

**Comparative Study**

## **A comparative study of neuroticism, quality of life and hope among the parents of normal children, parents of intellectually disabled children and parents of physically disabled children**

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### **ABSTRACT**

The purpose of this study is to examine the difference between the neuroticism, hope and quality of life among the parents of normal children, parents of intellectually disabled children, parents of physically disabled children. A total sample of 90 parents (30 samples/category) from cities like Pune, Mumbai, Aurangabad was selected. The tools used in this research were Neuroticism Scale Questionnaire, The Adult Hope Scale and Assessment of Quality of Life 8D (AQoL 8D) that assessed their neuroticism, hope and quality of life respectively. **Findings:** A significant difference is found between quality of life of the parents having normal children and parents having intellectually disabled children, parents having physically disabled children. There is no significant difference between neuroticism and hope of the parents having normal children, parents having intellectually disabled children and parents having physically disabled children. **Implication:** Self-help support group can be created for parents to help them release/vent their feelings. Intervention can be planned for the children as well as parents Intervention can be offered to provide them good quality of life & to reduce Neuroticism.

**Keywords:** *Intellectually disabled, physically disabled, Neuroticism, Hope and Quality of Life*

Parents dream and aspire a lot for their children. They try really hard to make their children successful and independent. But it becomes difficult for them to do things normally if their child is diagnosed as disabled. Their child's disability gives them a constant feeling of loss which results into constant emotional breakdowns and sadness. So being in this profession, working at different Developmental Centers, seeing the children and their parents very closely introduced me to various challenges which the parents face on daily basis. They required too much effort, energy to accept their child as he/she is, to have good quality of life and give a good life to the child.

Generally, parents of disabled children have plenty of problems in their life in physical, psychological and social, as compared to parents with normal children. Parents of disabled children usually face lots of negative emotions like stress, anxiety, depression. But after all

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these adverse conditions, they always look forward to something good. Following concepts are involved in this research:

### **Disability**

A disability can be defined as a condition or function to be significantly impaired relative to the usual standard of an individual or group. There may be effects on organs or body parts, and there may be effects on a person's participation in areas of life.

*Locomotor disability:* Locomotor means movement from one place to another. But in general, it is taken as a disability related with bones, joints and muscles. This disability cause functional limitations which are partial or total inability to perform activities which are necessary for motor, sensory or mental function.

*Intellectual disability:* Intellectual disability involves problems with general mental abilities that affect functioning in two areas.

1. Intellectual functioning (such as learning, problem solving, judgment)
2. Adaptive functioning (activities of daily life such as communication and independent living)

### **Neuroticism**

Neuroticism is one of the 'big five' factors in the study of personality in psychology. It is measured on a continuum, ranging from emotional stability to emotional instability.

### **Hope**

Hope is defined as the perceived ability to produce pathways to achieve desired goals and to motivate oneself to use the pathways. Hope is "the sum of the perceived capacities to produce routes". Hope is seen as a positive motivational state that is based on an interactively derived sense of a) agency (goal-oriented energy) and b) pathways (planning to meet the goals). (Snyder, 2000).

### **Quality of Life**

The World Health Organization 1<sup>st</sup> defined quality of life as multifaceted, consisting of total well-being in social, physical and mental functioning. Quality of life is subjective and that it can only be understood from an individual perspective. Quality of life is multi-dimensional and comprises positive and negative features of life, depending in a complex way by "physical health, psychological state, level of independence, social relationships and their relations to salient features of the environment" (WHOQOL Group).

### **Objectives**

1. To compare neuroticism among the parents of normal children, intellectually disabled children and physically disabled parents.
2. To compare hope among the parents of normal children, intellectually disabled children and physically disabled parents.
3. To compare quality of life among the parents of normal children, intellectually disabled children and physically disabled parents.

### **Hypothesis**

**H1:** Parents having normal children will score low on neuroticism followed by parents having physically disabled children, followed by parents with intellectually disabled children.

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**H2:** Parents having normal children will score low hope on hope followed by parents having physically disabled children, followed by parents with intellectually disabled children.

**H3:** Parents having normal children will score high on quality of life followed by parents having physically disabled children, followed by parents with intellectually disabled children.

### **MATERIAL AND METHOD**

In this study, the total sample is of 90 people out of which 30 were parents with normal children, 30 were parents with physically disabled children and 30 parents with intellectually disabled children. The sample was selected from city areas. The age range for the children was 4-16 years and for parents 30-45 years. The sampling technique used was purposive sampling. The parents were from lower and moderate socio-economic strata.

In the group of parents with physically disabled children only locomotor disability was taken into consideration.

