table-1) and their parents were studied on the basis of these groups. Due to the fact that there was no child in the group of profound degree of retardation in our sample and the sample itself was small, the data were analysed into two groups of retardation, viz.

1. Mild degree—which included cases of borderline (I. Q. 68 to 83) and mild group (I. Q. 52 to 67) and
2. Severe degree— including cases of moderate (I. Q. 36 to 51) and severe (I. Q. 20 to 35) retardation.

Personality traits of parents :-

1. Father—Personality traits of fathers in relation to the I. Q. of their retarded child are depicted in table-2. Analysis of data reveals that none of the personality traits i.e. Anxiety, Phobia, Obsessional, Somatic, Depressive or Hysterical trait differ at any statistically significant level in the fathers of two groups of mentally retarded children, but the fathers of mildly retarded children score high on anxiety, phobia, depression and hysterical traits in comparison to the fathers of severely retarded children who score high on the scale of somatic concomitant.

2. Mother—Personality traits of mothers of mentally retarded children

| Degree of sub-normality | Number | Percentage |
|--------------------------|--------|------------|
| Borderline               | 10     | 20.0       |
| Mild                     | 15     | 30.0       |
| Moderate                 | 16     | 32.0       |
| Severe                   | 9      | 18.0       |
| Profound                 |        |            |
TABLE 2. I. Q. of Retarded Child and Personality Pattern of Father (M. H. Q. Score).

| I. Q./Factor | A     | P     | O     | S     | D     | H     |
|--------------|-------|-------|-------|-------|-------|-------|
| Mild         | Mean  |       |       |       |       |       |
| (I. Q. 52-83)| 4.29  | 5.00  | 8.19  | 4.52  | 3.38  | 4.62  |
| s. d.        | 3.31  | 3.59  | 2.44  | 3.51  | 3.28  | 2.90  |
| Severe       | Mean  |       |       |       |       |       |
| (I. Q. 20-51)| 3.52  | 4.52  | 7.90  | 4.81  | 4.24  | 4.43  |
| s. d.        | 3.34  | 3.24  | 2.78  | 3.58  | 2.83  | 2.44  |

| t     | 0.73  | 0.44  | 0.95  | 0.26  | 0.12  | 0.22  |
| d. f. | 40    | 40    | 40    | 40    | 40    | 40    |

Level of Significance N. S. N. S. N. S. N. S. N. S. N. S.

(A-free floating anxiety; P-phobic anxiety; O-obessional traits and symptoms; S-somatic concomitants; D-depressive symptoms; H-Hysterical personality traits)

TABLE 3. I. Q. of Retarded Child and Personality Pattern of Mothers

| I. Q./Factor | A     | P     | O     | S     | D     | H     |
|--------------|-------|-------|-------|-------|-------|-------|
| Mild         | Mean  |       |       |       |       |       |
| (I. Q. 52-83)| 6.52  | 7.00  | 8.29  | 6.86  | 6.87  | 4.86  |
| s. d.        | 4.17  | 4.00  | 3.20  | 4.42  | 3.41  | 2.23  |
| Severe       | Mean  |       |       |       |       |       |
| (I. Q. 20-51)| 6.50  | 6.73  | 8.36  | 6.88  | 6.59  | 5.21  |
| s. d.        | 3.99  | 3.07  | 3.24  | 4.23  | 4.26  | 2.49  |

| t     | 0.02  | 0.04  | 0.07  | 0.13  | 0.07  | 0.55  |
| d. f. | 41    | 41    | 41    | 41    | 41    | 41    |

Level of Significance N. S. N. S. N. S. N. S. N. S. N. S.

(table-3) show that none of the personality traits vary at a statistically significant level. However, the mean scores for the mothers of mildly retarded children are slightly higher for anxiety (6.52), phobia (7.0), somatic concomitant (6.86), and depressive symptoms (6.87); while the mean scores for the mothers of severely retarded children were found to be slightly higher for obsessional (8.36) and hysterical traits (5.21).

