

Optimizing Psychological Wellbeing, by Lowering Parental Stress in Parents of Intellectually Disabled Children.



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ABSTRACT: Intellectual disability is one of the most prevalent developmental disabilities of the children globally. As per the reports of the Disability Statistics in India 2017, which was updated from the census data of 2011, there are 1.5 million people with intellectual disability (Kumar, 2017). Though this number is alarming, there are less statistical data's available to describe about the family members, who is suffering because of intellectually disabled children. Family is the main source of support for those disabled children in any society. Parents experience enormous physical and mental stress while dealing with the intellectually disabled children (Islam, Shanaz, & Farjana, 2013). It could be an unfavourable and challenging occurrence that could follow the possibility of frustration, feeling of sadness, and hopelessness. Various evidences indicate that the parents of the intellectually disabled children face emotional, social and economic problems that are often limiting, destructive and conclusive in nature, (Boromand, Narimani, & Mosazadeh, 2014), since intellectual disability is a permanent condition unlike many other diseases (ThiyamKiran Singh, Indla, & Indla, 2008).

Perceiving stress in these parents is hence unavoidable in families with Intellectually Disabled children. When the parental stress is more, less psychological wellbeing will be existing for the parents. Hence, in this study, the researcher correlates perceived stress related to certain demographic variables like age, occupation & income with psychological wellbeing by a valid scale. The study was done with sixty parents, in Cuddalore district of Tamilnadu.

KEYWORDS: Intellectually Disabled, Psychological wellbeing, Parental stress, perceived stress.

INTRODUCTION

Mental health is now understood to involve both the absence of mental illness and the presence of psychological well-being. In the field of psychology, Psychological well-being is a complex construct that concerns optimal psychological functioning and experience. It may be defined as including hedonic (enjoyment, pleasure) and eudaimonic (meaning, fulfilment) happiness as well as resilience coping, emotion regulation, healthy problem solving; Gross and Munoz, 1995; Ryff, 1995; Ryan and Deci, 2001; Community Translational Science Team, 2016; NIH Report, 2018.

Carol Ryff, an American psychologist, studied the influence of certain life events, challenges, and transitions that we experience throughout our lives on Psychological health. She developed her Six-factor Model, which covers several axes associated with Psychological Well-being. Ryff describes in this model, that psychological well-being can be achieved when an individual can attain a state of balance between both challenging and rewarding life events. Evidence supports a causal relationship between Psychological well being & better overall health and improved disease specific outcomes. (Ong,2010 Diener and Chan,2011 Desteno et al 2013 Kok et al 2013Cohen et al,2016).

Parental stress is often related to the severity of the child's condition, the experience of stress is also dependent on how parents perceive the situation. It is also dependent on whether coping strategies are used to manage stress (Lopez, Clifford, Minnes, & Ouellette-Kuntz, 2008). Prominent theories of stress and coping, in recent times, focus on the importance of cognitive appraisals in parents of children with Intellectual Disabilities. Thus effective coping depends on how well the parents adopt in meeting the demands placed on them and how burdensome they feel about the whole situation. (Thakuri, 2014)

REVIEW OF LITERATURE

Extensive literature describes the possible causes and effects of parental stress & all the possible ways of coping.

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A study was done by Dabrowska & Pisula (2010) on parents of pre-school children who had children with Autism and Down syndrome. The study aimed at evaluating the association between parenting stress and coping styles. They brought to light some interesting facts. In this study, 162 parents were examined. They had to answer 'Holroyd's 66-item short form of Questionnaire of Resources and Stress for Families with Chronically Ill or Handicapped Members'. They were also given Endler and Parker's 'Coping Inventory for Stressful Situations'. Higher level of stress in parents of children with autism was shown in the result. Between child diagnostic group and parent's gender an interaction effect was revealed. With regard to gender of the parents, in comparison to fathers, mothers of children with autism scored higher in parental stress.

In Down syndrome and in typically developing children such differences were not found in the group of parents. In social diversion coping the parents of children with autism differed from parents of typically developing children. In the sample of parents, children with autism and Down syndrome, emotion-oriented coping was the predictor for parental stress. In the sample of parents of typically developing children task-oriented coping was the predictor of parental stress. By these results, earlier findings on parenting stress with autism were strongly supported. (Dabrowska & Pisula, 2010)

Gupta, Mehrotra & Mehrotra (2012) used the short form of the Parenting Stress Index and a few open ended questions in 2009 in the cities of New Delhi and Faridabad regions to a convenience sample of sixty-six patient families through six NGOs that serve children with disabling conditions. Among the variables, they found that the female gender children were associated with higher stress. It was related to the failure of the child to meet parent's expectations and also to satisfy the parents in their parenting role. Parents who were engaged in more lucrative and prestigious occupations had higher stress than parents engaged in less prestigious and lucrative occupations irrespective of their income. Many parents mentioned receiving little support from their extended families in taking care of their child.

