

# Effect of Spiritual Attitude of Parents of Mentally Challenged Children



**Sarika Sharma**

Associate Professor & HOD,  
Deptt. of Education,  
Central University of Haryana,  
Haryana



**Anash Kumar Das**

M.Phil. Scholar,  
Deptt. of Education,  
Central University of Haryana,  
Haryana

## Abstract

The aim of the present study is to see the effect of Spiritual Attitude of Parents of Mentally Challenged Children and their change in responses than the parents who do not have spiritual attitude. Spirituality is a process of personal transformation, either in accordance with traditional religious ideals, or, increasingly, oriented on subjective experience and psychological growth independently of any specific religious context. In a more specific sense, it is a blissful experience which helps in motivating various day to day activities. Objectives of the study were to study the maintenance of discipline, sense of purpose and overall attitude toward spirituality of parents whose children are mentally challenged. It was hypothesized that parents who have mentally challenged child will be scored higher category of spirituality of maintenance of discipline in their life and low category of their purpose of life. After calculating the Mean, Standard Deviation & 't' it was found that objectives were achieved to some extent. The data was collected from TEPSE & HEPSN Centre of J.N.Vyas University Jodhpur.

**Keywords:** Spirituality, Attitude, Mentally Challenged

## Introduction

**Spirituality** is a process of personal transformation, either in accordance with traditional religious ideals, or, increasingly, oriented on subjective experience and psychological growth independently of any specific religious context. In a more general sense, it may refer to almost any kind of meaningful activity or blissful experience. According to Waaijman, the traditional meaning of spirituality is a process of re-formation which "aims to recover the original shape of man, the image of God. To accomplish this, the re-formation is oriented at a mold, which represents the original shape: in Judaism the Torah, in Christianity Christ.

## Attitude

An attitude is an expression of favor or disfavor toward a person, place, thing, or event. Attitude can be formed from a person's past and present.

## Mentally Challenged/Intellectual Disabilities

"An intellectual disabilities, formerly referred to as "mental retardation" is characterized by a combination of deficits in both cognitive functioning and adaptive behavior. The severity of the intellectual disability is determined by the discrepancy between the individual's capabilities in learning and in the expectations of the social environment". (Project IDEAL, 2008)

## Nature of Intellectual Disability

"Mental retardation/intellectual disability is a term used when a person has certain limitations in mental functioning and skills such as communicating, talking care of himself/herself and social skills. These limitations cause a child to learn and develop more slowly than a typical child". (J.F. Smith Library, 2005, as cited by Pierangelo & Giuliani, 2007)

Mental Retardation/Intellectual Disability in DSM-IV-TR is an Axis II Disorder criterion that includes:

1. Intelligence Test Scores
  2. Adaptive Functioning
  3. Age of Onset
- (DSM-IV-TR, 2000)

## Definitions for Intellectual Disability

"Significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the development period, that adversely affects a child's educational performance." (IDEA- Individuals with Disabilities Education Act)

“Characterized by significant limitations both in intellectual functioning and adaptive behavior, which covers many social and practical skills every day. The disability originates before the age of 18”. (AAIDD- American Association of Intellectual and Development Disabilities)

1. **Conceptual Skills-** language and literacy; money, time, and number concepts; and self-direction.
2. **Social Skills-** interpersonal skills, social responsibility, self-esteem, gullibility, naivete (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
3. **Practical Skills-** activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

**Severity of ID based on the levels of intellectual functioning**

Mild	IQ= 55 – 69
Moderate	IQ= 40 – 54
Severe	IQ= 25 – 39
Profound	IQ= below 25

**Prevalence of Intellectual Disability:**

Intellectual disability is the most common developmental disability. Approximately 6.5 million people in the United States have an intellectual disability. (IDEA)

In the Philippines, intellectual disability comprises 7.02% of the total population of person with disabilities. (2000 National Statistics Office Census)

**Etiology and Classifications of Intellectual Disability:**

Prenatal Causes	Perinatal Causes	Postnatal Causes
1. Chromosomal Disorder	1. Anoxia (complete deprivation of oxygen)	1. Biological
2. Inborn Errors of Metabolism	2. Low birth weight (LBW)	2. Psychosocial
3. Developmental Disorders of Brain Formation	3. Syphilis and herpes simplex	3. Child Abuse and Neglect
4. Environmental Influences		

