

THE AFFECTIVE DISTRESS AND THE FAMILY OF A CHILD WITH DEFICIENCIES

Sonia IGNAT, PhD
Aurel Vlaicu University of Arad

Abstract: *Few researches have focused on the degree of family affection, so the present research aims to study the affective impact that a child with TSA has on the parents. The present research is a comparative study that seeks to investigate the differences that arise between parents who have children with autistic spectrum disorders and children with age-specific development of anxiety, depression, and affective disorder. Questionnaires were provided to parents with a child with autistic spectrum disorders (N = 40) and to parents with age-specific children (N = 40). Questionnaires were used to investigate depression, anxiety as a condition and a trait, emotional distress. For collecting socio-demographic data, parents completed a structured interview. Research results show that parents of children with Autistic Spectrum Disorder have a much higher level of depression, anxiety, affective distress compared to parents with age-specific children.*

Key words: *autistic disturbances; anxiety; depression; affective distress;*

Introduction

Autism is a neurobiological disorder that includes classic autism, Asperger syndrome and atypical autism, disorders that are found under the generic umbrella of autistic spectrum disorders (TSA). It is a lifelong disorder that affects the way a person communicates, relates to others or the world around them (www.autismnsw.com.au). Autism is characterized by affecting the three domains, considered a triad of deficiencies or the "autistic triad" that includes social interaction, communication and repetitive patterns and behavioral stereotypes or interests (Gray and Tonge, 2001). The features of the autistic child may include repetitive and ritual behaviors, palpitations, spinning or twisting in circles, excessive fears, self-aggression, hysteria, eating or sleeping disorders (Gillberg and Wing, 1999, Australian Brain Foundation, www.brainaustralia.org.au). Autism is a disorder that affects not only the functioning of the diagnosed child, but also the family of the child. Both parents and brothers with autistic spectrum disorders can experience various feelings such as shock, denial, anger, depression, guilt,

disappointment. The birth of a child in a family is an event of great importance. The child in the family system is usually a source of joy and sometimes a way for parents to fulfill their own dreams. But children who are less perfect or have some developmental delays can be very frustrating for the family. Families experiencing autistic spectrum disorders are looking for answers to causes, diagnosis and treatment. Despite the increasing involvement of parents in recovery therapy as co-hepatitis, most research has focused on children and fewer effects on the whole family (Williams and Wishart, 2003). Among the families caring for a disabled child, the parents of autistic children have the highest stress level (Boyd, 2002), and the high level of stress increases the risk of depression (Boyd, 2002). Mums of children with autism have higher scores for stress, depression, social isolation than mothers of children without disabilities. Some psychiatric disorders and anxiety traits observed in the parents of children with TSA have been associated with the difficult task of caring for a child with TSA (Murphy, Bolton, Pickels, Fombonne, Piven and Rutter, 2000). Because of the high levels of stress, parents are in a position to refuse to fight together, ending with the crisis and traumatic events that cause the exhaustion of family members (Figley, 1998). Persistent tensions lead to lowering the energy and motivation of parents, and they may experience feelings of self-righteousness and anger. The objective difficulty in caring for a child with pervasive disorders occurs in two ways: controlling the undesirable or unforeseen behaviors of the child and assisting in daily activities, as the child often has not the necessary skills.

With the increase in the number of cases of children diagnosed with autism, the focus has been largely on early diagnosis, on early intervention, on therapies and recovery programs, on school and social inclusion. Efforts to implement the most effective childcare services have been attempted, but little has been taken into account as the child's family as an important factor in recovering it. Research has reported high rates of depressive symptoms among mothers with children diagnosed with autism compared to mothers with children without developmental disorder (Hasting & Johnson, 2001; Montes & Halterman, 2007). The child who suffers from autism does not live in a vacuum. At the time of receiving such a diagnosis, the child's family receives a heavy blow. Parents have a real need to help the family remain united and to have a healthy environment within it. Parents must first take care of them so that they can then take care of the child effectively.

