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# A comparison of acceptance and hopelessness levels of disabled preschool children's mothers

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## Abstract

The general purpose of this study was to compare the effects of certain variables on the acceptance issue of mothers with disabled children and their hopelessness levels. Mothers of 49 preschool children with autism and 52 with Down Syndrome, a total of 101 mothers, constituted the sampling of this study. Data were collected by the PARQ-Mother Version, Beck Hopelessness Scale and Personal Information Scale. The results revealed a linear relationship between acceptance and hopelessness levels in mothers of children with disability. It was found that mothers were more hopeless in case of rejection, whereas the hopelessness level decreased in case of acceptance.

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## 1. Introduction

The addition of a child into a family changes the structure of the family and brings new responsibilities to the parents. Naturally, every couple hopes to have a healthy child and the birth of a disabled child may have adverse effects on the lives, emotions, thoughts and behaviors of family members (Ceylan, 2004).

Rejection is generally the first and most noticeable reaction by families when they discover that their newborn is disabled. For this rejection not to become permanent, families need to receive professional help. Previous studies have shown that having a disabled child significantly affects parents' psychological condition, as constantly worrying about the child's future is a major cause of stress (Taner, 2007).

Parents, especially mothers, face and develop negative attitudes due to having given birth to a disabled child (Küçüker, Richter, 1994). Having a disabled child creates negative feelings in the couple such as guilt, mourning, or self-doubt (Zetlin, Williamson, 1987; Rosenblatt, Wilson, 1987) as well as fear about the child's future (Hanson, Harris, 1986).

Early education programs may guide the interaction and increase harmony and sufficiency within the family (Kravetz, Katz and Katz, 1990). When the parents, especially the mother, accepts the disabled child and establishes positive and warm relations with him, the child is positively affected in all developmental areas. The reactions of the father towards having a disabled child directly influence the mother's feelings, and they may bring the mother face

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to face with anxiety and hopelessness. Families that cannot accept a child with disability shut off all channels of communication with the child, therefore depriving him of an effective communication and the happiness that comes with it. Families that cannot accept a child with disability do not take the disabled child out to interact with the society but keep him in all the time. Professional help is needed so that these situations are prevented and the acceptance process is hastened (Sinason, 2002).

Previous studies have shown that mothers of disabled children experience difficulty in accepting their child, exhibit rejection behavior towards the child or the disability, and feel hopeless due to the disability. The present study thus examines the relationship between the acceptance and rejection behaviors of mothers of disabled children and their hopelessness levels.

## **2. Method**

### *2.1. Model*

The study used the survey model.

### *2.2. Sample*

Participants were 101 mothers, 49 with an autistic child and 52 with a Down Syndrome child, who was attending one of the 9 preschool special education centers in Istanbul during the 2008-2009 academic year.

### *2.3. Data collection tools*

#### *2.3.1. Personal Information Scale:*

This scale was designed and implemented by the researcher to gather information about the age, gender and disability group of the disabled children; the age, educational background and number of children of mothers; the existence of another disabled child and the income level of the family.

#### *2.3.2. Beck Hopelessness Scale (BHS):*

Beck Hopelessness Scale was developed by Beck, Lester and Trexler in 1974 in the UK. Its adaptation to Turkish was undertaken by Seber (1991). Validity and reliability studies have shown that the scale was appropriate for the assessment of hopelessness level.

#### *2.3.3. Parental Acceptance Rejection Questionnaire - Mother Version (PARQ):*

The Parental Acceptance Rejection Questionnaire was designed by Rohner, Saavedra and Granum in 1980. Following the translation by Polat and Sunar in 1988, it was finalized by the last touches of Miryam Anjel and Fatoş Erkman in 1993. The questionnaire is a four item Likert type scale. All versions of the PARQ consist of 4 subscales and a total of 60 items. The Turkish adaptation, which was used in the present study (Anjel, 1993), consisted of 56 items and measured: Warmth and affection (20 items), aggression and hostility (16 items), indifference and neglect (12 items), and undifferentiated rejection (8 items). It was established through previous studies that the PARQ - Mother Version was valid and reliable (Öner, 1997).

## **3. Findings**

### *3.1. Findings about the demographic distribution of the mothers of disabled children*

Of the 49 autistic children in the sample, three were aged 3, two were aged 4, six were aged 5 and thirty-eight were aged 6. Of the 52 children with the Down Syndrome, four were aged 3, eleven were aged 4, nineteen were aged 5, and eighteen were aged 6. Of the autistic children, 42 were male and 7 were female; of the Down Syndrome children, 24 were male and 28 were female. Seventeen of the autistic children were single children, 20 had one sibling, 13 had two or more siblings, while 15 of the Down Syndrome children were single children, 24 had one sibling, 13 had two or more siblings. Of the mothers of autistic children, three were aged 25 or younger, twenty-six were aged between 26-35, and twenty were 36 and older. Among the mothers of Down Syndrome children, three were aged 25 or younger, thirty-one were aged between 26-35, and eighteen were 36 and older. Of the mothers of autistic children; 3 were illiterate, 16 were elementary school graduates, 18 were high school graduates, and 12 had

a university or graduate degree. Among the mothers of the Down Syndrome children, 3 were illiterate, 22 were elementary school graduates, 15 were high school graduates, and 12 had a university or graduate degree.

