

# Level of Stress, Anxiety and Depression among Parents of Children with Intellectual Disabilities and their Coping Mechanisms

Paper Submission: 28/12/2020, Date of Acceptance: 20/01/2021, Date of Publication: 25/01/2021



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## Abstract

After the birth of a child in a family, the members of the family are full of excitement because they have a lot of future expectations from the child. Becoming a parent is the best experience of an individual's life. Every individual expects a child who is physically fit and psychologically sound. Parents are full of hopes and aspirations for their child. Every parent expects their child to be intelligent and smart.

But often the parents become disappointed when a disabled child is born. The type of disability does not matter much. But changes in the emotions definitely occur in the parents and other members of the family. But the changes occur in excess in the parents.

**Keywords:** Stress, Anxiety, Depression, Caregivers, Intellectual Disabilities, Coping Mechanism.

## Introduction

The parents' psychological well-being gets affected when a disabled child is born. Parents exhibit different kind of reactions when they come to know that their child has a disability. They feel guilty and experience anxiety often and develop defence mechanisms like denial that affect the parents. These result in many physical and mental health problems of the parents.

Parents are the primary caregivers of a child with disability. Therefore they are in great need of knowledge, skills and other resources so that they can raise their child with a chronic physical or mental health problems. All these needs for knowledge, skills and resources create some amount of stress and anxiety among the parents because it is a challenging task for them. Their psychological well-being is affected. Therefore, it makes difficult for the parents to provide enough care to their child. In order to assure their own well-being, parents need to take care of themselves to be fully functioning which in turn will help them to take care and enhance the well-being of the child. (Bode et al, 2000, Kazdin & Wassell, 2000).

## Disability

According to the World Health Organization (WHO), "disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations."

## Intellectual Disability

Intellectual disability is also known as general learning disability or mental retardation. It is neurodevelopmental disorder which is characterized by impaired intellectual and adaptive functioning. A person with intellectual disability is one whose has an IQ under 70. In addition to the IQ deficit, deficit in two or more adaptive behaviours that affect everyday living is also defined as intellectual disability. Intellectual disability is a type of mental impairment.

## Causes of Intellectual Disabilities

1. Genetic conditions
2. Problems during pregnancy
3. Problems during child birth
4. Illness or injury

**Children with Intellectual Disabilities**

Intellectually disabled children face difficulties in functioning intellectually. They often face difficulties in communicating. Learning, problem solving and adaptive behaviours like social skills, routines, hygiene are other difficult intellectual tasks for them.

**Parents**

Parents are the primary caregivers of an individual. They are the considered to be the first teachers in an individual's life. They are also called the first degree relatives and they meet 50% of the genetic composition. There are adoptive parents who nurture and raise the offspring but are not related biologically and there are biological parents. Biological parents are the one from whom the genes are inherited by an individual. The primary responsibilities of parents are to promote and support development such as the physical, emotional, social, financial to the individual until they reach adulthood.

**Parents of Children with Disabilities**

Parents of children with disabilities have to cope with stress and anxiety. They have to see their child struggle with the day to day mundane tasks which will last a lifetime. Therefore, the parents experience some amount of grief, resentment, disappointment and frustration. They also have to face hopelessness and at times often suffer from depression. Social adjustment also becomes a difficult task for them. But they need to cope with this everyday stress, anxiety and depression. In order to deal with the stress, anxiety and depression, the parents need to use coping mechanisms.

**Stress**

In psychology, the feeling of strain and pressure is called stress. It is a psychological disturbance. Dictionaries define stress as "physical, mental, or emotional strain or tension" or "a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize." The modern day father of stress, Hans Selye defines stress in 1936 as "the non-specific response of the body to any demand for change". He later expanded this definition and explained stress further that "stress is a perception".

**Anxiety**

Anxiety is an emotion. It is characterized by feelings of unpleasantness, inner turmoil which lead to nervous behaviour, somatic complaints and rumination. Anxiety is a kind of tension in common terms.

The American Psychological Association defined anxiety as follows---- "Anxiety involves feelings of tension, thoughts which make an individual worry and causes some physical problems like blood pressure increases".

