Gratitude and Quality of Life among the Parents of Intellectually Challenged Children

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Abstract:
The present study endeavors to find out gender differences on gratitude and on quality of life among the parents of intellectually challenged children. The ‘Gratitude Questionnaire - 6 (GQ-6, developed by McCullough, et.al, 2002) and ‘Whoqol – Bref Scale’ (World Health Organization Quality of Life, 1996) were administered. Sample comprised of 200 parents (100 mothers and 100 fathers) purposively selected from Chetna Institute for the Mentally Handicapped Children in Lucknow city. They ranged in age from 30-40 years with the mean age of 35 years. The results showed a positive relationship between the gratitude and quality of life among the parents of intellectually challenged children. Further, it was found that mothers have a poor quality of life and low feeling of gratitude as compared to fathers of intellectually challenged children.

Keywords: Intellectually Challenged Children, Parents, Gratitude, Quality of Life

1. Introduction
Intellectually challenged (or mental retardation) is defined as “a significantly below – average level of intellectual functioning (IQ less than 70) with associated impairments in adaptive functioning (in at least two areas), arising before the age of 18 years” (American Psychiatric Association, DSM – IV, 2000).

Hence, due to the above mentioned child’s characteristics, parenting an intellectually challenged child is found to be the most challenging and difficult job on this universe, a parent can come across in a life. As intellectually challenged children are yet not accepted by the society. Due to non acceptability by the society, parents face various hazards in psychological, physical, economical, emotional, social and environmental areas.

This can further lead to major emotional problems like feelings of guilt, shame, also some interpersonal relationship problems, and severe marital problems having an adverse effect on their quality of life. Quality of life (QOL) is defined as “individual’s perception of their position in life in context of culture and value systems in which they live, in relation to their goals, expectations, standards and concerns and a broad concept of person’s physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of environment” (World Health Organization, 1996).

However, quality of life of the parents depends not only how they perceive a stressful event but also on the subjective perception of their capability or available resources in handling or dealing with that event. When the parents satisfied with the available resources they feel being grateful or thankful, this feeling is called gratitude.

Gratitude, thankfulness, gratefulness, or appreciation is a feeling or attitude in acknowledgment of a benefit that one has received or will receive” (Emmons & Cheryl, 2000).
Lot of work has been done on parents with children who have physically as well as mentally fit and chronically ill patients, but there is a paucity of work with especial reference to the parents and caregivers of the patients because if they were not healthy then how will they take of the patients. This responsibility becomes manifolded when we talk of parents for example – parents of disabled and physically challenged people, cancer patients, old people, and intellectually challenged people. When we talk about intellectually challenged children this caregiving task becomes more crucial and hectic because these parents definitely face more difficulties than parents of normal children, which in turn affect their emotional well-being and their quality of life (Ravindranadan et.al, 2008). In Indian scenario, this situation becomes more pathetic because disabled children are not as such accepted by society.

Hence, this intruded the researcher to pick up the present study whatever scanty literature was available by (Blacher,1984 and Schieve, et.al., 2007) reported that parents of children with developmental disabilities experience heightened stress and impaired mental health (Weiss,1991).

While reviewing the literatures, some questions came in researcher’s mind – Is there any gender difference among the parents of intellectually challenged children on gratitude? Is there any gender difference among the parents of intellectually challenged children on quality of life? What domains of quality of life are common in both parents or are there any differences exist between them on the same? What measures can be taken to improve quality of life of parents?

Since it is impossible to answer all the above questions in one study, an attempt has been made to answer some of them in the present study.

2. Objectives
- To study the gender differences on gratitude and on quality of life among parents of intellectually challenged children.

3. Hypotheses
- H1: There would be significant gender differences between the parents of intellectually challenged children on gratitude.
- H2: There would be significant gender differences between the parents of intellectually challenged children on quality of life.
- H3: There will be significant gender difference between the parents on physical health, psychological, social relationships and environmental domains of quality of life.

3. Method
3.1 Sample
Sample consisted of 200 parents (100 mothers and 100 fathers) purposively selected from Chetna Institute for the Mentally Handicapped Children in Lucknow city. They ranged in age from 30-40 years with the mean age of 35.

3.2 Nature of Study
It was an Ex – post facto research with exploratory orientation.

3.3 Variables
Independent Variable
1. Gratitude 2. Quality of life

Dependent Variable
1. Gender

3.4 Tools
Gratitude Questionnaire- 6 (GQ-6): It is developed by McCullough, et.al, (2002). It consists of 6 questions. The parents were rated on a 7-point Likert rating scale. Ranging from strongly disagree (1) to strongly agree (7). Two negatively formulated items (3 & 6) are reverse coded.
Quality of Life: It is developed by World Health Organization, (1996). It consists of 26 questions. It has 4 domains- Physical health, Psychological, Social relationships, and Environmental. The parents were rated on a 5-point rating scale.

Results and Discussion

The purpose of the present study was to study the gender differences in gratitude and quality of life among parents of intellectually challenged children.