3. Father and Mother—When personality patterns of fathers were compared with those of mothers of mentally retarded children (table-4), it was observed that the anxiety and phobic symptoms are statistically significant at a level of p<0.01, while somatic concomitants and depressive symptoms were found to be significant at p<0.05 level in the mothers of retarded children. Obsessional and hysterical traits were statistically not significant. Thus it can be concluded that mothers of our study group were found to be possessing more neurotic traits than the fathers of mentally retarded children.
Table 4. Mean M. H. Q. Scores of Fathers & Mothers of Retarded Children.

| Parent | Factor | A    | P    | O    | S    | D    | H    |
|--------|--------|------|------|------|------|------|------|
|        | Mean   | 3.90 | 4.76 | 8.05 | 4.67 | 4.81 | 4.52 |
|        | s. d.  | 3.35 | 3.41 | 2.61 | 3.33 | 3.42 | 2.69 |
| Fathers | Mean   | 4.51 | 6.86 | 8.33 | 6.77 | 6.63 | 3.07 |
|        | s. d.  | 4.07 | 3.66 | 3.21 | 3.82 | 3.87 | 3.11 |
|        | t      | 3.18 | 2.76 | 0.44 | 2.44 | 2.37 | 0.87 |
|        | d. f.  | 83   | 83   | 83   | 83   | 83   | 83   |
| Level of Significance | <0.01 | <0.01 | N.S. | <0.05 | <0.05 | N.S. |

Discussion

The parents frequently react to the advent of a retarded child with considerable consternation, that may require crisis intervention for the resolution of presenting problem. Parents with preexisting emotional problems may become sensitized by the stress of having a retarded child and may develop behavioral, neurotic or even psychotic reactions (Hofstatter & Hofstatter, 1970). Wolberg (1944) also stressed that mothers with rejecting attitudes toward their child, are usually immature, unstable, neurotic or actually psychotic. Her rejection toward the child may be a facet of neurosis.

In the present study we also observed a significant difference in the psychological traits of parents. Mothers were found to have significantly higher scores for anxiety, phobia, somatic concomitants and depressive symptoms. A greater load of neuroticism in the mothers of these subjects could be due to several reasons. Firstly, they have to spend a lot of time and energy in the management of these problem some children without having any bright prospects. It is indeed a painstaking job for the mothers and as such it is likely to affect their mental health. Fathers are comparatively in an advantageous position as they have not to share much in the management at home. Secondly, in a country like ours where females have to be in a subservient position, they are often, intentionally or otherwise made to feel more responsible for the defects in their children. This observation appears to be more valid in joint families. Thirdly, women in general have been found to be suffering more frequently from emotional disturbances as compared to the males, for instance Sethi et al. (1974), in their study of 850 urban families observed that housewives constituted more than 52% of the total psychiatric cases.

For the nature of symptoms observed in these mothers, there is ample evidence of tremendous emotional tension revealing itself in the form of anxiety features, depressed mood and fearful reactions. Obsessional and hysterical traits were however less frequent. The content of analysis of these two neurotic scales shows that items of hysterical symptoms are more related to hysterical personality whereas obsessional scale consists of severe pathology. Cases of obsessive compulsive neurosis are even otherwise uncommon in our culture. Further hysterical personality traits would be less visible, once the person is subjected to a massive stress such as being burdened with the care of a mentally retarded child.

Another important observation about
the personality makeup of the parents relates to the severity of retardation. No significant difference was observed when the parents of mild and severe groups were compared. It substantiates the findings of Fabraga & Haka (1967), that it is not the severity of retardation which affects the mental health of parents but the period since they have become aware of having a subnormal child. This statement would again imply the stress factor continuously present in the family. It may also be added that the difference between parents of various grades of retarded cases might have been visible, had it been a larger sample. In the analysis of present data the borderline and mild group have been combined against the moderate and severe groups on account of the number being small in various categories.

It is worth mentioning that Erickson (1969) observed about the parents of mentally retarded children as scoring high on most of the clinical scales of MMPI. Lax (1972) found that mothers of mentally retarded children suffer more from depressive reaction. The same trend was observed in our study also. Fabraga & Haka (1967) also observed that such parents suffer more from anxiety and depression. Holstatter & Holstatter (1970) in their study noted that not only the neurotic behaviour but psychotic reactions can also occur in response to the stress of retarded child.

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