



## **Studying the influence of family members' depression on the life quality of the disabled with an emphasis on their spiritual and mental health**

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### **Abstract**

Quality of life is one of the most important issues facing the world today and the key issues in the development of social policy. It is affected by various economic, familial, psychological factors. Among these, the role of the family and their emotional state (being depressed or not) and their impact on life quality of people with disabilities and their psychological state is considerable. The study sought to determine the relationship between family member's depression and life quality of disabled people with an emphasis on the mental and spiritual aspects. Correlation method was used for this purpose. A total of 60 girls with disabilities (physical, mental, both mental and physical ones) girls over 14 years as well as their family members were chosen as a sample of the study. Sampling method was convenient method and the sampling instruments used in this study include SF-36 life quality and Beck questionnaire which both had the adequate validity and reliability. To measure the variables, descriptive and qualitative statistical methods were used. The results show that there is a significant correlation between family member's depression and mental-spiritual aspects of life quality. In other words, family members' depression lowers the quality of life of the disabled people.

**Key words:** depression, quality of life, disability, mental health, spiritual health

### **Introduction**

Quality of life is a very broad concept that encompasses all aspects of life. This term, which is used in a variety of political, social and economic fields, often used in psychology and medicine research and according to the most experts, it includes various physiological, psychological, social, and physical aspects (Ivanz & Cope, 1989, quoted by Mohammad Khani et al, 2000). Quality of life measurement can be applied in different domains such as medicine, improve patient-doctor relationship, determine the efficacy of various treatments, the evaluation of health services, research on demographic characteristics (age, gender, race, social class) and different cultures (both national and regional). Life Quality of all people, healthy or handicapped, is influenced by different environmental, economic, social, and family factors. Due to the life situation of people with disabilities and their need for support, family role seems very important. This means that the rate of family members' depression can affect the life quality of people with disabilities and their mental spiritual state. When depressed people find themselves in psychological stresses, they try to overcome the situation through gaining the emotional support of others or being patient. Sighting for extreme support from others may cause discomfort and feeling guilty and strive to avoid contact with depressed people. Finally, a vicious circle begins with the symptoms of the sickness and the increasingly apparent failure that leads to uncertainty (Azad, 1999). Life Quality and emotional state of people with disabilities are affected by many factors, among them the role of family members is so significant that it can affect the disabled people's happiness, feeling better, having a purpose and meaning in life despite a disability. Taking into consideration the different levels of depression in the study population (No depression, moderate depression and severe depression), in this study the

relationship between family members' depression and life quality of the disabled with an emphasis on mental and spiritual aspects was discussed.

### **Problem Statement**

Parents have dreams and fantasies about their not yet born child. They expect their characteristics such as physical appearance (hair, eye, skin color) and inner qualities (mental ability, behavioral quality and social success) to be in higher level and according to their desire. But all these dreams collapse with the birth of a disabled child and disappear one after the other. Being aware of the child's disability may be possible through prenatal and ultrasound testing, birthday, in childhood or while going to school. In each of these cases, however, parents may have felt the same. But it seems that the age of the child or the parents' awareness of the disability can make a difference in the type and severity of families' initial response (Nikparvar Fard, 2005). Manifestation of the psychological pressure of having a disabled child refers to the poor physical and psychological states of the parents. Such parents are often satisfied with their friends, relatives, family and career and constantly feel ill. They may give up their job or may turn to other jobs, it is possible to use drugs, tobacco or alcohol or attempt to increase their consumption (Ibid, 2005). It should be mentioned that all these happen in a family that a handicapped child life.

One of the most important topics related to disabilities is to address the role of the family and its impact on the lives of people with disabilities. The importance of this issue becomes clear when we families bear the main burden of disabled child and other social agencies have little role in this field. The impact of the disabled person in the family can be reviewed in emotional, social and economic aspects. Denying the reality and not adopting with disabilities, anger and aggression, maternal depression as the result of much more relationship with the child, feeling the life sacrifice, difficulty in relationships, and so on, are the emotional impact of the disability on the parents. When parents become aware of their child's disability, their first reaction to this issue is crucial in forming relationships with the disabled person. Based on the above, this study attempts to assess the relationship between family members' depression and life quality of the disabled with an emphasis on mental spiritual aspects.

