

Religious orientation in relation to psychological distress and frustration among parents of differently-abled children

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Abstract

According to the World Health Organization and the American Association on Intellectual and Developmental Disabilities, intellectual disability is a condition of arrested or incomplete development of the mind characterized by impairment of skills and overall intelligence in areas such as cognition, language, and motor and social abilities. Intellectual disability makes a person incapable of living an independent life. In India, family bears the main burden of caring for such persons unlike in the developed world. Family members, particularly parents, are more affected by the condition. The present study was an attempt to find out relationship of religious orientation with psychological distress and frustration among parents of differently-abled Children. The data for the present study was obtained from parents of differently-abled Children [N=200 (Fathers 90 & Mothers 110)] belonging to various districts of Kashmir valley. Religious orientation was assessed by using Religious Orientation Scale (Gorsuch & McPherson, 1989); Psychological Distress was assessed by using Kessler psychological distress scale- K10 (Kessler, 1996) & Frustration by The Reaction to Frustration Scale-RFSB (Dixit, B. M and Shrivastava, D. N. 1987). The data collected was analyzed by using appropriate statistical techniques like Pearson's product moment correlation. The results showed significant negative correlation between intrinsic religious orientation and psychological distress. Moreover, a significant positive correlation was found between extrinsic religious orientation and psychological distress. However, the relationship between intrinsic religious orientation and as well as extrinsic religious orientation with frustration was found positive but insignificant.

Keywords: differently-abled children, religious orientation, psychological distress, frustration

Introduction

Having a child with a disability affects not only the stress levels of the parent, but major decisions of their life as well. They often experience a sense of loss and social isolation because somewhere a reduction in their social network decreases the ability for them to cope with stress. Mother of children with special needs can face uncommon emotional stress, reduction in their social network, stigma, marital relationship etc. The birth of a child with any form of disability causes a lot of agony and disturbance in the family. There is a feeling of shame and guilt, and many a times of shifting blame among the parents (Drew, Logan, & Hardman, 1984; Rangaswami, 1995) ^[9]. The male dominated society is quick to accuse the mother, holding her responsible for the child's deficiency. Out of shame and embarrassment, families prefer to keep their intellectually deficient children socially isolated. This only aggravates the problem as it affects the overall development of the child (Rastogi, 1981) ^[32]. The presence differently-abled child in the family creates additional needs, whether the family is able to meet the needs or not. It depends on a number of factors like nature of the event, the family resource, and its perception of the event. Unmet needs, tangible or intangible however create physical, psychological and social impacts on their day to day life (Girimaji, 1999) ^[16].

The diagnosis of differential-ability in a child can trigger a range of emotional responses in parents & across family systems. For some, it will constitute a crisis that requires

extraordinary psychological adjustment on a parent's part and contains elements of harm, loss and weakness. For others the birth of a disabled child will be viewed as an unfortunate event, yet one that has positive implications; it may provoke psychological growth in some family members. The initial parental response may be a form of emotional disintegration. This may evolve into a period of adjustment and later into reorganization of the family's daily life (Marcia). Parental attitude is not only important for the adaptation of the deficient child, but it also shapes the attitudes and personality of siblings in the family. In fact, the personality and lifestyle of all members of the family are affected by the arrival of a mentally retarded child (Frude, 1992) ^[11]. The parents, other members of the family, relatives, friends, and even neighbours of a child with disabilities may all experience stress to a varying extent. In particular, everyday problems in caring for a child with disabilities, such as sleep and behaviour difficulties, have a significant impact on maternal stress levels (Sloper, Knussen, Turner, & Cunningham, 1991) ^[34]. In many societies even today individuals with any mental deficiency are ignored, ridiculed, avoided, and neglected. It is not understood properly by the society even in this country. Many of the parents in India are known to have very poor knowledge about the condition of mental handicap (Nadirshaw, 1997) ^[27]. Murty (2000) ^[26] found that that the parents did not know the cause of mental handicap and considered it a health problem. As a consequence they sought medical treatment for the condition and felt optimistic about

treatment outcome. Prabhu and Desai (1990) describe that it is hazardous to generalize about the nature of knowledge about mentally handicap held by different segments of people in India, the general feeling is that by and large there exist a wide spread lack of knowledge about mental handicap and confusion concerning “mental illness” and “mental handicapped.