In the Concise Textbook of Clinical Psychiatry (1996), Kaplan, H. and Sadock, B. stated that anxiety "is characterized by a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms, such as headache, perspiration, palpitations, tightness in the chest, and mild stomach discomfort" (pg.189)

**Depression**

Depression is an experience of feeling low. A person's thoughts, behaviour, motivation, feelings, and psychological well-being can be affected by depression. It is characterized by sadness, difficulty in thought processes, concentration, increase or decrease in appetite and disrupted sleep patterns. People suffering from depression may experience dejection, hopelessness and, sometimes, suicidal thoughts. Depression is a symptom of some mood disorder. It is marked by feelings of low self-esteem and guilt. There is a reduced ability to enjoy life.

**Review of Literature**

Review of literature is required for a scientific psychological research in order to establish relationship between the variables under study. Koul (2009) stated, "Research can never be undertaken in the isolation of the work that has already been done on the problems related to the study proposed by any research." Research journals, books, previous work done on a particular topic are the sources of review of literature for an investigator.

1. Olsson & Hwang (2001) conducted a study on the level of Depression experienced by the mothers and fathers of children who are intellectually disabled. Beck Depression Inventory (BDI) was used to assess parental depression in 216 families whose children were either autistic and or intellectually disabled and in 214 control families. Mothers whose children were autistic revealed higher depression scores (mean=11.8) and mothers whose children were intellectually disabled without autism (Mean=9.2), displayed higher depression scores than fathers of children with autism (Mean=6.2), fathers of children with ID without autism (Mean=5.0) and fathers (Mean=4.1). 45% of mothers of children who were intellectually disabled without autism and 50% mothers of children who were autistic displayed elevated depression scores (BDI>9) in comparison to 15-21% in the other groups. Mothers of children with disabilities who were single were found to be more prone to severe depression than mothers who live with a partner.
2. Boyd (2002) examined the Relationship between Stress and Lack of Social Support in Mothers of Children with Autism, Focus Autism Other Developmental Disabilities. A selective, critical literature review is presented on the relationship between stress and the paucity of social supports mothers of children with autism. The published literature reviewed reveals an association between challenging child characteristics and a mother's inclination to seek social support, with mothers under greater stress being more prone to pursue social support. For mothers of children with autism, informal support appeared to be a more effective stress-buffer than formal support. The cumulative results of several studies illustrated that parents who received support related better emotionally to their children. Furthermore, low levels of social support were the most powerful predictors of depression and anxiety in mothers.

3. Weiss (2002) conducted a study on Hardiness and Social Support as Predictors of Stress in Mothers of Typical Children, Children with Autism and Children with Mental Retardation. The effects of social support and hardiness were assessed on the level of stress in mothers of children who are typical and children who are developmentally disabled. The number of mothers who participated was one hundred and twenty out of which (40 mothers of children with autism, 40 mothers of children with mental retardation and 40 mothers of typically developing children). Results showed that significant group differences occurred in rating of depression, anxiety, somatic complaints and burnout. In order to determine the best predictors of the dependent measures, regression analyses were conducted. It was found that both hardiness and social support were predictors of successful adaptation.
4. Lessenberry, Rehfeld (2004) carried a research on Evaluating Stress Levels of parents of children with Disabilities. Research has shown that the interactions of parents with their children with disabilities can have a profound impact on the progress that the child makes in his or her therapeutic or educational programs. For this reason, the authors argue that an important component of the screening and assessment process is a measure of the stress level experienced by parents. They have provided an overview of the different assessment instruments currently used to evaluate stress in parents of children with disabilities, and make recommendations for further research and for professional use of each instruments.
5. Bauman (2004) conducted a research on Parents of Children with Mental Retardation: Coping Mechanisms and Support Needs. The purpose of this research was to explore the subjective experiences of families of children with mental retardation, specifically the sources of stress and coping of these families. Interventions were conducted with families to shed light on these subjective experiences of coping and stress. In an effort to increase understanding of the world view of these families, issues in theory, practice and future research are briefly discussed. Social support and empowerment oriented professional practice were found to have a mediating effect on family stress.
6. Pociño & Fernandes (2018) conducted a study on Depression, Stress and Anxiety among Parents of Sons with Disabilities. This study aims to assess depression, stress and anxiety of parents with sons or daughters having intellectual deficit, multi-deficiency or autism, considering gender, age of both parents and sons/daughters, as well as education level of the parents. Overall, 871 participants were enrolled in the study: 403 parents (227 mothers and 176 fathers; 21 to 81 years old,  $M = 45$ ) of sons/daughters having a disability, and 468 parents (242 mothers and 226 fathers; 25 to 79 years old,  $M = 43$ ) of sons/daughters without disabilities. Most of the

