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Issues related to the non-acceptance of problem of mental retardation: A dilemma for parents

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ABSTRACT

The present paper aims to find out the causal factors of non-acceptance of the problem of mental retardation by parents and its consequences. For this purpose the data was taken from realistic observations in our society, review of literature from books, magazines, journals and internet. The observations in our society and review of literature indicated that the acceptance of problem of mental retardation by parents is an unconscious dilemma related to child. The mentally retarded/challenged children have special emotional, biological and attention needs, which must be entertained since beginning. They do not show desired intellectual and academic performance since beginning of schooling or prior of that but parents do not accept the fact that the child need special attention and special education and keep on try to make the child normal instead of understanding his/her personal needs, helping/training the child since beginning to cope up with routine needs and learn to be a part of the mainstream of society. Consequently, parents feel high stress, depression and feeling of loss, whereas child gets too late to be trained systematically to recover its intellectual backlog and learn adjustment abilities up to a minimum optimum level of its intelligence. The delayed special schooling of MR Child results in loss of critical time of psycho-social development under professional care.

Key Words : Mental retardation, Parents, High stress, Felling of loss

INTRODUCTION

The mental retardation is a generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviours "(Sarason, 1995). In the ancient Indian literature the *Kashyapa Samhita*, an *Ayurvedic* text on childhood diseases defines these children as the children born with lesser *buddhi* (intellect). It is regarded as a form of behaviour rather than a symptom (Bijiou, 1968). In the current literature of clinical psychology, the problem of mental disorder is considered in the section of developmental disorder and not a disease, accept the related condition elicited from serious brain injury, brain infection, brain haemorrhage, etc. at early age, where symptoms may be similar but that disability is due to injury. Majority of these children have significant intellectual or cognitive limitations since birth and show an inability to adapt to the demands of everyday life at late stages of life. The basic definition of mental disorder also related to the fact that

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they perform lower than the children of their age (Sheerenberger, 1983). According to American Association of mental Retardation (AAMR) defined Mental retardation as a disability characterized by significant limitations, both in intellectual functioning and in adaptive behaviour, as expressed in conceptual, social, and practical adaptive skills. The physical characteristics among mental retarded children have approximate normal characteristics in height, weight, and motor coordination but intellectually, they show poor performance on verbal and nonverbal intelligence tests with IQ ranging from 80 and blow. Academically, the mentally retarded children are not ready for reading, writing, spelling, and arithmetic when they enter school at the age of 6. The prevalence rate of mental retardation in India has been explored about 2-2.5% in Indian population by national organizations as well as independent studies (Nagarkar *et al.,* 2014; Sharma *et al.*, 2014; Madhav, 2001; Panda, 1999, NIMH, 1994).

As far as causes of mental retardation is concerned, the genetic factors (Kugel, 1967), poor relationship with mother, unhealthy care and behaviour/thinking of parents, family and society towards child, gender discrimination, social class of family as well as complications in pregnancy and birth may be the basic causes of mental retardation (Baird and Scolt, 1991; Ajdukovic, 1990). Besides it, poor diets of mother during pregnancy, use of alcohol or other drug during pregnancy or prenatal malnutrition may also cause serious damage to central nervous system resulting in birth of child with poor intellectual abilities (Morgone *et al.*, 1993). These children were observed to be vulnerable to physical diseases and require special attention and emotional help by parents and family members (Copper *et. al.*,1993 and Schothort and Ivan,1996). In most cases of mentally retarded children the birth cry was found to be absent and this is the only indication of beginning\delayed respiration after the birth, which is found to be associated with mental retardation (Gustafson and Haris, 1990). In so many modern researches the environmental factors, availability of resources for sustenance, unhealthy living conditions, presence of psycho-physical abuse**,** and improper/ inadequate medical or health care also play a causal role in advancing the problem of mental retardation in children (Butler *et al.*, 1987).

