Comparison of Marital Satisfaction in Families with Mentally Retarded, Deaf and Nondisabled Children

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ABSTRACT

Family is the most important and suitable system to resolve physical, psychological, and spiritual requirements of human being. The functioning of families of children with developmental disabilities has been of interest to researchers for some time. This study aimed to comparison of marital satisfaction in families with mentally retarded, deaf and nondisabled children. The method of this study is a causal-comparative. The sample of the study was 106 mothers of mentally retarded, deaf and nondisabled students that were selected by cluster sampling method. Enrich marital satisfaction scale (short form) was used as the research instrument. Results of one-way analysis of variance showed that there is significant difference in the levels of marital satisfactions between families with mentally retarded, deaf and nondisabled children. It is necessary to pay special attention to families with disabled children.

KEYWORDS: Family Cohesion, Parent, Mentally Retarded, Deaf.

INTRODUCTION

Attitudes surrounding the attributes and placement of children with disabilities in families and communities have undergone significant changes over the last 100 years. In the past children were expected to live in institutions, away from their families and the community. Now, the majority of children with disabilities are able to live with their families. Parents of children with developmental disabilities have many issues to face. Firstly, they may come to the realization that their child is not developing typically. Parents also begin to face issues such as what kind of treatment is available for them, where their child will go to school, and whether the parents or child are entitled to any government assistance. Many parents will also face the question of whether they are able to care for their child themselves, or whether they feel they do not have necessary skills or resources and it may be better for someone else to care for the child. The majority of parents are able to keep their child at home with the family, whereas other children may be brought up by grandparents, other family members, or in a foster family. Numerous studies have been conducted to investigate the functioning of families with a child with a developmental disability (Asberg, Vogel, & Boewrs, 2008; Dabrowska & Pisula, 2010; Dempsey, Keen, Pennell, Reilly & Neillands, 2009).

When a child is born with a disability, the unexpected and permanent nature of such an event generally increases a parent's vulnerability to stressors. The vast amount of research has shown that family outcomes can vary from healthy adaptation to maladaptation as a result of changing family responses over time. There is considerable evidence to suggest that parents of children with developmental disabilities (DD) experience greater stress than parents of children without DD (Hastings, 2002). Multiple studies have focused on the stress experienced by these families, particularly whether families experience more stress than families of children with typically developing children (Dyson, 1996; Fisman & et.al 1989; Shin & et.al 2006; Grant, Huggins, Connor & Astrsygvt, 2005). Several
studies have shown that stress in parents lead to negative outcomes such as parental dissatisfaction (Koeske, Koeske, 1990; quoted by Cooper & et al, 2009) and low quality of marital satisfaction (Asberg et al, 2008).

More research findings have considered birth of a child with mental retardation (Karsavidis et al, 2011; Gohel et al, 2011; Benson 2010; Dempsy et al, 2009) and deafness (Asberg et al, 2008) as the main source of stress and anxiety. Severity of child disability is one of variables that are correlated with parental stress. Children who are born with severe injuries are usually more anxious to make the family because they have more responsibility for the family (Dabrowska & Psula, 2010). Social psychologists have considered anxiety as a devastating and debilitating factor that can be effective in reducing life satisfaction of individuals.

One variable in this study was the marital satisfaction. Marital satisfaction is the compatibility between current state and the expected state. Thus, marital satisfaction is achieved only when the current state of individual in marital relations is in accordance with what he had expected. Finel (1993; quoted Rosen - Grandon et al., 2004) reported ten characteristics of marital life of those who have had a satisfactory long-term marriage life in this way: life-long commitment to marriage, loyalty to spouse, strong moral values, respecting wife as a friend, commitment to sexual fidelity, desire to be a good parent, faith in God and spiritual commitment, willingness to support and please spouse, equal partnership, willing to forgive and be forgiven.

More parents of mental retarded children have a psychiatric problem. There are feelings such as sadness, hopelessness about the future; confusion and shortcoming are the common problem in them. Other negative consequences of having such a child in home are having dubious and opposite feeling, humiliation, challenging mental health (Roos, 2005; Goldberg & et al 1986), creating an unhealthy psychological atmosphere in the family (Farber & et al 1975), decreasing in the level of consistency (Pelchat & et al, 1999) and psychological pressure (Horby, 1994). Each of these items can directly and indirectly be effective in threatening positive marital relationship of parents and reducing parent’s marital satisfaction (McCullough, 2006). Generally, these children can impose pressures on parents and can be followed loss of peace and unity of the family. It ultimately leads to delayed in mental development of other children and limited in family development.