children had intellectual disabilities ( $n = 206$ ), followed by autism ( $n = 143$ ) and multi-deficiency ( $n = 52$ ). Parents with children/youth with disabilities showed higher levels of anxiety, depression and stress than the other parents. Levels of anxiety, depression and stress are associated with disabled sons/daughters' age (higher levels associated to older ages) and negatively with parent's education level (higher levels associated to lower education).

### Methodology

#### Statement of the Problem

The statement of the study that has been developed for the present study is-To study the level of Stress, Anxiety and Depression and to identify the Coping Mechanisms of Parents of Children with Intellectual Disabilities

#### Research Questions

In order to conduct the present study, a research question has been adopted. They are-

1. What are level of Stress, Anxiety and Depression experienced by parents of children with intellectual disabilities
2. What kind of coping mechanisms do parents of children with intellectual disabilities adopt?

#### Rational of the study

Seriousness of child's disability is an important predictor of parenting stress, anxiety, depression and social adjustment. It is important to improve the healthcare of the parents of children with disabilities along with the children with disabilities. Proper investigation in to the level of stress, anxiety and depression of parents of children who are intellectually disabled is very necessary in this regard. The study may help in drawing the experience and perspectives of parents of children who are intellectually disabled. It may also help in finding out the coping mechanisms of the parents of children with intellectual disabilities.

Although some researches have already been conducted in different places of the world, but in India this type of research is less found. With special reference to Kamrup district of Assam, very few researches have been conducted. This is the reason for selecting this topic for study.

#### Objectives of the Study

1. To study the level of Stress, Anxiety and Depression.
2. To identify the coping mechanisms parents of children with intellectual disabilities.

#### Variables

The variables that have been selected for the study are:

1. Stress
2. Anxiety
3. Depression

#### Sample

The sample size is 150 out of which 75 fathers and 75 mothers of children with intellectual disability. The parents of children from different special schools, rehabilitation centres, regional centres of disability from Kamrup metro and Kamrup rural were included for the study. Parents between the age of 25-45 years were selected for the study.

## Sampling Technique

Purposive random sampling technique was used for the collection of data.

## Statistical Analysis

SPSS was used to analyse the levels of Stress, Anxiety and Depression.

## Criteria for selection of sample

### Inclusion Criteria:

1. Parents between the age of 25-45 were selected for the study.
2. Parents of children with intellectual disability from Kamrup district only were selected for the study.
3. Parents of children enrolled in rehabilitation centres and special schools were included in the study.
4. Parents of children within the age group of 3-14 years were selected for this study.
5. Children diagnosed with Intellectual Disability were only included for this study.

### Exclusion Criteria

1. Parents of children with other types of disabilities were excluded for the research.
2. Parents who were not willing to respond were also excluded from the study.

## Age group and Rationale

The age group of the parents selected for the study is 25-45 years. The reason for selecting this age group is that to be considered as a child the age range of an individual should be right from the time of birth to 18 years of age. The age range of children selected for this study is 3-14 years. Therefore, the parents' age of these age group children is 25-45 years.

## Tools

The following tools were used for the study: "Anxiety, Depression and Stress Scale" developed by PallaviBhatnagar, Megha Singh, Manoj Pandey, Sandhya and Amitabh

A Self-prepared Interview Schedule was used to collect the qualitative data which involve the coping mechanisms of the parents.

## Description of Tools

Anxiety, Depression and Stress Scale was developed by PallaviBhatnagar, Megha Singh, Manoj Pandey, Sandhya and Amitabh in 2011. The scale comprises of 48 items divided into 3 subscales which are-

### Anxiety Subscale

It comprises of 19 items covering various symptoms that are manifestation of anxiety.