In the study undertaken by Hidangmayum & Khadi (2012) to know the parenting stress of normal and intellectually disabled children studying in primary school and special school respectively in Hubli-Dharwad city of Karnataka during year 2009-2010, a differential research design was used to compare the parenting stress of intellectually disabled and normal children. The sample for intellectually disabled children and normal children constituted 30 parents of intellectually disabled children and 60 parents of normal children respectively. Parenting Stress Index - Short Form (PSI-SF) was administered to the mothers of the selected children. In their study they found that the parenting stress of intellectually disabled children was significantly higher than that of normal children. They also observed that parents of children with intellectual disability often experienced considerable stress resulting from worries and demand related to their children.

Farheen, Dixit, & Bansal (2013) did a research on the perceived stress by families with intellectually disabled children enrolled in special schools at Indore. For their study, a total of 100 families with intellectually disabled children were questioned. Pretest was done with "The Family Interview for Stress and Coping in Mental Retardation" (FISC-MR), developed at NIMHANS Bangalore. Stress scores were measured on Likert scale. Percentage of families on various score grades was calculated. Following were the areas in which stress was studied; daily care stress, emotional stress, social stress and financial stress. Of this, 81% families reported daily care stress, 65% reported emotional stress, 51.5% reported social stress, and 64% families reported financial stress. By this Farheen et al., 2013, concluded that severe or very high stress was reported by the families in sub areas of extra inputs for care and decreased leisure time. Moderate degree of stress was felt by maximum families in sub areas of personal distress and neglect of other family members.

Shyam, Kavitha, & Govil (2014) designed a study to assess the parenting stress and family burden in mothers of children with disabilities and mothers of children without disability, from the three districts of the state of Haryana, India. Parenting stress index and family burden scale was administered on 125 mothers of children with disabilities and without disability (25 mothers in each group). For this purpose, a multi group design was adopted which consisted of five groups of mothers. They were (1) mothers of children with mental disability, (2) mothers of children with both mental and physical disability, (3) mothers of children with physical disability, (4) mothers of deaf and dumb children and (5) mothers of children without disability. For statistical analysis, t-test, simple analysis of variance and Duncan's post hoc test were used. Results obtained by Shyam et al., (2014) revealed that mothers of children with both mental and physical disability and mothers of children with mental disability scored significantly higher level of parenting stress compared to others.

Need for the Study

Thus, as the studies describe, parents of intellectual disability children have to perform certain additional responsibilities as the presence of intellectual disability child can be a crisis for the parents. In such compensatory task, some parents lower their psychological wellbeing, day by day. Generally parents consult with health professionals, black magicians as well as their religious teachers to recover from this type of crisis situations. A study outlined that parents who have ongoing contact with health professionals are more likely to recover from the crisis and cope with the situation (Schmidt, Lay, Gope et. al, 2006). They strongly

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claimed that home based treatment programs for children with disabilities appear to be an effective, reliable and sustainable strategy.

Objectives

- To assess the perceived stress, of parents of intellectually disabled children, as related to certain demographic variables.
- To assess psychological wellbeing, of parents of intellectually disabled children, to know whether any of the subcomponents, As described by CAROL RYFF, carries a deficit.
- To statistically correlate, perceived stress of parents with the subcomponent in psychological wellbeing, for therapeutic Attention from health care professionals.

Psychological wellbeing according to Carol Ryff

She explains psychological wellbeing as composed of subcomponents, Autonomy, Environmental mastery, Personal growth, Positive relations, Purpose in life & Self-acceptance. The questionnaire devised by her is easily of self-administered type and summation of sub scores in all dimensions describes total score. Higher score indicates higher psychological wellbeing.

Findings of Psychological wellbeing in Parents of Intellectual Disability

Parents of intellectually Disabled children are evaluated by Psychological wellbeing scale of **Carol Ryff(Author)**. It consisted of 42 statements, in which parents has to say how strongly they agree or disagree with the statements. Response is calculated by Likert scale, scoring for all six subcomponents will be noted.

