

Case Study

Understanding Impact of Counselling on Mothers of Special Needs Children: A Case Study Approach

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ABSTRACT

As many consultative aspects and explanations have been discussed through the counselling to providing the best solution to the problems in different areas. Similarly, counselling psychology has a significant role in the field of special needs group and their connected ones. The main attention of this research paper is to explore and portrait the cases of mothers having special needs children, this case study is related to the significant aspect of counselling such as regularity, expectations, support from family and community, and few factors which may produce an impact on mothers like, acceptance, feeling of guilt, depression, anxiety, quality of life along with learned expertise from counselling. With the purpose of the study, the structured interview was developed to collect information. The two case studies were conducted between two mothers. The sample of the case study is one of the main limitation, as more mothers did not participated due to the different reasons. The conclusion was revealed that counselling or effective communication has a stronger connection and positive relationship to enhance the quality of life for these mothers having special duties. Counselling is an important platform to provide better awareness, understanding and useful way to manage the critical situations.

Keywords: *Counselling, Mothers & Special Children*

Counselling psychology can be defined by the three roles of central; the remedial, the preventive and the developmental (Jordaan, Myers, Layton & Morgan, 1968). By Kagan, N., Arms worth, Althmaier, Dowd, Hansen, Mills, Schlossberg, Sprinthall, Tanney and Vasquez, (1998) quoted that remedial intervention may include personal- social counselling or psychotherapy at an individual, couples or on the group. Secondly, the rest two roles stated to handle future difficulties and to make a balance, plans and enhance relationship whether it could be between couples, parent-child, and individuals and within the communities. Family is one of the significant source to support children with disabilities. Family members can

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realize the added demands on time, emotional resources, and financial resources (Baker-Ericzen, Brookman-Fraee, & Stahmer, 2005) that are connected with a child having a disability.

On the contrary, sometimes the view having a child with an intellectual or developmental disability develop the negative family outcomes including added stress and parental depression (see Baxter, Cummins, & Yiolitis, 2000; Hayden & Goldman, 1996 for a review). Towards, the recommended actions suggested to these parents by the studies such are mental health support and sharing platform for experiences by communities that could help to reduce parents feelings of social isolation (Kingsnorth, Gall, Beayni, & Rigby, 2011; Ainbinder, Blanchard, Singer, Sullivan, Powers, Marquis, & Santelli, 1998) with strong linkages and referral systems to mental health professionals who could provide access to services such as cognitive behavioural therapy as well as treatment for depression where required (Patel, Simon, Chowdhary, Kaaya, & Araya, 2009; Patel, Araya, Chatterjee, Chisholm, Cohen, De Silva, Hosman, McGuire, Rojas, van Ommeren, 2007). Apart from, a significant factor also addressed by the researchers which showed the importance of resources for low-income families who are having children with special needs. As Meyers, Brady, & Seto, (2000) describe them; these are “expensive children in poor families.” Further, studies also reported emotion-focused coping for the caregiver of special children. Ylven, Bjorck-Akesson, & Granlund, (2006) pointed out that emotion-focused coping is beneficial in the situations that are beyond the caregiver's control. Gather information suggests that any kind of support whether it could be between sessions along with therapies or informal conversations may useful to caregivers or mothers to reduce their stress and to provide central attention on different aspects of the disability (such as asking for assistance and advice whenever needed or advocacy for the child's needs).

Objectives

The objectives of the study are as follows:

- To study the case studies of mothers who received counselling or any guidance from any organization/NGO, schools and by a specialist.

Case studies in terms:

- To explore various factors and emotions which may affect the quality of life of mothers.
- To study the beneficial outcomes of counselling among mothers having special

Sample Design

Two mothers were selected for a case studies, out of one were received counselling sessions and the second mother interviewed who were without counselling. Important to mention that the children of both mothers were coming to the same special school. However, this study wanted to collect many cases in order to examine the goal but due to unexpected circumstances, only two women participated. Although, this is a case study, therefore the decision was made to describe the cases.

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Case Studies

The following case studies were conducted to explore beneficial aspects of counselling, gaps and issues of mothers. The mood of this paper is to compare the cases of mothers. All information was recorded in the interview. The observation and interview were conducted in the formal or informal situation according to the requirement. Gathered information was used to create a detailed description of their life. The internal code for the mother was used as the one who received counselling will be indicated as "A" mother in this study. "B" mother who did not avail any counselling sessions except one meeting, which was formal interview during the first visit to the centre. As per research ethics, the name and identity of the mothers and her children will not be disclosed. The same rule also implemented in the centre's identity.

DEMOGRAPHIC DETAILS

Family structure

The "A" mother was belonged to a joint family living with In-laws, Husband with 4 children including special child, "B" mother was also living with a joint family like parents of husband, 3 children including with special child. Both families' were patriarchal families.