### Depression Subscale

It consists of 15 items representing the different symptoms of depression.

### Stress Subscale

It is a scale having 14 items and they are covering the symptoms that people experience in the state of stress.

## Administration

The scale can be administered both by self or the examiner. It may be used in group as well as individual condition. Though there is no time limit, ordinarily it is completed within 15-20 minutes. Responses of the items are in terms of 'Yes' or 'No'.

One of the attributes of the scale is that as both clinical and non-clinical samples were employed in the development of the scale, thus, its applicability and generalizability has increased.

## Scoring

Each item is scored 1 if endorsed "Yes" and 0 if endorsed "No". the range of the score is 0-19 for anxiety subscale, 0-15 for depression subscale and 0-14 for stress subscale. Higher scores indicates experiencing greater anxiety, depression and stress and vice-versa.

## Interpretation of the scoring

Interpretation of the obtained scores is done on the basis of mean and SD, cut off points that are in terms of percentile scores and quartile deviations.

## Reliability

Reliability of the total scale in terms of internal consistency as measured by Cronbach's Alpha and Spearman-Brown coefficient is 0.81 and 0.89. the obtained reliability for anxiety, depression and stress subscales as measured by Cronbach's Alpha is 0.76, 0.75 and 0.61 and when measured by Spearman-Brown coefficient is 0.86 and 0.76 respectively.

## Procedure of Test Administration and Data Collection

The following procedure has been followed in the present study.

At first a professional translator of Gauhati University translated the questionnaires to Assamese language and again back translated to English language. This was done to ensure the content validity.

After this, the Researcher visited Special schools and organizations like situated in and around Guwahati, according to the purpose of the study and applied for collecting data. The Principal or the Head of the institution were approached. The researcher demonstrated the purpose of the study, about the two tests, their administering procedures etc. Then finally they gave permission to administer the tests in department which was mentioned in the application.

After the permission granted, the researcher approached the participants, i.e. the parents of children with intellectual disabilities and asked for consents from the participants before the collection of data. At first rapport was formed with the parents. Then they were informed about the purpose of the research and gave a detailed description of the tools that the researcher was going to administer. The parents were also ensured that the collection of the data is solely for research purpose. Therefore, they were requested to give their honest response. They were also assured about the maintaining confidentiality of their responses. Sometimes the researcher had to visit the homes of the participants for collecting the data.

## Result and Discussion

After setting the required objectives, data have been collected by the selected tools which are "Anxiety Depression Stress Scale" by PallaviBhatnagar and "Self-prepared Interview

Schedule". Therefore, the following result and conclusion have been found.

The result and discussion is presented in the following sequence:

1. Statistical analysis of the levels of Stress, Anxiety, Depression.
2. Coping Mechanisms of parents of children with intellectual disabilities.

### Statistical analysis of the levels of Stress, Anxiety, Depression.

#### Objective 1

1. To investigate the level of Stress, Anxiety and Depression experienced by the parents of children with intellectual disabilities.

Table 1

Level of stress, anxiety and depression among parents of children with intellectual disabilities and parents of children without disabilities.

N=150

	Category	Category			
		With intellectual Disability		Without Disability	
		Count	%	Count	%
Anxiety_level	Normal	41	27.3	115	76.7
	Mild	55	36.7	20	13.3
	Moderate	54	36.0	8	5.3
	Severe	0	.0	7	4.7
	Total	150	100.0	150	100.0
Depression_level	Normal	23	15.3	85	56.7
	Mild	37	24.7	30	20.0
	Moderate	90	60.0	33	22.0
	Severe	0	.0	2	1.3
	Total	150	100.0	150	100.0
Stress_level	Normal	65	43.3	105	70.0
	Mild	41	27.3	19	12.7
	Moderate	44	29.3	19	12.7
	Severe	0	.0	7	4.7
	Total	150	100.0	150	100.0

The table represents the level of stress, anxiety and depression among parents of children with intellectual disabilities.

It shows that 27.3% of the parents of children with intellectual disabilities have normal level of anxiety, 55% have mild anxiety, 54% have moderate level and 0% has severe level of anxiety. While 76.7% of the parents of children without disabilities have normal level of anxiety, 13.3% have mild level, 5.3% have moderate level and 4.7% have severe level of anxiety.