As per the author description, High scores in AUTONOMY indicate, as applicable to this study, parents are independent and they can regulate their behaviour independent of social pressures. Low scoring parents were bothered by other's views. They were having the attitude of not attending any social activities, not taking their intellectually disabled child to a social gathering like marriage, not to expose their child to others.

As per the author description in ENVIRONMENTAL MASTERY, as applicable to this study higher scores indicate effective use of opportunities and mastery of managing everyday affairs, with creating situations to benefit personal needs will be present. Low scores, indicate parents are unaware of opportunities, they fail to manage daily activities.

As per the author description in PERSONAL GROWTH, as applicable to this study, higher scores indicate, parents can welcome new experiences, like learning a coping skill, they can recognize improvement in behaviour in short period of time, say 3 months, by that learning. Low scoring parents, may not show interest in such learning although it is applicable to them. Later in life feel bored & unsatisfied with life due to stress, may not reinforce positive behaviours of themselves, their children.

As per the author description in, POSITIVE RELATIONS with others, as applicable to this study, Higher scores indicate meaningful relationships with others that include reciprocal empathy, intimacy, and affection atleast with other such suffering parents from whom they can learn, share feelings, etc. Low scorers among the parents feel isolated, feel unwanted due to their intellectually disabled children with other relatives and fail to establish positive contact with other parents holding Intellectually Disabled children.

As per the author description in PURPOSE IN LIFE as applicable to this study, High scores can be taken for goal orientation and conviction that life holds meaning for parents. They should have individual goals as related to other normal siblings of intellectually disabled children. If the normal siblings can achieve success in their academics or in sports like extracurricular activities, then, parents should be able to motivate them irrespective of their situation and stress in life due to intellectually disabled child. Low scorers, doesnot fulfil these points when the researcher assessed them.

As per the author description in SELF ACCEPTANCE, as applicable to this study, higher scores were seen with positive attitude parents. They see everyday problems without any mood changes. They never reflected their bad situation due to intellectually disabled on normal siblings or on elders available in the family. Low scoring parents just exhibited mood changes, they were not happy throughout the day, expressed, why they are cursed to life in this world.

METHOD

Design and Sample

This qualitative, descriptive study examined the coping responses of siblings of children with disabilities. The design, method, and purpose were simply descriptive (Sandelowski, 2000). The work is part of a larger study of family adaptation to a child with a disability. For purposes of this study, *disability* was defined as any condition that qualified a child for federally mandated early intervention and special education programs offered by local school districts. The purposive sample was recruited from families with a child enrolled in such programs in special school in the Cuddalore district.

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Procedures

After approval for research with human participants from NGO involved, families were contacted by special meeting arranged with help of special school. An appointment was made for a home visit with those families who gave permission for participation in the study. Procedures were explained, informed consent obtained from parents, from all children involved in the study.

DATA ANALYSIS AND RESULT

Table 1. Influence of Age of the Respondents on Perceived Stress

Perceived Stress	Age based analysis of 60 parents			F-Value	p-Value
	26- 35 Years (10)	36-45 Years (14)	Above 45 Years (36)		
	Mean ± SD	Mean ± SD	Mean ± SD		
Stress in Daily Care Pre therapy	4.49±0.223	4.50±0.246	4.45±0.332	0.210	.811
Stress in Daily Care 3Months	3.24±0.151	3.66±0.122	3.76±0.173	41.118	.000
Stress in Daily Care 6Months	2.81±0.129	2.97±0.182	3.06±0.236	5.872	.005
Stress Family Emotional Pre therapy	4.93±0.048	4.30±0.184	4.20±0.332	28.010	.000
Stress Family Emotional 3Months	3.45±0.227	3.89±0.305	3.99±0.322	12.133	.000
Stress Family Emotional 6Months	2.87±0.330	3.21±0.570	3.65±0.368	15.918	.000
Stress Social Life Pre therapy	4.62±0.132	4.65±0.129	4.61±0.207	.233	.793
Stress Social Life 3Months	3.95±0.242	4.21±0.410	4.49±0.325	11.671	.000
Stress Social Life 6Months	3.63±0.368	3.74±1.077	4.35±0.296	9.350	.000
Stress Financial Implications Pre therapy	3.48±0.169	3.63±0.261	3.43±0.416	1.565	.218
Stress Financial Implications 3Months	3.57±0.116	3.50±0.232	3.44±0.402	.610	.547
Stress Financial Implications 6Months	3.62±0.148	3.30±0.499	3.42±0.408	1.850	.167