Qualification

Both mothers were not formally educated, however; both were able to reading and writing of mother tongue. However, they qualified in Quran and all Deeni Taleem (knowledge of Islam). Both were homemakers and generally busy with chores for families.

Residence and Income

The "A" mother's family were residing in the permanent house which they received from their Grand In-laws. According to her, this permanent house was one of the rewards from the God. She reported that the husband income is the only resource for their family. Her husband is working in the Mosque and he is receiving a small amount in the form of monthly salary. Unfortunately, it is well-known fact that this profession does not have a good amount of salaries. The "B" mother was living in the rental house and her husband was Taximan. Her husband's income is only the source of earning for her family too. The distance of the special centre was little far from the residence of both families. However, they spent a little amount of money for daily travelling.

Resources

As earlier mention, both mothers did not have a good financial background. However, they were receiving one scholarship or fund from the government that was prepared for the special children. Apart from the government funds they did not have any resource. Important to note that even received fund not enough for them. Both mothers were serious about her child. They were in the process to save money for them. They reported:

"We are really very serious and worried about the future of our children and our family"

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With the aim to portrait, the picture of mothers having special needs children. The structured interviews were developed based on relevant domains that include emotions, stress and behaviour and support. These domains are significantly important especially for those who are living with special duties. The special duties are about special responsibilities of rearing, caring, development, education and future planning as well as mental pressure like fear, isolation, guilt, depression and maternal stress are also accounted. These pictures (case studies) is represented by the comparison technique.

a. EMOTIONS OF MOTHERS:

Disaster! is the only word that can be express her emotions reported by them because they are worried about their child's future. The "A" mother reported that *she feels that everything has finished*. She was alone at that moment; nobody was there to give any support.

She reports:

"Why this has happened to me and with my child, she was my first child I had a lot of expectations and attachment for my upcoming child, what was the fault of my innocent child"

Further, she reported that she couldn't explain that feeling in words. She reports:

"Now, she is my child and I love my child very much."

Further, "A" mother quoted that she constantly setting with teachers and specialist of her child to identify the possible alternative solutions. However, "B" mother reported, this special child was the second child and during the time of the pregnancy, her family expectations were on the peak for the upcoming delivery.

She also reported that

"Being a mother, I love my special child. However, I do not have enough power to fight against the world, I am very worried about this child, and I feel powerless and restless"

She further says:

"Nobody with me to share all these feelings"

b. ACCEPTANCE

The "A" mother reported that now she is piety much adjusted with this truth about her child that she has special needs and this child always needs support, special care and attention. The "B" mother reported that she has accepted this unpleasant fact. She also quoted that *"it's not about the acceptance, the main issue is what will happen in future, what will be the reality of the future."*

c. MENTAL HEALTH OF MOTHERS

Undoubtedly, both mothers having poor mental health signs but "A" mother reported slightly relaxed after connected with the circle of persons who were providing support and motivation. Similarly, another mother reported that she still having lack of support, isolation, a low degree of realistic perception and lack of satisfaction along no contribution to society.

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d. STRESS AND PHYSICAL STRAINS

Both mothers reported that they are having a large amount of stress as well as physical strains (tiredness). However, "A" mother reported she feels satisfaction for a while when her family members saw improvement in her child. On the contrary, "B" mother quoted that she is still perceived stress even more than earlier because she does not understand "*what is going on?*" or "*what is happening?*" and "*what she has to do?*" She reported that sometimes unable to sleep and reported restlessness and anxiety. However, the mother who received counselling did not mention the high intensity of negative symptoms.

e. HELPLESSNESS AND GUILT/INFERIORITY

During the period of early years of her child, she felt helplessness because she was incompetent to handle the circumstances due to the other responsibilities. Further, she also felt guilty when the relatives and strangers generally react rudely towards her special child reported by the counselled mother. "B" mother reported that she is having helplessness and guilt. However, she could not able to report more.

f. DISAPPOINTMENT

Both mothers reported the feeling of disappointments on different points.

"I feel disappointment when I was incompetent to give proper attention to my child. Sometimes she found herself surrounded by negative factors and assumed that "as women, did I have done something wrong which has come to me and creating an impact on my child. Many times she also makes complains to God. However, when she received the platform of sharing with teacher or specialist, she becomes more satisfied said by "A" mother. The "B" mother revealed that from the pre-natal years to till date, she suffers from a pressure. She explained many dilemmas such as:

"Like second child should be healthy, the stress about the sex of the second offspring, stress regarding if the second child will be again girl what would happen? Now then, the child is a special girl"

She reports that other people make me realize more disappointment as compared to myself. She also reported that she does not have anyone to share these entire feeling.

g. SUPPORT FROM FAMILY AND COMMUNITY

"A" mother reported that she received family support except for the community. Family support means – support from In-laws and Husband. Further, the community still does not consider this special child.

