STRESS AND PSYCHOLOGICAL HARDINESS OF PARENTS OF PHYSICALLY CHALLENGED CHILDREN

Ankit Prakash*, Sheema Aleem**, Samina Bano*** and Naved Iqbal****

ABSTRACT

Families and carers of people with disabilities face significant difficulties in their life. Although giving care to the child is part of the responsibility of the parents, the situation becomes entirely different when the child is diagnosed with a disability and may rely on long-term dependence on daily living. It is because parents have to manage their child’s health problem as well as the requirements of everyday living. Hardiness has been shown to be associated with the individual’s use of active, problem-focused coping strategies for dealing with stressful events. The present research was undertaken with the purpose to see the Stress and Psychological Hardiness and the possible relationship between the two variables among the Parents of physically challenged children. The study was conducted on 60 parents taken on purposive basis from Delhi. Thirty parents were those who have normal children and 30 parents who have children living with disabilities. Parenting stress index-short form and Psychological Hardiness scale were used to assess both variables in the study. Psychological hardiness had three components, i.e., commitment, control and challenge. Results indicated that parents of physically challenged children experienced more stress than the parents of normal children. Parents of physically challenged children also scored higher than parents of normal children on commitment, challenge and total.

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hardiness. However, significant difference was not found between the two groups in control component of psychological hardiness. Significant Positive relationship was found between parental stress and total hardiness.

Key Words: Stress; Psychological Hardiness; Parents and Physically Challenged Children

The presence of a chronic disease or a congenital defect in a child certainly makes it more difficult for any parent to carry out his parental role. The dependence of all infants and young children increases in the case of a physically handicapped infant and young child. This increased dependence quite often provokes in the parents severe feelings of hostility with wishes to be rid of this added burden. This is immediately followed by intense feelings of guilt, and thus a vicious cycle is set in motion. An estimated 10% of the world’s population experiences some form of disability or impairment (WHO action plan, 2006-2011). The number of people with disabilities is increasing due to population growth, emergence of chronic diseases and medical advances that preserve and prolong life, creating overwhelming demands for health and rehabilitation services (Srivastava & Khan, 2008). In South-east Asia, the prevalence of disability ranges from 1.5-21.3% of the total population, depending on definition and severity of disability (Mont, 2007).

Gupta, Mehrotra & Mehrotra, Hidangmayum & Khadi (2012) found high level of stress among the parents of disabled. Parents with a child with disability face a series of specific tasks arising from the child’s health condition. Numerous studies have shown that specific physical demands and experience of disappointment because of health problems of the child cause stress in parents (Barnett, Clements, Kaplan-Estrin, & Fialka, 2003; Florian, & Findler, 2001; Hauser-Cram, Warfield, Shonkoff, & Krauss, 2001; Lin, 2000). Stress of care giving and raising a child with disability is seen as a combination of increased needs for the child care and emotional reactions caused by the child’s condition (Margalit & Kleitman, 2006). One of the most difficult problems for a family is the birth of a child with physical impairment or the development of a disability during early childhood (Rosman, 1988).

Although, giving care to the child is part of the responsibility of the parents, the situation becomes entirely different when the child is diagnosed a disability and may rely on long term dependence on daily living (Raina, O’Donell, Rosenbaum, Bre Haupt, Walter, Russell, Swinton, Zhu and Wood, 2005). It is because parents have to manage their children’s chronic health problems as well as the requirements of everyday living. For example, parents of children with muscular dystrophy, especially mothers, experience significant chronic emotional stress which influences the overall management of the illness, and offering life-long care on the children’s day to day living would lead to parental strain (Chen,
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Chen, Jong, Yang & Chang, 2002). Parents of children with physical disability experience disability related caregiving stress and stigma due to being affiliated with their children living with physical disability, which may negatively impact their mental health. Caregiving is a dynamic and dyadic process in which the children’s adaptation to the disability and outcome of treatment would be significantly related to the quality of caregiving and interactions; and these would in turn depend on the caregiver’s adjustment to the child’s disability condition and the resulting parental stress (Knussen & Sloper, 1992; Lessenberry & Rehfeldt, 2004; Oyebode, 2003). A study by Green (2003) showed that stigma perceptions held by mothers of children with disability would increase maternal distress. In an earlier study Goffman (1963) also reported that stigma not only affects those who have that stigmatizing attributes but also other people who are affiliated with them, such as their parents and friends.

