



Studying the effect of disabled children's family depression on the life quality of them with an emphasis on the social aspect

Roghaie Asadi

MA Psychology, Islamic Azad University, Tabriz Branch, Iran
Email: r.asadi85@chmail.ir

Abstract

Quality of life or a sense of feeling better is a very broad concept that encompasses all aspects of life, including health. This term that is used in different political, social and economic fields, is often applied in psychological research and medicine. According to many professionals, it includes various physiological, social, and the physical aspects. Bonomi divided the life quality into social, cultural, psychological, economic, physical and environmental, physical and social aspects of which the social aspect is examined here. Feeling better socially suggests the quality of relationships with family, friends, colleagues and the community. Correlation method was used for this purpose. A total of 60 people with disabilities (at three levels: physical, mental, common) 14 years old girls and their family members were selected as sample of the study. Sampling method and sampling instruments used in this study include SF-36 and Beck quality of life questionnaire in which both the validity and reliability were adequate. To analyze data, both descriptive and qualitative tests were used. The results show that there was a correlation between depression and life quality of family members. This means that depressed families with disable children have lower life quality.

Keywords: social aspect, depression, quality of life, disabled children

Introduction

Quality of life and sense of feeling better, satisfaction or dissatisfaction are important aspects of people's lives and it is a multidimensional structure used as a tool to assess and evaluate the health conditions in different areas of life, including public health (Azum et al, 2004). Life Quality is a very broad concept that encompasses all aspects of life. The term refers to a variety of political, social and economical field which is often applied in psychological and medical research. According to many professionals, life quality includes various psychological, social, and physical aspects (Ivanz & Cope, 1989, quoted Mohammad Khani et al, 2000).

Quality of life can be applied in different domains such as medicine, improving patient-doctor relationship, determining the efficacy of various treatments, the evaluation of health services, researches based on demographic characteristics (age, gender, race, social class), different cultures (at the national, regional) and time (longitudinal and cross-sectional studies) policies. Life quality of all people, healthy or unhealthy, is influenced by different environmental, economic, social factors. Due to the specific life conditions of people with disabilities, they definitely need the family support so that this situation affects the life of family members. It may lead to their depression, less social activities such relationship with friends, neighbors, co-workers and other social groups (Kharazmi, 2009). In this study, the relationship between and the child's disability and depression of family members on their life quality with emphasis on the social aspect will be discussed.

Parents have dreams and fantasies about their child not yet born. They consider some characteristics such as hair color, eye color, skin color and the inner qualities such as mental ability, quality and social behavior and success in the highly desirable rate and think based on their desire. But all these dreams collapse and fade with the birth of a disabled child. One of the most important

issues related to life quality of people with disabled children is addressing the psychological state of those families and its impact on their life situation, especially the social state of them. The importance of this issue becomes clear when we know that families bear the main burden of the disabled children and social protection agencies have little role in this field. The impact of the disabled person in the family can be studied in different emotional, social and economic aspects. Denying the reality, non adoption with disabled children, anger and aggression, maternal depression due to much more relationship with the disabled child and feeling guilty by association with the child and the sacrificing the life, disturbances in the marital relationship are examples of the emotional impact of the disability on the parents. When parents become aware of the child's disability, their first reaction to this issue is crucial in forming relationships with the disabled person. If the family is unable to accept the truth of this phenomenon at this stage, relationships with disabled child will be affected by the families' false beliefs and they know the disabled child as the result of their past sins and finally they become depressed. They sometimes sacrifice their families to support individuals with disabilities and other times they are too reliant on him (Sotudee, 2009). Their reaction to this problem can affect both their own life and the disabled child's life. As mentioned above, the life quality of these families is mainly influenced by the disabled child. As the result of being depressed and bored from their situation, they may have less relation with the friends, relatives and try to spend much time with the child and in the home. Because of the importance of this issue, in this study it is tried to assess the relationship between depression and life quality of families with disabled children with an emphasis on the social aspect of life quality.