**Prenatal Causes**

**Chromosomal Disorders by** (Pierangelo & Giuliani, 2007)

1. **Cornelia de lange Syndrome**
  - a. Congenital intellectual disability.
  - b. Involves heart defects, hearing loss, and abnormalities of fingers and hands.
  - c. Manifest self-injurious behavior
2. **Cri-du-Chat Syndrome**
  - a. Difficulty swallowing and sucking
  - b. Low birth weight and poor growth
  - c. Unusual facial features
  - d. Hyperactive, aggressive, and repetitive movements

(Pierangelo & Giuliani, 2007)

**3. Down’s Syndrome**

- a. Also referred to as trisomy 21
- b. Usually not an inherited condition
- c. The most common type of chromosomal disorder
- d. It involves the anomaly at the 21<sup>st</sup> set of chromosomes.
- e. People with DS exhibits unusual facial features and with broad hands with short fingers

(Hallahan & Kauffman, 2003)

**4. Klinefelter’s Syndrome**

- a. Sterility in men
- b. Decreased IQ
- c. Poor coordination
- d. Skeletal abnormalities
- e. Poor coordination

(Pierangelo & Giuliani, 2007)

**5. Prader-Willi Syndrome**

- a. Inherited from father
- b. Infants are lethargic and have difficulty eating but eventually becomes obsessed with food as they grow
- c. The leading genetic cause of obesity
- d. People with Prader-Willi syndrome are at risk for a variety of other health problems such heart defects, kidney problems, scoliosis, etc.

(Hallahan & Kauffman, 2003)

**6. Turner’s Syndrome**

- a. Normally found in females
- b. Persons with Turner’s syndrome has webbing of the neck, puffiness or swelling of the hands and feet
- c. Associated with heart defects and kidney problems

(Pierangelo & Giuliani, 2007)

**7. William’s Syndrome**

- a. Caused by the absence of material on the seventh pair of chromosome.
- b. People with William’s syndrome exhibit heart defects and “elfin” facial features.
- c. Their unusual sensitivity to sound makes them competent in music and language despite of their low IQ level.

(Hallahan & Kauffman, 2003)

Pierangelo & Giuliani, 2007)

**8. Fragile X Syndrome**

- a. Most common known hereditary cause of intellectual disability
- b. Associated with X chromosome in the 23<sup>rd</sup> pair of chromosomes
- c. Occurs less often in females
- d. Persons with Fregila X Syndrome have behavior and emotional problems and poor socialization skills
- e. They become anxious when routines are change
- f. They have unusual facial features

(Hallahan & Kauffman, 2003)

(Pierangelo & Giuliani, 2007)

## **Prenatal causes - Inborn Errors of Metabolism**

1. Galactosemia- inability of the body to use simple sugar galactose
2. Hunter Syndrome- defective breakdown of chemical mucopolysaccharide.
3. Phenylketonuria (PKU)- inability of the body to convert phenylalanine to tyrosine
4. Tay-Sachs Disease- absence of Hex- A enzyme.  
(Pierangelo & Giuliani, 2007)

## **Prenatal causes developmental disorders of Brain formation**

### **1. Microcephalus**

- a. The intellectual disability usually ranges from severe to profound
- b. There is no specific treatment and life expectancy is low  
(Hallahan & Kauffman, 2003)

### **2. Hydrocephalus**

- a. Results from an accumulation of cerebrospinal fluid inside or outside the brain
- b. The degree of intellectual disability depends on how early the condition is diagnosed and treated  
(Hallahan & Kauffman, 2003)

## **Prenatal causes - Environmental Influences**

1. Maternal Malnutrition and infection
2. Fetal Alcohol Syndrome (FAS)
3. Lead exposure
4. Illicit drug exposure
5. Exposure to Radiation
6. Rubella (German measles)  
(Hallahan & Kauffman, 2003)  
(Pierangelo & Giuliani, 2007)

## **Perinatal Causes**

1. Anoxia (deprivation of oxygen)
2. Low birth weight (LBW)
3. Syphilis and herpes simplex  
(Hallahan & Kauffman, 2003)

## **Postnatal Causes**

### **Environmental and Psychosocial Problems**

1. Nutritional Problems
2. Adverse living conditions
3. Inadequate health care
4. Lack of early cognitive stimulation
5. Child abuse and neglect
6. Traumatic Brain Injury
7. Meningitis or Encephalitis
8. Lead Poisoning  
(Pierangelo & Giuliani, 2007)

### **Placement programs for Persons with intellectual disabilities**

1. For children with mild intellectual disability, readiness and functional academic skills are present and thus can be placed into Inclusion Programs.
2. Educational placement programs for children with moderate to severe intellectual disability can be more tedious. Curriculum and materials for these children should be age-appropriate, which should help develop independent behavior within the child.