1. Research objectives

2. Determining the differences between parents with a child with Autistic Spectrum Disorders and those with age-specific children on the level of anxiety and depression.

3. Determining the differences between parents having a child with autistic spectrum disorders and those with age-specific children with affective distress.

2. Research assumptions

1. Parents with autistic spectrum disorders have a higher level of anxiety than those with age-specific children.

2. Parents who have a child with Autistic Spectrum Disorders have a higher level of depression than those with age-specific children.

3. Parents with autistic spectrum disorders have a higher level of affective distress than those with age-specific children.

3. Description of subjects

The sample consists of 40 parents with a child with autistic spectrum disorders and 40 parents with age-specific children.

In the case of subjects who are in the situation of parents having a child with Autistic Spectrum Disorders, 28 are female (70%) and 12 are male (30%) (Table 3). 36 of them are married, 2 divorced, and 2 live in concubinage. Children with autism are between 3 and 11 years of age.

4. Instruments used

Anxiety Inventory - State Trait Anxiety Inventory (S.T.A.I.)

Beck Depression Scale (21 items)

Affective Distress Profile (PDA)

Structured interview

For the collection of socio-demographic data, we have structured interviews with general questions about subjects included in this research: data about parents (sex, age, civil status, education, profession), data on children (age, diagnosis data, therapy, grouping), data on subjective perception of subjects over the last 3 months and the issues that are most disturbing to them at the moment.

Check hypothesis

Hypothesis 1

Parents with autistic spectrum disorders have a higher level of anxiety than those with age-specific children.

To verify this hypothesis, the t test for independent samples was used. Comparisons were made between the two groups (parents with a child with autistic spectrum disorders and parents with age-specific children) for S.T.A.I. X1 (anxiety as a condition) and S.T.A.I. X2 (trait anxiety). The obtained results support Hypothesis 1. For the dependent variable S.T.A.I. X1 a t coefficient of comparison = 5.434 was obtained at a significance threshold $p = .000$, $p < .000$.

There is a statistically significant difference between anxiety status in parents with a child with Autistic Spectrum Disorders (mean = 43.27) and anxiety status in parents with age-specific children (mean = 32.45).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
staix1	Equal variances assumed	13,529	,000	5,434	78	,000	10,82500	1,99195	6,85933	14,79067
	Equal variances not assumed			5,434	62,052	,000	10,82500	1,99195	6,84321	14,80679

Table no.16 - t test for the state anxiety variable, S.T.A.I. X1

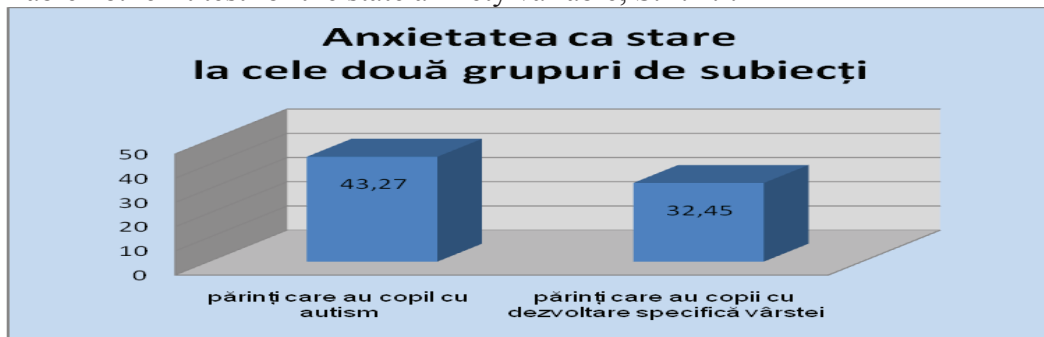


Figure no. 1: Comparative chart of anxiety as a condition in the two groups of subjects

For the dependent variable S.T.A.I. X2 a t coefficient of comparison = 3,901 was obtained at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between the level of anxiety as a trait in parents with a child with autistic spectrum disorders (mean = 41.95) and the anxiety trait in parents with age-specific children (mean = 34.72).