Theoretical Framework

The concept of life quality goes back to Aristotle's time about 385 years BC. At that time, Aristotle called "good life" or "doing things well" as being happy. However, at the same time, he specifically stated that happiness means different things to different people; it has not the same meaning for everybody. The term quality of life was used in a book by Pigou (*Economics and Welfare*) in 1920 (Health, 2009). For centuries people have been seeking a good life and in this respect, to improve their living conditions, human beings attempt to maximize the utilization of their talents and abilities. But the main problem was always that how is a good quality life? The concept of life quality is currently being used in different areas with different meanings. There is no consensus about what the concept does mean. World Health Organization (1994) defines quality of life as "individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their objectives, expectations, needs and communication. Fayerz (2000) explains the quality of life as an expansion of the hope and desire scope arises from life experiences (Fayers, 2000). Eisenberg (1991) writes: Quality of life is the sense of a person from the well-being that roots in the satisfaction or dissatisfaction of life (Eisenberg, 1991). According Bonomy and his colleague (2000), quality of life includes physical, mental and social aspects which are limited to the experiences, beliefs, expectations and perceptions of the patients (Bonomy et al, 2000). On the other hand, Boscell and his colleagues (1998) call the quality of life as satisfaction with life experience and he says: quality of life includes life satisfaction, satisfaction with the notion of self, health, social and economic factors. Although there are differences in the definition of life quality, there is a cognitive consensus among the experts. Most experts agree on three characteristics of quality of life. These aspects include: multi-dimensional, dynamic and subjectivity aspect (Najafi, 2009).

- Being multidimensional: experts and scholars agree that the quality of life concept includes the next five aspects. They are consistent with today's definition of health. Physical aspect refers to the person's perception of his ability to perform daily activities and tasks that need to expend energy. It can also include measures such as mobility, power, energy, pain and discomfort, sleep and rest, capacity and ability to work. Psychological aspect can be explained by depression, fear, anger, happiness and tranquility items (Kharazmi, 2009). The social aspect of the ability relates to communication with family members, neighbors, co-workers and other social groups, as well as the job situation and overall economic conditions. Emotional aspect expresses the joy, sorrow, despair, hope, wonder and surprise caused by objective or subjective events and individual strives to transfer these effects to others (Ibid).

- Subjective quality of life should be used as a concept in mind. Individual assessment of the health and well-being is a key factor in quality of life study. Person's judgment about the disease, treatment

and health is more important than the objective assessment of health. For example, a person may suffer from one or more chronic diseases, but calls himself as healthy one, while a person may call himself as ill without any illness symptoms. Major determinant of quality of life is a perceived difference between what is and what should be the individual's perspective and that is the only aspect that has been defined by the World Health Organization (Ibid).

- Being dynamic means that changes life quality changes over time and depends on the individual and his environment. This feature is visible in a linear relationship (Ibid).

As mentioned above, the life quality (with its all aspects) of people with disabilities is affected by the psychological state family member and their depression. Affective disorder is recognized by symptoms such as sadness, hopelessness, isolation, lack of enjoyment of the blessings of life, helplessness, self-blame, loss of self-esteem and anorexia (Neemati Sogolitappeh, 2012). It is suggested that depressed mood and loss of interest or pleasure are the key symptoms of depression. According to DSM_IV_TR, diagnostic criteria for depression include considerable loss of interest or pleasure, substantial weight loss, insomnia or hypersomnia, slower psychomotor, fatigue or lack of energy, feelings of guilt, decreased ability to think or concentration and repeated thoughts of death (Saduk, Saduk, translated by Pour Afkari, 2009). Given the wide scope of this paper, the social aspect of life quality, including feelings of a person's ability to communicate with friends, family members and relatives, and its relation to the disability of the children among the family members will be assessed.