After data collection, the scoring procedure was done for both tools. Then, mean, standard deviation and t–ratio were calculated for gratitude and for quality of life and its all domains for seeing whether there is significant gender difference between both parents on the same

Table – 1.0: Mean, SD and ‘t’ value for all mothers and fathers on gratitude.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>‘t’ value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>100</td>
<td>50.4</td>
<td>4.26</td>
<td>7.27</td>
<td>&lt; 0.01 Significant</td>
</tr>
<tr>
<td>Fathers</td>
<td>100</td>
<td>56</td>
<td></td>
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</tbody>
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Gratitude is defined as the personal perceptions of stigma among individuals. Table- 1.0 clearly depicts that result was significant which mean that mothers feel less grateful for whatever they received from others as compared to fathers. Responses given by parents also support this i.e., mothers reported like “When I look at the world, I don’t see much to be grateful for” whereas fathers reported like “I have so much in life to be thankful for”. Therefore, the hypothesis made in this regard has been accepted. This was supported by Gray (1993) found that mothers face more distraction and stigma in social situations than fathers. May be that most of the time mothers kept their child whether if she is inside or outside. That is why they have less time to spend some time for themselves whereas fathers have more opportunities to avoid their child’s and family’s problem.

Now, moving on the next variable i.e. quality of life, this is defined in terms of individual perceptions of their life, in context to their goals, their expectations, dreams, happiness etc.

Table – 1.1: Mean, SD and ‘t’ value for all mothers and fathers on quality of life.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>‘t’ value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>100</td>
<td>209.28</td>
<td>9.91</td>
<td>3.79</td>
<td>&lt; 0.01 Significant</td>
</tr>
<tr>
<td>Fathers</td>
<td>100</td>
<td>216.1</td>
<td></td>
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</table>

As depicted in Table 1.1 that the significant gender differences were found in parents of intellectually challenged children. This has been supported from the responses given by both parents i.e., mothers said “I am not satisfied with my overall circumstances” that whereas fathers reported that “I know that my circumstances are unfavorable but despite all this, I am able to handle everything just because of my partner’s support and love”. Therefore, in this regard the hypothesis made “there will be significant gender difference between the parents of intellectually challenged children on quality of life” was accepted. Women not only spend more time caring for their children and other family members, but they tend to also experience greater depression, poorer well-being, and worse physical health outcomes than men in caregiving roles (Sullivan, 2002).

Now, moving on the domains of quality of life, first domain is physical health, which is critical for overall well-being and is the most visible of the various dimensions of health, which also include social, intellectual, emotional, spiritual and environmental health. It is a state of complete physical well-being and not merely the absence of disease.
As depicted on table 1.2, obtained result was significant on physical health domain. This shows that mothers scored low on physical health domain as compared to fathers. The responses given by parents was supported this result i.e., mothers reported like “I am not able to sleep well at night due to my child’s health conditions” where as fathers reported like “I have enough energy for everyday life”. The hypothesis made in this regard has been accepted. A similar result was found by Mugno and et.al, (2007). This may be that fathers play a small role in daily child care compared with that of mothers. In that case, most of the time mothers feel tired and burdened.

Second domain of QOL is Psychological, which is a state of emotional well-being, in which individuals are more able to cope with / grow with the challenges of daily life. The table 1.1 depicts that obtained result was significant which mean mothers showed low psychological health than fathers. This was supported from the responses given by both parents i.e., mothers reported like “I have always negative feelings such as blue mood, anxiety and depression” where as fathers reported like “I am totally satisfied with my health”. Hence, the hypothesis made in this regard has been accepted. This was supported by previous research evidence. Mothers perceived more psychological stress than fathers related to the responsibilities associated with parenting a child with handicap (Girolametto, et.al, 1994). This may be that women tend to spend many more hours than men on family and household chores. They have no time for doing the things whatever they want. On the other hand, fathers have more opportunities and ways to avoid problems of their children and their family issues which are related to their children.

Next domain is social relationships which is a relation between living organisms (especially between people). As table 1.1 depicts that result was significant which mean mothers have more social relationships problem than fathers. Responses given by parents also support this i.e., mothers reported like “I am not satisfied with the support I am getting from the others” whereas fathers reported like “I am satisfied with the support I am getting from the others”. Therefore, the hypothesis made in this regard has been accepted. Further, this can be supported by (Orr, et.al, 1993) who found parents are known to get impacted in many ways because of having a special child. Social life of parents may get affected. Mothers have fewer opportunities to meet the people or to attend social gathering happily than fathers.

Fourth domain is environmental which defined as those circumstances, objects, or conditions by which one is surrounded. The table 1.1 reveals that result was significant. This shows that mothers are more aware to their child’s condition as compared to fathers. This was supported by the responses given by
parents i.e., majority of mothers reported like “The information I need for my day-to-day life is available to me” whereas, fathers reported like “Sometimes I need more information related to my child’s condition”. Hence, the hypothesis made in this regard has been accepted. A probable reason could be it is true more or less same facilities of security, financial, health care, physical environment and transport were available to all parents, irrespective of gender, but despite this fact, mothers live with the child more often than fathers, so she knows very well what is good for the child and what’s worse.

4. Conclusion

It can be concluded that mothers have a low feeling of gratitude and poor quality of life than fathers. Although it was found that mothers tend to portrays to poor image in terms of physical health, psychological health and social relationships than fathers. It seems mothers tend to spend many more hours than fathers on family and household chores and fathers play a small role in daily child care chores. Also, it was found that fathers have more opportunities to avoid their child's and family's problem.

Hence, the need of the hour is to provide some interventions prepare for parents especially, mothers. So that to enhance their well-being and move toward more acceptance and more of unconditional positive regard towards their child’s condition. Parents are required to emphasize on what a child can do instead of what he cannot do. Parents should believe and accept this fact that raising a child with special needs does not take a special family, in fact, it makes a family special. Also, in case of father, he may help attenuate the adverse effects of maternal depression on child health by increasing his role as a caretaker of the child and by providing additional support to the child's mother (Connell, 2002 & Goodman, 1999). In this way parents tend to improve their and their child’s mental health and well-being especially mothers.

References