A growing body of evidence suggests that the personality trait of hardiness helps to buffer exposure to extreme stress. In the late 1970s Kobasa (1979) introduced the concept of psychological hardiness and suggested that hardiness moderates the relationship between stressful life events and illness. Personality hardiness has emerged as a composite of the interrelated attitudes of commitment, control, and challenge that provides the existential courage (Maddi, 2004) and motivation needed in turning stressful circumstances from potential disasters into growth opportunities (Maddi, 2002, 2004; Maddi, Harvey, Khoshaba, Lu, Persico, & Brow, 2006). Those who are strong on commitment attitude, get involved rather than withdraw, perceiving this as the best way to turn the stressful experience into something that seems noteworthy. Those strong in the control attitude believe that through effort, they can more often than not influence what is going on around them rather than perceiving themselves as powerless in the face of circumstances. Those strong in the challenge attitude believe that fulfillment is to be found not in easy comfort, security, and routine but rather in the continual growth in wisdom through what is learned from the negative and positive experiences of an active life. As existential courage, hardiness is a sign of mental health and has expanded the emphasis of positive psychology beyond mere happiness (Maddi, 2006). Hardy individuals are also more confident and better able to use active coping and social support, thus helping them deal with the distress they do experience (e.g., Florian, Mikulincer, & Taubman, 1995). There is empirical evidence that hardiness is associated with greater well-being and that increased well-being is achieved through the use of active-coping responses (Allred & Smith, 1989; Berwick, 1992; Maddi, 1987, 1999; Maddi & Khoshaba, 1996; Maddi, Wadhwa, & Haier, 1996; Nakano, 1990; Narasavage & Weaver, 1994; Rhodewalt & Agustsdottir, 1989; Rush, Schoel, & Barnard, 1995). Studies have also shown that hardy people appraise stressful conditions as less threatening and more manageable and use more effective coping skills.
than their less hardy peers (Maddi, 1999; Zakin, Solomon, & Neriya, 2003). Summarising the results of more than two decades of research about hardiness, led Kobasa to suggest that hardy individuals have a clear sense of direction, an active approach in stressful situations, and a sense of confidence and control that mitigate the intensity of possible threats and dangers (Zakin et al., 2003).

**Rationale**

Since the parents of physically challenged have to take extra care of their child then the parents of normal children as they have to manage their children’s health problem as well as the requirements of everyday living and because of this extra burden they need extra energy to meet the challenges of life. Hardiness has been shown to be associated with the individual’s use of active, problem-focused coping strategies for dealing with stressful events. Keeping in view the significance of Psychological Hardiness in the life of an individual the present study was undertaken to examine the level of Parental stress and level of Psychological hardiness among the Parents of physically challenged Children. Besides that the study was also intended to examine the association between Stress and Psychological Hardiness.

**METHOD**

**Sample**

Total 60 Parents were taken purposively from the different places of Delhi. Out of 60 parents, 30 were the Parents of physically challenged (with imputed hands / legs or suffering from polio) whereas the remaining 30 were the parents of normal children (at par with the physically challenged in terms of socio economic and educational status). The parents of physically challenged were contacted on various hospitals of Delhi whereas the parents of Normal children were contacted at their homes.

**Design**

A two group design was used in the present study.

**Tools**

Two different tools were used in this study to examine the level of psychological hardiness and Stress among the parents of physically challenged and normal Children.

*Parenting Stress Index – Short Form (Abidin, 1995):* The PSI-SF is a self-reported questionnaire that yields an overall parenting stress viz. the norms for children in the range of one month to 12 years are developed by the author. The items of parenting stress (Abidin, 1995) is not designed to assess the stress that parents experience related to other life roles and life events. The PSI was originally used with parents who have at least fifth grade reading levels. There are three factors/subscales which are assessed by the PSI-SF as described as:
Parental Distress (PD) measures an impaired sense of competence in the parenting role, lack of social support, role restriction, depression and conflict with one’s spouse i.e. parents perception of their own behaviour including perceived competence, marital conflict, social support and limitation in their life as a result of parents demands. Parents- Child Dysfunctional Interaction (PCDI) examines the failure of the child to meet parents’ expectation, interactions with their child which is not reinforcing. Difficult Child (DC) taps into characteristics of the child that makes him/her easy or difficult to be managed by parents. This subscale indicates the parents’ perception of their child’s temperament, non-compliance, demandingness and defiance.

The PSI-SF (Abidin, 1995) consists of 36 items that are rated on a five point scale. Score anchored from ‘strongly agree’ with five score to strongly disagree with a score of one with higher scores indicating greater stress. Based on the total stress score the respondent stress on parenting was classified Low level of stress if scores were < 55; Normal level of stress if scores were 56-85; High level of stress if scores were 86-90; Clinically significant stress if scores were >90.

On pretesting the coefficient of reliability by using split half method was found to be 0.93 which was significant. This questionnaire requires only 15 minutes for answering all the items.