Problems of parents :

In every society, parents are the first and closest person/s for a child, who takes care of child by rearing, caring, promoting and supporting the physical, emotional, social and intellectual development of child from infancy to adulthood (Davies and Martin, 2000). Their love, care and guidance at appropriate age socializes the child to make him/her able to adjust in society they are living in (Davies and Martin, 2000). When a child takes birth in a family, the parents have so many subjective expectations and dreams elated to future of family. Gradually, as the child grow old and parents feel that the child is not up to the mark and not as much active as normal child and show delayed mile stones, they experience a feeling loss and high stress/ depression (Sharma and Kumar, *et al*., 2015). The restlessness and fear about mental status of child becomes the centre of focus for them. Dreams and hopes regarding the child's future are felt to shatter and the parents' self-esteem and feelings of self-worth also hurt (Drew *et. al.*., 1988; Elizabeth, 1996). They start to seek help from here and there for curing the child's problem and never try to accept the fact that their child has such a problem which

can only be managed and improved up to a limited extent and never be cured completely (Chandrashekar, 2008). The empirical observations indicated that the mothers listening that their child is having mental retardation express shock, surprise, anxiety, disbelief and disappointment as natural reaction (Kromberg and Zwane, 1993). They need to follow early mental health counselling for child may help but most often it is ignored by them (Cunningham and Davis, 1985, Olshansky, 1966).).

The feeling of helplessness, shock, denial, sorrow as well as self developed unanswered questions like 'why me?' and 'How can it be?' multirole their problem to the clinical depression or anxiety. This also prevent them to look for new possibilities like admitting his child to special school or contacting or following a doctor but under stress they try to seek help from *ojhas*, use traditional methods, punish the child to learn like normal or dominating over the child. This results in delay of child to get special education on time and ignorance of emotional needs unknowingly (Elizabeth, *et al.*, 1996). Instead of taking it as a challenge to make the child enough able, the parents keep on compare his/her child with normal children and pressurize them to behave like normal children, results in increasing stress to the child's mind and lower self confidence. The non-acceptance of the problem makes the parents to make unrealistic subjective goals for child and keep unresolved expectations from him (Berdin and Blackhurst, 1985). Cunningham and Davis (1985) described that the shock is experienced at the initial disclosure, which may be a feeling of not being able to register or understand the news.

Parental guilt and vulnerability to stress :

Many times after the birth of a retarded child, other members of the family and friends and relatives do not know how to react and negative attitude of parents may result in isolation and loneliness of the child (Beck, 1959). The efforts and feeling of helplessness may also result in guilt for parents themselves when they have none to blame for the dilemma (Lamb 1983).

In addition to the regular needs of all children, these children has special needs and care where parents may find themselves to be overwhelmed by various medical, care giving and educational responsibilities (Boyd, 2005). In such a condition, the parents use different ways of coping like increased faith in God, change in their perception or cognitive reappraisal. They have expectations of extra support from social organization, family members, relatives, friends, neighbours, and professionals. In a limited number of cases the families are successful in coping with a mentally challenged child (Kirk, 1989). Baxter (1986), Butler *et al.*(1987), and Morris(1987) have identified some inhibitors to effective coping, namely, additional financial hardships, stigma, extraordinary demands on time, difficulties in caregiver tasks like felling diminished time for sleeping, social isolation, sharing less time for recreational pursuits and difficulties in managing behaviour problems.

In many cases the parents show partial rejection to the child which appears to be a major predictor of almost all forms of behaviour problems among children, including conduct disorders, externalizing behaviour, and delinquency. Not only in India, the cross-cultural findings support this conclusion that the vulnerability for behaviour problems among mentally retarded child is related to the rejection of child due to his/her problem (Falaij, 1991; Saxena, 1992;

Chen *et al.*, 1997; Ajdukovic, 1990; Salama, 1984, Farrington and Hawkins, 1991; Maughan *et al.*, 1995). Beck (1959) found that many times mothers develop a compensating attitude toward their retarded children. The challenged becomes the scapegoat on which to mount other complex and serious functional problems within the family. Siblings resent the extra attention devoted to the retardation and his exemption from chores (Jacob, 1969). In the same vein, Singh *et. al..* (2002) while studying the impact of mentally challenged children on family observed that parents are adversely affected by the children. They found that mothers felt more stress emotionally and father is influence psycho-physically but mother is more vulnerable to high metal stress and its consequences (Mehta *et. al.,* 2008).