Table 1 shows the mean and standard deviation of the perceived stress with respect to the respondents' age group. ANOVA was performed to identify the existence of mean difference among the different age group of the respondents. Seven variables have significant outcome. The insignificant outcomes occurred for the Stress in Daily Care Pre-Therapy ($F = 0.210$; $P = 0.811$), Stress Social Life Pre-Therapy ($F = 0.233$; $P = 0.793$), Stress Financial Implications Pre-Therapy ($F = 1.565$; $P = 0.218$), Stress Financial Implications 3 month-Therapy ($F = 0.610$; $P = 0.547$), and Stress Financial Implications 6 month-Therapy ($F = 1.850$; $P = 0.167$). This shows that the respondents do not differ with respect to their age towards Stress in Daily Care.

While analyzing the existence of mean difference among the different age groups of the respondents towards stress in daily care 3-month therapy, ANOVA result shows a highly significant outcome ($F = 41.118$; $p = 0.000$). Post-Hoc Tukey test result confirms that the respondents who are above 45 years (mean = 3.76; SD = 0.173) and 36-45 years (mean = 3.66; SD = 0.122) are having more perceived stress towards daily care 3-month therapy compared to the respondents who are in the age group of below 26-35 years (mean = 3.24; SD = 0.151).

Similarly, in the case of stress in daily care 6 month therapy also, respondents differ significantly with respect to their age ($F = 5.872$; $p = 0.005$), and the Post-Hoc Tukey test result shows that the respondents who are above 45 years (mean = 3.06; SD = 0.236) and 36-45 years (mean = 2.97; SD = 0.182) are having more perceived stress towards daily care 6-month therapy compared to the respondents who are in the age group of below 26-35 years (mean = 2.81; SD = 0.129).

While analysing the existence of mean difference among the different age groups of the respondents towards stress family emotional pre-therapy, ANOVA result shows a highly significant outcome ($F = 28.010$; $p = 0.000$). Post-Hoc Tukey test result confirms that the respondents who are 26-35 years (mean = 4.93; SD = 0.048) are having more perceived stress towards stress family emotional pre-therapy compared to the respondents who are in the age group of 36-45 years (mean = 4.30; SD = 0.184) and above 45 years (mean = 4.20; SD = 0.332).

Similarly, in the case of stress family emotional 3 month-therapy also, respondents differ highly significantly with respect to their age ($F = 12.133$; $p = 0.000$), and the Post-Hoc Tukey test result shows that the respondents who are above 45 years (mean

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= 3.99; SD = 0.322) and 36-45 years (mean = 3.89; SD = 0.305) are having more perceived stress towards stress family emotional 3 month-therapy compared to the respondents who are in the age group of below 26-35 years (mean = 3.45; SD = 0.227).

While analysing the existence of mean difference among the different age groups of the respondents towards stress family emotional 6 month-therapy, ANOVA result shows a highly significant outcome ($F = 15.918$; $p = 0.000$). Post-Hoc Tukey test result confirms that the respondents who are 26-35 years (mean = 3.65; SD = 0.368) are having more perceived stress towards stress family emotional 6 month-therapy compared to the respondents who are in the age group of 36-45 years (mean = 3.21; SD = 0.570) and above 45 years (mean = 2.87; SD = 0.330).

Similarly, in the case of stress social life 3 month-therapy also, respondents differ highly significantly with respect to their age ($F = 11.671$; $p = 0.000$), and the Post-Hoc Tukey test result shows that the respondents who are above 45 years (mean = 4.49; SD = 0.325) and 36-45 years (mean = 4.21 SD = 0.410) are having more perceived stress towards stress in social life 3 month-therapy compared to the respondents who are in the age group of below 26-35 years (mean = 3.95; SD = 0.242).

While analysing the existence of mean difference among the different age groups of the respondents towards stress in social life 6 month-therapy, ANOVA result shows a highly significant outcome ($F = 9.350$; $p = 0.000$). Post-Hoc Tukey test result confirms that the respondents who are 26-35 years (mean = 4.35; SD = 0.296) are having more perceived stress towards stress in social life 6 month-therapy compared to the respondents who are in the age group of 36-45 years (mean = 3.74; SD = 1.077) and above 45 years (mean = 3.63; SD = 0.368).

