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## A comparative study of adaptability and cohesion in families with and without a disabled child

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### Abstract

The purpose of this study was to see the Family adaptability and cohesion in families with handicapped member(s) and to determine whether the adaptability differ normal families. For, 150 subjects (100 handicapped and 50 normal people) from Esfahan city were randomly chosen. The data was conducted by Family adaptability and cohesion Evaluation scale (FACES-III) and was analyzed by T-test and ANOVA. The Results indicated that Family adaptability, cohesion and communion in families with handicapped member(s) were higher than normal families. Also, there was significant relationship between family cohesion and the number of family members ( $p < .05$ ).

*Keywords:* Adaptability, Cohesion, Communion, Family, Handicapped

### 1. Introduction

A well-functioning family has a good balance of cohesion and adaptability (Seligman & Darling, 1997). “Family cohesion is defined as: the emotional bonding that family members have toward one another” (Olson, Portner, & Lavee, 1985, p. 4). The extremes on the continuum of cohesion in families are the concepts of enmeshment and disengagement. Seligman and Darling (1997) showed that families with a child with a disability that function at an optimal level have a coping style between enmeshment and disengagement.

Coping skills have been found to impact family adaptation in mothers of children with developmental disabilities. Coping skills refer to the person’s active or passive strategies and behaviors to deal with stressful events (Carver, et al., 1989). Couples with children suffering from disability have more conflicts and the parents of children with disability have somewhat lower marital happiness and family cohesion. In addition, their family adaptability is less than normal groups (Higgins et al., 2005). Moreover, lower level of coping mechanism of family is related with higher level of stress and tension (Sivberg, 2002). Coping style can moderate parental stress and it decreases the rate of negative outcomes such as depression, social isolation, and spousal relationship problems (Dunn et al., 2001).

Therefore, the parents of children with disability need a social network support to be able to adjust themselves for their long and difficult journey of caring for the children (Lin et al., 2008). They should be aware whether or not they are using healthy coping mechanisms. They usually cope by their religious beliefs and some other emotion-focused strategies (Gray, 2006).

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Typically, the outcome variables in studies of families of children with disability have focused on maternal psychological well-being, such as depressive symptoms (e.g., Abbeduto et al., 2004) or family adjustment in the forms of family adaptability and cohesion (e.g., Martin & Cole, 1993).

The construct of “adaptability” is particularly relevant to understanding the ways in which a family member having a disability affects families. The birth of a child with a physical disability or the discovery later on that a child is failing to meet normal developmental milestones is a recognized stressor for families (Cuskelly & Hayes, 2004).

Newer research has found having a sibling with a disability can lead to stressful outcomes for the brother or sister (Murray, 2000; Terzo, 1999). Finally, some researchers report there is little difference in having a sibling with a disability and having a sibling without a disability (Benson, et al., 1999; Stawski, et al., 1997).

Some study has identified negative outcomes concerning the effects of living with a brother or sister with a disability, such as more stressful lives (Murray, 2000; Terzo, 1999), adjustment problems (Fisman, et al., 1996), fewer competencies (Williams, 1997), more psychopathologies including externalizing and internalizing behavior problems (Fisman et al., 1996; Williams, 1997), unrealistic responsibilities around the house, and increased care giving responsibilities (Meyer & Vadasy, 1994).

Researchers have also found siblings of children with disabilities are more mature and responsible and when asked, mention that “being a brother or sister is a ‘big responsibility’” (Baumann et al., 2005, p. 55), because they had to take care of their siblings when their parents were gone (Barbarin, et al., 1995). They also tease less than typical children (Faux, 1993); have increased compassion, empathy, and affection (Powell & Gallagher, 1993); are helpful, and assume nurturing roles (Lobato, 1990).

Therefore, this survey was conducted to see the Family adaptability and cohesion in families with handicapped member(s) and to determine whether the adaptability differ to normal families. We hypothesized would be significant difference between adaptability and cohesion of families. This study was to measuring the Family adaptability and cohesion and to determine what effect the disabled child on family adaptability and whether such children the security and peace of psychological functioning members is effective or not?