3. Individualized Education Program (IEP) is designed to cater the special educational needs of special children. This is a useful and common vehicle to develop skills and educate children with intellectual disabilities who are in more severe cases.
4. Behavior Therapy Programs may also be employed, as they are very useful in altering behavior by lessening disruptive or inappropriate actions of a particular child
5. Alternative programs can also be incorporated in a child's special education process. Such programs would include vocational training, physical education, theatre, music, etc.

### **Aim of the Study**

The aim of the present study is to see the effect of Spiritual Attitude of Parents of Mentally Challenged Children and their change in responses than the parents who do not have spiritual attitude. Spirituality is a process of personal transformation, either in accordance with traditional religious ideals, or, increasingly, oriented on subjective experience and psychological growth independently of any specific religious context. In a more specific sense, it is a blissful experience which helps in motivating various day to day activities. The study reflects the maintenance of discipline, sense of purpose and overall attitude toward spirituality of parents whose children are mentally challenged.

### **Objectives**

The present investigation is an attempt to study the effect of spiritual attitude of parents of mentally challenged children. The following objectives were framed-

1. To study the maintenance of discipline of parents whose children's are mentally challenged.
2. To study the sense of purpose of parents life whose children's are mentally challenged.
3. To study the overall attitude toward spirituality of parents of mentally challenged children.

### **Hypothesis**

On the basis of above objectives following hypothesis were formulated.

1. Parents whose children's are mentally challenged will score higher category of discipline in their life.
2. Parent whose children's are mentally challenged will be scored low category of their purpose of life.
3. Attitude toward spiritual will be higher.

### **Methodology**

#### **Research Design**

This is a field study where parents of mentally challenged child were taken as an independent variable and their spirituality aptitude were taken as a dependent variable.

#### **Sample & Procedure**

Randomly thirty parents were selected from TEPSE & HEPSEN Centre for differentially abled children and measure their spiritual attitude. The researcher has taken the sample in the months of March to May 2016

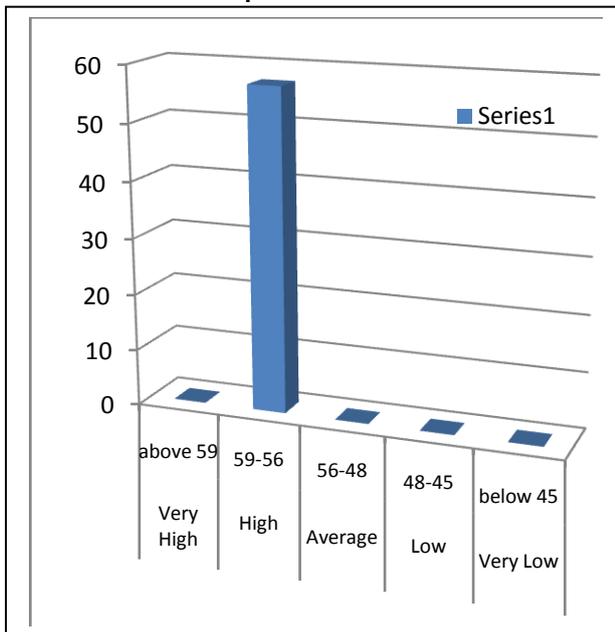
**Tool**

Spiritual Attitude Scale (2011) by Husain Akbar & et al. (Musaddiq Jahan, Ashfia Nishat, Roomana N. Siddiqui and Mohd. Akram) were used to measure spiritual attitude of those parents who's children's are mentally challenge. Spiritual Attitude Scale (SAS) has two dimensions (maintenance of discipline and sense of purpose) and 31 items.

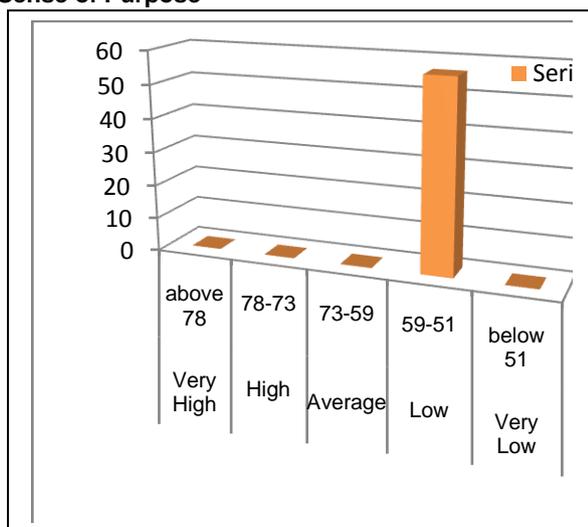
**Result table**

SAS Dimensions	Mean	Category	't'
Maintenance of Discipline	57.06	High	0.47(p>.05)
Sense of Purpose	56.56	Law	
Total of SAS	113.63	Average	