15.3% of the parents of children with intellectual disabilities have normal level of depression, 24.7% have mild depression, 60% have moderate level of depression and .0% has severe level of depression. But in case of parents of children without disabilities, 56.7% have normal level of depression, 20.0% have mild level of depression, 22.0% have moderate level of depression and 1.3% has severe level of depression.

Out of 100% of parents of children with intellectual disabilities, 43.3% have normal level of

stress, 27.3% have mild level, 29.3% have moderate level and .0% has severe level of stress. While 70% of the parents of children without disabilities have normal level of stress, 12.7% have mild level of stress, 12.7 have moderate level of stress and 4.7% have severe level of stress.

The findings are that, the parents of children with intellectual disabilities experience more mild and moderate level of anxiety than the parents of children without disabilities. While the parents of children without disabilities experience normal and severe level of stress more than the parents of children with intellectual disabilities.

In a study on Perceived Parental Stress: The Relative Contributions of Child and Parent Characteristics, Journal on Developmental Disabilities conducted by Karen Auyeung, Julie Burbidge, Patricia Minnes, 2011, they found a profile of stressful issues related to the caring for a person with intellectual disability.

Table 16

Level of stress, anxiety and depression among parents of children with intellectual disabilities and without disabilities according to gender

N=300

With Intellectual Disability				
Gender				
	Farthers		Mothers	
	Count	%	Count	%
Anxiety level				
Normal	29	38.7	12	16.0
Mild	34	45.3	21	28.0
Moderate	12	16.0	42	56.0
Severe	0	.0	0	.0
Total	75	100.0	75	100.0
Depression level				
Normal	16	21.3	7	9.3
Mild	23	30.7	14	18.7
Moderate	36	48.0	54	72.0
Severe	0	.0	0	.0
Total	75	100.0	75	100.0
Stress level				
Normal	47	62.7	18	24.0
Mild	8	10.7	33	44.0
Moderate	20	26.7	24	32.0
Severe	0	.0	0	.0
Total	75	100.0	75	100.0

This table indicates that 38.7%, 45.3%, 16.0% and .0% of the fathers of children with intellectual disabilities have normal, mild, moderate and severe level of anxiety respectively. And 16.0%, 28.0%, 56.0% and .0% of the mothers of children with intellectual disabilities have normal, mild, moderate and severe level of anxiety respectively.

While 78.7%, 10.7%, 4.0% and 6.7% of the fathers of children without disabilities have normal, mild, moderate and severe level of anxiety respectively. And 74.7%, 16.0%, 6.7% and 2.7% of the mothers of children without disabilities have normal, mild, moderate and severe level of anxiety respectively.

21.3%, 30.7%, 48.0% and .0% of the fathers of children with intellectual disabilities have normal, mild moderate and severe level of depression respectively. And 9.3%, 18.7%, 72.0% and .0% of the mothers of children with intellectual disabilities have normal, mild, moderate and severe level of anxiety respectively.

Whereas 64.0%, 16.0%, 20.0% and .0% of the fathers without intellectual disabilities have normal, mild, moderate and severe level of depression respectively. And 49.3%, 24.0%, 24.0% and 2.7% of the mothers of children without disabilities have normal, mild, moderate and severe level of depression respectively.

62.7%, 10.7%, 26.7% and .0% of the fathers of children with intellectual disabilities have normal, mild, moderate and severe level of stress respectively. And 24.0%, 44.0%, 32.0% and .0% of the mothers of children with intellectual disabilities have normal, mild, moderate and severe level of stress respectively.

While 76.0%, 10.7%, 5.3% and 8.0% of the fathers of children without disabilities have normal, mild, moderate and severe level of stress respectively. And 64.0%, 14.7%, 20.0% and 1.3% of the mothers of children without disabilities have

normal, mild, moderate and severe level of stress respectively.

The fathers of children with intellectual disabilities experience more normal and mild level of anxiety than the mothers. While the mothers of children with intellectual disabilities experience more moderate level of anxiety than the fathers.