In addition to presence more conflict in parents with disabled children, the parent-child interaction is also less positive and productive. In respect to rising a child with a disability is arguably one of the greatest stressors any parent has to face, multiple studies examine how the impact of stress on marital quality and satisfaction. With regard to the importance of functioning of families with disabled children, this study aimed to comparison of marital satisfaction in families with mentally retarded, deaf and nondisabled children.

METHODOLOGY

The method of this study is a causal-comparative. Statistical population was including all mentally retarded, deaf and nondisabled students’ mothers in Rasht in 2012. The sample of the study was the 106 mothers (33 mentally retarded, 33 deaf, and 40 nondisabled), that was selected by cluster sampling method.

1.1. TooLS

Enrich’s (1985) Marital Satisfaction Questionnaire: Enrich questionnaire (short form) is a 47-question instrument developed to measure marital satisfaction. In the Farsi version of this questionnaire, Cronbach’s alpha was obtained 0.89 for women and 0.90 for men that show high internal consistency of this questionnaire. Correlation coefficient between the scores of subjects on two occasions with three weeks interval was 0.84 for all the subjects.

TABLES

The findings of the present research were analyzed using one-way analysis of variance. Descriptive indicators of the variable marital satisfaction are reported in Table 1.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Group</th>
<th>Nondisabled=40</th>
<th>Deaf=33</th>
<th>Mentally retarded=33</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Contractual answer</td>
<td>12.60</td>
<td>2.79</td>
<td>12.45</td>
<td>2.89</td>
</tr>
<tr>
<td>Marital satisfaction</td>
<td>29.80</td>
<td>4.47</td>
<td>26.97</td>
<td>6.03</td>
</tr>
<tr>
<td>Personality issues</td>
<td>10.45</td>
<td>2.67</td>
<td>9.27</td>
<td>2.86</td>
</tr>
<tr>
<td>Marital relationship</td>
<td>15.77</td>
<td>3.12</td>
<td>13.45</td>
<td>3.87</td>
</tr>
<tr>
<td>Conflict solution</td>
<td>18.77</td>
<td>3.30</td>
<td>18.18</td>
<td>4.27</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------</td>
<td>------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Financial management</td>
<td>12.40</td>
<td>2.37</td>
<td>11.42</td>
<td>2.63</td>
</tr>
<tr>
<td>leisure</td>
<td>15.07</td>
<td>2.73</td>
<td>15.24</td>
<td>2.38</td>
</tr>
<tr>
<td>sex</td>
<td>15.20</td>
<td>2.66</td>
<td>14.36</td>
<td>2.54</td>
</tr>
<tr>
<td>Marriage &amp; kids(parenting)</td>
<td>16.82</td>
<td>2.66</td>
<td>14.30</td>
<td>2.23</td>
</tr>
<tr>
<td>Relatives &amp; friends</td>
<td>16.17</td>
<td>3.18</td>
<td>14.89</td>
<td>2.89</td>
</tr>
<tr>
<td>Gender quality</td>
<td>8.77</td>
<td>1.76</td>
<td>8.15</td>
<td>1.64</td>
</tr>
<tr>
<td>Ideological orientation of friends</td>
<td>17.40</td>
<td>3.04</td>
<td>15.06</td>
<td>2.96</td>
</tr>
<tr>
<td>total</td>
<td>189.2</td>
<td>24.56</td>
<td>173.7</td>
<td>29.11</td>
</tr>
</tbody>
</table>

According to the results of above table among three groups, mean of marital satisfaction in mothers of nondisabled children (mean=189.2) is more than deaf children (mean=173.7) and mentally retarded children (mean=171.5).

To investigate the differences between marital satisfactions of 3 groups, ANOVA test was used which are shown in table 2.