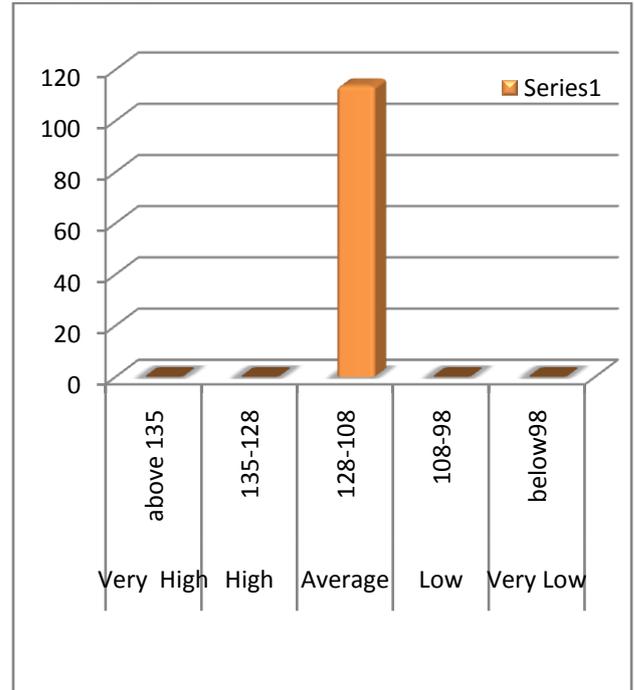
**Maintenance of Discipline**



**Sense of Purpose**



**Over all SAS**



**Discussion**

- As the mean of group of parents of MR children on the dimension *sense of purpose* is lower on the scale of spiritual attitudes it shows that these parents posses low sense of purpose, they may not be aware of their own strength & weakness. On the dimension *maintenance of discipline* is slightly higher on the scale of spirituality attitude it shows that they have developed disciple as a guiding force in their life. They have a positive attitude as well as positive affect & also they act in a positive manner in their life. Therefore the hypotheses is accepted as Parents who's children's are mentally challenged will scored higher category of discipline in their life.
- The overall mean score of parents of MR children on spirituality attitude scale comes as average which shows an average attitude of the parents towards spirituality. It may be advised to the parents to develop a high positive attitude towards spirituality that is the positive sign of holistic health & integrated personality. Therefore the hypotheses is accepted that parent who's children's are mentally challenged will be scored law category of their purpose of life.
- As the 't' ratio has not found significant at any level between the two dimensions of spirituality it indicates that both the dimensions measure the same type or same aspect of attitude spirituality in case of attitude of parents of MR children. Therefore the hypotheses is accepted that attitude toward spiritual will be higher

## References

1. Allport, Gordon. (1935). "Attitudes," in *A Handbook of Social Psychology*, ed. C. Murchison. Worcester, MA: Clark University Press, 789-844.
2. Marshal DT. *Families and mental retardation* New directions in professional practice. London: Praeger 1992.
3. Nicholas L. *Introduction to psychology*. South Africa, UCT Press 2003.
4. Batshaw ML. *Children with disability*. 4th edition. USA: Paul H. Brookes publishing company 1997.
5. Platt S. *Measuring the burden of psychiatric illness on the family: an evaluation of some rating scales*. *Psychol Med* 1985; 15 : 385-394.
6. Grad J, Sainsbury P. *Mental illness and the family*. *Lancet* 1963; 544-547.
7. Holyroyd J. *The questionnaire on resources and stress. An instrument to measure family response to a handicapped member*. *J Comm Psychol* 1974; 2 : 92-94.
8. (2006) *Strong Foundations: Early Childhood Care and Education*, EFA Global Monitoring Report, UNESCO Publishing
9. Mahesh Bhargava and Reeta Raina (2006) *Prospects of Mental Health* H.P. Bhargava Book House, 4/230, Katcheri Ghat, Agra
10. Narendra Kumar Mani (2006) *Indigenous Psychology: The Indian Context*, Department of Psychology, DDU Gorakhpur University, Gorakhpur. (This is a publication of UGC ASIHSS progrmmme)
11. Ashok Kumar Saxena (2006) *Arjuna's depression: A cognitive analysis*, Department of Psychology, DDU Gorakhpur University, Gorakhpur. (This is a publication of UGC ASIHSS progrmmme)