Table 2. Influence of Occupation of the Respondents on Perceived Stress

Perceived Stress	Occupation based analysis of 60 parents					F-Value	p-Value
	Government Sector (6)	Private Sector (15)	Agriculture Work (3)	Self-Employment (19)	Home Maker (17)		
	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD		
Stress Daily Care pre therapy	4.65 \pm 0.356	4.31 \pm 0.228	4.6 \pm 0.000	4.52 \pm 0.297	4.48 \pm 0.307	2.114	.091
Stress in Daily Care 3Mon	3.68 \pm 0.214	3.59 \pm 0.264	3.93 \pm 0.153	3.72 \pm 0.123	3.56 \pm 0.302	2.509	.052
Stress in Daily Care 6Mon	2.95 \pm 0.207	2.95 \pm 0.141	3.27 \pm 0.153	3.12 \pm 0.190	2.88 \pm 0.256	4.901	.002
Stress Family Emotional Pre therapy	4.3 \pm 0.310	4.22 \pm 0.587	4.4 \pm 0.000	4.31 \pm 0.135	4.5 \pm 0.372	1.215	.315
Stress Family Emotional 3Mon	3.78 \pm 0.194	3.83 \pm 0.437	4.1 \pm 0.100	4 \pm 0.311	3.77 \pm 0.372	1.448	.231
Stress Family Emotional 6Mon	3.35 \pm 0.394	3.37 \pm 0.392	3.8 \pm 0.000	3.54 \pm 0.620	3.28 \pm 0.534	1.053	.389
Stress Social Life Pre therapy	4.58 \pm 0.147	4.45 \pm 0.185	4.7 \pm 0.000	4.69 \pm 0.152	4.69 \pm 0.125	6.901	.000
Stress Social Life 3Mon	4.15 \pm 0.333	4.25 \pm 0.372	4.5 \pm 0.000	4.51 \pm 0.416	4.26 \pm 0.387	1.781	.146
Stress Social Life 6Mon	3.93 \pm 0.952	4.15 \pm 0.329	4.27 \pm 0.058	4.14 \pm 0.903	4.01 \pm 0.534	.245	.911
Stress Financial Implications Prether	3.27 \pm 0.367	3.28 \pm 0.404	3.5 \pm 0.000	3.62 \pm 0.402	3.59 \pm 0.134	3.229	.019
Stress Financial Implications 3Mon	3.1 \pm 0.335	3.38 \pm 0.341	3.4 \pm 0.000	3.54 \pm 0.370	3.64 \pm 0.169	4.086	.006
Stress Financial Implications 6Mon	2.98 \pm 0.371	3.4 \pm 0.351	3.2 \pm 0.000	3.43 \pm 0.512	3.64 \pm 0.203	3.680	.010

Table 2 shows the mean and standard deviation of the perceived stress with respect to the respondents' occupation. ANOVA was performed to identify the existence of mean difference among the different occupation of the respondents. Among the towel variables, six variables have significant outcome. The insignificant outcomes occurred for the Stress in Daily Care Pre-Therapy ($F = 2.114$; $P = 0.091$), Stress Family Emotional Pre-Therapy ($F = 1.215$; $P = 0.315$), Stress Family Emotional 3 Month-Therapy ($F = 1.448$; $P = 0.231$), Stress Family Emotional 6 Month-Therapy ($F = 1.053$; $P = 0.389$), Stress Social Life 3 Month-Therapy

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($F = 1.781$; $P = 0.146$), and Stress Social Life 6 Month-Therapy ($F = 0.245$; $P = 0.911$). This shows that the respondents do not differ with respect to their occupation towards Stress in Daily Care.

While analyzing the existence of mean difference among the different occupation of the respondents towards stress in daily care 3-month therapy, ANOVA result shows a significant outcome ($F = 2.509$; $p = 0.052$). Post-Hoc Tukey test result confirms that the respondents who are in Agriculture Work (mean = 3.93; SD = 0.153) and Self-Employment (mean = 3.72; SD = 0.123) are having more perceived stress towards daily care 3-month therapy compared to the respondents who are in the occupation of Government Sector (mean = 3.68; SD = 0.214), Private Sector (mean = 3.56; SD = 0.302) and Home Maker (mean = 3.56; SD = 0.302)