The results obtained support Hypothesis 1.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
staix2	Equal variances assumed	2,359	,129	3,901	78	,000	7,22500	1,85221	3,53753	10,91247
	Equal variances not assumed			3,901	71,660	,000	7,22500	1,85221	3,53238	10,91762

Table 18 - t test for the state anxiety variable, S.T.A.I. X2

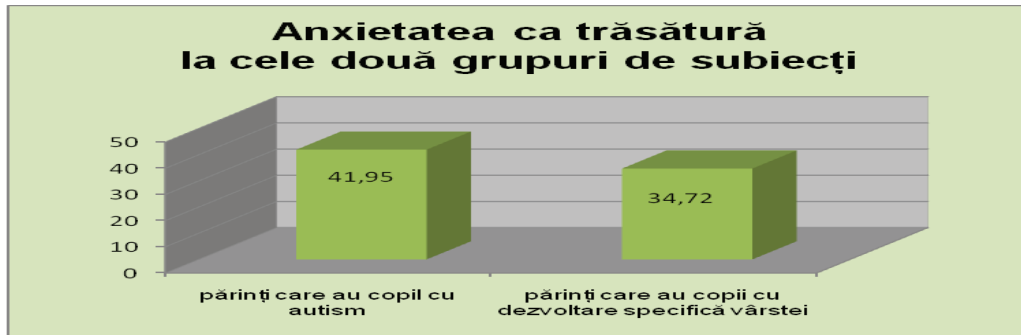


Figure no. 2: Comparative chart of anxiety as a trait in the two groups of subjects

Hypothesis 2

Parents with a child with autistic spectrum disorders have a higher level of depression than those with age-specific children.

To verify this hypothesis, the t test for independent samples was used. Comparisons were made between the two groups (parents with a child with autistic spectrum disorders and parents with age-specific children) for the depression variable.

The results obtained support Hypothesis 2.

For the depression dependent variable, a comparator t coefficient = 3,253 was obtained at a significance threshold $p = .002$, $p < .01$. There is a statistically significant difference between the level of depression in parents with a child with autistic spectrum disorders (mean = 8.55) and the level of depression in parents with age-specific children (mean = 4.22). This result is shown graphically in Figure 3.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
beck	Equal variances assumed	12,460	,001	3,253	78	,002	4,32500	1,32937	1,67843	6,97157
	Equal variances not assumed			3,253	62,753	,002	4,32500	1,32937	1,66826	6,98174

Table no.20 - the t test for the depression variable

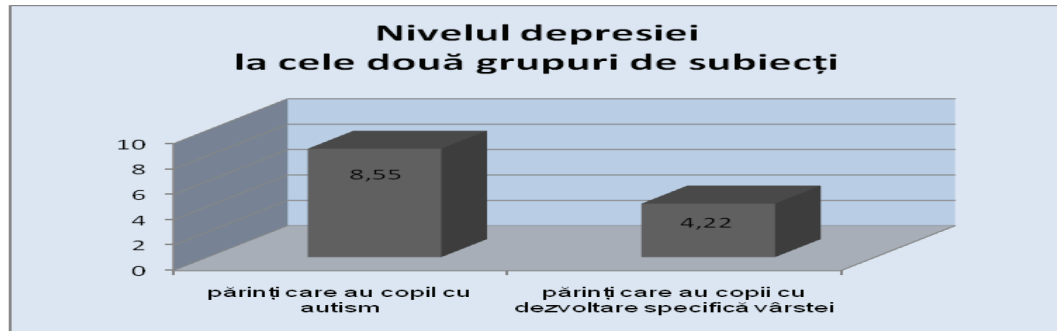


Figure no. 3: Comparative chart of depression in the two groups of subjects

Hypothesis 3

Parents with a child with autistic spectrum disorders have a higher level of affective distress than those with age-specific children.

The results obtained support Hypothesis 3.