## 2. Methods

The population of interest for this study is all the families who being lived in Shaheinsahr city in 2008 in Iran. The population that is accessible to this study consists of mothers who being came to Shaheinsahr Social Welfare Organization with their handicapped child between the dates of July 1, to October 31, 2008. The subjects were selected randomly by the days of referring (Saturday, Monday, and Wednesday). This resulted in a sample size of 150 families (50 families with physical disability child, 50 families with mental disability child and 50 families without disability child). Most of the subjects were under 30 years old (mean age 30.8 years).

## 3. Measures

Mothers completed the Family Adaptability and Cohesion Evaluation Scales (Olson, Bell, & Portner, 1985). The Family Adaptability and Cohesion Evaluation Scales (FACES III) assesses both family cohesion and family adaptability. Family cohesion is defined as the “emotional bonding that family members have toward one another,” and family adaptability is defined as “the ability of a family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress”. Each of these variables is conceptualized as a continuum divided into four discrete levels. The levels of cohesion are disengaged, separated, connected, and enmeshed; the levels of adaptability are rigid, structured, flexible, and chaotic. The scales contain 30 items used to assess family adaptability (14 items) and cohesion (16 items). Respondents rate the frequency of a described behavior on a 5-point scale. Higher scores indicate greater family adaptability and cohesion.

The mean of the family adaptability for the present sample was 15.37 (SD\_ 6.15, range\_ 1 to 33) and the mean of the family cohesion was 28.36 (SD\_ 6.74, range\_ 7 to 40). The alphas for both cohesion subscale and adaptability subscales were .84.

Descriptive statistics were calculated on the subjects, the Chi square tests, one-way analysis of variance and t test were estimated to test for relationships between variables.

#### 4. Results

The results show that the age range of the subjects was 21–72 years. Their education level was diploma (37.6%). Table 1 shows the adaptation and Cohesion of family with disabled persons and without disabled person.

Table 1: Comparing the family adaptation and Cohesion

Family	without disability		with disability		Total
	N	%	N	%	
Adaptability					
Low	8	16	10	10	18
Average	30	60	61	61	91
High	12	24	29	29	41
Total	50	100	100	100	150

Table 2: Comparing the deliberative decision-making in families with disabled and non disabled person

Family	without disability		with disability	
	N	%	N	%
Deliberative decision-making				
Never	11	22.9	20	20.4
Rarely	11	22.9	27	27.5
Sometimes	22	45.8	29	29.6
Often	3	6.3	6	9.2
Always	1	2	3	3
Total	48	100	98	100

The numbers in the table 2 shows that the majority of families without disabilities (45.8%) and families with disabilities (29.6%) do sometimes make a deliberative decision.

Table 3: Comparison of helping among members of families

Family	without disability		with disability	
	N	%	N	%
Helping				
Never	1	2	4	8.1
Rarely	1	2	12	24.3
Sometimes	12	24	26	52.5
Often	23	46	31	62.5
Always	13	26	26	52.4
Total	50	100	99	100

As the table 3 shows the majority of families without disabilities (46%) and 62.5% the families with disability, do often help to each other.

Table 4: Comparing the participation of families

Family	without disability		with disability	
	Observed	Expected	Observed	Expected
Participation				
Never	3	2	4	2
Rarely	1	3.4	9	6.6
Sometimes	15	12.9	23	25.1
Often	14	14.6	29	28.4
Always	17	17	33	33
Total	50	50	97	97

Chi square = 3.79      df = 4      Sig = 0.43

According to table 4, there are no significant differences in the rate of participation between families.

Table 5: The t- test result for adaptability of families

<b>Adaptability</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>t- value</b>	<b>df</b>	<b>P</b>
<b>Disability</b>						
Physical disability	50	14.6000	6.09784	-0.277	98	0.78
Mental disability	50	14.9400	6.17569			

The t-test analyses reported in Table 5 for adaptability of families revealed no significant difference between adaptability of families with a mental disabled member and physical disabled member.