Religious orientation and parents of differently-abled children

The intrinsic religious orientation is linked to seeing religion as an end in and of itself. Individuals who score high on this religious orientation tend to shape their other life events around their religiosity. These individuals are comfortable with their beliefs and are not motivated to bend their religion to fit or justify their actions; instead, they model their actions on religious doctrines and teachings. In a colloquial sense, extrinsics tend to view God (or their higher spiritual power) as being on their side, whereas intrinsics are more apt to see themselves as being on God's (or their higher spiritual power's) side. In other words, “the extrinsically motivated individual uses his religion and the intrinsically motivated lives his religion,” (Allport & Ross, 1967) ^[1,2].

The birth of a disabled child is an event that affects all the family members. It requires a reassessment of the family functioning (Cohen, Friedrich, & Jaworski, 1994; Gallimore, Weisner, Kaufman, & Bernheimer, 1989; Heaman, 1995) ^[7, 13, 19]. One of the important coping mechanisms used by parents of differently-abled children is religious orientation. Religion and spirituality have many benefits which aid in the coping process. Countless studies have consistently demonstrated that religious beliefs and practices are related to greater life satisfaction, happiness, positive affect, morale, and other indicators of wellbeing (Koenig *et al.*, 2001) ^[24]. Though the process of rearing a child with a developmental disability is arguably difficult for many families, there appears to be some families and parents who cope more easily with their child's disability (Gupta & Singhal, 2004) ^[17]. Two important factors, that have been identified as coping resources and have become rather popular in the realm of resiliency research, are spirituality and religious orientation (Gall *et al.*, 2005) ^[12]. Research studies have found religious orientation to be an important coping in both mothers and fathers of differently-abled children (Bennett, DeLuca, & Allen, 1995) ^[4]. Religion has also been found to act as a resource for fathers coping with their special needs children, as a father's experience revolves around his religious beliefs and practices and his relational resources (Olson, Dollahite, & White, 2002) ^[28].

Psychological Distress and Parents of Differently-abled Children

Ridner (2004) ^[33] has defined the construct of psychological distress as, “the unique discomfiting, emotional state experienced by an individual to response to a specific stressor or demand that results in harm, either temporary or permanent, to the person.”

The burden of raising a mentally retarded child tends to lead their parents to psychological distress. The demands of caring for children with chronic conditions may precipitate symptoms of depression and general psychological distress

(Jessop, Riessman & Stein, 1988) ^[21]. However, these findings have been contradicted by results suggesting that caregivers do not experience elevated distress (Walker, Ortiz-Valdes & Newbrough, 1989) ^[37] and some longitudinal studies have found that elevations in maternal distress and depressive symptoms are highest in the period just after the diagnosis of the child's disease (Thompson *et al.*, 1994) ^[35, 36]. This lack of consensus may be due in part to differences in sample characteristics. Samples that include severely handicapping and neurological conditions have generally found elevated distress among caregivers (Breslau, Staruch & Mortimer, 1986). While those that studied less functionally disabling disease conditions, such as diabetes, often have found little or no elevations in symptoms for caregivers (Kovacs *et al.*, 1985). In addition, both the general psychological literature and specific studies of disabled children show that parental distress and family functioning impacts children in numerous ways, affecting their cognitive, behavioural and social development. Parental psychological distress contributes significantly to behavioural and emotional problems among chronically ill children (Thompson *et al.*, 1993).