### **Theoretical Framework**

Currently, there is a little consensus about what "quality of life" concept. The concept is currently used in different fields with different interpretations. World Health Organization (1994) defines quality of life as follows: individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to the objectives, expectations, and needs. Fayers (2000) explained that the life quality is the expansion of hope and desire that arises from life experiences. Eisenberg (1991) writes: "Quality of life is the sense of a person from well-being that seems to root in the satisfaction or dissatisfaction in main domains of life. According to Bonomi and his colleagues (2000), quality of life includes physical, mental and social aspects which are limited to the experiences, beliefs, expectations and perceptions of patients (Bonomi et al, 2000). On the other hand, Boscell and his colleagues (1998) call the quality of life as a satisfaction with life experience and say quality of life includes life satisfaction, self satisfaction, health and social and economic factors. Although there are differences in the definition of quality of life, there is a cognitive consensus among experts. Most experts agree that quality of life, including the positive aspects of life is a multidimensional concept and agree that the quality of life includes physical, social, emotional, physical, spiritual and environmental aspects (Najafi, 2009). As mentioned above, the life quality of people with disabilities may be affected by the psychological state of family members. That is, they may be somehow depressed that root in their life situation. Depression may be considered at different levels. Depression is an emotional disorder with symptoms such as sadness, hopelessness, isolation, lack of enjoying the blessings of life, helplessness, self-blaming, loss of appetite and loss of confidence (Neemati Sogholitappeh, 2012). It is suggested that depressed mood, loss of interest or pleasure are the key symptoms of depression. Depressed people may feel sadness, disappointment, or worthlessness. The most recent studies have reported prevalence of 40% depression, and if the non-clinical depression also be considered, it will be in a very high rate (Kring, Davidson, Neil and Johnson, 2009). Depression diagnostic criteria based on DSM\_IV\_ TR include the considerable loss

of interest or pleasure, weight loss, insomnia or hyper-insomnia, stimulation or slow psychomotor, fatigue or lack of energy, feelings of worthlessness or guilt and decreased the ability to think or concentrate (Sadouk, Sadouk, 2009).

Given the wide scope of this subject, we focus just on two mental and spiritual aspects of life quality. Mental quality of life includes feeling better that in associated with health care has considerable importance. Its most common psychological symptoms are anxiety, depression and fear. Spiritual aspect in life quality means feeling better that refers to the notion that everyone's life has purpose and meaning. In this field, Bonomi (2000) believed that many theorists emphasizes on the feeling of life happiness as a determinant of individual attitudes. In fact, such factors that the psychologists notified as a feeling of happiness specifications include measures such as loving others, life enjoyment or self cognition. Given the importance of the subject, there has been conducted much research in this area in both national and international levels. Ahmadi and his colleagues (2011) studied the problems of families with disabled children and their results showed that families with disabled children, in terms of function and adaptability in comparison with families without disabled children, suffer from weakness and failure so that these families need educational, counseling and psychological support and services. Yousef Pour and Garousi (2009) assessed the impact of life skills' training on mental health, physical disabilities and anxiety among a disabled group in Tabriz. The results of the study showed life skills' training improves mental health, and physical symptoms of anxiety in the physically disabled people. Findings of Jiyemeh and his colleagues (2008) showed that overall signs of aging caregivers correlated with the life skills of patients. Providing training, skills or resources to the families of these individuals can improve their physical and mental health promotion. In addition to improving the patient's family member's situation, it also helps the disabled situation.

### Methodology

This is a correlational study. The statistical population includes 60 disabled girls aged over 14 years old and their family members who were introduced by welfare organization in East Azerbaijan province in Tabriz. Girls, known as disable and regularly referred to welfare organization and only suffered from a disability, were chosen as sample of study through convenience sampling method. To measure depression in family members with disabilities, Beck Depression Inventory was used. To test the disabled quality of life, the SF-36 was used. To collect demographic information, such as age, gender, marital status, education, occupation, researcher-made questionnaire was used. Data analysis is done in both descriptive (frequency, percentage of the mean) and inferential statistics (Pearson correlation and Tukey test). To conduct the study, after coordination with the State Welfare Organization of East Azerbaijan province, Individuals who were referred to the center of Tabriz and were chosen as samples, quality of life and depression questionnaires were given to them and tried to assure them to answer the questions honestly. After collecting the data, they were analyzed by SPSS software.