When accepted the fact :

In many cases it was observed that there are many children with disabilities are well loved and cared by their families. The parents who may be educationally handicapped get aware of a fact at early stage that the child has special needs and they have to be fulfilled by them (Hartley *et al.*, 2005). Kirk and Gallagher (1989) suggested that the families, who are successful in coping with having a mentally retarded child, are able to effectively mobilize their internal and external resources to deal with the special needs of their child. These are the families, who have accepted the fact at early stage and problems of child are not taken a granted. They follow the expert's suggestions and attain smooth regulation of emotional needs of child as well as self. American Psychological Association (1970) has noted that mental challenged is primarily a psycho-social and psycho-educational problem, a deficit in adaptation to the demands and expectations of society evidenced by the individual's relative difficulty in learning. Coleman (1964) summarizes by saying that, with early diagnosis, parental assistance and special educational programs, the majority of the mildly retarded persons can adjust socially, master simple academic and occupational skills, and become self- supporting citizens. Coleman further points out that with early diagnosis, parental help, and adequate opportunities for training, most of the moderately retarded individuals can achieve partial independence in daily self-care, acceptable behaviour, and economic usefulness in a family or other sheltered environment (Coleman, 1964).

Conclusion :

From the above discussion, it can be concluded that non-acceptance of problem of child as it is may result in psycho-social dilemma for the parents to what do or what not. In this case, the parents are not able to seek proper help and also not able to follow the valid suggestions and instructions of professionals, which further consequent in feeling of loss, depression, psycho-physical problems and high stress due to repeated failure of not able to cure child's problem. This also result in poor dispersal of psycho-social and medical help to the child at early stage. The acceptance of problem by parents may give opportunities for love, care and training the child to achieve partial independence in daily needs as well as coping subjective stresses due to the condition at hand.

REFERENCES

Ajdukovic, M. (1990). Differences in parent's rearing style between female and male predelinquent

and delinquent youth (Abstract). *Psychologische Beitrage*, **32** : 7-15.

Baird and Scolt (1991). Child development Lavrae. E. Berk.

Baxter, C. (1986). Intellectual Disability - Parental Perceptions And Stigma As Stress. Unpublished Doctoral Dissertation, Monash University, Claton, Victoria.

Beck, H.L. (1959). Social services to the mental retarded. *American Journal of Orthopsychiatry*, **51**(1)

Berdine, W.H. and Blackhurst A E.(1985). An introduction to Special Education, US: little Brown and

Bijou, S. W.(1968). Research in remedial guidance of young retarded children with behavior problems which interfere with academic learning and adjustment. Office of Education, Bureau of Research, ED 024-196. Washington, D.C: U.S. Government Printing Office. *The Mentally Retarded Child: Psychology*, **2** : 47-51.

Boyd, J. L. (2005). Problems Faced by Parents of Mentally Challenged Children. Diseases and Conditions, Mental and Behavioral Conditions, Mental Abuse.

Butler, J.A., Rosenbaum, S. and Palfrey, J.S.(1987). Ensuring Access to Health Care for Children with Disabilities. *New England J. Medicine*, **317** : 162-165.

Chandrashekar, S. (2008). Families of the mentally retarded – challenges and concerns. Couple with young children: Begins with the birth of the couple's first child, Family, Parenting, **25** (1).

Chen, X., Rubin, K.H., and Li, B. (1997). Maternal acceptance and social and school adjustment in Chinese children: A four-year longitudinal study. *Merrill-Palmer Quarterly*, **43** : 663-681.

Coleman, J.C.(1964). Abnormal Psychology and Modern Life, Scott, Foresman and Company, Illinois, 84.

Copper *et. al.*(1993) Child development Lavrae. e. berk.

Cunningham C. C. and Davis H. (1985). Early parent counselling. In Mental Handicap-A Multi-Disciplinary Approach (Craft M., Bicknell J., Hollins S., eds). London: Bailliere Tindall.

Davies, M. (2000). *The Blackwell encyclopedia of social work*. Wiley-Blackwell. pp. 245. ISBN 978-0-631-21451-9.

