

Mental Health and Autism Distressed Behavior of Mother of Autistic Children

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ABSTRACT

The present study aimed to know the mental health and autism distressed behavior of mother of autistic children it also aimed to check mental health and autism distressed behavior of with reference to type of mother (working and nonworking mother) and type of family (nuclear and joint family). **Method:** The sample constituted total 60 mother out of which 30 were from type of mother 15 working and 15 nonworking mother and 30 were from type of family 15 nuclear family 15 joint family. **Tool:** The tolls were used mental health check list developed by Pramod kumar and Autism distressed behavior developed by Dr. Neelam K. Sharma and Nidhi sharma . the collected data was statistically analyzed by using 't' test. **Results and Conclusion:** The result showed that There is significant difference between the mean score of mental health and autism distressed behavior of type mother, working mother and nonworking mother group show high mental health and autism distressed behavior and There is no significant difference between the mean score of mental health and autism distressed behavior type of family (Nuclear and joint family) of mother of autistic children.

Keywords: *Mother, mental health, autism distressed behavior*

“Special’ child in the family God, grant me the serenity to accept the things I cannot change, The courage to change the things I can, And the wisdom to know the difference. This is the spirit with which every human being has to live one’s life. Insurmountable problems can be varied for different individuals. One such, could be nurturing a ‘Special’ child. The serenity to accept it has a lot to do with one’s mental make-up. The birth of a baby is usually anticipated with great excitement and expectations, of a future filled with happiness and success. This exuberance may become muted with the birth of a mentally or physically challenged infant. It does not matter if the handicap is mental abnormality or physical abnormality. The family into which this child is born will change in some ways. Accepting a child with mental handicap becomes difficult to parents and the whole family particularly when competence and achievement are very much valued in modern world. Thus when it suddenly becomes necessary for parents to support someone who has a very limited capacity the parents are put into a conflicting situation which results in a great deal of stress. Having a ‘Special’ child in a family is at times one of the most

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Received: November 15, 2022; March 21, 2023; Accepted: March 31, 2023

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stressful experiences a family can endure. Parental reactions to the realization that their child is exceptional usually includes shock, guilt, anger, sadness and anxiety. Individuals handle each of these stages differently and may stay in certain stages longer than others. Some parents perceive the 'challenged' infant as an extension of themselves and may feel shame, social rejection, ridicule or embarrassment. Almost all parents who have a 'special' child suffer from chronic sorrow throughout their lives. The extent of this sorrow may differ from one parent to another but most would have manifestations of sorrow in varying degrees. Parental reactions may be affected by economic status, personality traits and marital stability. Initial parental response may be in the form of emotional disintegration. Some parents cannot cope beyond this disintegration. A number of practical problems may make living with a 'challenged' child especially demanding. For example, there may be financial strain, to provide necessary medical expenses, special equipments, special education and employing caretakers. In the parent's absence; deprivation of rest and leisure for the parents etc. The parents may find it difficult to special equipment has to be transported with the child. Especially for mothers, management of the daily needs of a 'special' child may constitute a time consuming task. The cumulative impact of daily parenting hassles and difficulties in dealing with 'special' children represent significant stressors that may subsequently affect parent and family functioning. In short, parents have to give their 'challenged' child 24 hours of attention, for 365 days of the year. World Health Organization (W.H.O) defines mental health in terms of 'complete physical, mental and social well being and not the mere absence of diseases or disability'. According to Goldensen (1920) mental health is the ability to handle everyday demands and situations without excessive **strain and stress**. A person who is mentally has a sense of well being and functions effectively in life. He can work quickly,

What do you say to a mother with an autistic child?

- Is there anything I can do to help you out?
- I'm here for you if you want to talk.
- I don't know what you're going through, but I'm always willing to listen.
- Can I come with you to appointments for support?
- Whenever you need some time for yourself, I'd like to help out.

MENTAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including: Biological factors, such as genes or brain chemistry, Life experiences, such as trauma or abuse, Family history of mental health problems. Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

AUTISM DISTRESSED BEHAVIOR

According to the ABCX model, one of the key variables for parental adjustment is family functioning, counted among the resources facilitating adjustment. It has been demonstrated that family cohesion and quality of marriage are related to parenting stress and depressive symptoms in parents. Family commitment, challenge, cohesion, expression and marital support are recognized as the predictors of family quality of life. Research findings have

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corroborated the relationship between the functioning level of a child with ASD (including autism symptom severity, IQ, communication skills) and family system characteristics and parental satisfaction with family functioning. However, there have been very few studies on the families with children with ASD without intellectual disability and relationships between their functioning and parental adjustment. It has been found that parents of these children experience marital difficulties, report lower satisfaction with their marriage and exhibit poorer dyadic adjustment in comparison to parents with children without any disability. In comparison to families of children with learning disabilities and control groups, they perceived their family relations as less conducive to the open expression of emotions, with lower levels of mutual support, and reported their families as more organized and with higher system maintenance orientation.