Similarly, in the case of stress in daily care 6 month therapy also, respondents differ significantly with respect to their occupation ($F = 4.901$; $p = 0.002$), and the Post-Hoc Tukey test result shows that the respondents who are in Agriculture Work (mean = 3.27; SD = 0.153) and Self-Employment (mean = 3.12; SD = 0.190) are having more perceived stress towards daily care 6-month therapy compared to the respondents who are in the occupation of Government Sector (mean = 2.95; SD = 0.207), Private Sector (mean = 2.95; SD = 0.141) and Home Maker (mean = 2.88; SD = 0.256)

Table 3. Influence of Income of the Respondents on Perceived Stress

Perceived Stress	Income based analysis of 60 parents				F-Value	p-Value
	Below Rs. 10,000 (21)	Rs.10,000-Rs. 25,000 (16)	Rs. 25,001 - Rs. 40,000 (15)	Rs. 40,000 and above (8)		
	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD		
Stress in Daily Care Pre therapy	4.39 \pm 0.231	4.58 \pm 0.283	4.44 \pm 0.401	4.48 \pm 0.203	1.263	.296
Stress in Daily Care 3Mon	3.63 \pm 0.242	3.66 \pm 0.245	3.73 \pm 0.216	3.50 \pm 0.273	1.686	.181
Stress in Daily Care 6Mon	2.99 \pm 0.208	3.01 \pm 0.226	3.05 \pm 0.270	2.93 \pm 0.205	.586	.626
Stress Family Emotional Pre therapy	4.40 \pm 0.371	4.36 \pm 0.242	4.13 \pm 0.442	4.56 \pm 0.389	2.803	.048
Stress Family Emotional 3Mon	3.95 \pm 0.375	3.99 \pm 0.238	3.75 \pm 0.331	3.68 \pm 0.453	2.584	.062
Stress Family Emotional 6Mon	3.47 \pm 0.499	3.57 \pm 0.432	3.33 \pm 0.512	3.14 \pm 0.646	1.494	.226
Stress Social Life Pre therapy	4.58 \pm 0.144	4.69 \pm 0.175	4.58 \pm 0.240	4.68 \pm 0.089	1.651	.188
Stress Social Life 3Mon	4.41 \pm 0.368	4.49 \pm 0.287	4.19 \pm 0.389	4.11 \pm 0.500	2.940	.041
Stress Social Life 6Mon	4.16 \pm 0.614	4.36 \pm 0.332	3.87 \pm 0.791	3.75 \pm 0.835	2.393	.078
Stress Financial Implications Pre therapy	3.53 \pm 0.441	3.54 \pm 0.222	3.32 \pm 0.391	3.56 \pm 0.200	1.461	.235
Stress Financial Implications 3Mon	3.54 \pm 0.398	3.57 \pm 0.189	3.23 \pm 0.317	3.60 \pm 0.185	4.443	.007
Stress Financial Implications 6Mon	3.53 \pm 0.462	3.56 \pm 0.182	3.07 \pm 0.349	3.53 \pm 0.365	6.189	.001

Table 3 shows the mean and standard deviation of the perceived stress with respect to the respondents' income level. ANOVA was performed to identify the existence of mean difference among the different income level of the respondents. Among the towel variables, four variables have significant outcome, the insignificant outcomes occurred for the Stress in Daily Care Pre-Therapy ($F = 1.263$; $P = 0.296$), Stress in Daily Care 3 month-Therapy ($F = 1.686$; $P = 0.181$), Stress in Daily Care 6 month-Therapy ($F = 0.586$; $P = 0.626$), Stress Family Emotional 3 month-Therapy ($F = 2.584$; $P = 0.062$), Stress Family Emotional 6 Month-Therapy ($F = 1.494$; $P = 0.226$), Stress in Social Life Pre-Therapy ($F = 1.651$; $P = 0.188$), Stress Social Life 6 Month-Therapy ($F = 2.393$; $P = 0.078$), Stress in Financial Implication Pre-Therapy ($F = 1.461$; $P = 0.235$). This shows that the respondents do not differ with respect to their income level towards Stress in Daily Care Pre-Therapy, Stress in Daily Care 3 month-Therapy, Stress in Daily Care 6 month-Therapy, Stress Family Emotional 3 month-Therapy, Stress Family Emotional 6 Month-Therapy, Stress in Social Life Pre-Therapy, Stress Social Life 6 Month-Therapy, Stress in Financial Implication Pre-Therapy.

