Mother-Child relationship and burden in families of children with mental retardation

Anahita Khodabakhshi Koolaee (1)  
Sahar Khazan (2)  
Davood Tagvae (3)

(1) Department of counseling, Islamic Azad University, Science and Research branch of Arak, Arak, Iran.  
(2) Department of psychology, Islamic Azad University, Science and Research branch of Arak, Arak, Iran  
(3) Department of psychology, Islamic Azad University, Science and Research branch of Arak, Arak, Iran

Correspondence:  
Dr. Anahita khodabakhshi  
Department of counseling, Islamic Azad University, Science and Research branch of Arak, Arak, Iran  
Email: anna_khodabakhshi@yahoo.com

Abstract

Background: Researchers and practitioners have emphasized parents with mentally retarded children may experience high level of mental distress and burden. They are facing many social problems like stigma, isolation, and rejection by society.

Objectives: The present study compares the mother-child relationship and burden in mothers with or without children with mental retardation.

Methods: To achieve the goal of research, one hundred mothers of children 6 to 10 years old (Mean= 8.80) with mental retardation were selected by random sampling in elementary schools in Tehran by 2013. In addition, one hundred mothers with children 6 to 10 years old (Mean=8.30) without mental retardation (normal IQ) were selected by random sampling in five schools in exceptional schools in Tehran by 2013. They responded to three questionnaires including; Demographic questionnaire, of family burden Inventory and Mother-Child Relationship Evaluation (MCRE). Data were analyzed between these two groups by utilizing the independent t- test and Spearman’s correlation coefficient.

Result: The findings indicated there was a statistically significant difference between these two groups of mothers in psychological burden (p<0.001). Mothers with a child who had mental retardation had experienced high-level objective and subjective burden than mothers without children with mental retardation. In addition, mother-child relationship in mothers with children with intellectual impairments report a stressful relationship with their children. They show a high-level of Overprotection, Overindulgence, and Rejection toward their children (p<0.001), while they indicate a low-level of acceptance of their child. However, mothers with normal IQ children acquired a suitable score in Acceptance sub-scale than the other group of mothers.

Conclusion: According to these findings, it seems that mothers of children with intellectual disabilities may experience psychological distress like, Depression, anxiety, psychosomatic problems and so on. In addition, they should carry a heavy responsibility of caring for their children. Paying attention to these factors that affect the family atmosphere can create new guidelines for family counselors and other therapeutic and rehabilitation team clinicians dealing with these families.

Key words: mother-child relationship, burden, mental retardation, mothers
1. Background
Researchers and practitioners have demonstrated the psychological health and quality of life of parents and siblings may be negatively affected by the raising of a child with intellectual disabilities (1). For example, mothers with children with child developmental disabilities (e.g. Autism, speech disorder, Phenylketonuria PKU, mental retardation) are at risk of mental distress, depression, low quality of life, anxiety and so on (2-5).

The term “mentally retarded” is applied to a very large (approximately 1%) of the population. The current DSM-IV-R defines mental retardation as an IQ of 70 or below. Mentally retarded groups by intellectual functions include; profoundly retarded (IQ 20 or less), severely retarded (IQ 20-75), moderately retarded (IQ 35-55) and mildly retarded (IQ 71 to 84). (6) Wanger emphasized “these children have a limited repertoire of skills and fragile defenses which cause failure and frustration, hyperactivity, impulsivity, rapid mood swings, regression and significant language and speech impairment” (Wanger, p: 37) (7).

It is clear that such behaviors are reasons for frequent rejection by parents and siblings. Symington pointed out that “the mentally retarded experience a high level of negative social parameters like rejection, labeling, ridicule expressed by peers, family and strangers, segregation, are ignored by family members and friends, have restricted opportunities and experience victimization (8).

Parents with mentally retarded children experience a high level of psychological distress and subjective and objective burden.

Research on expressed emotion (EE) toward mental disorders (e.g. Schizophrenia, depression, Autism) have been well documented. However, the lack of exact research for mother-child relationships and burden in families with mentally retarded children is unclear. In addition, there is the lack of attention to the measurements of child-mother relationship or Expressed Emotion (EE) in intellectual disability (1).

On the other hand, mothers with mentally retarded children live with their children or maintain contact with them. Having a close relationship with someone with mental retardation and providing care to that person can put a heavy burden on caregivers. On the other hand, the burden includes multiple responsibilities such as financial costs, physical care of the patient and compromises on personal freedom and leisure activities and has been reported to affect the course of illness (9), in other words, literature on this topic distinguishes an objective and a subjective dimension. Objective burden refers to practical problems, such as disruption of family relationships, constraints in social, leisure and work activities, and financial difficulties.