### 3.2. Findings about the PARQ and Beck Hopelessness Scale scores of the mothers of disabled children

The findings showed that mothers' acceptance and rejection behaviors did not vary meaningfully with respect to children's age and gender, the number of children and income level of the family, the mother's age and educational background. However, acceptance and rejection behaviors varied with respect to the child's disability group. Mothers' hopelessness levels did not vary meaningfully with respect to the child's gender and the mother's age; however, they varied by the child's age, disability group, number of children in the family, income level of the family, and mother's educational background.

Table 1. Pearson Product Moment Correlation Results of the Relationship between PARQ Total Rejection Scores and Beck Hopelessness Scale Total Scores

Variable	n	$\bar{X}$	Sd	r	p
Rejection level	10	1.4336	0.26339	0.388**	0.000
Hopelessness level	10	0.2831	0.20403		

Table 1 shows that a meaningful relationship existed between the total rejection scores obtained from the PARQ and the total hopelessness scores obtained from the Beck Hopelessness Scale at  $p < 0.05$  ( $p = 0.000$ ). A positive relationship was observed between the mothers' hopelessness level and their rejection of disabled children ( $r = 0.388$ ).

## 4. Discussion

The results of this study showed that mother's acceptance and rejection behaviors did not vary by children's age or gender, the number of children in the family, and mother's age and educational background. The reason may have been the limited age variation within the participant group, and the lack of equal distribution in the groups. Previous studies have shown that families accept their children's disability and own them more over time (Scott et al., 1997); as the number of children and family members increase in lower socioeconomic families, so do their rejection of their children (Erkan and Toran, 2004); and mothers with a poor educational background might be more negatively affected by having a disabled child (Gallagher et al., 1983). In addition, the hopelessness levels of disabled children's mothers do not vary by their children's gender.

With respect to children's disability group, mothers of autistic children in the present study obtained higher rejection scores from the "aggression and hostility" subscale of the PARQ. This finding suggests that the behavioral problems and socio-emotional insufficiency of autistic children affect mothers negatively. Previous findings in the literature report that mothers feel anxious about developing negative attitudes towards their children, and about their behavioral problems and limitations; they experience intensive stress due to the behavioral problems of their autistic children; and are more pessimistic about the future (Aydoğan, 1999, Sarihan, 2007).

Hopelessness levels were higher among the mothers of 6-year-old disabled children. This may be attributed to the fact that developmental differences between disabled children and their normally developing peers become more distinct as they start school. Some previous studies also report that mothers' fears and worries increase as their children become older (Görgü, 2005). Apart from the mothers of 6-year-olds, mothers of autistic children also had higher hopelessness scores than others. This may be because autistic children display more behavioral problems than other disability groups. Previous studies also report higher depression and anxiety levels among autistic children's mothers than other mothers (Firat, 2000; Sungur, 2002; Öksüz, 2008). As the number of children in families increases, mothers score lower hopelessness points in the future-related feelings and expectations subdimension, but higher points in the loss of motivation subdimension. This is attributed to the fact that parents with a single disabled child feel more hopeless due to the lack of a sibling to take care of the disabled child after the parents pass away. In the motivation subdimension, the hopelessness levels of primary and high school graduate mothers were higher than those of mothers with a university or graduate degree. The literature also reports that as educational status increases,

hopelessness score decreases (Aydoğan, 1999), and that mothers with a university degree have lower hopelessness scores (Ceylan, 2004). The present study found that the hopelessness levels of mothers of disabled children do not vary by mother's age. While there are some studies which argue that mothers' hopelessness and depression levels increase with aging (Firat, 2000; Aydoğan, 1999), there are others which maintain that mothers' depression levels are not influenced by age (Cook 1988, Aksaz 1992, Türkoğlu 2001; cited in Ceylan, 2004).

Finally, a positive linear relationship was found in this study between the total rejection scores obtained from the PARQ-Mother version and the total hopelessness scores obtained from the Beck Hopelessness Scale. As mothers rejected their child more, their hopelessness levels increased. There are parallel findings in the literature. For instance, one study reports that 62% of the mothers who participated in it did not accept their child's disability and felt psychological troubles as they took care of their children (Işıkkhan, 2005), while another one concluded that mothers who rejected the diagnosis of their children had higher hopelessness levels, were more pessimistic and hopeless than other mothers (Ceylan, 2004).

## 5. Recommendations

The following recommendations may be made in light of the findings of the study:

- Starting from the diagnosis of their children, mothers should be entitled to free psychological support services as well as social and financial support;
- Training programs should be designed to alleviate the troubles of disability and the negative experiences of families;
- Future studies should include children from all age groups and with various mental and physical disabilities.

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