Frustration

Frustration is one of the most dominating factors influencing the individual's behaviour. Freud (1933) ^[10] reported that aggression is an expansion of frustration. According to him, frustration occurs whenever pleasure-seeking or pain avoiding behavior is blocked. Feeling of fear of failure, thus germinates frustration.

Keeping the above facts in view, the purpose of the present study was to investigate the relationship of religion orientation with psychological distress and frustration.

Objectives of the study

1. To study religious orientation, psychological distress and frustration among the parents of differently-abled Children.
2. To study the relationship between religious orientation and psychological distress among the parents of differently-abled Children.
3. To study the relationship between religious orientation and frustration among the parents of differently-abled Children.

Hypotheses

Ho₁ : There is no significant relationship between intrinsic religious orientation and Psychological distress among the parents of differently-abled Children.

Ho₂ : There is no significant relationship between extrinsic religious orientation and Psychological distress among the parents of differently-abled Children.

Ho₃ : There is no significant relationship between intrinsic religious orientation and frustration among the parents of differently-abled Children.

Ho₄ : There is no significant relationship between extrinsic religious orientation and frustration among the parents of differently-abled Children.

Methodology

Sample

The sample of the present study consisted of 200 parents (90 fathers and 110 mothers) of differently-abled Children. The researcher approached different institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled Children. These institutions provided the statistics of differently-abled Children admitted in their respective institutions along with address and contact numbers of their parents. Later on the researcher used purposive sampling and communicated with the parents of these specially abled children and sought the consent from them for participation in the present study.

Tools Used

Religious orientation scale (1983)

The Religious orientation was developed by Gorsuch & Vanable, 1983. Otherwise known as Age Universal Scale of Religious Orientation, this scale contains 20 items, 8 of which are meant to characterize a person as intrinsic (5, 6, 7, 9, 11, 12, 16, 19) and rest of the 12 items (1, 2, 3, 4, 8, 10, 13, 14, 15, 17, 18, 20) are meant for measuring the extrinsic orientation. The responses are measured on a three point Likert format with the following scale points; No (1), Not Certain (2) and Yes (3).

The Age Universal Religious Orientation Scale has internal reliability coefficients of .66 (for the extrinsic scale) and .73 (for the intrinsic scale). Besides that, the Age Universal Religious Orientation Scale has good concurrent validity whereby it correlated .79 (for the extrinsic scale) and .90 (for the intrinsic scale) with the Allport-Ross Religious Orientation Scale.

Reaction to frustration scale (RFS) 1987

The Reaction to Frustration Scale (RFS) developed by Dr. B.M. Dixit and Dr. D.N. Shrivastava (1987), is a 40 item self-report instrument designed to assess frustration and four kinds of reactions namely aggression, resignation, fixation and regression as scientifically described by Maier (1949). There is no time limit for the completion of the scale; however, a maximum time limit of 30 minutes could be prescribed for all the items of the scale responding to including 'instruction' given to the subjects. The scale required the respondents to choose between 'Most Liked', 'Much Liked', 'Liked', 'Disliked', 'Much Disliked' and 'Least Disliked' and the items from 1 to 20 are positive whereas the items from 21 to 40 are negative items. The total scores obtained on all positive as well as negative items reveal global expression of frustration. The scores are summed up to yield a total score of frustration. The total scores range from 0 to 200, with higher scores indicating more frustration.

The scale has the satisfactory reliability coefficient when positive and negative items of each mode of reactions to frustration are correlated. The reliability and validity scores of the frustration scale were 0.92 and 0.61 respectively.

Kessler psychological distress scale (K10) 1996

The Kessler psychological distress scale (K10) (Kessler,

1996) is a widely used, simple self-report measure of psychological distress which can be used to identify those in need of further assessment for anxiety and depression. The K10 comprises 10 questions where respondents are required to choose between 'All of the time', 'Most of the time', 'Some of the time', 'A little of the time', and 'None of the time' and are scored from five through to one. Questions 3 and 6 are not asked if the proceeding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one. For all questions, the client circles the answer best describing them in the past four weeks. The total score ranges from 10 to 50 and the maximum score of 50 indicates severe distress while the minimum score of 10 indicates no distress.

