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IDENTIFYING DEPRESSION IN PARENTS OF CHILDREN WITH DISABILITIES

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Abstract. To have and to raise a healthy child is the dream and wish of every parent. But, the appearance of some unpredictable and unwanted situation, in which the most desired, loved and waited child is in fact a person with disabilities (with special educational needs – SEN), represents a challenge. For these parents, the impact in most of the cases is devastating and the flaws of helplessness, non-acceptance and failure can trigger the appearance of some depressive elements. As a matter of fact, in such a situation, depression, (Larousse 1998) is not the drama itself, but sounding the alarm in order to find a solution to the problem . This impedes the above-mentioned flaws to have suitable means to proliferate, which in this case could leaddirectly to the identity, of the depressive elements quantified in parents with children with disabilities. From the moment it occurs Ccan this dimension be catalogued as a normal one, acceptable and with no moral damages both for the parents and their children? In this context, detecting ,in due time ,the depressive elementsalso determines the necessity of a realistical attitudinal – behavioral strategy that mitigates promptly the serious consequences that can appear and develop under various aspects, in the communication parents-children with disabilities vs. children with disabilities-parents.

Key words: parents, child, disability.

Introduction

Our investigation begins with the definition of depression, which comprises various elements:

a) after Sillamy N (1996) - a morbid state varying in intensity, characterized especially by sadness and a decrease in tone and energy;
b) after Larousse (1998) - a mental illness characterized by profound change in the thymic states, in the sense of sadness, impact on psychomotor skills, moral suffering (...) that can induce in a patient a painful impression of powerlessness, overall fatality, desperate guilt and undervaluing;
c) after DSM-IV it is more difficult to distinguish depression from normal sadness as most of the subjects try to explain their depression symptoms through a traumatic experience of psycho-history events.

Depression is persistent; modifying based on external factors and cannot be controlled by the subject itself. Each of us experiences depression through a personal state: sorrow, moral offense, bad temper, despair, etc.

Thus, depression defines, an attitude, and throughout or journey we will discuss it as a core element of the item - parent / parents and child / children with disabilities.

In this context, when defining depression, Green (1997) emphasizes the consequences of environment adaption issues as well as critical outcomes triggered by poor education or environment living conditions that hamper an individual's normal development. Furthermore he analyses functional disturbances, the lack of a proper response to the environment, habits, retardation and temporary loss of one's function. Structurally we can think that the two entities are linked. Most certainly, at a given moment depression or its defining elements can be found in parents who have children with disabilities.

The abovementioned situation determines several questions:

- Is the parent ready to care for a child with disabilities?
- Does a parent accept the status quo?
- Is the parent tolerant?
- Is the parent understanding?
- Does he act in full knowledge?

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- Does he feel punished by divinity?
- Do the parents accuse each other for their child's problem?
- Do the parents threaten, looking for justice and accusing doctors?
- Do the parents reject their child, leaving him in the state's careNot accept it and not letting it claims into state care?
- Do the parents run away from any responsability?

This is the moment when the following states occur:

- Fear;
- Anxiety;
- Non-acceptance;
- Refusal;
- Frustration;
- Guilt;
- Despair;
- Impotence;
- Failure;
- Sadness;
- Suffering;
- Carelessness…

…forgetting the fact that it is necessary to find a solution to the problem.

As a matter of fact, in such a situation, depression, (Larousse 1998) is not the drama itself, but sounding the alarm, in order to find a solution to the problem. This impedes the remembered flaws to have suitable means, to proliferate, which in this case could lead directly to the identity of the depressive elements, quantified in parents with disabled children in a given context.

Parents whose children are in one of situations previously enumerated should Pascal MD (2012):

- display understanding trust;
- work on removing – the feelings of discomfort - depersonalization and disharmony;
- reach acceptance by adjusting to the situation and by attitude;
- give them a chance by hope, love and dedication, not forgetting the fact that we need to get involved, to have positive thinking and adopting a constructive attitude for both sides involved in the process.

But in most cases, we meet parents, who are already developing a depressive personality, (Andre Lelord F Ch. 1996) expressed through elements like:

- Pessimism (no matter the situation, he/she sees only the dark side, possible risks, maximizing the negative over the positive one l)
- Sadness (he/she is sad even when there are no unpleasant events to justify this state)
- Anhedonnia (inability on feeling t pleasure, even in activities and situations commonly regarded as agreeable: week-ends, happy events)
- Self deprecation (inability to feel "at hight", " harbors feelings of guilt, even when others appreciate him/her reactivating the above-mentioned complexes and actually quantifying those mentioned previously.

