ATTITUDE OF PARENTS TOWARDS THEIR MENTALLY RETARDED CHILDREN

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SUMMARY

Parents of 50 mentally retarded children were investigated for their attitudes towards their retarded children. Both the parents showed more negative attitudes toward their severely retarded child. In general, mothers exhibited more negative attitude than the fathers.

There are multiple problems in families having a mentally retarded child. It has been found that one of the overwhelming problems of these parents is related to the feeling of social ridicule for possessing a mentally retarded child. As a reaction to this attitude, the parents may prefer to keep these children socially isolated. They often feel guilty and hold each other responsible (Ryckman and Henderson, 1965). Family disharmony is a consequence of this atmosphere. Since home is the cradle of child development, the personality characteristics of the parents would definitely affect the growth and development of the retarded child. The parents who accept their retarded child as deficient may realize the need of consulting a specialist and struggle hard to improve the lot of their child. The opposite trend may be observed in those parents who deny the presence of retardation. It is therefore, obvious that the parents of mentally retarded subjects are likely to have tremendous psychological and social problems and need to be investigated thoroughly.

METHOD AND MATERIAL

The sample of this study was drawn from the parents attending the child guidance clinic of Psychiatry Department, K. G.'s Medical College, Lucknow for treatment of their retarded child. The subjects of 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 psychiatrist according to DSM-II (1968). Fifty consecutive cases in whom at least one parent was available for interview were included in the study. Attempt was made to interview the other parent also. However, both parents could not be interviewed in all the cases. The availability of the parents was under:

Both parents investigated ........................................... 35
Only father investigated ............................................. 8
Only mother investigated ............................................ 7

44 children had both the parents alive.

Interview of each parent was conducted separately. At the beginning of the interview a brief case history regarding the illness of the child was obtained to establish rapport and to record demographic and socioeconomic variables. For measuring attitudes of the parents towards their retarded subjects even though there are certain questionnaires available, none of them has so far been standardized on an Indian Population. Therefore we drafted a questionnaire which could give an index of the attitude of the parents towards their retarded child. In drafting the questionnaire following dimensions were selected for evaluating the parental attitudes:

(1) Acceptance, (2) Optimism, (3), Rejection, (4) Aggression and hostility, (5) Shame and (6) Guilt.

The following steps were taken for this purpose: First of all a large number of

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items were formulated in Hindi with regard to these six dimensions and the total number of questions formulated were 75. Later all these questions were put in random order and three psychiatrists were requested to place independently these items into the above six categories according to their relevance. Analysis revealed that there was complete agreement on 54% of items and partial agreement on 20% items. As there was agreement on 5 to 7 items in each category, it was decided to select only 5 such items in each dimension.

Prior to actual implementation of this questionnaire for the project, it was administered to few normal subjects working in the hospital and it was found to be easily comprehensible. It may be mentioned that questionnaire would provide only clinical impression of attitudes in an objective manner and may not be accurately used for measuring intensity of these various emotional components.

RESULTS

The mentally retarded children were grouped on the basis of their I. Q. according to the DSM-II (1968) classification and their parents were studied on the basis of these groups. The distribution of I. Q. score in children is shown in Table-1.

| Degree of sub-normality | Number | Percentage |
|-------------------------|--------|------------|
| Borderline (I. Q.—68-83) | 10     | 20.0       |
| Mild (I. Q.—52-67)       | 15     | 30.0       |
| Moderate (I. Q.—36-51)   | 16     | 32.0       |
| Severe (I. Q.—20-35)     | 9      | 18.0       |
| Profound (I. Q. below 20)| —      | —          |
| Total                   | 50     | 100.0      |

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 in two groups of retardation, viz. :

(a) mild degree, which contained cases of borderline (IQ-68-83) and mild (IQ-52-67) group, and

(b) severe degree including cases of moderate (IQ-36-51) and severe (IQ-20-35) retardation.

Attitudes of parents :

a. Father : Analysis of data on the attitudes of father towards his child revealed that majority of fathers have a favourable attitude as we found a score of 4.19 to 4.71 in the two groups under study on the scale of acceptance in which maximum score could be 5 (Table 2). However, on matching the aggression—hostility scale a significant difference was observed in the two groups under study showing a greater degree of hostility in the severe group.

| I. Q. of Retarded child and Attitude of Father |
|------------------------------------------------|
| I. Q/Factors | O | A | RH | AG | G | S |
|----------------|---|---|----|----|---|---|
| Mild Mean (52-83) | 2.29 | 4.71 | 1.76 | 1.57 | 3.29 | 2.57 |
| (s.d.) | 0.61 | 0.92 | 1.19 | 1.33 | 1.54 | 1.76 |
| Severe Mean (20-51) | 2.48 | 4.19 | 2.14 | 2.62 | 3.52 | 2.76 |
| (s.d.) | 0.84 | 1.12 | 1.09 | 1.50 | 1.11 | 1.45 |
| t | 0.83 | 1.63 | 1.66 | 2.33 | 0.55 | 0.37 |
| d.f. | 40 | 40 | 40 | 40 | 40 | 40 |
| Level of Significance | N.S. | N.S. | N.S. | 0.05 | N.S. | N.S. |

(O—optimism, A—Acceptance, RH—Rejection, AG—Aggression and Hostility, G—Guilt, S—Shame)

b. Mother : Analysis of attitudes of mother towards her retarded child revealed higher score on unfavourable dimension of the attitude scale in the severely retarded group (Table 3). However, the difference was statistically insignificant.