Kessler and colleagues (2002; 2003) [23], found that the Cronbach's alpha for the K10 (a measure of internal consistency reliability) to be high (.93).

Procedure for data collection

In the present study purposive sampling method was used. The parents were approached personally in their homes after taking the information regarding those parents from the institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of these children. Informed consent was taken from parents in order to seek their voluntary participation and only those parents were included who agreed to take part in this study. They were given directions on how to give response on the scales. It was assured to the respondents that this data will be kept highly confidential and will be used only for research purposes. After motivating the respondents, the responses were taken from them. The data collection ended when responses to all the scales were taken and keeping them in safe custody.

Analysis

The information/responses collected from the respondents were subjected to various statistical treatments. The data was analysed by using Statistical Product and Service Solutions (SPSS 16.0). Statistical techniques used for analyzing data were: correlation method. Pearson's product moment correlation was used to study correlation of intrinsic and extrinsic religious orientation with psychological distress and frustration.

Results

Table 4.1: Showing Pearson's Correlation Coefficient(*r*) Between Religious Orientation and Psychological Distress of the Sample Group

Variable	<i>r</i>
Intrinsic Religious Orientation	-.643*(<i>p</i> < 0.001)
Psychological Distress	
Extrinsic Religious Orientation	.815*(<i>p</i> < 0.001)
Psychological Distress	

*.*p* ≤ 0.05 Level of significance

Table 4.1 reveals that there is a significant negative correlation (*r* = -.643, *p* < 0.001) between intrinsic religious

orientation and psychological distress among parents of differently-abled Children, indicating “*more the intrinsic religious orientation, less is the psychological distress and vice-versa.*” Thus our null hypothesis Ho₁ which states that, “*There is no significant relationship between intrinsic religious orientation and psychological distress among the parents of differently-abled Children*” stands rejected.

The table further reveals that there is a significant positive correlation between extrinsic religious orientation and psychological distress ($r = .815, p < 0.001$) among parents of differently-abled Children indicating that “*more the extrinsic religious orientation, more is the psychological distress and less the extrinsic religious orientation, less is the psychological distress.*” Thus, our null hypothesis Ho₂ which states that, “*There is no significant relationship between extrinsic religious orientation and psychological distress among the parents of differently-abled Children*” stands rejected.

Table 4.2: Showing Pearson’s Correlation Coefficient(r) between Religious Orientation and Frustration of the Sample Group

Variable	r
Intrinsic Religious Orientation	.029 ^{NS}
Frustration	
Extrinsic Religious Orientation	.048 ^{NS}
Frustration	

NS=insignificant

Table 4.2 reveals that there is insignificant correlation between intrinsic religious orientation and frustration as well between extrinsic religious orientation and frustration among parents of differently-abled Children ($r = .029, p = .686$).

Thus, our null hypothesis Ho₃ which states that, “*There is no significant relationship between intrinsic religious orientation and frustration among the parents of differently-abled Children*” stands accepted.

The table further reveals that there is insignificant correlation between extrinsic religious orientation and frustration among parents of differently-abled Children ($r = .048, p = .502$). Thus, our null hypothesis Ho₄ which states that, “*There is no significant relationship between extrinsic religious orientation and frustration among the parents of differently-abled Children*” also stands accepted.

Discussion

The aim of the present study was to study the relationship of religious orientation with psychological distress and frustration among the parents of differently-abled Children.

