CHAPTER VI
DISCUSSION OF RESULTS

The results obtained are manifold and varied. Some of the hypotheses framed earlier have been supported while others have failed to find support in the present results. The main variables have been discussed below under different headings. The discussion for each variable takes into account both the analysis of variance and the correlational analysis.

Parental Attitudes.

The results showed that there was no difference between the mothers of handicapped and normal children on the orientation towards child rearing. The findings are contrary to the hypothesis that the mothers of normal children would have higher orientation towards child rearing than those of physically handicapped children followed by the mothers of mentally handicapped children. Orientation towards child rearing is related to parents' participation in socialization of the child. The results do not support the earlier findings which suggested that the mothers of retarded children were rejecting and punitive (Cook, 1963; Ricci, 1970; Fletcher, 1974; Pillai, 1979 and Rastogi, 1981). The results are supported by the finding of Bhatti et al. (1985) who also did not find any differences between retarded and normal children's mothers orientation towards child rearing at the pre-training level. However, they found the differences after imparting training to the mothers of the retarded group whose orientation towards child rearing
increased after training. The mothers of the handicapped groups in the present study did not get any training. The present results maybe explained on the basis that in the Indian context, people are religious and they consider every abnormal fact as the punishment of their own "Karamas" (deeds). Most of the parents think the handicap of the child is the result of their own mistakes. They view that the child is suffering with the disability due to their faults. They start blaming themselves for that cause. They try to handle such children with as much care as the normal children's mothers do and provide them all the love, comfort, care, and attention. As most of them are god fearing, they consider the neglect and rejection of such children as sinful. Sen (1988) stated that parents of handicapped children make provisions for gifts and toys for them, even though they may not accept them emotionally.

The orientation towards child rearing not only reflects the parental attitude but also effects the temperament of the child. Energy and distractability characteristics of the physically handicapped children have a positive correlation with orientation towards child rearing of their mothers. The results indicate that higher the orientation towards child rearing, more energetic the child is (Table 20). In the Indian background, it has long been established that disabled and handicapped people are seen as different from normal people, e.g. as dependent, isolated, and emotionally unstable. These public stereotypes lead to narrower range of role expectations and more restrictions on behaviour and opportunities for the disabled children. If a physically handicapped child responds with a quantum of energy that
increases the hope and expectations of his/her mother and reinforces her to participate more in the rearing of such a child. More the physically handicapped child is responsive, more the mother would consider her role to be important.

Parental attitudes are also related to mothers' perception of social burden of handicapped children. Table 21 indicates the negative correlation between the orientation towards child rearing and disruption in family interaction, i.e., higher the orientation of mothers of mentally handicapped towards child rearing, lesser the disruption in family interaction they feel. If mothers do not consider their role to be important in child rearing, they would be less interested in the child and would more often perceive the child as an interruption. On the other hand, if mothers have more caring and loving attitude, they would like their handicapped children to participate in the family activities as much as they are capable of. Since they would have a healthy interaction with their children, they will feel less disruption in family interaction in the presence of the handicapped child.

With regard to sex differences, mothers of handicapped boys had more favourable attitude towards management of the handicap as compared to those of handicapped girls (Table 8 B). This reflects a more positive attitude towards the male child as compared to the female child. Parental responses are influenced by culture (Roskies, 1972). When viewed in the light of Indian culture the obtained results seem to be well justified. The structure of Indian family, family norms, and women's role expectations place Indian girls, and
handicapped girls in particular, in a critical situation. Boys in our culture are considered to be precious and are more wanted than girls. As such many mothers enjoy the rearing of a boy and feel burdened while rearing a daughter. One can well imagine the difference when the daughter is handicapped.

Marital Adjustment

The hypothesis that parents of normal children will have better marital adjustment than the parents of handicapped children finds support in the obtained results. Similar results of unhappy marriages and frequent quarrelling in families with handicapped children have been reported by Holt (1957), Schonell and Watts (1957); Farber (1959), Farber and Jenne (1963), Hare et al. (1966), Freeston (1971), Field (1972), Tew, Pyne and Lawrance (1974), Bagleiter et al. (1976), and Cyner (1980).