c. Mother and father : The attitude of both the parents towards their child was
### Table 3—Q. of Retarded Child and attitudes of Mother

| Factor | O   | A   | R   | AH  | G   | S   |
|--------|-----|-----|-----|-----|-----|-----|
| *Mild* | 2.57| 4.38| 2.24| 2.48| 3.57| 2.67|
| s.d.   | 0.59| 0.96| 1.23| 1.00| 1.47| 1.45|
| *Severe* | 2.50| 3.95| 2.45| 3.23| 3.64| 3.09|
| Mean   |     |     |     |     |     |     |
| s.d.   | 0.84| 1.16| 1.17| 1.40| 1.14| 1.54|
| t      | 0.03| 1.29| 0.56| 1.96| 0.02| 0.50|
| d.f.   | 41  | 41  | 41  | 41  | 41  | 41  |
| Level of significance | N.S. | N.S. | N.S. | N.S. | N.S. | N.S. |

analysed. It was observed that the scores of attitude on unfavourable dimension on the scale used was significantly higher in mothers than fathers (Table 4).

### Table 4—Attitudes of Fathers and Mothers of Mentally Retarded Children

| Factor/Parent | O   | A   | R   | AH  | G   | S   |
|---------------|-----|-----|-----|-----|-----|-----|
| Fathers Mean  | 2.38| 4.45| 1.95| 2.10| 3.40| 2.67|
| s.d.          | 0.76| 0.93| 1.16| 1.50| 1.37| 1.61|
| Mothers Mean  | 2.53| 4.16| 2.36| 2.86| 3.60| 2.88|
| s.d.          | 0.74| 1.09| 1.20| 1.25| 1.33| 1.52|
| t             | 0.91| 1.30| 1.54| 2.51| 3.68| 0.61|
| d.f.          | 83  | 83  | 83  | 83  | 83  | 83  |
| Level of Significance | N.S. | N.S. | N.S. | <0.05| N.S. | N.S. |

### DISCUSSION

The findings of the present study thus revealed a considerable amount of favourable attitude on the part of parents of these subjects although it was frequently accompanied with feelings of guilt, pessimism and some times even hostility and aggression, whereas predominance of rejection, hostility and guilt has been reported by other investigators (Zuk, 1956; Worchel & Worchel, 1963; Ryckman & Handerson, 1965). It was observed here that fathers are significantly more hostile and aggressive towards their severely retarded and maladjusted children as was also reported by Walsh (1968). Kanner (1941) suggested that these hostile feelings may well be a manifestation of rejecting attitudes. The dynamics of this behaviour was studied by Weingold & Hermuth (1953) who observed that presence of mentally retarded child accentuates the personality problem of all the members of the family. The attitudes of parents are in part a reaction to the fact that he is often rejected by various community groups of which he is member. Zuk (1959) showed that the parents are caught between the strong feelings of love and hate for the child. The conflict between these opposing feelings results in arousal of guilt which may be manifested in the form of rejection.

The analysis of attitude of mothers towards their mentally retarded children in the two study groups did not show any significant difference. However, when the attitudes of both the parents toward their child was compared, mothers exhibited significantly higher score on unfavourable dimensions. Similar findings were reported by Casedan and Jaffery (1966).

Often the rejecting parents start extending extra love and care. Over compensatory behaviour develops in those parents whose attitude is more accepting and guilt feelings are more internalized rather than projected (Tredgold & Soddy, 1970). Kanner (1941) has emphasized that rejecting attitudes may be manifested in the form of overt hostility, guilt, neglect, perfectionism and compensatory over protection. Ryckman & Handerson (1965) also noted presence of guilt feelings and negative attitudes in parents of retarded children. These feelings may be demonstrated because parents do not love their defective child as they believe they should.
REFERENCES

AKHTAR, S. AND VARMA, V. K. (1972). Guidelines for the Parents of mentally retarded children. Ind. J. Ment. Retard., 5; 75.

CASEDAN, A. AND JEFFREE, D. M. (1966). The influence of the home background on the severely subnormal child. Brit. J. Med. Psychol., 38; 313.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS. (1968). American Psychiatric Association, Washington.

KANNER, L. (1941). Cultural implications of children's behaviour problems. Ment. Hyg., 25:353.

KANNER, L. (1953). Parent's feelings about retarded children. Amer. J. Ment. Defic., 57: 375.

MATHNEY, A. P., Jr. AND VERNICK, J. (1969). Parents of mentally retarded child. Emotionally overwhelmed or informationally deprived? J. Pediat., 74, 953.

RYCKMAN, D. B. AND HENDERSON, R. S. (1965). The meaning of a retarded child for his parents—A focus for counsellors. Mental Retardation. 3 (4), 4.

TREDGOLD, A. F. SODDY, S. K. (1970). Tredgold's Mental Retardation, Williams and Wilkins Co.: Baltimore.

WALSH, R. P. (1968). Parental rejecting attitudes and control in children. J. Clin. Psychol., 24/2, 185.

WEINGOLD, J. T. AND HORMUTH, R. P. (1953). Group guidance of parents of mentally retarded children. J. Clin. Psychol., 9, 118.

WORCHEL, T. AND WORCHEL, P. (1963). The parental concept of the mentally retarded child. Amer. J. Ment. Defic., 65, 788.

ZUK, B. (1959). Autistic distortions in Parents of retarded children. J. Consult. Psychol., 23, 171.