Drew, C., *et. al.* (1988). Mental Retardation, Merrill Publishing Company, Columbus.

Elizabeth, *et al.* (1996). Dilemmas Faced by Families during Their Young Adults' Transitions to Adulthood: *A Brief Report Mental-Retardation*, **34**, 2.

Falaij, A.A. (1991). Family conditions, ego development and socio-moral development in juvenile delinquency: A study of Bahraini adolescents. *Unpublished doctoral dissertation*, University of Pittsburgh, PA.

Farrington, D. P. and Hawkins, J. D. (1991). Predicting participation, early onset and later persistence in officially recorded offending. *Criminal Behaviour & Mental Health,* **1** : 1-33.

Gustafson and Haris (1990). Child development. Lavrae. e. berk.

Hartley S., Ojwang P., Baguwemu A., Ddamulira M. and Chavuta A.(2005). How do carers of disabled children cope? The Ugandan perspective. *Child: care, Health & Development*, **31** : 167-180.

Jacobs, J. (1969). The search for help: A study of the related child in the community, Brunner-Mazel, New York.

Kirk, S.A. and Gallagher, J.J. (1989). *Educating Exceptional Children*. Boston, Houghton Mifflin.

Kromberg, J.G.R. and Zwane, E. (1993). Down syndrome in the black population in the southern Transvaal. *Southern African J. Child & Adolescent Psychiatry*, **5** (1) : 72

Kugel, R.B. (1967). Parsons Children of Deprivation: changing the course of familial retardation," children's Bureau Publication no. 440 Washington, D.C.: Government Printing Office.

Lamb, M.E. (1983). Fathers of Exceptional children. In M. Seligman (ed). The father's role: Applied perspectives. New York: Wiley.

Madhav, M. (2001). Epidemiological study of prevalence of mental disorders in India. *Indian J. Community*, **26**(4) : 10-12.

Maughan, B., Pickles, A. and Quinton, D. (1995). Parental hostility, childhood behavior, and adult social functioning. In J. McCord (Ed.), Coercion and punishment in long-term perspectives. Cambridge: Cambridge University Press.

Mehta , G., Jahan, M. and Nizamie, A.(2008). Parenting stress of parents of mentally retarded children. *Praachi J. Psycho cultural Dimensions*, **24** : 93-98.

Morgone *et al.* (1993). *Child development Lavrae*. e. berk.

Morris MM.(1987) Health Care : Who Pays The Bills? The Exceptional Parent, 38-42.

Nagarkar, A. and Prasad, J., Tandon, S.K. and Goutam, P. (2014). The clinical profile of mentally retarded children in India and prevalence of depression in mothers of the mentally retarded. *Indian J. Psychiatry*, **56** (2) : 165-170.

NIMH (1994). Mental Retardation in India: Contemporary Scene, Secunderabad.

Olshansky, S.(1966). Parents' Responses to a Mentally Defective Child. Pennsylvania Association for Retarded Children V. Commonwealth of Pennsylvania. Mental. Retard. , 4, 21-23.

Panda, K.C. (1999). Education of Exceptional Children, Vikas Publishing House, New Delhi

Salama, M. (1984). Child rearing methods in relation to the psychological problems in middle childhood. Unpublished doctoral thesis, Ain Shams University, Cairo, Egypt.

Sarason,S.B. (1995). Parental involement and the political principle. San Francisco:Jossey-Bass.

Sharma, S., Kumar, S., Bhardwaj, A.K., Chaudhary,S., Kashyap, V. and Chander, V. (2015). Socio demography of mental retardation: A community-based study from a goitre zone in rural sub-Himalayan India. *J. Neurosci Rural Pract.*, **6**(2) : 165–169. doi: 10.4103/0976-3147.153220

Saxena, V. (1992). Perceived maternal rejection as related to negative attention-seeking classroom behavior among primary school children. *J. Personality & Clinical Studies*, **8** : 129- 135.

Schothort and Ivan (1996). Child development Lavrae. E. Berk.

Sheerenberger, R.C. (1983). A history of mental retardation. Baltimore: Brookes Publishing Co.

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