Original Article

Mental health functioning of co-dependence and gender as predictor among parents of intellectually disabled children

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Objective: To investigate the relationship between co-dependency and mental health functioning with relation to gender of parents with intellectually disabled children.

Methodology: In this correlational study, 41 parents were recruited from an institute that provided education to intellectually disabled children. Mental health functioning was measured through the Depression-Stress-Anxiety Scale-21 (DASS-21), while the co-dependency was measured through the Spann-Fischer co-dependency scale. The data were analysed using SPSS version 23. Pearson Product Moment Correlation and ANCOVA were used to determine if there was a strong correlation between co-dependency and mental health functioning.

Results: Mean age of 41 parent was 35.98±7.19 years and mean age of children was 8.2±2.51 years. Co-dependency scores ranged from 39 to 85 (Σ =60.66±10.27*)*; the 16 items pertaining to co-dependency had a Cronbach alpha value of 0.636. The subscales of depression, stress and anxiety had 7 items each with Cronbach alphas of 0.603, 0.358 and 0.344, respectively.

Conclusion: There was significant positive correlation between co-dependency and the three aspects of mental health functioning. Gender was found to not be a valid predictor of mental health functioning when the scores of co-dependency were controlled for. (Rawal Med J 202;45:867-870).

Keywords: Co-dependency, mental health functioning, intellectually disabled children.

INTRODUCTION

In recent times, co-dependency has developed its designated position in psychiatric and psychological literature.[1] Physical and emotional well-being and health issues have been found to become highly prevalent as the level of co-dependence increases that leading to adverse effects on the health of the family members.[2] Parents of intellectually disabled children regularly presented and often reported symptoms that have been linked with depression and anxiety.[3] The construct of co-dependence refers to dysfunctional ways of relating with one another and it has continually been part of the characteristics associated with chemical dependence and is an imperative cohort in the pathology of addiction.[1] Individuals suffering from co-dependency had awareness for it and the will necessary for understanding their 'autonomy and self-worth'.[4] The close relationship between alcohol dependence and co-dependency existed in wives of alcoholic individuals.[5] Bashfulness and anxiousness were tied together with co-dependent characteristics comprising validation that was externally sought after, this was further reinforced by a failure to relate with the affirming, constructive aspects of common or stereotypical masculine disposition such as confidence, dependability etc.[6] A significant correlation was found between co-dependency and perceived health and functional ability as well as anxiety and co-dependency.[7,8] This suggests anxiety as a significant variable between co-dependent behaviours and self-silencing inclinations.

It was found that a strong connection existed between depreciated self-esteem and co-dependency as well as prevalence with borderline personality disorder.[9] Parents who have children with intellectual disabilities commonly report symptoms of depression and anxiety.[10] Social support is a major contributing factor to increased psychological distress.[11] Sleep quality is one of the most reliable predictors of quality of life.[12] It has been found to decline in parents of children with physical disabilities.[13] Psychological distress can be comprehensibly validated by the measure of perceived caregiver burden of parents raising a child with an intellectual disability.[14] This burden is greatly associated with unmanageable workloads, financial struggles, being in a position of social, undesirability, and loneliness.[15] Guilt was prevalent with caregiver burden in parents of intellectually disabled

children.[16] Caregiver burden lead an inability to provide an adequate level of parenting to their children.[17]The aim of this study was to investigate the relationship between co-dependency and mental health functioning with relation to gender of parents with intellectually disabled children.

METHODOLOGY

This correlational study included 41 parents recruited through an institute that provided education to intellectually disabled children. Participants had at least completed intermediate or any equivalent level of education, thus they were able to understand and comprehend the questionnaires which use basic or elementary English. Parents raising more than one child with an intellectual disability were not able to participate in the study. A number generator on a computer was used by the primary investigator to randomly select the participants for this study. The generated number corresponded to the number assigned to the parents by the school which scheduled the parents' order of meeting with the teachers on the monthly Parent-Teacher Meeting. The primary investigator did not have any knowledge of the numbers assigned to the parents by the school. The school administration handed over questionnaires, consent and the demographics form to selected participants. Permission was granted by the Board of Faculty and Institutional Review Board and all participants gave an informed consent.

The variable of mental health functioning was measured through the Depression-Stress-Anxiety Scale-21 (DASS-21).[20]It is a 21 item scale that has 3 sub-scales pertaining to depression, stress and anxiety – each domain has 7 items. It is 4-point Likert type response scale (where 0 = did not apply to me at all, 1 = applied to me to some degree, 2 = applied to me to a considerable degree, 3 = applied to me very much). Internal consistency reliabilities were found to be 0.94 for depression, 0.87 for anxiety and 0.91 for stress. The concurrent validity found to be moderately high when correlated with other measures.[18] The variable of co-dependency was measured through the Spann-Fischer co-dependency scale.[19] It is a 16 item, 6-point Likert type scale (where 1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree). The internal consistency of the scale computed through Cronbach's alpha was found to be .86. The test-retest reliability was calculated to have a correlation of .87.[19]

At the end of the monthly Parent-Teacher Meeting (PTM), the participants were handed the consent form, the demographic profile form, DASS-21 scale and the Spann-Fischer Co-dependency Scale. The participants were given clear instructions regarding the process they had to follow and were helped with any reservation that they had at that time. In case any of the participants did not comprehend the written instructions, they were guided by the researcher.