The birth of a handicapped child completely disrupts the usual process of adjustment to parenthood (Solnit, 1961) and comes at a time when mothers especially have to cope with considerable psychological upheaval and unusual vulnerability (Bibring, 1961; Wenner, 1969; Kline, 1972). Parents are expected to face the needs of their handicapped child while simultaneously mourning the loss of the "Ideal" child they wanted. Sabbeth (1984) and Dupont (1986) commented that the crisis of handicapped baby's birth estranged parents from one another. The ongoing demands imposed by the child's care increase the threat to marital harmony and stability. This maybe due to the guilt feelings of being biologically
imperfect as a progenitor (Boggs, 1961). These guilt feelings could be reflected in a tendency to blame each other for producing such a child and this would strain the marital relations. It may also create sexual problems like distaste for intercourse (Gath, 1977) and inhibit future child bearing (Carver and Carver, 1972) that ultimately would affect marital relationships.

Marital adjustment always means that both the partners share each other's responsibilities. However, in the Indian family setup, mothers are found to be loaded with the responsibilities of child rearing and home management. Since the rearing and management of the handicapped child demand more time as well as energy of the mother, she would not be able to look after the home and the husband so well. This, in turn, may lead to marital maladjustment.

Marital problems brought about by the presence of the handicapped children may also be accelerated by the fact that the families with handicapped children become socially isolated. This seems to occur for a number of reasons ranging from the lack of time to socialise and the parents' own unhappiness about their child's condition to the lack of acceptance and understanding by others.

Marked differences have been found in the marital adjustment of the parents of the two handicapped groups. It was found that the mothers of physically handicapped children were better adjusted maritally than those of the mentally handicapped children (Table 9C). It can be explained in light of the previous studies. Freed (1964) found that the public attitudes were least favourable to mental illness.
followed by alcoholism and finally physical disability. Weir (1981) found that a physically disabled person was more acceptable than a mentally retarded person. Consequently, it would be expected that more negative attitude would be expressed towards the mentally handicapped as compared to the physically handicapped. This attitude results in parents' anxiety, fear concerning child's future, and non-ending "shopping around" leading to the straining of marital relations regardless of the sex of the child. Moreover, the factors like too much strain due to management of the handicapped child and social isolation would be comparatively lesser in the families with a physically handicapped child than in those with a mentally handicapped child.

However, the present results suggest that marital adjustment of the parents of handicapped children is related to the mothers' attitude towards the handicap and attitude towards the management of the handicapped. It may be possible that favourable attitudes towards their children's handicap and their management bring the parents closer together and help them to share the tragedy. This would strengthen their marital relationships (Gath, 1977). Conversely, it could be concluded that better marital adjustment leads to a positive attitude towards the handicap and the management of the handicapped.

Maternal employment and the type of the family did not show any effect on marital adjustment of the parents of either normal or handicapped children.
The results on this variable are in line with the hypothesis that the parents of mentally handicapped children would report higher social burden than the parents of physically handicapped children. While analysing differences in various categories of burden, it was found that there were significant differences between the two handicapped groups on the disruption of family routine and the family interaction. The findings suggest that the mothers of mentally handicapped children feel more disruption in family routine (Table 11) and family interaction (Table 12). This could be due to the fact that carers of mentally handicapped are exposed to more burden and disappointments that limit their quality of life (Chamberlain, 1985). The burden of child care falls squarely on the shoulders of the major carer who is more often the mother. Since the caring of a mentally handicapped child is more demanding, it is likely to disrupt the routine of the mother and the family as a whole: The interaction between the family members too would be affected as most of the time of the family, especially the mother, would be spent in the care of the handicapped child.

Another line of thought could be that it maybe due to less favourable attitude of the mothers of mentally handicapped children towards the management of these children. Such an attitude would make the mother perceive the burden of such children more and as a result, she would feel frustrated. It may be her frustration and irritation which lead to the disruption in family routine and family interaction rather than the presence of the handicapped child.
When the results on burden perceived by mothers of handicapped boys and girls were compared, it was found that disruption in family leisure (Table 12) and effect on mental health of the mother (Table 15) were reported more often by the mothers of female children as compared to those of male children.

Rest of the categories of burden revealed no significant differences between the mothers of boys and girls. The total score also did not show any significant difference in the two sexes. Greater disruption in the family leisure due to the handicapped female child is quite understandable. It is difficult to take the handicapped child along very frequently but at the same time being a female, she can not be left behind at home under the care of house boys even for a few hours. The mothers of handicapped girls, therefore, feel more tied up than those of the handicapped boys. Many mothers spontaneously commented during the interview that they could not make visits outside their home easily either with or without the handicapped child and felt conflicts about asking others to look after them. This conflict would have an adverse effect on the mental health of the mother. The present results are contradictory to Farber (1959) and Bristol (1959) who found that boys' handicap tended to be more stressful than girls'.