For the dependent functional negative emotions in the sadness / depression category, a t coefficient of comparison = 4,057 was obtained at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between the level of functional negative emotions in the category of sadness / depression in parents with a child with autistic spectrum disorders (mean = 13.72) and the level of functional emotions in the category of sadness / depression in parents with children with specific development age (mean = 10.12).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
ENFTD	Equal variances assumed	6,429	,013	4,057	78	,000	3,60000	,88736	1,83341	5,36659
	Equal variances not assumed			4,057	64,594	,000	3,60000	,88736	1,82761	5,37239

Table no.22 - t test for the functional negative variable in the sadness / depression category

For the dependent dysfunctional negative emotions in the sadness / depression category, a comparison factor $t = 4,195$ was obtained at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between dysfunctional negative emotions in the category of sadness / depression in parents with a child with autistic spectrum disorders (mean = 13.55) and dysfunctional negative emotions in the category of

sadness / depression in parents with children with specific development age (mean = 9.45).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
ENDTD	Equal variances assumed	31,830	,000	4,195	78	,000	4,10000	,97724	2,15446	6,04554
	Equal variances not assumed			4,195	45,775	,000	4,10000	,97724	2,13265	6,06735

Table no.24 - t test for the dysfunctional negative emotions variable in the sadness / depression category

For the dependent functional negative emotions in the worry / anxiety category, a t coefficient of comparison = 4.913 was obtained at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between the level of worry-related negative emotions in the category of anxiety / anxiety in parents with a child with Autistic Spectrum Disorders (mean = 16.90) and the level of worse emotions in the category of anxiety / anxiety in parents with children with specific development age (mean = 12.62).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
ENFIA	Equal variances assumed	18,165	,000	4,913	78	,000	4,27500	,87008	2,54281	6,00719
	Equal variances not assumed			4,913	57,626	,000	4,27500	,87008	2,53311	6,01689

Table no.26 - The t test for negative emotions negative functional emotions in the worry / anxiety category

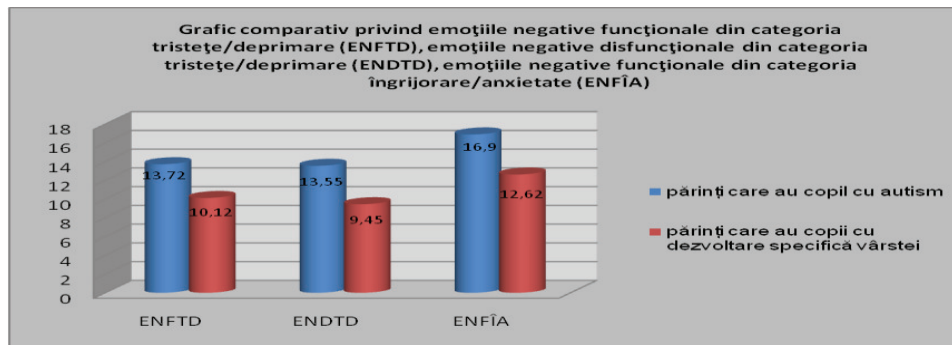


Figure no. 4: Comparative graph on functional negative emotions in the category of sadness / depression, dysfunctional negative emotions in the category of sadness / depression, functional negative emotions in the category of worry / anxiety in the two groups of subjects

For the dependent dysfunctional negative dysfunctional variable in the worry / anxiety category, a comparator $t = 1.638$ was obtained at a significance threshold $p = .105$, $p > .05$. This result is not statistically significant.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
ENDIA	Equal variances assumed	,226	,635	1,638	78	,105	1,62500	,99191	Lower	Upper
		Equal variances not assumed			1,638	68,368	,106	1,62500	,99191	Lower

Table no.28 - t test for negative emotions negative dysfunctional emotions in the worry / anxiety category

The 6 items representing the dysfunctional negative emotions in the PDA questionnaire (anxiety distress profile) are expressed by the adjectives: anxious, horrified, panicky, frightened, scary, nervous.