Community usually comments

"Is ladkikoapnedorsebachon se alagrakho" keep her out this child from the other children

Sometimes the community takes this issue as an entertainment. The mother reported that people came to see her and make comment on her child. "*I'm very scared about the future of my child when I would not be available to look after her*". Similarly, the "B" mother reported that she is having full support only by her husband, neither from the family members nor

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from the community. She reported that her family members are not happy with the situation as they are bounded by the responsibilities due to this special child.

h. RESILIENCE

As we know, resilience is a capability to recover soon from the unpleasant events or difficulties. During the interview, we asked few question based on resilience to know the resilience capability of both mothers. "A" mother revealed better resilience than "B" may be the improvement due to the progress has seen in her child. She reported that everything is going smoothly and much improved. Further, she said her child now has learned to write her name, counting from one to ten. She also learned to make a copy from book to notebook. She strongly admitted that with the continuous communication with the staff of the centre make her more confident or strong. Undoubtedly, her behaviour was also positively influenced by the support of her husband including family members revealed by "A" mother. However, "B" mother reported that she was still with a lot of stress, anxiety and depression. Further, she quoted that, slightly satisfied in regard to schooling of her special child but still in dilemmas.

i. AWARENESS ABOUT THE NEEDS

Mothers reported that initially, both could be able to understand the basic needs and words of the child. The "A" mother is having a better understanding of disability rather than "B" mother. She also learned few significant steps for her child. However, "B" mother reported that she only understand the basic needs of her child although she does not have sufficient knowledge of her disability due to the lack of awareness and no connection with the concerned person.

j. KNOWLEDGE, AVAILABILITY, & ACCESSIBILITY OF SERVICES

As expected "A" mother is having better knowledge on resources as she reports that after connected with the centre she become more aware of the schemes or funds which are provided either through government or private sectors. Further, both mothers mentioned that by the God grace special centre or school is located in the approachable area. "A" mother reports, this procedure took 40-50 INR for daily travelling and further stated that the infrastructure of the centre/school is well designed and completely suitable for special children, However, "B" mother do not have enough knowledge of any schemes or funds, which could be important of her child.

k. THE CONTENT OF COUNSELLING

The content of counselling is very important for receiver and provider. In this special centre/school counsellor was female and working with this centre last for 4 years. According to her, she arranged parents meetings and parents counselling time to time and as per the requirement of the situation. Counsellor reported that generally, the content of counselling was about the improvement of the child. Improvement in term of cognitive, emotional and physical as well as additional activities or behaviour. The content also included the

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information regarding the important steps which has to be taken by the families. Important to note, that counselling also conducted to sharing the negative emotion if a mother wants to share with them.

CONCLUSION AND IMPLICATIONS

These two case studies were the real picture of mothers having a special child. After look at these cases, it was revealed that counselling or efficient communication has a stronger connection to enhance the quality of life despite having problems. Undoubtedly, counselling is an advanced platform to provide better awareness, understanding and useful way to handle the critical circumstances. Towards, the beneficial outcome of counselling was better seen among the mother ("A") when she reported healthy behaviour and uphold good knowledge upon the services as well as on the disability of her special child. As she admitted lack of intensive negative visions. However, few factors are still exists which produce pressure for a parent of a special child. Initially, the factors which have been noticed by her are maternal stress, insecurity and fear about future of the child. Similarly, lack of decision-making, mental load and distortion were reported by mother "B" along with powerlessness, disappointment, helplessness, inferiority and rejection from the community.

Although the better outcome of counselling may be affected by some issues like lack of awareness, resources & low income. As a matter of fact, a mass of studies reported that families living in poverty are inherently low on resources across multiple domains, including time, money, and supports (Yoshikawa & Hsueh, 2001). This lack of resources may be especially acute for families raising children with special needs. As Meyers et al. (2000) describe them; these are "expensive children in poor families." For all families of children with special needs, there are typical demands on the family's time and resources that may not have been expected and that are not encountered by typical families. For example, families may have to pay for modifications to the home, in-home care, specialized medical equipment, out-of-pocket (i. e, not reimbursed) medical expenses, transportation to and from appointments, babysitting for other siblings while attending treatments for the child, special clothing, food for children on specialized diets, and specialized day-care (Hogan & Msall, 2002; Meyers, et al. (2000).

Additionally, few constructive actions that should be included in the plans to enhance the awareness towards counselling for special children families. The following are:

- The authorities should develop a broad circle. Therefore, that, the concerned parent can reach the relevant destination.
- The relevant workshop, advocacy and consultancies should be organized on the wider range with the aim to remove the darkness and superstitious attitudes from the community.
- The content of counselling should be based on more positive assistance and more in regularity
- The content of counselling should be based on more sharing and interaction.

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- The culture diversity should be included in the content of counselling
- Parents of special child should have the facility to access the utilization of services e.g early intervention, special education and related services.
- To create the platform for parents to become acquainted with the proficiency to deal negative feeling and visions.
- Enhance parents confidence of a special child do not hesitate to share their emotions.
- It would be more ethical if the sharing platform would be available for all the family members.

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