Depression is an emotional disorder with symptoms such as sadness, hopelessness, isolation, suicidal thoughts, lack of enjoyment of the blessings of life, helplessness, self-blame, loss of appetite and loss of confidence (Nemati Sogolitapeh, 2012). It is suggested that depression mood and loss of interest or pleasure are the key symptoms of depression. The most recent studies have reported a 40% prevalence of depression and if the non-clinical depression is also considered, the rate will be very high (Kring et al, 2009). Depressed person sees himself failed and incompetent person who should accept the deprivation and humiliation fate. It is known that depression is a mental disorder. Depressed people have negative perceptions about themselves and their environment. Given the rich simple methods by which people can overcome the mental fluctuations, depressed people are unreasonably concerned with attitudes and issues. There are different perspectives about the causes of depression; some call it the biological, social issues and some to learning, cognitive, and some attribute it to psychological factors. Some psychologists believe that life events play a major role in depression. Emotional relationships, the loss of a member or members of the family, poverty, health problems (disability) are among the most important issues related to depression (Stevsa & Carlson, 2010). Depression means severe sadness and the inability to experience pleasure simultaneously for more than two weeks or having one at least 4 symptoms such as changes in appetite, changes in sleep, suicidal thoughts, guilt and lack of energy. Depression is a significant health problem with serious emotional disturbance that its risk is 10 – 25% for women and 5 – 12% for men (Saduk & Saduk, 2007). Because of the prevalence and extent of depression among Psychiatry and Psychology outpatients, it is called “Mental cold” (Zelygman, 1975, quoted by Mehryar, 2003). According to the estimates, it is expected to be the world's second most common disease by 2020 (Ghaem Mohammadi, 2004). Almost all people suffer from at least mild depression. Feeling bored, impatience, sadness, frustration, disappointment and unhappiness are all common experiences of depression. This is called the normal depression (Atkinson & Hilgard, 2006). It is a disorder that affects the person's thoughts, moods, feelings, behavior and physical health. It was previously believed that "all is in your head" and if you really try, you can release yourself from depression. Doctors now know that depression is not a weakness and you alone cannot cure it. It is a medical disorder with a chemical or biological background. Sometimes a stressful life event triggers depression. In other cases, no specific cause has been identified for depression. According to the cognitive theory, depression roots in the cognitive changes in individuals prone to depression. These changes, which are called “depression Schematic”, are cognitive patterns that perceive the internal and external data under the impact of early life altered experiences (Saduk, Saduk, 2009). Social and cultural factors such as family status, job stability, and economic status and feeling of belonging to classes and social groups are closely associated with depression. Takman and Kaiser study (1972) show that there is a direct correlation between committing the suicide and families with the disorder. Brid study (1973) showed that there was a significant relationship between unemployment and

committing suicide. There are also other socio-cultural factors, racial discrimination, immigration and war coupled with failures that are considered as the causes of the depression (Shamlou, 2003).

Regardless of the cause, depression is nothing more than grieving or dramatic fatigue. It may occur only once in one's life. However, often repeated attacks throughout life or periods without depression and may require a continuous treatment throughout life. According to DSM_IV_TR, diagnostic criteria for depression include feelings such as depressed mood, considerable loss of interest or pleasure, substantial weight loss, insomnia or hypersomnia, stimulation or slower psychomotor, fatigue or loss of energy, feelings of worthlessness or guilt, reduced ability to think or concentrate, repeated thoughts of death (Saduk, Saduk, 2009). According to the Rouznahan and Seligman (2007), depression can be found in different forms as follows:

Major depression: This type of mood disturbance lasts more than two weeks. Symptoms may include a feeling of great sadness, grief, loss of interest or pleasure in activities that are normally enjoyable, guilty and worthless. This type of depression can cause insomnia, changes in appetite, fatigue, and difficulty with concentration. Severe depression can increase the risk of suicide.

Dysthymia: it is milder but more persistent depression. This is at least two years and often lasts for more than 5 years. The signs and symptoms are not often debilitating and the dysthymia cycles can be replaced with short periods of natural feeling. Suffering from Dysthymia is a risk of developing criteria for major depression.

Adjustment Disorders: If a loved one dies, lose your job or cancer is recognized in your body, it is natural for you to feel tense, sad, angry and supercharge. Finally, many people continue their normal life when the stresses finish, but others no, this is called an adjustment disorder. That is, when you respond to a stressful event or fact cause the symptoms of depression. Some people suffer from adjustment disorder in response to a single event. The problem seems to root in combination of other stresses. Adjustment disorders can be acute (lasts less than 6 months) or chronic (lasts a longer-term). Doctors classified the adjustment disorders based on the early signs and symptoms of depression or anxiety.

Bipolar disorder: having the recurrent episodes of depression and elation (mania) and is called bipolar disorder. Since this condition involves emotions at each extreme (poles), it is called "bipolar disorder" or "depression A - mania". Mania affects the judgment and leads to making non logical decision. Some people have bursts of increased creativity and productivity during the manic phase. The number of episodes in each of the poles may not be equal. Some people may have several episodes of depression before a manic phase or vice versa.

Seasonal Depressive Disorder: Seasonal depressive disorder is a form of depression that is based on the seasonal variation and lack of exposure to sunlight. It may lead to headaches, irritability and low energy levels. Many people show symptoms of anxiety along with depression. Anxiety that develops after age 40, it often relates to depression not an independent issue.