The results of the present study revealed that there is a significant negative correlation between intrinsic religious orientation and psychological distress among parents of differently-abled Children. There are several studies which are in line with the these results. Research studies have shown that intrinsic religious orientation has inverse association with psychological distress, maladjustment, anxiety and depression (Genia, 1996; Hackey, & Sanders, 1996; Ventis, 1995) [14]. Moreover, several researchers have found that intrinsic religious orientation serves as a buffer and is negatively correlated to a depressive reaction to negative life events (Hettler, & Cohen, 1998; Kendler, Gardner, & Prescott, 1997).

The results of the present study showed that there is a significant positive correlation between extrinsic religious orientation and psychological distress among parents of differently-abled Children. Research studies have shown that extrinsic religious orientation has clear association with psychological distress; more extrinsic religious oriented individuals, more likely report higher levels of depression and anxiety (Davis, Kerr, & Kurpius, 2003) [8]. Those higher in extrinsic religious orientation are more likely to share a significant association with depressive symptoms (Bergin, Masters, and Richards, 1987; Genia & Shaw, 1991; Park, Cohen & Herb, 1990) [5, 15].

Moreover, insignificant correlation was found between intrinsic religious orientation and frustration as well as between extrinsic religious orientation and frustration. The earlier researches on intrinsic religious orientation, extrinsic religious orientation and frustration have shown mixed results. Among these studies some support these findings. Baker and Gorsuch (1982) [3] in a study aimed to investigate the relationship of intrinsic religious orientation and extrinsic religious orientation with ego weakness, guilt proneness and frustration. The results of the study revealed that guilt proneness and frustration were found to be unrelated to both measures of religious orientation.

Implications of the study

This research has following implications:

- This study focused on the assessment of relationship of religious orientation with psychological distress and frustration among parents of differently-abled children. It will help health professionals working in private sector and public sector to address the problems of the concerned population in a better way; and will help them to frame plans and policies for intervention programs.
- Social workers play a key role in assessing parental distress, as well as referring parents to appropriate mental health services. Since the results of this study show that more intrinsically religious oriented parents report less psychological distress, clinicians need to focus on programming for parents that enhance their inclination towards intrinsic religious orientation.
- This study included the concept of religious orientation and it will help parents of differently-abled children to deal effectively with the challenges and problems they face in everyday life due to the pathetic condition of their children.
- The use of religion as coping strategy may also enhance self-empowerment, leading to finding meaning and purpose in distressing conditions and frustration among parents of differently-abled children. It may also safeguard the wholeness and integrity of the parents as well as their children and other family members.

Limitations of the Study

- a. The sample of the study was collected on the basis of information provided by institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled children in district Srinagar. The

information provided by these institutions pertained to three districts, i.e. Budgam, Srinagar and Ganderbal and not to all districts of Jammu & Kashmir.

- b. The sampling technique used to collect data is purposive sampling which brings bias in the selection of sample and weakens the generalization of results of the study.
- c. Another limitation is that minimal demographic data were collected for the sample in this study. Information regarding the gender, residence, income level of parents and child's sex would also have been an important variable to include in the analysis. For instance, not knowing whether child was a male or female concealed any possible influence child's gender may have had on their parents.

Suggestions for future research

Based on the study limitations of this study, there are several recommendations for future research which are given below:

- a. There is much scope to conduct further research on religious orientation, psychological distress and frustration among parents of differently-abled children in order to better identify the pathways in which these variables are related in this population. This study provides the groundwork for further exploration. Further research should include a qualitative component, which would provide the opportunity to learn more about the lived experience of parents of differently-abled children.
- b. The adequate sample size should be taken from all the districts of Jammu & Kashmir in order to generalize the results.
- c. Tools used for such types of studies should be developed/ adopted taking into consideration socio-cultural aspects of the target population.
- d. There is also need to use random sampling method to select sample from different sections of the population with adequate proportions, in order to eliminate judgmental bias in selection of sample.
- e. Future studies should involve a larger and more diverse group of parents, including a more ethnically and racially diverse sample. This would allow further study of the ways that culture and ethnicity play a role in religious orientation, psychological distress and frustration.

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