An explanation for the fact that this result is not statistically significant may be the perception of parents with a child diagnosed with autism. Although having such a child is a huge challenge, despite the difficulties they face, they can be real fighters not considering the situation they find themselves terrifying, terrifying. These parents can not afford to be defeated, destroyed, and the very idea of being responsible for their own deficient children can mobilize them to be as useful as possible to their children.

For the dependent functional negative emotional variable, a t-factor of comparison = 4.752 was obtained, at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between the level of functional negative emotions in parents with a child with autistic spectrum

disorders (mean = 30.62) and the level of functional negative emotions in parents with age-specific children (mean = 22.75).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
ENF	Equal variances assumed	12,418	,001	4,752	78	,000	7,87500	1,65732	4,57553	11,17447
	Equal variances not assumed			4,752	60,107	,000	7,87500	1,65732	4,55998	11,19002

Table no. 30 - t test for negative functional emotions negative emotions

For the dependent dysfunctional negative emotional variable a t coefficient of comparison = 3.371 was obtained at a significance threshold $p = .001$, $p < .01$. There is a statistically significant difference between the level of dysfunctional negative emotions in parents with a child with autistic spectrum disorders (mean = 23.92) and the level of dysfunctional negative emotions in parents with age-specific children (mean = 18.20).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
END	Equal variances assumed	11,039	,001	3,371	78	,001	5,72500	1,69826	2,34402	9,10598
	Equal variances not assumed			3,371	65,789	,001	5,72500	1,69826	2,33411	9,11589

Table no. 32 - t test for the negative emotional dysfunctional dysfunction variable

For the positive emotional-dependent variable, a t coefficient of comparison = 3,763 was obtained, at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between the level of positive emotions in parents with a child with autistic spectrum disorders (mean = 40.57) and the level of positive emotions in parents with age-specific children (mean = 34.47). A high score on this subscale shows the experience of fewer positive emotions (in parents with a child with autistic spectrum disorders), and a low score means experiencing positive emotions (in parents with children with age-specific development).

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
EP	Equal variances assumed	,460	,500	3,763	78	,000	6,10000	1,62112	2,87259	9,32741
	Equal variances not assumed			3,763	74,801	,000	6,10000	1,62112	2,87041	9,32959

Table no. 34 - the t test for the negative emotions positive emotions variable

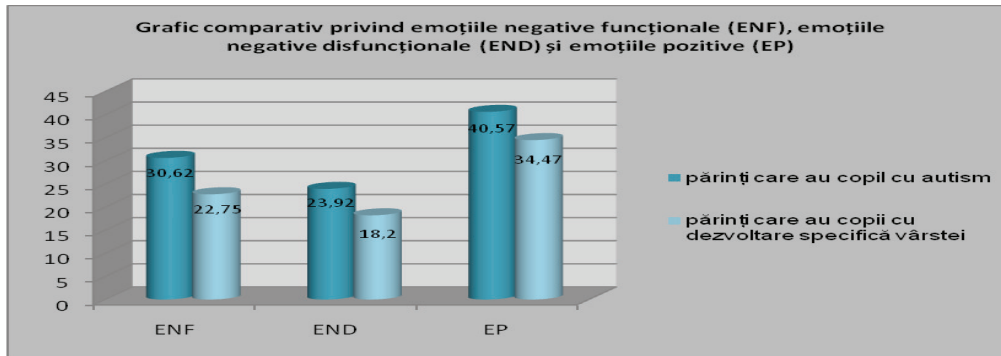


Figure no. 5: Comparative graph on functional negative emotions, dysfunctional negative emotions, positive emotions

For the affective distress dependent variable we obtained a comparator $t = 4,674$, at a significance threshold $p = .000$, $p < .000$. There is a statistically significant difference between affective distress in parents with a child with autistic spectrum disorders (mean = 95.12) and affective distress in parents with age-specific children (mean = 75.42).e emotions, to the two groups of subjects