Given the importance of the subject, much research has been conducted in various social and psychological fields in both national and international levels. Ahmadi and his colleagues (2011) studied the problems of families with disabled children and showed that these families, in terms of function and adaptability, are more vulnerable than the families without disabled children. So these families do need to educational services, counseling, psychological and financial support. Farhang Khah (2005), in his study concluded that children are a source of stress for parents in all ages. If a child is born with a mental, physical, visceral disability or a combination of them, the, social and economic stress as the result of such child will increase among these families. Anisi (1998) studied the function of families with disabled children and show that the disability of a family member negatively affects the all family members and their various functions because disability hurt the cohesion and structure of the families and the result is changes in the performance and adaptability of the family. Adib (2001) studied the communication methods in family and its relationship with the mental health of children. They implied that physical, emotional and psychological needs are met with the families.

On the other hand, the ability of family members and their modes of communication are important. It affects the mental health of its members. Family function has positive correlation with problem solving, social relationships, roles, emotional control, mental health problems, physical complaints, anxiety, depression and social maladjustment. The poorer the family functioning, family members will have more psychological problems (Adib, 2001). Kouhsali (2008) studied the social

adjustment of mothers with mentally retarded girls and compared them with the social adjustment of mothers with normal girls. The results suggest that the social adjustment of these groups were significantly different from each other.

Methodology

This is correlational study and its statistical population includes 60 patients with mildly handicapped girl aged 14 years and their family members. They were referred to this center by the welfare organization in East Azerbaijan province. Sampling method was convenience method and we choose the ones who were called (mental, physical or both) disable by the welfare professionals and experts. Either regularly or daily they referred to the Rehabilitation Centre for Disabled or group who suffered just from disability not the specific physical or mental problem. Beck Depression Inventory is used to measure the rate of depression among family members with disable children. Questions included areas such as feelings of helplessness and defeat, guilt, irritability, sleep disturbances, and loss of appetite, severe depression. The severe depression score is 40 or 50. The clinically depressed people and typically incompatible and non-patient's score range from 12 to 40 (Handbook of Psychological Assessment) (Grey Marl Gras 2003). SF-36 test is used to measure the life quality of people with disable children and to test and collect the demographic information such as age, gender, marital status, education and occupation, a researcher made questionnaire was used. After collecting the data, they were analyzed by the SPSS software. Data analysis includes both descriptive (frequency, percentage of the mean) and inferential statistics (Pearson correlation, chi-square test, ANOVA and Tukey test).

Findings

In this research, 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 a 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	Sever depression	31.7
Total	100	Total	100

In the inferential analysis part, the Pearson correlation coefficient test was used to examine the relationship between depression and social aspect of life quality among the family members studied in this research. Based on these results, Pearson correlation coefficient was between the 0.014 and since the significance level is less than 0.05, we conclude that there is an inverse significant relationship between depression and social aspect of family members' life quality. That is, when the spiritual status of the families with disable children is low and suffer from the depression, their ability to communicate with friends, family and social environment will be low.

Table 2

Results of Pearson correlation coefficients to examine the relationship between family members' depression and their life quality

Life quality	Depression	Sig.
Social function	-0.317	0.014
Life quality	-0.5774	0.001

Discussion and conclusion

For centuries, people inherently seek a life with good quality of life and in this respect, they try to improve their living conditions and maximize the utilization of their 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 which include issues such as welfare, enhancing the health- based quality of life, basic needs, growing and rewarding life, altruism and dedication to the communities. As mentioned above, the life quality is affected by different factors. For example, having a disabled child in a family may affect the life quality of those family members and affect their social communications. It may refer to the special requirements of persons with disabilities and their need to the family support. The life situation of these families and presence of a child with different mental, physical and both physical- mental disabilities will affect the family and influence their social relation with friends and relatives. The subjects of this study included over 14 year old girls and their families whose depression level according to the different forms of depression were evaluated. The findings of this study show that there was a significant relationship between depression and life quality of families with disabled children. In other words, depression among these family members lowers the quality of life and their social communication level. The results of this study was consistent with the results of Lastmn and Close (2005), Nasrin Jalili, Mehrnoush Goudarzi, Mehdi Raza Hayyani, Hojjatallah Haghrou, Hamid Dalvand and Marjan Farzi who studied the life quality of mothers with children suffering from severe cerebral palsy. They concluded that the life quality of mothers with children suffering from severe cerebral palsy was average and the stress and cerebral palsy had a negative impact on their life quality.