Table 6: Comparing the democratic leadership style in families

<b>Family</b>	<b>without disability</b>		<b>with disability</b>		<b>Total</b>
	<b>Observed</b>	<b>Expected</b>	<b>Observed</b>	<b>Expected</b>	
<b>Democratic leadership</b>					
Never	25	27.2	55	52.8	80
Rarely	9	10.2	21	19.8	30
Sometimes	8	4.8	6	9.2	14
Often	7	4.4	6	8.6	13
Always	1	3.4	9	6.6	10
<i>Total</i>	50	50	97	97	147
<b>Chi square = 8.6</b>		<b>df = 4</b>		<b>Sig = 0.07</b>	

The chi square test result for comparing the democratic leadership style in families with disabled member and without disabled member revealed no significant relationship.

Table 7: The result of one-way analysis of variance (ANOVA)

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>P</b>
Between Groups	959.639	10	95.964	2.326	.015
Within Groups	5568.834	135	41.251		
Total	6528.473	145			

The result of the ANOVA for perceived family cohesion indicated a significant difference among the numbers of household families.

Table 8: The result of one-way analysis of variance (ANOVA)

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>P</b>
Between Groups	194.380	5	38.876	1.151	.338
Within Groups	3781.493	112	33.763		
Total	3975.873	117			

According to Table 8, there were no significant relationship between family adaptability and parent education level.

Table 9: The result of one-way analysis of variance (ANOVA)

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>P</b>
Between Groups	148.885	5	29.777	.696	.628
Within Groups	4706.314	110	42.785		
Total	4855.198	115			

The result of one-way analysis of variance revealed no significant relationship between family cohesion and job's father.

## 5. Discussion

Relationships between family members are diverse and complex. Each of the relationships that children have with other children of the military builds the family atmosphere. But to understand and measuring this complex system is very demanding, if possible, within the framework it is impossible.

Therefore, this survey was conducted to see the Family adaptability and cohesion in families with handicapped member(s) and to determine whether the adaptability differ to normal families.

Considering to the results of study the handicapped person in the family cannot disabled the family adaptability and security. Rather families with disabled children are more associated. This is reasoned that all of the members' attention is concentrated to child with disabilities. These make families more cohesion and those families with disabled person more their members help to each other.

The first and most important goal in this research followed, compared the Family adaptability and cohesion. Finally, Research findings clearly indicate that families with disabilities have more cohesion than normal families. These findings are consistent with prior research (e.g., Abbeduto et al., 2004). Perhaps, it is been because of the physical and psychological needs of individuals with disabilities and their special circumstances. This makes taking a more constant relationship in the family with disabilities. Also, a disabled child compared with normal children, more contact to his parents.

Hypothesis testing indicated that the participation rate in families with and without a disabled person had no significant differences. But, it is possible these families differ together in the type of participation.

The result of second hypothesis revealed that adaptability of families with a mental disabled member is not differing to physical disabled member. It can be said that both families have been disabled and because of the needs of individuals with disabilities and their special circumstances, may provide the commensurate family environment.

The chi square test result for comparing the democratic leadership style in families with disabled member and without disabled member revealed no significant relationship. Because, most of fathers led their family in Iran and patriarchy of Iranian families is common.

Another hypothesis testing confirmed the relationship between family cohesion and the numbers of household family. The One-way analysis of variance test result was  $<0.05$ . It can be said the family members play an important effect on family cohesion and it can the relationships between family members be stronger or weaken. Researchers have found siblings of children with disabilities are more mature and responsible and when asked, mention that "being a brother or sister is a 'big responsibility'" (Baumann et al., 2005, p. 55), because they had to take care of their siblings when their parents were gone (Barbarin, et al., 1995). They also tease less than typical children (Faux, 1993); have increased compassion, empathy, and affection (Powell & Gallagher, 1993); are helpful; and assume nurturing roles (Lobato, 1990).

The fifth hypothesis deliberated the relationship between family adaptability and parent education level. According to table 8, there were no significant relationship between family adaptability and parent education level. Although more knowledge parents can assist to the family adaptability, but in all cases, high education does not apply in adaptability process. Because in some families, there are parents with high education, but there are some problems among family members too.

In the last hypothesis, no significant relationship between family cohesion and job's father was found. Perhaps the high income can prevent the many problems, but the equipment and facilities are not effective on family cohesion and it should be with charity and kindness.

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