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While analyzing the existence of mean difference among the different income level of the respondents towards stress in family emotional pre-month therapy, ANOVA result shows a significant outcome ($F = 2.803$; $p = 0.048$). Post-Hoc Tukey test result confirms that the respondents who are earn Rs. 40,000 and above (mean = 4.56; SD = 0.389), Below 10,000 (mean = 4.40; SD = 0.371) and Rs.10,000 - Rs. 25,000 (mean = 4.36; SD = 0.242) are having more perceived stress towards Family Emotional Pre-month therapy compared to the respondents who are in the income level of Rs. 25,001 - Rs. 40,000 (mean = 4.13; SD = 0.442).

Similarly, in the case of stress in Social Life 3-month therapy also, respondents differ significantly with respect to their income level ($F = 2.943$; $p = 0.041$), and the Post-Hoc Tukey test result shows that the respondents who earn below 10,000 (mean = 4.41; SD = 0.368) and Rs. 10,000 – Rs, 25,000 (mean = 4.49; SD = 0.287) are having more perceived stress towards Stress in Social Life 3-month therapy compared to the respondents who are in the income level of Rs. 25,001 - Rs. 40,000 (mean = 4.19; SD = 0.389) and Rs.40,000 and above (mean = 4.11; SD = 0.500).

While analyzing the existence of mean difference among the different income level of the respondents towards stress in financial implication 3-month therapy, ANOVA result shows a significant outcome ($F = 4.443$; $p = 0.007$). Post-Hoc Tukey test result confirms that the respondents who are earn Rs.40,000 and above (mean = 3.60; SD = 0.185), Rs. 10,000 – Rs, 25,000 (mean = 3.57; SD = 0.189) and Below 10,000 (mean = 3.54; SD = 0.398) are having more perceived stress towards stress in financial implication 3-month therapy compared to the respondents who are in the income level of Rs. 25,001 - Rs. 40,000 (mean = 3.23; SD = 0.317).

Similarly, in the case of stress in financial implication 6-month therapy also, respondents differ significantly with respect to their income level ($F = 6.189$; $p = 0.001$), and the Post-Hoc Tukey test result shows that the respondents who are earn Rs.40,000 and above (mean = 3.53; SD = 0.365), Rs. 10,000 – Rs, 25,000 (mean = 3.56; SD = 0.182) and Below 10,000 (mean = 3.53; SD = 0.462) are having more perceived stress towards stress in financial implication 6-month therapy compared to the respondents who are in the income level of Rs. 25,001 - Rs. 40,000 (mean = 3.07; SD = 0.349).

RESULT

According to the age wise distribution of parents, the respondents who are above 45 years and 36-45 years are having more perceived stress towards daily care of intellectually disabled child. Parental stress as relating to occupation, shows, the respondents who are in Agriculture Work and Self-Employment are having more perceived stress compared to the respondents who are in the occupation of Government Sector, Private Sector and Home Maker. Ryff's philosophy is that psychological well-being isn't just based on positive emotions—it's a balanced overview of multiple aspects of life. Hence, While analysing through Ryff's psychological wellbeing scale, researcher found that, mother's perceived stress affected the subcomponents 1.positive relations, 2.purpose in life, 3.self-acceptance. They were more in number, in low scorers than fathers, in these three subcomponents.

CONCLUSION

It is not an easy task to do parenting for an intellectually disabled child. In this study, the Perceived stress of the parents of intellectually disabled children is classified according to different demographic variables & tabulated. Even though both parents go through the stress, often it is the mothers who need more help and support in handling intellectually disabled children. This was true when analysing the psychological wellbeing of them. Many mothers (females) were low scorers, thus having depression. In mothers, depression compromises the ability to provide warm and sensitive care and is associated with the use of more negative discipline methods and with negative attribution biases regarding their children (Zahn-Waxler et al., 2002).

From this study, it is evident that, perceived stress & psychological wellbeing needs to be focused more on mothers compared to fathers of intellectually disabled children. Early administration of coping skills may reduce their stress. Any rehabilitation program may work effectively for the differently abled if professionals focus on reducing this parental stress. Moreover coping skill training is essential for better survey of other family members like siblings of the differently abled. Health professionals like Occupational Therapist need to integrate the multidimensional nature of psychological wellbeing into effective primary and secondary prevention programs to help normally functioning Parents, optimize their lives and to minimize the negative effects of stress.

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