Singh Psychological Hardiness Scale (SPHS): For accessing the extent of psychological hardiness among the adolescents Singh Psychological Hardiness Scale (SPHS) by Singh (2007) was used. In developing SPHS, 16-16 items from each of the three components of hardiness, that is, commitment, control and challenge were taken. Thus, a total of 16x3 (48 items) were taken. The entire set of 48 items was submitted to a group of judges, that is, 7 college teachers of psychology and 7 college teachers of sociology with a request to suggest and vagueness, ambiguity or dual meaning coming from any item. Keeping in view their common suggestion regarding any particular item, some minor modifications were done. Subsequently, the test having 48 items was administered to a sample of 100 subjects and item-total correlations were computed for checking the validity of the items. This process of items analysis identified 18 items to be yielding very low item-total correlations. As such they were dropped from final inclusion and the test in its final form had only 30 items. Items nos. 1, 4, 7, 10, 13, 16, 19, 23, 25, 28 measured commitment; items nos. 2, 5, 8, 11, 14, 17, 20, 23, 26, 29 measured control and items nos. 3, 6, 9, 12, 15, 18, 21, 24, 27, and 30 measured challenge.

Every item was rated on five response options: strongly agree, agree, neutral, disagree and strongly disagree by the respondents. All items except item no. 17, 21, 25 and 28 were given a score of 5, 4, 3, 2 and 1 for the above five categories of responses respectively. Since these items (17, 21, 25, 28) are
negative, they were given a score of 1, 2, 3, 4 and 5 for the above five categories of responses respectively. Subsequently, the scores earned by the respondent on each item were added to yield a total score. Higher the scores, higher is the magnitude of psychological hardiness. Lower score indicates lower psychological hardiness. The maximum possible score on SPHS 150.

The test-retest reliability of the test was found to be 0.862 and the internal consistency reliability as indicated by the coefficient Alpha was found to be 0.792 content validity for three components of psychological hardiness, that is commitment, control and challenge were 0.762, 0.682 and 0.784 respectively. The overall coefficient of concordance was 0.74.

**Procedure**

The parents of both physically challenged and normal adolescents were contacted and after explaining the purpose of the study and assuring the confidentiality regarding result of the study the data was collected on Parenting stress Index and Psychological Hardiness scale. The obtained data were analysed with the help of $t$-test and correlation by using SPSS-16.

**RESULTS AND DISCUSSION**

The results obtained are presented in the following tables:

**Table 1 : Comparison between two groups on stress and various dimensions of hardiness**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Stress</td>
<td>Parents of Physically challenged</td>
<td>30</td>
<td>101.30</td>
<td>7.54</td>
<td>10.406**</td>
</tr>
<tr>
<td></td>
<td>Parents of Normal Children</td>
<td>30</td>
<td>79.36</td>
<td>8.73</td>
<td></td>
</tr>
<tr>
<td>Psychological Hardiness (Total)</td>
<td>Parents of Physically challenged</td>
<td>30</td>
<td>121.27</td>
<td>7.70</td>
<td>2.49*</td>
</tr>
<tr>
<td></td>
<td>Parents of Normal Children</td>
<td>30</td>
<td>116.37</td>
<td>7.52</td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td>Parents of Physically challenged</td>
<td>30</td>
<td>41.80</td>
<td>3.27</td>
<td>2.608*</td>
</tr>
<tr>
<td></td>
<td>Parents of Normal Children</td>
<td>30</td>
<td>39.56</td>
<td>3.35</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>Parents of Physically challenged</td>
<td>30</td>
<td>39.73</td>
<td>4.41</td>
<td>.796</td>
</tr>
<tr>
<td></td>
<td>Parents of Normal Children</td>
<td>30</td>
<td>38.90</td>
<td>3.66</td>
<td></td>
</tr>
<tr>
<td>Challenge</td>
<td>Parents of Physically challenged</td>
<td>30</td>
<td>40.10</td>
<td>4.46</td>
<td>2.009*</td>
</tr>
<tr>
<td></td>
<td>Parents of Normal Children</td>
<td>30</td>
<td>37.90</td>
<td>4.00</td>
<td></td>
</tr>
</tbody>
</table>
Table 1 showed significant difference between parents of physically challenged and parents of comparison group on parenting stress, psychological hardiness (total), commitment and challenge. However, significant difference was not found between two groups on control dimension of psychological hardiness.