**Table 2. Results of ANOVA test to comparison family cohesion between parents of nondisabled children, deaf and mentally retarded**

<table>
<thead>
<tr>
<th></th>
<th>Sum of squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Group</td>
<td>6972.055</td>
<td>2</td>
<td>3486.028</td>
<td>4.728</td>
<td>0.011</td>
</tr>
<tr>
<td>Within Group</td>
<td>75949.803</td>
<td>103</td>
<td>737.377</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to the results of ANOVA test (4.728, P<0.011= F (2, 103) there is significant difference in the levels of marital satisfactions between families with mentally retarded, deaf and nondisabled children. Therefore to investigate whether an observed difference is significant among 3 groups, Scheffe test was used. The results are shown in table 3.

**Table 3. Scheffe test results to comparing marital satisfaction among 3 groups**

<table>
<thead>
<tr>
<th>Marital satisfaction</th>
<th>N</th>
<th>subset for Alpha = 0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers` of nondisabled children</td>
<td>40</td>
<td>189.25</td>
</tr>
<tr>
<td>Mothers` of deaf children</td>
<td>33</td>
<td>173.76</td>
</tr>
<tr>
<td>Mothers` of mentally retarded</td>
<td>33</td>
<td>171.48</td>
</tr>
</tbody>
</table>

Given the above findings, there is significant difference between marital satisfactions in mothers of nondisabled children and mothers of deaf and mentally retarded children. But there are no significant differences between marital satisfaction in mothers of deaf children and marital satisfaction of mentally retarded children.

**DISCUSSION AND CONCLUSION**

The birth of a child is a pleasant process for parents, although it is associated with a lot of trouble and discomforts. Despite the difficulties, the hope of the child being nondisabled and healthy usually creates a sense of confidence in them and they accept their child. However, as soon as they become aware of their child's disability, all their wishes and hopes turn into disappointment and then problems begin. Parents of children with disabilities generally report more stress than parents of typically developing children, and siblings of children with a disability may have an increased risk of developing psychological problems. This study aimed to comparison of marital satisfaction in families with mentally retarded, deaf and nondisabled children. The results of this study revealed that marital satisfaction in mothers of disabled children is less than mothers of nondisabled children. Findings of this study are consistent with the results of Taunila, 2005; Kim, 2003; Hedod 2002).

Marital satisfaction is caused by several factors in the relation between spouses and children. Marital satisfaction can be defined as the agreement between the present situation and expectations. In this condition, marital satisfaction occurs when conditions of couples in marital status do not conform to their desired and expected...
status (Winch 2000). The birth of a handicapped child is known as a factor in the parents' marital dissatisfaction. On the one hand disability of a disabled child in doing his job and constant need to care by parents, and on the other hand most families' life style in core may be another reason for low satisfaction of parents of mentally retarded and deaf children compared to nondisabled children. Negative reactions of parents following the birth of a disabled child and many researches evident according to the parents' physical and mental weakness (Kumari Gupta & Kaur 2011, Murphy 2007) are also another factor in reducing psychological health of parents and damaging effective marital relationship.

Due to the existing high stress and anxiety in parents of mentally retarded and deaf children, balance needed in marital relationship of this parent may be fluctuated. Extreme behaviors such as rejection or too care often seen in these couples. Also strong need of child to their parent’s attention and additional care to disabled children, it is extremely effective to ignorant and negligence of them to each other and updating or enhancing problems (Floyd & et.al 1998). Feeling a lot of pressure such as psychological, economic, educational, medical, blaming others by threatening relationship within the family are involved in creating or increasing marital problems. Also other outcomes of birth a disabled child is limitation in social relations that by threatening intra-relationship of family such as friends. Relatives, neighbors and school will be threat consistency of family and may increase unhealthy function of family (Fisman & Wolf 1991).

Differences between husband and wife in the education of disabled child and loss of sexual desire are other factors that by presence of a disabled child lead to decrease in marital satisfaction. And also can refer to abundance of these children’s mothers by their husbands for reasons such as lack of adequate preparation of fathers for additional responsibility or stigma (Rohiny 2012).

According to the results of this study, it seems that parents of disabled children have a limited information, support and resources to be able to prepare themselves to play such a role (Hudson & et.al 2005). Hence, some proposed solutions seems to be necessary such as, family counseling, training in coping skills for stress, adequate social support and providing adequate training classes for parents. Because leaving these tensions and pressures without treatment and interventions lead to reduce physical and mental health of caregivers as hidden patients (Good & et.al 1998).

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REFERENCES