### Findings

Data analysis is done in both descriptive and inferential forms. Based on the descriptive results, 36.7 % of the subjects were physically disabled, 33.3% had mental disability and 30% had both the physical and mental disabilities; 5% of the subjects (family members) were free from depression, 63.3% had moderate level of depression and 31.7% were suffering from the severe depression. Based on the results of three kinds of disabilities, we see that the frequency of Physical disabilities is more than other disabilities (Table 1).

**Table 1**

*Frequency Distribution of the Subjects of Disabled Children*

Type of disability	%	Depression rate	%
Physical	36.7	Free from depression	5
Mental	33.3	Moderate depression	63.3
Both physical and mental	30	Severe depression	31.7
Total	100	Total	100

In inferential analysis, the Pearson correlation coefficient was used to examine the relationship between family members' depression and mental spiritual aspects of life quality. Based on these results shown in table 2, the Pearson correlation coefficient was -0.574 and its significance level is less than 0.05 ( $p < 0.05$ ), so we conclude that there is a significant relationship between depression and quality of life. According to these results, there is an inverse significant relationship between emotional role and mental health. In other words, when the family members' depression increase, the life quality of disabled people decreases and vice versa. But there was no significant relationship between happiness and depression (table2).

**Table 2**

*Results of Pearson Correlation Coefficients to Examine the Relationship between Family Members' Depression And The Disabled Life Quality*

Life quality and its components	Depression	Sig.
happiness	-0.146	0.267
Emotional	-0.284	0.028
Mental health	-0.505	0.001
Life quality	-0.5774	0.001

To examine the differences between the two groups, Tukey test was used. Based on the results, there was a significant difference between the emotional role, mental health and the life quality of people with mental, physical and both mental-physical disabilities. That is, there are significant differences between the emotional and the mental health of children with these disabilities.

### Discussion and Conclusions

For centuries, the people are inherently looking for a life with good quality. In this respect, to improve their living conditions, man tries to maximize the utilization of his talents and abilities. Quality of life is one of the most important issues facing the world today and the basic issues in the development of social policy. It includes issues such as welfare, basic needs, growing and rewarding life, altruism and devotion among the communities. In the meantime, according to the special requirements of disabled people, their lives and their quality is posed by various social, physical, family factors and more. A family that has a supportive role in child development can be very influential in the life quality of disabled children so that suffering the different levels of depression among family members can affect the life quality of persons with disabilities and especially their psychological aspects. Based on these findings, we can say that there is significant correlation between the life quality of disabled children and the family members' depression. The results of this study are consistent with then findings of Lastmn, Close (2005), Nasrin Jalili, Mehrnoush Goudarzi, Mehdi Raza Hayyani, Hojjatallah Hugo, Hamid Dalvand who studied about the life quality of mothers with children suffering from severe Cerebral palsy and came to this result that life quality of these mothers is in the average and the intensity cerebral palsy and stress and had a negative impact on their life quality. In explaining the findings of the study, it can be said that depression is a significant health problem with serious emotional disturbance may happen in various forms such as depression, sadness, hopelessness, isolation, lack of enjoyment from the life, blessings, and helplessness and so on. When the family members suffer from these problems, it leads to low quality of disabled people and affect them mentally and spiritually. Given the importance of the life quality, efforts to improve it must be the main principles and priorities of social planners, policy makers and executives in each community.

We firmly can say that all executive programs, policies and operations in a community are led to improve the life quality of community members. Future researchers can focus on the relationship between depression and quality of life with other psychological factors (e.g. Resiliency, mental health) and practical skills, cognitive behavioral therapy, education, and emotional regulation, reducing the depression of families with disability, increasing their life quality of the patients suffering from the incurable disease. Based on the findings of this study, it is suggested that training the life skills for the families with disabled children may be a key point to enhance their quality of life

and decreased depressive. Also, given the importance of the quality of life for families with disabilities, psychiatrists, counselors should pay particular attention to families of people with disabled children.

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