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
PDA	Equal variances assumed	12,967	,001	4,674	78	,000	19,70000	4,21491	11,30876	28,09124
	Equal variances not assumed			4,674	57,634	,000	19,70000	4,21491	11,26180	28,13820

Table 36 - test t for affective distress variable

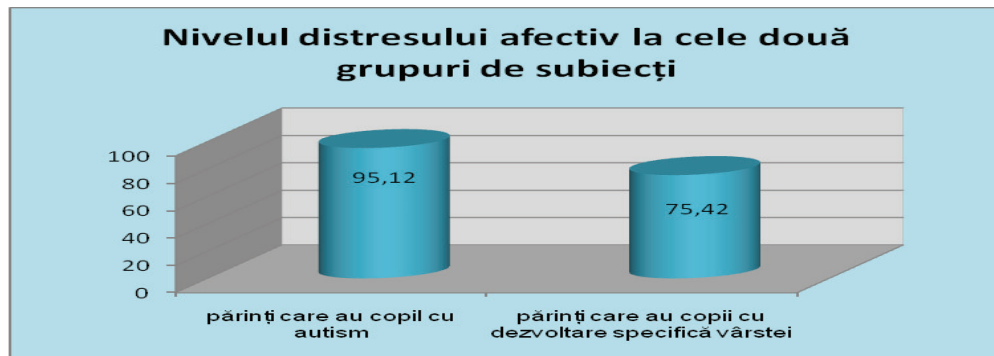


Figure no. 6: Comparative graph on emotional distress in the two groups of subjects

CONCLUSIONS

Responding to the diagnosis of autism varies from family to family, with mistrust, anger, blame, helplessness, devastation, astonishment, or even kidnapping, until understanding and relief that parents finally explain their child's behavior. Many parents have the sense of loss, in the sense of the loss of life as it was, to a certain point, of loneliness in the existential plane.

When talking about children with disabilities, we can not ignore the problems faced by their family members. Chronic suffering from child disability has implications for the functioning of the family in general. As a system, the family can experience intense stressful periods, learn from these experiences, and become stronger (Singer and Powers, 1993). The theory of family systems describes how emotional distress of each person has an impact on the other, and vice versa. Providing support to a member of the system helps others. In other words, by improving the child's behavior, parents will be less stressed and able to cope with the situation. By reducing the depression and stress of their parents, they will be able to cope with the behavior of the child much more calmly and firmly, which will change their behavior.

Research results show that parents of children with Autistic Spectrum Disorder have a much higher level of depression, anxiety, affective distress compared to parents with age-specific children. They are more concerned about the future of their children in terms of social and school adaptation.

Higher values obtained by applying tests to parents of children with Autistic Spectrum Disorder are an underlining of their need for support from specialists and beyond. Due to the high emphasis on early intervention on the child, the importance of the family system where the child comes from is often lost. A healthy family environment where parents are optimistic and emotionally equipped will better meet their child's complex needs.

Local communities, through the medical, educational and social services offered, by conducting public awareness activities on the issues /

needs of families with a disabled member can contribute to improving the quality of their lives. Parents need support for adapting to the news, long-term adaptation to the changes that child's disorder brings to the family as a whole, help with children's behavioral issues, couple relationship counseling, specialist therapy. It is desirable that they come into contact with social support networks such as support groups made up of other parents with children in the autistic spectrum. Parent groups tend to be more valuable in terms of efficiency than support given by specialists.

In this context, social support, how individuals relate to their own person, to others, and how they interact in certain situations are factors that can mediate the parents' reaction to childhood stress, factors that can lead to increased self-efficacy family, adopting effective coping strategies, all of which lead to an increase in the adaptability and functioning of the family.

Parents need to be informed about the implications of their child's diagnosis, be trained, molded to be able to respond appropriately to the needs of the child, understand and understand them. Parents should be an integral part of the recovery, treatment, not mere observers of this treatment. Without the family's involvement in treatment, the various rehabilitation programs offered by specialists only impact on disparate segments of the child's life.

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