The burden of a mentally handicapped child was felt more by the non-working mothers. The results also reveal that the mental health of the non-working mothers was affected more than that of the working mothers. The reason could be that
the working mothers go out, have interaction with other people, and share their grief and sorrow with them. If nothing else, they at least have some diversion from the routine and their burden of rearing the handicapped child is shared. On the other hand, the mothers who remain at home, have no change and outlet and are lost in their sorrow. There was no effect of family type on social burden of the handicapped child.

Majority of the mothers (both the handicapped groups) rated the overall burden as moderate to severe (Table 28). In physically handicapped group, the larger percentage (56%) of mothers reported moderate burden, 16% severe, and 28% reported no burden; in the mentally handicapped group, 48% mothers reported moderate burden, 46% severe and only 6% reported no burden. The perceived social burden was felt the maximum in family activities and family interaction.

The findings of this study add to the accumulating evidence that the caring for a handicapped child is stressful. This study reveals that the effect on physical health of mothers was almost similar in the two handicapped groups. It maybe due to the fact that mothers of physically as well mentally handicapped children have to spend a lot of time and energy in the management of these children and being in a subservient position, in a country like ours, mothers are often intentionally or otherwise tend to feel responsible for the defects in their children. Besides carrying the burden of child care and household work with little support, the emotional disturbance may deteriorate their physical health.
Table 28

Degree of Social Burden Felt by the Mothers of Handicapped Children

<table>
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<tr>
<th>Degree of Burden</th>
<th>Physically Handicapped</th>
<th>Mentally Handicapped</th>
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<tbody>
<tr>
<td>Severe</td>
<td>8 (16%)</td>
<td>23 (46%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>28 (56%)</td>
<td>24 (48%)</td>
</tr>
<tr>
<td>Nil</td>
<td>14 (28%)</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>50</td>
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</table>
The obtained results on sociability are in line with the hypothesis that the normal children would be more sociable than the handicapped children. The results are supported by the studies of Kammerer (1940), Allport (1961b), Bicknell (1983), Harvey (1984) and Prakash et al., (1985). Cruickshank (1952) also reported similar results with the explanation that handicapped children wanted their peers and other adults to overlook their disabilities, despite the fact that they often lacked some of the social attributes necessary for this and they desired to be treated as individuals and not as handicapped people. As a group, they were less able than the able bodied control subjects to evaluate interpersonal relationships. They had a tendency to withdraw from social contacts, and they also showed fewer "normal" adolescent interests. Jones (1974) reported that the frustration and maladjustment in interpersonal relationships was caused due to unfair treatment by others. Bose and Banerjee (1969) revealed passivity and withdrawal behaviour as a compensatory behaviour, magnifying their invalid condition and sustaining the same.

The interactional effect of sex and handicap indicated that boys were more sociable than girls in the physically handicapped group whereas the results were in the opposite direction for the normal group, i.e., girls were more sociable than boys. The difference in the mentally handicapped group was negligible. Bentovim (1972) too reported that often physically handicapped girls thought they would never be a mother and this thought was seen in social rejection and
devaluation of self that impaired their social adjustment. Physical appearance is considered to be more important in the case of girls. Many a time, the girls are judged in terms of beauty and smartness. Therefore, physical disability would hit their sense of self worth and pride. These girls may shun the social situations due to their low self concept and inferiority complex.

With regards to emotionality, the findings do not support the hypothesis that physically handicapped children would be higher on emotionality than mentally handicapped and normal children. The results indicate that normal children are more emotional than the handicapped children and in the handicapped groups, mentally handicapped children are more emotional than the physically handicapped children. It may be related to the fact that normal children have understanding and social consciousness. They are physically as well as mentally fit and are capable of overcoming the obstacles. They get frustrated, if restrictions are put on their choices and activities. This attributes to their emotionality indicating unfriendly and crying behaviour and maintaining of an activity in the face of obstacles to its continuation. On the other hand, in the case of physically handicapped children, though they also have awareness and understanding like normal children yet they accept the restrictions as a matter of fact. They know that they are physically incapable to fight against obstacles and probably accept their lot. As a result, they try to adapt to the situations accordingly and would be less emotional. As regards the mentally handicapped children they react to those
restrictions differently and express their emotions with crying and unfriendly behaviour more than the physically handicapped children, probably due to the lack of understanding and social consciousness.