Again the fathers of children without disabilities experience more normal and severe level of anxiety than the mothers. While the mothers of children without disabilities experience more mild and moderate level of anxiety than the fathers.

In case of depression, the fathers of children with intellectual disabilities experience more normal and mild level of depression than the mothers. While the mothers of children with intellectual disabilities experience more moderate level of depression than the fathers.

Again the fathers of children without disabilities experience more normal level of depression than the mothers. While the mothers of children without disabilities experience more mild, moderate and severe level of depression than the fathers.

In case of stress, the fathers of children with intellectual disabilities experience more normal level of stress than the mothers. While the mothers of children with intellectual disabilities experience more mild and moderate level of stress than the fathers.

Again, the mothers of children without disabilities experience more normal, mild moderate and severe level of stress than the fathers.

The mothers of children with intellectual disabilities also experience more mild and moderate level of anxiety, depression and stress than the mothers of children without disabilities.

In a study conducted by George H. S. Singer, 2006, on "Meta-Analysis of Comparative Studies of Depression in Mothers of Children With and Without Developmental Disabilities", in the

America Journal on Mental Retardation, found that, mothers of children who are developmentally disabled are at greater risk of suffering from depression in comparison to mothers of typically developing children.

From the above results it can be concluded that the percentage of parents of children with intellectual disabilities is higher in the experience of the levels of Stress, Anxiety and Depression than the percentage of parents of children without disabilities. Also in case of gender, mothers of both children with intellectual disabilities and children without disabilities are seen to be experiencing more Stress, Anxiety and Depression than the fathers. Therefore, gender differences can be considered as a factor here in case of the levels of experience of Stress, Anxiety and Depression.

## Objective 2

### To identify the coping mechanisms of parents of children with intellectual disabilities.

A qualitative study has been done to identify the coping mechanisms of the parents of children with intellectual disabilities. A separate sheet was prepared for taking this response where the parents described about their coping mechanisms. Therefore, the present study is a combination of both quantitative and qualitative study.

1. Both emotion focused coping and problem focused coping with stress have been observed in parents of children with intellectual disabilities. In emotion focused coping, negative emotions are reduced by the individual by various methods of coping. While in problem focused coping, the cause of the stress is targeted and tackled, thereby directly reducing the stress.
2. Emotion focused coping has been found more in parents of children with intellectual disabilities than problem focused coping.
3. The parents of children apply emotion focused coping by developing habits of meditation. Meditation is a process of relaxing one's body which has the potential to reverse the stress response.
4. Journaling is another emotion focused coping with stress that has been observed in parents of children with intellectual disabilities. Through journaling, the parents use to develop positive feelings, which helped them to feel less stressed.
5. Another emotion focused coping that has been observed in parents of children with intellectual disabilities is cognitive reframing. It is the perception of a particular problem. The parents used cognitive reframing by seeing the stressful situation from a different perspective. They tried to find the solution of a problem and focused on the potential benefits of the problem.
6. Positive thinking is another coping mechanism of stress that has been observed in parents of children with intellectual disabilities. Some parents have a positive outlook towards the problem. This created a sense of power in them. It also helped them to reduce their experience of stress. They use to feel empowered sometimes due to positive thinking.