From the results given in the table 1 it was found that the parents of physically challenged children had more Parental Stress than the parents of normal children as the mean scores on Parental Stress were found to be 101.30 and 79.36 respectively for the parents of physically challenged and normal children. The difference between the two scores was found statistically significant beyond .05 level of confidence. From the above findings, it appeared that the parents of physically challenged were by and large in stress may be because of the impairment of their child and the extra burden that endorsed upon them. In addition to usual demands imposed by the parenthood, families with a child with developmental difficulties face a series of specific tasks arising from the child’s health condition Keteelars (2008). Peshawaria, Menon, Ganguly, Roy, Pillay, and Gupta, (1995) stated that there were gender differences in facilitating and inhibiting factors that affect coping in parents of children with intellectual disability in India. Mothers are under more pressure to balance childcare needs and household chores. Physical support was a relief to them. The presence of mental retardation in the family creates additional needs on the family resources and its perception of the events. Unmet needs tangible or intangible however creates psychological stress (Kumar, 2008). The mothers might have also experienced various degrees of psychological distress due to parental reaction towards the irreversity of the intellectual disability, social stigma, and anticipation of future and caring demands (Al Kuwari, 2007).

From the results given in the Table 1 it was also found that the parents of physically challenged children had better psychological Hardiness than the parents of normal adolescents as the obtained mean scores orthopedically and normal adolescents were 121.27 and 116.37 respectively. The obtained data on Psychological Hardiness were also analysed on the basis of its three dimensions. On looking at the table it appeared that the two groups also differ significantly on Commitment and Challenge. On the said two dimensions the parents of physically challenged children were found to be better on the Psychological hardiness as the mean scores for the two groups were 41.80 and 39.56 for Commitment and 40.10 and 37.90 for the Challenge on dimensions of Psychological Hardiness. According to Kobasa (1979) Commitment refers to the tendency to involve oneself in the activities in life and have a genuine interest in and curiosity about the activities, things and other people, while challenge refers to the belief that changes in life are opportunities for personal growth. Dimension of control is defined as a tendency to believe and act as if one can influence the life events through one’s own effort. Therefore, it can be said that the parents...
of physically challenged were more committed and likes challenges more than the parents of normal children. However, on the dimension namely control no significant difference at .05 level was found between the two groups. The obtained results can be understood in the light of the facts that Parents of physically challenged have to develop more advanced cognitive abilities than the parents of normal children, specifically more refined abilities to think about the perspectives of their child and to understood times as it relates to his/her future and life, these abilities also contribute to understanding of resilience. As compared to parents of normal children they develop and demonstrate more resilience when they suffer from some sort of distress. Previous research findings have provided support for this hypothesis and indicate that, in comparison to less hardy individuals who are more likely to engage in distancing, avoidance, and emotionally focused coping, individuals who score high on hardiness measures are more likely to engage in problem-focused, active, and support-seeking coping strategies (Pollock, 1989; Williams, Wiebe, & Smith, 1992). These latter coping strategies, in comparison to emotionally focused coping (e.g., distancing) have typically been regarded as adaptive, since individuals engaging in problem-focused coping generally demonstrate fewer indications of distress and maladjustment (Breslin, O’Keefe, Burrell, Ratcliff-Crain, & Baum, 1995; Cooper, Russell, & George (1988); Cooper, Russell, Skinner, Frone, & Mudar, 1992; Evans, & Dunn (1995). Beasley, Thompson and Davidson (2003) approved the moderating role of hardiness in life negative events effects on women’s psychological health and the role of hardiness in reducing the effects of emotion-focused coping in distress scales, for men and women (Beasley, Thompson, and Davidson, 2003).

Table 2: Correlation between Parental Stress & Psychological Hardiness and its three components for the total sample (N=60)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Stress &amp; Psychological Hardiness</td>
<td>.275*</td>
</tr>
<tr>
<td>Parental Stress &amp; Commitment</td>
<td>.178</td>
</tr>
<tr>
<td>Parental Stress &amp; Control</td>
<td>.099</td>
</tr>
<tr>
<td>Parental Stress &amp; Challenge</td>
<td>.303*</td>
</tr>
</tbody>
</table>

* Significant at .05 level

Table 2 showed significant positive relationship between parental stress and total hardiness and parental stress and challenge whereas correlation was not found significant between parental stress and other two components of psychological hardiness.

The results given in the Table 2 indicated that the scores on Parental Stress and Psychological Hardiness and Parental Stress and Challenge were correlated with each other significantly as obtained value of $r$ was .275 and .303 respectively. From the results it was obvious that those who were high on parental stress were also found high on psychological hardiness. In other words, it can be said...
that higher will be Parental Stress higher will be the Psychological Hardiness. Initially used to examine the relationship between health and stress (Jennings & Staggers, 1994), Kobasa’s (1979a, 1979b) preliminary findings revealed that individuals who experienced high levels of stress, but remained healthy had a different personality structure than individuals who experienced high levels of stress and became ill.

In sum, the parents of physically challenged children had more parenting stress than the parents of normal children. Whereas, the parents of physically challenged had better psychological hardiness then the parents of normal adolescents.

REFERENCES