#### ***Tools used***

The Neuroticism Scale Questionnaire: The test has total 40 items. The neuroticism scale questionnaire yields part scores on tender-mindedness, depression, submissiveness and anxiety as well as a total Neuroticism score. Each item has 3 options to answer. The options are different for each item.

The Adult Hope scale: It was developed by Snyder, C. R. It is a 12-item measure of respondent's level of hope. The scale is divided into two subscales which comprise Snyder's cognitive model of hope: 1) Agency (goal-directed energy) 2) Pathways (planning directed energy). Of the 12 items, 4 are agency related, 4 are pathways related and remaining 4 are fillers. Each item is answered using 8-point Likert-type scale ranging from definitely false – definitely true.

Assessment of Quality of Life (AQoL 8D): This test has total 35 questions. The version used in the research is AQoL 8D. This version has main two dimensions: physical and psychological. Under physical dimension, there are three sub-dimensions: Independent living, pain and senses. Under psychological dimension, there are five sub-dimensions: happiness, mental health, coping, relationships, self-worth.

#### ***Statistical analysis***

The data was analyzed by using statistical package for social science (SPSS). The following statistical analysis was done:

1. Data was checked for normality. (skewness and kurtosis)
2. Descriptive Statistics (mean, median, mode, standard deviation) of Dependent variables.
3. One-way Anova to compare the study groups on all three variable i.e. neuroticism, hope and quality of life.
4. Post-hoc Duncan test

### **RESULTS AND DISCUSSION**

To verify the hypotheses, data of 90 samples was collected. One-way Anova was used to compare the results.

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**Table 1: Table showing descriptive statistics of neuroticism, hope and quality of life of parent with normal children, parents with physically disabled children and parents with intellectually disabled children.**

	Neuroticism	Hope	Quality of Life
Mean	39.83	52.74	141.04
Median	41.00	54.00	141.50
Mode	43	55	144
Std. Deviation	5.563	6.588	11.193
Skewness	-.537	-1.038	-.267
Std error of skewness	.254	.254	.254
Kurtosis	.119	1.178	-.174
Std error of Kurtosis	.503	.503	.503

Though the above table indicates that the ratio of skewness with std error of skewness of neuroticism is more than 2, Anova was used on the assumption of the parametric test i.e. if the sample size is more than 30 then we can use parametric test.

**Table 2: Table showing between groups and within groups comparison on neuroticism.**

Dependent Variable		Sum of Squares	Df	Mean Square	F	Sig.
Neuroticism	Between Groups	9.800	2	4.900	.155	.856
	Within Groups	2744.700	87	31.548		
	Total	2754.500	89			

**Table 3: Table showing between groups and within groups comparison on hope.**

Dependent Variable		Sum of Squares	Df	Mean Square	F	Sig.
Hope	Between Groups	103.022	2	51.511	1.192	.309
	Within Groups	3760.100	87	43.220		
	Total	3863.122	89			

**Table 4: Table showing between groups and within groups comparison on quality of life.**

Dependent Variable		Sum of Squares	Df	Mean Square	F	Sig.
Quality of life	Between Groups	2310.289	2	1155.144	11.369	.000
	Within Groups	8839.533	87	101.604		
	Total	2310.289	2			

Significant at 0.05 level

**Table 5: Table showing Post Hoc Duncan Test for quality of life.**

Groups	N	Subset for alpha = 0.05	
		1	2
Physically Disabled	30	136.30	
Intellectually Disabled	30	138.77	
Normal	30		148.07

## **CONCLUSION**

In the present study, a significant difference is found between quality of life of the parents having normal children and parents having intellectually disabled children, parents having physically disabled children. So in respect with the sample for current study, the parents with normal children have really good quality of life the parents with disabilities. The problems faced by parents with disabilities are not really easy. They can't live their lives according to their own will. They can't always keep themselves happy and enjoy the life fullest. All these things together affect the quality of life of the parents. The parents with normal children feel more independent. They try to achieve their dreams with more energy and determination. Parents with disabilities have to give most of the time to their children. They have to be there for them always.

No significant difference has found between neuroticism and hope of the parents having normal children, parents having intellectually disabled children and parents having physically disabled children.

### **Implications**

1. Empowerment programs can be arranged.
2. Self-help support group can be created for parents to help them release/vent their feelings.
3. Intervention can be offered to provide them good quality of life & to reduce Neuroticism.
4. Intervention can be planned for the children as well as parents.

### **Further Directions**

1. Further research can be done in correlation with hope and quality of life.
2. The research can be done on large sample size.
3. Other variables can be measured such as anxiety and neuroticism together with quality of life.
4. The data can be collected from different cities of Maharashtra.
5. The sample can be divided into more categories like age-wise, gender-wise, etc.