Naturally all parents want healthy children, hence an opposite situation triggers animosity in the family:

- risk reactions in the husband / father towards his the wife / mother reproaching her their child's status; later the husband will manifest indifference, lack of involvement which usually leads to - domestic violence, infidelity and divorce
- the wife's/mother's inability to explain her s failure / and continuous self blaming that can generate depression as well as a perception of the situation as a punishment ,, " permanent, expressing itself in the form of ,, carrying his own cross";
- family breakdown as a result of the parents'/ spouses' relationship dismantling. - emotional deficiency that can occur in time to the other family members, (the children without disabilities) who may secretly wish to have a disability problem "so that their mother see them as well". In such cases the family no longer stands as a strong nucleus, but mire , 'because ego and lack of control and intolerance manifest as ,, moving sands " which are the enablers of depression.

These can be supplemented by the feeling of personal power, Stiemerling D (2006) that stems from the contact between the I and its environment. It designates ,, the power that the subject feels within in order to meet our existence's demands and adversities (Lersch after -1938). This feeling is directly linked to:

- pleasure released by a task that makes one feel capable; - force feeling that makes us believe that we can "move mountains ";
- safety linked to our daily capacities and our daily routine ;
- confidence in their own ability that they can impose themselves to the exterior world and peers; as means to a given normal state reporting.

In this context, many parents who have children with disabilities, develop# these attitude traits , perceived as positive signs of personal power, managing to control the situation, maintaining the balance and giving the chance to life and capacity development, based on each one's physio-psycho-pedo –social ability. However this could be a two way street as the same author Stiemerling D. (2006) stresses that a low sense of one's own powercan be distinguished by:

- Discouragement;
- Self-doubt;
- Fear of failure;
- Inferiority;
- Impossibility;
- Helplessness;
- Weakness ...

... and if one's self perception of his/her power is grounded on lack of self assurance, the smallest successes can lead to an exaggerate self-consciousness while the smallest unsuccessful event can easily shake one's own confidence.

This state of confusion may also occur in apparently indifferent parents Pașca MD. and Tia T. (2007) (neglect, rejection, indifference, denial of rights, the child is: punished, ridiculed, isolated and labeled you,'re not wanted or you were not wanted") and in those that show inconsistencies (confused, mood swings, passive, indifferent, unstable, insecure) situations that trigger

attitudes and behaviors symptomatic for depression. .

What is the risk of the elements previously listed for parents with children with disabilities?

- abandoning their child;
- confinement in a rehabilitation center;
- depressive states, especially in mothers whose children face disabilities ;
- leaving the marital environment by the parent / child's father due to denial in accepting failure;
- emergence of depressive risk behavior in both parents;

Nevertheless, the existence of NGOs, foundations, associations, represents real means of recovery, a socializing pathway and an enabler for integrating children with disabilities in the community to which they relate, and granting parents access to many services, absolutely necessary in this case, which are:

- psychological counseling;
- participation at the child's recovery sessions; - „school for parents", information, debate;
- meetings with parents of other children with disabilities;
- participation as volunteers in charitable activities;

is certainly part of the "helping hand" stretched to those who need it . This will not only changs their e optical and conduit, taking attitude and resolveing as much as possible and the arisen problem not forgetting that - „ a man becomes depressed when due to failures or frustrations he becomes one with his old sense of helplessness' (Stiemerling D-2006).

References

1. Lelord F, Andre C., Cum să ne purtăm cu personalități dificile, *Ed.Trei, București,* **1998.**

2. Pașca MD. Comunicare în relația medic -pacient , *Ed.University Press, Tg.Mureș,* **2012.**

3. Pașca MD., Tia T. Psihologie și consiliere pastorală**,** *Ed.Reîntregirea, Alba Iulia* **2007.**

4. Stiemerling D. 10 abordări psihoterapeutice ale depresiei, *Ed.Trei , Bucureşti,* **2006.**

5. Sillamy N. Dicționar de psihologie, *Ed.Universul Enciclopedic , București,* **1996.**

6. Verza E. Psihopedagogie special**,** *Ed.Didactică și pedagogic , Bucureşti,* **1997.**

7. Larousse, Dicționar de psihiatrie**,** *Ed.Universul Enciclopedic , București,* **1998.**