In explaining the findings of the study, here it can be said that depression is a significant health problem with serious emotional disturbance. Depressed person sees himself with inefficiencies that he has to accept the deprivation and humiliation fate. In other words, Depression of Family members may be in various forms such as depression, sadness, hopelessness, isolation, lack of enjoyment of the blessings of life, helplessness, self-blame, loss of confidence and loss of appetite, it affects their social communication with the friends, relatives and consequently lowers their social activities. According to the findings of this study, it refers to the presence of a disabled child in the family. Given the importance of the life quality of the community and their social communication, trying to solve this problem should be considered as the main principle and priority of the social planners, policy makers, managers and government officials in each community and country.

As the conclusion, we can say that all programs, policies and executive operations in a community aim to improve the life quality of the community members. Like the other studies, this research had also its own limitation so that future workes conducted by other researchers can focus on the relationship between depression and quality of life, and other psychological factors (resiliency, mental health, etc.) and practical skills, cognitive behavioral therapy, reality therapy, education, and emotional regulation, ways of decreasing the depression of family with disabled children, conducting research on the patients suffering from the incurable diseases. Based on the findings of this study, it is suggested that to enhance the quality of life and decrease the depression of families with disabled children, life skills must be trained. Also, given the importance of the life quality of for families with disabled children, the psychologists, psychiatrists, counselors must pay particular attention to families with disabled children. These works will definitely pave the way for a better and healthier life in the future in anywhere and for everybody of the world, regardless of the borderes.

Resources

- Atkinson, Rita; Atkinson, Richard, Hilgard, Ernest (2006) Hilgard psychology, translated by Baraheni, Mohammad Naghi and his colleagues, Tehran: Roshd press.
- Azad, Husein. (1999). *Psychopathology* (2). Tehran: Payam Nour press, p: 48-54.
- Ahmadi Khodabakhsh; Khodadady, Gholam Reza; Anisi Jafar; Abdol Mohammadi, Elaheh. (2011). *problems of families with disabled children*. Journal of Military Medicine, 13, Volume 1, Spring 2011. pp: 49-52.
- Bonomi, A. E., Patrickm D. L., Bushnell, D. M., and Martin, M.(2000). *Validation of the United States' version of the world Health Organization Quality of Life (WOQOL) I nstrument*. Journal of Clinical Epidemiology, 53, 1, pp:19-23.
- Boscell, B. B., Dawson,M., and Heininge, E. (1998). *Quality of life as defined by adults with spinal cord injuries*. Journal of Rehabilitation, 64 (1), pp: 27-32.
- Eisenberg MG, Salts CC. (1991). *Quality of life among aging spinal cord injured Persons: long term rehabilitation outcomes*. paraplegia. 29, pp: 514-20.
- Fayers PM, Machin D. (2000). *Introduction in Quality of Life Assessment, Analysis and Interpretation*. UK: John Willy and Sons: 3-10.
- Kharazmi, Sh. (2009). *Improving quality of life and training longer life*. information society Site.
- Mohammad Khani, P.; Delavar, A. & Mohammadi, M. (2000). *the life quality of abused children*. Journal of Thought and Behavior, Vol 6, No 2 - 3.
- Najafi, M. (2009). *the relationship between quality of life and cardiovascular disease*. Iodins weekly, Kankash, No: 156, p: 3.
- Nemati Sogolapteh. (2012). *the role of personality traits in self-care behaviors and outcomes in patients with diabetes type 2 with an emphasis on the moderating role of coping styles*. Ph.D thesis, General Psychology in Tabriz University.
- Nik Parvar Fard, Roqieh. (2005). *Skills for Life*. First edition, Tehran: Moavenat press; cultural prevent organization of the country.
- Avayns Yans, Fourth Edition, America Psychiatric Association (2000)
- Saduk, Beniamin; Sadvk. (2006). *summery of Psychiatry*. Volume II, translated by Nasrollah Pour Afkari, Tehran: Shahr Ashoub press.
- Saduk, Beniamin; Saduk, Virginia. (2009). *summer of Psychiatry Behavioral Sciences-Clinical Psychiatry*. translated by Nusratullah pour Afkari, Tehran: Shahrab press.
- Yoseph pour Mariam & Garousi Mir Taghi. (2009). *the impact of life skills training on mental health, and physical symptoms of anxiety among the physically disabled people in Tabriz*. Journal of Women and the Family, First year, N:3, Spring 2009. pp: 123- 137.