Subjective burden describes the psychological reactions which family members experience, e.g. feeling of loss, depression, anxiety, and embarrassment in social situations. The nature of the patient’s illness appears to influence the ways caregivers react to the patient’s behaviors (10). However, the families must cope with the stress of the patient’s disruptive symptoms, changes in household routines, strained social relations within the family, loss of social support, diminishing opportunities for leisure time and deteriorating finances (11). Studies assessing the burden on families with children with autism, physical and intellectual disability have found that heavier costs and other burdens develop in the course of raising such children more so than in raising children without special difficulties (12).

In Iran as an Eastern Country, families prefer to keep their patients in the family environment. Iranian families believe in fate and predestination view and parents blame themselves for their son’s or daughter’s illness, so, they keen or interested in keeping them in the family (13).

2. Objective
The aim of the present research is to answer a key question; do mothers with or without children with mental retardation experience a different mother-child relationship? Also, do mothers with mentally retarded children experience subjective and objective burden?

3. Patients and Methods
3.1. Participants and Plan
To achieve the goal of research, one hundred mothers of children (6 to 10 years old) with mental retardation were selected by random sampling in five schools in exceptional schools in Tehran (Capital of Iran) by 2013. In addition, one hundred mothers with children (6 to 10 years old) without mental retardation (normal IQ) were selected by random sampling in elementary schools in Tehran in 2013. Mildly retarded individuals are the focus in this research. The inclusion criteria were as follows:

1- Diploma as the minimum level of education of mothers
2- Age ranged between 25 and 40
3- Without any severe mental and physical illnesses
4- Not be divorced or not be responsible for children

3.2. Measurements
Socio-demographic data sheet
They responded to three questionnaires including:
Demographic questionnaire, of Family Burden Inventory and Mother-Child Relationship Evaluation (MCRE). Data were analyzed between these two groups by utilizing the independent t-test and Spearman’s correlation coefficient. A socio-demographic data sheet was used to record personal information of the participants including age and education of the mothers and children.

Family Burden Questionnaire
The FBIS (14) is a 25-item semi-structured interview. This scale measures objective and subjective aspects of burden and it contains six general categories of burden, each having two to six individual items for further investigation. Subcategories include financial burden, effects on...
family leisure, effects on family interaction, effects on physical health of family members, and effects on the mental health of other family members. Each item is rated on a three-point scale, where zero is no burden, one is moderate burden, and two is severe burden. Satisfactory internal consistency and significant correlation with patients’ psychopathology and social dysfunction were reported (14). The scale was translated into Persian with a high level of equivalence to the original English version; it demonstrated good internal consistency with Cronbach’s α = 0.72 for the scale and sub-scales (15).

The Mother-child Relationship Evaluation (MCRE)
The Mother-Child Relationship Evaluation (MCRE) was created by Robert. M Roth (16). MCRE is used as the major dependent measure. Forty-eight five-point items are designed to measure four subscales: Acceptance, Overprotection, Overindulgence, and Rejection.

The highest point in each item is “very much! very high” (5) and the lowest point is “very little/very low” (1). Reliability: Split-half reliability coefficients ranged from 0.41 to 0.57 for the factors. Validity: Inter-correlations between the scales ranged from 0.68 to 0.28. The mean coefficient of correlation was 0.55Roth (16). In Iran MCRE was translated to Persian by researchers in the present study and we report reliability by Cronbach’s Alpha 0.73.

3.3. Procedure
Procedure, statistical methods and code of ethics:
Participants answered all of the questionnaires independently under supervision of interviewers, and parents filled out the informed consent.

When participants were selected, interviewers were told them and their parents the aim of the study and asked the parents to answer the questionnaires.

The data gathering from research analyzed by Descriptive statistical methods included: Mean, Standard deviation, and percent frequency. In addition, inferential statistical methods like, t-student for independent group was implemented for research. Data were analyzed by SPSS statistical package version 18.

4. Results
In Table 1, the results of age characteristics of all of the participants are indicated. Table 2 shows the mean differences in mother-child relationship overall score (t=46.68, p=0.001.df=198) and Sub-scales (Acceptance t=58.75, p=0.001.df=198; overprotection t=59.11, p=0.001.df=198; overindulgence t=33.55, p=0.001. df=198, and rejection t=45.85, p=0.001.df=198) by MCRE questionnaire.

Regarding the results of Table 2, the t-test for independent groups indicated that there were dramatically significant differences between the two groups of mothers. Mothers with mentally retarded children reported higher levels of tension (overprotection, overindulgence, and rejection) in dealing with their children, than mothers without mentally retarded children. On the contrary, the mothers with normal IQ children revealed higher “acceptance” than the other group of mothers.