The significant interactional effect indicates that in the case of girls, physically handicapped girls are more emotional than the normal girls. In the Indian background, girls are considered to be a burden on the parents. Besides her education, the parents have to find a suitable match for her marriage so that she can be sent to other family where she spends the rest of her life. The disability in girls constantly reminds them of their worthlessness and weakness that creates anxiety in them and in their parents which makes them more fussy, unpleasant, and unfriendly. These unexpressed feelings influence not only their attitude towards the world around them but also interfere with the emotional and social adjustment processes (Lynch and Arnot, 1976). The handicapped girls constantly remain under the stress as to whether they would get a suitable match or not, whether they would be accepted by their in-laws or not, and whether they would be able to become mothers or not. Such types of apprehensions disturb the handicapped girls affecting their sociability and emotionality. In the Indian society, the most important roles for females are those of a wife and a mother.

In the case of boys, normal boys were found to be more emotional than the physically handicapped boys. The reason maybe the parents' higher expectations from the normal boys. Sons are considered to be the future bread winners of the
family. The boys are expected to carry all the responsibilities of their parents and this way the higher expectations and aspirations of parents create anxiety among them that leads to emotionality whereas from the physically handicapped boys, parents do not expect much and these children rather get sympathy from the parents for their visible disability.

The results on Energy do not support the present hypothesis that the mentally handicapped children would show more energy followed by normal children and then the physically handicapped children. The obtained results showed that the normal children were more energetic than the handicapped children. No significant difference was found between the two handicapped groups, i.e., physically handicapped and mentally handicapped children. The present results do not support the findings of Foschee (1983) who reported that hyperactive behaviour was most frequent among children with lower IQs. The present results can be explained on the basis of medical point of view, i.e., most of the handicapped children remain under the treatment of some medicines that make them less active, slow, and drowsy whereas the normal children are free from this effect and can show their energies more than the handicapped children. The significant effect of sex shows that boys are more energetic than girls. This can be explained on the basis of child rearing patterns of Indian families where girls are trained, from the beginning, to be calm, and sober in exhibiting their physical and psychological energies whereas boys are always encouraged to participate in those activities where they could show their physical energies.
With regards to distractability, the present findings again do not support the hypothesis that mentally handicapped children would be more distractable than the physically handicapped and normal children. On the contrary, it was found that normal children were more distractable than the handicapped children. The significant difference between physically handicapped and mentally handicapped children indicates that physically handicapped children are more distractable than the mentally handicapped children. It may be related to the adjustment of the children in the social and emotional areas. Physically handicapped children are found to have higher feelings of guilt attributing to anxiety, shame, deviance, sense of doom and failure, a sense of badness, fear of death, denial and anger that ultimately affect the performance and attentivity leading to distractability.

The interaction of sex and handicap showed that handicapped boys were more distractable than the handicapped girls whereas the opposite trend was there in the normal group. Higher distractability in normal girls than the boys can be explained on the basis of the fact that girls in Indian families have more problems in the domain of home, and psychological and social adjustment that lead to the fleeting attention and high distractability.

Temperament is the best predictor of the child's adjustment with family members and society. It has been seen that it is not simply the family members who influence children but also the children influence them as much. The present results suggest that sociability characteristic of
mentally handicapped children has a negative correlation with effect on the mental health of the mothers. It indicates that more sociable the mentally handicapped child, the lesser the effect on mental health of the mothers. It maybe related to the fact that if the child is quite responsive to environment, adjustable and adaptable to new situations and uninhibited, the mothers would be happier. The mothers who are already passing through a phase of grief and shock for producing a handicapped child, would be some what relieved of such feelings, in case the child shows positive behaviour like sociability.

The positive correlation was found between energy characteristic of mentally handicapped children and the disruption in family leisure. The hyperactivity and habit of aggressiveness adversely affect the family setting (Plumber, 1979). Due to this reason, perhaps they start avoiding to plan outings or give up their leisure activities in order to take care of the child. Several investigators (Groszman, 1953; Marra and Novis, 1959; Litman, 1966; Steinhaur et al., 1974; and Fox, 1977) have stressed on the social and family problems associated with the presence of handicapped children.

The physical health of the mother was found to be positively correlated with emotionality of physically handicapped children, i.e., more crying and unfriendly the child, more effect on physical health of the mother. It could be due to the fact that a physically handicapped child with negative mood would demand more time and energy of the mother. The child clings mostly to the mother who gets tired
and this affects her physical health. Otherwise too, emotionality of the child would affect her mood also and that would, in turn, affect her physical health.

Marital adjustment of the parents did not show any correlation with temperament of the child (Table 25). Maternal employment and the type of family also did not show any significant effect on the temperament of the children of any group (Tables 26A, 26B and 26C).