7. Although problem focused coping has been seen in case of parents of children with intellectual disabilities, only a few parents apply this type of coping strategy. The only technique that has been seen to apply by these parents is asking for support. When they come in contact with people facing similar problems, they ask for help and support from those people to overcome the problem.
8. When the parents were asked about their coping strategy of anxiety, most of them reported that they usually stop over thinking about the problem.
9. Although the general cause of anxiety for the parents is the child's intellectual disability, they usually try to figure out the deep cause of the anxiety that they are experiencing. That is, they try to find out the consequences of the child's intellectual disability that is bothering them. And try to find out solutions to deal with this problem which give them a sense of relief.
10. Some parents have reported that they let go of the fear or anxiety they are experiencing. Instead of focusing on the negative, they try to focus on the positive side of the problem. Certain unrealistic assumptions make them more anxious. They fear about things that have not even happened or may never occur. Once they realize about this unrealistic fear, they let go of this fear in order to reduce their feeling of anxiety.
11. In order to cope with depression, parents have reported that they try to stay connected to other people, although they don't like it. They try to take part in social activities to reduce this feeling of depression.
12. They usually seek the support of people who make them feel secured, like trustworthy family members in order to overcome depression.
13. They support themselves by trying to supporting others facing similar problems. They share their experiences with other people facing similar problems and give and receive advice to cope with depression.
14. Although the parents of children with intellectual disabilities cannot force themselves to experience pleasure, they push themselves to do things even when they don't like it. They have reported that this does not reduce the depression level immediately, but gradually it declines.
15. Sometimes they engage themselves into their hobbies to overcome stress, anxiety and depression.
16. They also try to stay in touch with people facing similar problems which give them a sense of security. They share their experiences with each other and try to find solutions together to overcome the stress and anxiety.
17. It has also been observed that mothers are in need of social support more than the fathers. One reason for this difference might be that, fathers remain outdoors most of the time than the mothers.
18. Also it has been seen that some parents use tobacco products and alcohol to cope with their stress and depression.

These are the coping mechanisms that have been observed in case of the parents of children with intellectual disabilities. It can be seen that emotion focused coping mechanisms are mostly used by parents than problem focused coping in order to manage stress.

In a study titled "Psychopathology and Coping Mechanisms in Parents of Children with Intellectual Disability," conducted by Suyog Vijay Jaiswal, Alka Anand Subramanyam and RavindraM.Kamath, which was published in the Indian Journal of Psychiatry, found both emotion-focused and problem- focused mechanisms of stress. They also found that both these types of coping mechanisms are helpful in re-evaluation of the stressor.

#### Conclusion

Parenting children with intellectual disability is much more challenging task in comparison to parenting children without intellectual disability. But the findings of this study is found to be contradictory. The parents of children with intellectual disabilities experience mild and moderate level of anxiety and stress. Further both Emotion focused coping and problem focused coping mechanisms have been observed in parents of children with intellectual disabilities. Emotion focused coping has been found more in parents of children with intellectual disabilities than problem focused coping.

#### Limitations of the study

1. The present study is confined only to the parents of children with intellectual disabilities and parents of children without disabilities residing in Kamrup district of Assam.
2. The variables like parental age, parental qualifications, parental occupation, parents' income were not taken into consideration.
3. Also there are chances that some parents might not have responded genuinely to the questionnaires of the scales provided to them.

#### Recommendations

1. Counselling and guidance is required for parents with high level of stress, anxiety and depression. Special focus is required to be given on the parents of children with intellectual disabilities in this matter.
2. Spiritual practices and counsellors' facilitation will help the parents of both children with intellectual disabilities and parents of children without disabilities to overcome stress, anxiety and depression and effective social adjustment.
3. Certain organizations need to be set up for making the parents aware of the adverse consequences of stress, anxiety and depression and provide training to them to overcome it. The government need to take initiatives in this matter.
4. Parents of children with intellectual disabilities should be prevented from using tobacco products and alcohol which they use to reduce their stress and depression. They should be informed that these products that give temporary relief will turn into habit which will cause secondary problems in the family.

5. In accordance with the PWD Act and Indian Constitutional Acts, children with disability have the right to education. Therefore, all the children with disability should be recommended for inclusive education.
6. It is the responsibility of the parents and teachers to encourage the children with disability. This is possible only when the parents are free from any mental health problems. The psychological well-being of the parents of children with disabilities is very important in this regard.

#### Suggestions for further research

1. The findings obtained from the present study can be a useful source for conducting future research.
2. More coping mechanisms of stress, anxiety and depression can be discovered in the future by applying other techniques.
3. The variables like parental age, qualification, occupation and income can be taken into consideration to study its effect on stress, anxiety and depression in the forth coming research.
4. The effect of caste, religion, traditions, customs, parent-child relationship, tobacco and alcohol usage of parents of children with disabilities and parents of children without disabilities can be studied in the future.
5. Comparative study can also be done by comparing the sample across various districts of the state.
6. The present study deals with only the parents of one type of disability, i.e. intellectual disability. Similar studies can also be conducted on parents of children with other types of disabilities and can be compared with the findings of the present study.

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