Statistical Analysis: SPSS version 23 was used for analysis. Pearson Product Moment Correlation was used to establish the association between co-dependency and mental health functioning. ANCOVA was also used to determine if there was a strong correlation between co-dependency and mental health functioning. $p<0.05$ was considered significant.

RESULTS

There were 41 participants [M=21(51.2 %), F=20(48.8 %)]. 36 were married (87.8%), 2 were separated (4.9%) and 3 were divorced (7.3%). Respondents from a joint family structure were 27 (65.9%) and 14 from a nuclear family (34.1%). A total of 16 participants (39%) who had an intellectually disabled child with first birth order; 15 (36.6%) had a middle child studying at the institute; and only 10 (24.4%) children's birth order was last. For the variable, age of parent, there were 41 responses from participants with a mean of 35.98 and a standard deviation of 7.19. For age of child, there were responses from 41 participants with a mean age of 8.2 and a standard deviation of 2.51, with a total mean of 3.1. Co-dependency scores ranged from 39 to 85 (Σ =60.66, *SD*=10.27*)*; the 16 items pertaining to co-dependency had a Cronbach alpha value of 0.636. The subscales of depression, stress and anxiety had 7 items each with Cronbach alphas of 0.603, 0.358 and 0.344, respectively. Table 1 shows the relationship between co-dependence and mental health functioning which was

investigated using Pearson product-moment correlation.

Table 1. Correlation between co-dependency and mental health functioning (n=41).

		Depression	Anxiety	Stress
Co-dependency	Pearson Correlation	.439**	.530**	.541**
	Sig. (2-tailed)	.004	.000	.000

Table 2. One-way ANCOVA between gender, co-dependency and depression (n= 41).

	df	Mean Square	F	Sig.	Partial Eta Squared
Co-dependency	1	96.35	8.104	0.007	0.176
Gender	1	1.63	0.137	0.714	0.004

Table 3. One-way ANCOVA between gender, co-dependency and anxiety in the ID group (n= 41).

	df	Mean Square	F	Sig.	Partial Eta Squared
Co-dependency	1	106.18	13.303	0.001	0.259
Gender	1	1.80	0.225	0.638	0.006

Table 4. One-way ANCOVA between gender, co-dependency and stress in the ID group (n= 41).

	df	Mean Square	F	Sig.	Partial Eta Squared
Co-dependency	1	109.24	14.006	0.001	0.269
Gender	1	2.47	0.317	0.577	0.008

The independent variable was the gender of the participant (male, female), and the dependent variable comprised of scores representing depression, anxiety and stress. The respondents' scores pertaining to co-dependency were used the covariate in this analysis. There was significant positive correlation between co-dependency and the three aspects of mental health functioning. Gender was found to not be a valid predictor of mental health functioning when the scores of co-dependency were controlled for. Table 2, 3 and 4 pertain to the analyses of co-variance between gender, co-dependency and the three aspects of mental health functioning which are depression, anxiety and stress, respectively.

DISCUSSION

A high level of co-dependency was associated with increased mental health problems in parents who have children with intellectual disabilities. This implies that there are distinct family dynamics at work which greatly affect the ways in which individuals relate to each other; perhaps it can be understood that a single component of a family system can create ripple effects and cause disturbance in the modes.[10]

Families of children with intellectually disabled children, specifically parents who perhaps share the strongest bond with them are the most affected by their circumstances; hence parents are the ones who develop co-dependent behaviours to cope and as a result of strong association, also experience greater symptoms of waning mental health such depression, stress and anxiety.[15]

Gender had no effect on mental health functioning; it can be propositioned that it is indeed only the characteristics associated with gender roles that could affect co-dependence[6]. Gender and its bearing on mental health could also be comprehended through family systems where the cohesive system of the family as whole would suffer regardless of gender.[22] The ways of relating with one another would deteriorate owing to the underlying mechanisms pertaining to co-dependence because of the collective functionality.[21] The current research can help raise awareness about the phenomenon of parents experiencing co-dependency.

CONCLUSION

There was significant positive correlation between co-dependency and the three aspects of mental health functioning. Gender was found to not be a valid predictor of mental health functioning when the scores of co-dependency were controlled for.

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