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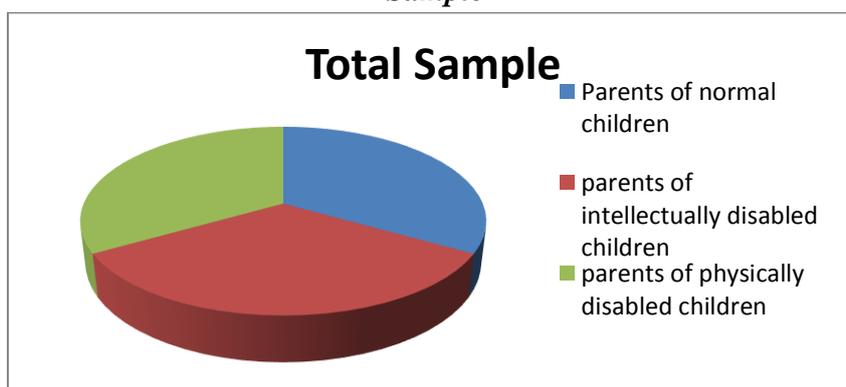
**Conflict of Interest**

The author declared no conflict of interest.

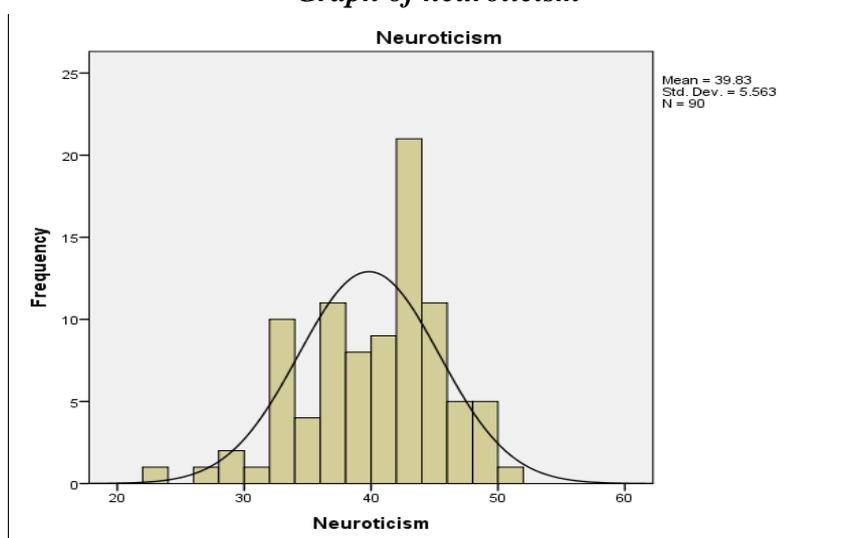
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**APPENDIX**

*Sample*

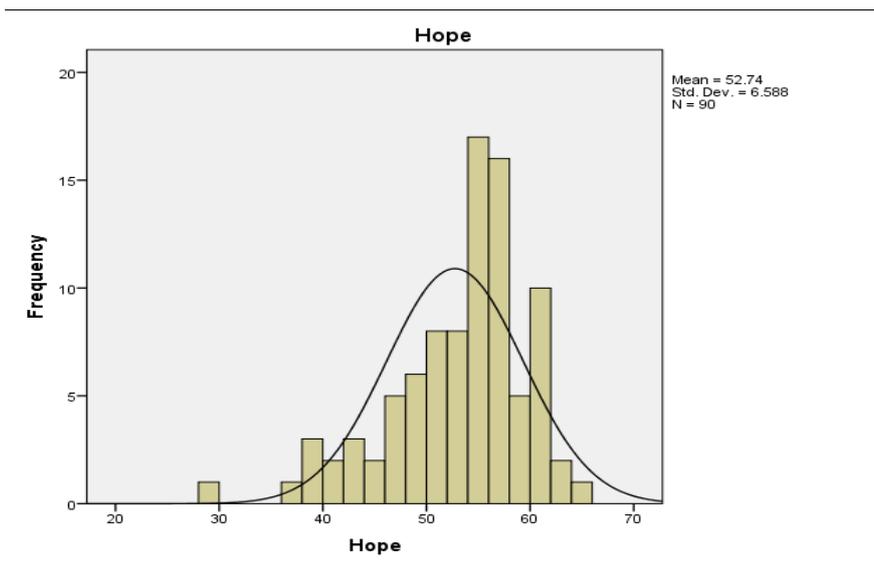


*Graph of neuroticism*



*Graph of Hope*

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*Graph of Quality of Life*