Table 3 indicated a statistically significant difference between mother burden in the two groups (t=24.24, p=0.001, DF=198).

Discussion
The present research shows that mothers with mentally retarded children had stressful relationships with their children. They reported being extremely overprotective, overindulgent, and rejection of contact with their children. On the contrary, they addressed low acceptance toward their children. This result was consistent with the previous study as an example; Wagner cited that mentally retarded children faced paternal disappointment and rejection from their parents. In addition, Khodabakhshi-Koolaei and Hosseini (2009) found that mothers with children with intellectual impairment had low satisfaction of life and reported high level of depression. Living with mentally retarded children puts heavy pressure on parents and other members of the family (17). Mothers with these children, as the main source of care, have tension in their relationship with the children. According to Dossetor et al. (1994) caregivers of children with intellectual disabilities had psychological distress and lower social support (18). In addition, Ormond et al. (2006) and Greenberg et al. (2006) found that mothers of children with Autism had high negative expressed emotion toward their children (19-20).

The second main question of this study is whether mothers with MR children have high subjective and objective burden than mothers without MR children? The evidence would suggest that the answer is “probably” yes. Our findings revealed that mothers with MR Children show higher burden. This finding is consistent with previous studies an example, Khodabakhshi-Koolaei et al. (2014) found that mothers with children with speech disorder had high burden (5).

Carra et al (2012) shows that the high expressed emotion of relatives reported more subjective burden of care in disturbed behaviors and adverse effects areas (21). The two dimensions seem actually related and dependent on relatives’ appraisal of the patients’ condition rather than on his/her illness severity (22). If long-term caregivers believe that they are not in control of the patient’s illness, they feel more stress and depression, have more negative views of the impact of care (23) and the lack of proactive strategies based on avoidant coping, may increase their levels of burden (24). The burdens threaten the psychological well-being of mothers with MR children. Based on these results and previous research, the study suggests that family’s awareness of the mother-child relationship and caregiver burden would be helpful to
Table 1: Level of age of mother and children

<table>
<thead>
<tr>
<th>Age of mother</th>
<th>n</th>
<th>minimum</th>
<th>maximum</th>
<th>Mean±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group with M.R children</td>
<td>100</td>
<td>29</td>
<td>40</td>
<td>34.50±0.61</td>
</tr>
<tr>
<td>Group without M.R children</td>
<td>100</td>
<td>28</td>
<td>40</td>
<td>34.00±0.50</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td></td>
<td></td>
<td>34.30±0.39</td>
</tr>
</tbody>
</table>

Table 2: Mean, SD and t-value of overall of Mother-child relationship in terms of Acceptance, overprotection, overindulgence, and rejection in mothers with MR children (Group1, n=100) and mothers without MR children (Group 2, n=100) groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>group</th>
<th>Mean±SD</th>
<th>df</th>
<th>P value</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>1</td>
<td>15.16±3.46</td>
<td>198</td>
<td>0.001</td>
<td>58.75</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>52.73±4.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overprotection</td>
<td>1</td>
<td>45.50±4.76</td>
<td>198</td>
<td>0.001</td>
<td>59.11</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>15.8±4.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overindulgence</td>
<td>1</td>
<td>45.50±7.33</td>
<td>198</td>
<td>0.001</td>
<td>33.55</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>16.38±4.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rejection</td>
<td>1</td>
<td>51.88±5.63</td>
<td>198</td>
<td>0.001</td>
<td>45.85</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>19.22±4.34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total score</td>
<td>1</td>
<td>199.74±23.28</td>
<td>198</td>
<td>0.001</td>
<td>46.68</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>70.87±14.82</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Mean, SD and t-value of mother burden with MR children (Group1, n=100) and without MR children (Group 2, n=100) groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>group</th>
<th>Mean±SD</th>
<th>df</th>
<th>P value</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Burden</td>
<td>1</td>
<td>24.28±4.06</td>
<td>198</td>
<td>0.001</td>
<td>24.24</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>12.65±2.54</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: n, absolute frequency; SD, Standard Deviation; df, Degree of freedom; t, Student's t-test
families. In conclusion, mothers with MR children have daily contact with their children. They are may be facing psychological problems and low quality of life. Having children with MR problems not only puts stress on mothers but also, all family members. Families with an intellectual disability member may experience stigma and isolation from society. Family counseling interventions and family psycho-education can be helping to oppose these pressures and enable them to change the life problems without harming the relationship with their children.

References
5- The psychological effects of having a child with a speech disorder MIDDLE EAST JOURNAL OF PSYCHIATRY AND ALZHEIMERS, April 2014 VOLUME 5, ISSUE 1, , PP:3-8.
6- American Psychiatry Association (APA) DSM-IV-TR, website: www.psychiatry.org