Most studies on the relationship between family functioning and the level of adjustment of parents raising children with ASD are conducted on mothers. Considering Differences between mothers' and fathers' levels of involvement in care tasks, taking parents' gender into account when exploring variables affecting adjustment seems necessary. Mothers of children with ASD are less satisfied with marriage and less positive about their family's adjustment to taking care of the child than mothers of children with Down syndrome and typically developing children, while no such differences in the case of fathers of children with autism were found. The results of studies on parental adjustment in relation to parent's gender are inconsistent. Some of them have shown that parenting stress is higher in mothers than in fathers, while other researchers have detected no such differences or even found that fathers experienced more stress. Mothers report poorer mental and physical health, as well as other aspects of QOL. In a comprehensive analysis of predictors of stress and QOL in parents of children with ASD, McStay and colleagues found no gender differences. Similar results were found by Dardas and Ahmad from a sample from Arab country. It should be stressed however, that only a few studies have been focused on the situation of mothers and fathers of children with ASD with normal-range intelligence, and links between QOL and the functioning of the family with a child with ASD.

Objective

1. The purpose of the study to know the difference between the mean scores of mental Health and autism distressed behavior of type of mother (Working and Nonworking) of autistic children.
2. The purpose of the study to know the difference between the mean scores of mental Health and autism distressed behavior of type of family (Nuclear and Joint family) of autistic children.

Hypotheses

1. There will be no significant difference between the mean scores of mental Health and autism distressed behavior of type of mother (Working and Nonworking) of autistic children.
2. There will be no significant difference between the mean scores of mental Health and autism distressed behavior of type of family (Nuclear and Joint family) of autistic children.

METHODOLOGY

Sample

The sample constituted total 60 mothers out of which 30 were from Nuclear and joint family and 30 were from working and nonworking mother

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Research Design

A total sample of 60 mothers equally distributed between type of mother and type of family from Ahmedabad city, Gujarat were selected for the research study.

Variable:

1. Independent Variables:

1. Type of mother: working and nonworking.
2. Type of Family: Nuclear and joint family.

2. Dependent Variable:

1. Mental health check list.
2. Autism Distressed behavior.

RESEARCH TOOLS

No.	Aspect Studies	Test and Scale	Developed By
1.	Autism	Autism distressed behavior	Dr.Neelam K. Sharma and Nidhi shrma .
2.	Mental Health	Mental Health Check List	Pramod Kumar

Procedure

The data collection of mothers of autistic children from Ahmedabad city, Gujarat. After the establishment of rapport, personal information and the mental health and autism distressed behavior scale was administrated. The data was collected, scored as per the manual and analyzed. The statistical method 't' test was calculated and results were interpreted.

RESULT AND INTERPRETATION :

Table – 1

Showing mean, SD and 't' value of mental health and autism distressed behavior of type of mother (working and nonworking mother)

Type of mother	N	Mean	SD	"t" value	Table Value	Sign. Level
Working mother	15	81.23	31.45	2.12	1.98	0.05
Nonworking mother	15	100.27	37.94			

As can be seen from above table that 't' value of 2.12 is significant at 0.05 level. This means that the two groups under study difference significantly in relation to type of mother. The mean score of the working mother is 81.23 as nonworking mother the mean score of 100.27. the result it could be said that, working mother group show high mental health and autism distressed behavior than nonworking mother group. The Hypothesis no.1 that "There is no significant difference between the mean score of type of mother working and nonworking mother is rejected.

Table – 2

Showing mean, SD and 't' value of mental health and autism distressed behavior of type of Family (Nuclear and joint family)

Residence Area	N	Mean	SD	"t" – value	Table Value	Sign. Level
Nuclear Family	15	93.67	30.93	1.69	1.98	N.S.
Joint Family	15	79.87	32.30			

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As can be seen from above table that 't' value of 0.35 is not significant at 0.05 level. This means that the two groups under study not differ significantly in relation to type of Family. The mean score of the type of family Nuclear family group is 93.67 as against the mean score of 79.87 of the joint family group. The Hypothesis no.2 that "There is no significant difference between the mean score of type of family between nuclear and joint family(HO) is accepted.

DISCUSSION:

The type of Mother group varies significantly with regards to the mental health and autism distressed behavior of mother of autistic children. The working mother age group showed higher mental health and autism distressed behavior compared to the nonworking Mother. Although the impact is not seen between the type of family nuclear and joint family, as in this case mental health and autism distressed behavior scores do not differ significantly and Hypotheses is accepted.

CONCLUSION:

1. There is significant difference between the mean score of type of mother between the working and nonworking mother , Therefore it could be said that, working mother show high mental health and autism distressed behavior than nonworking mother group.
2. There is no significant difference between the mean score of type of family nuclear and joint family.

LIMITATIONS AND SUGGESTIONS:

The data was collected from Ahmedabad city, Gujarat with the limited number of mother of autistic children as 60 only. Study was limited type of mother and type of family , mother of autistic children Only, mental health and autism distressed behavior test was taken,. This consideration of any other variable (scale) would give better understanding of mother of autistic children. if studied and analyzed separately would give better and clear views with regards to their mental health .In this present Research the data is collected from Ahmedabad city, for future the same can be collect different Areas. More variables could also be included in this study and such as Stress, quality of life ,wellbeing etc.

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Acknowledgement

The investigator wishes to convey heartfelt gratitude to all of the experts, participants, supporters, and previous researchers who contributed directly and indirectly to this study.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Bajpai P. & Parikh P. (2023). Mental Health and Autism Distressed Behavior of Mother of Autistic Children. *International Journal of Indian Psychology*, 11(1), 2311-2316. DIP:18.01.235.20231101, DOI:10.25215/1101.235