DISCUSSION

Ideas are nobody's property; they belong to whoever expresses them the best.

- Emilio Cecchi

DISCUSSION

The results reported in the preceding pages, on the basis of one-way analysis of variance and correlation, are discussed in order of the hypotheses stated for the present study, in the light of previous research findings and various theories put froth by different investigators The variables controlled and kept constant throughout the investigation were equal distribution of male and female parents belonging to low socio-economic status and who were selected from various hospitals from Baroda and Ahmedabad.

In clinical and personality research, very little work has been done regarding the psychological impact of thalassaemia on family life Here is an attempt to concentrate on the interrelationships between various psychological dimensions, such as, depression, locus of control, adjustment, etc , as a source of parental perception towards having Thalassaemic major children

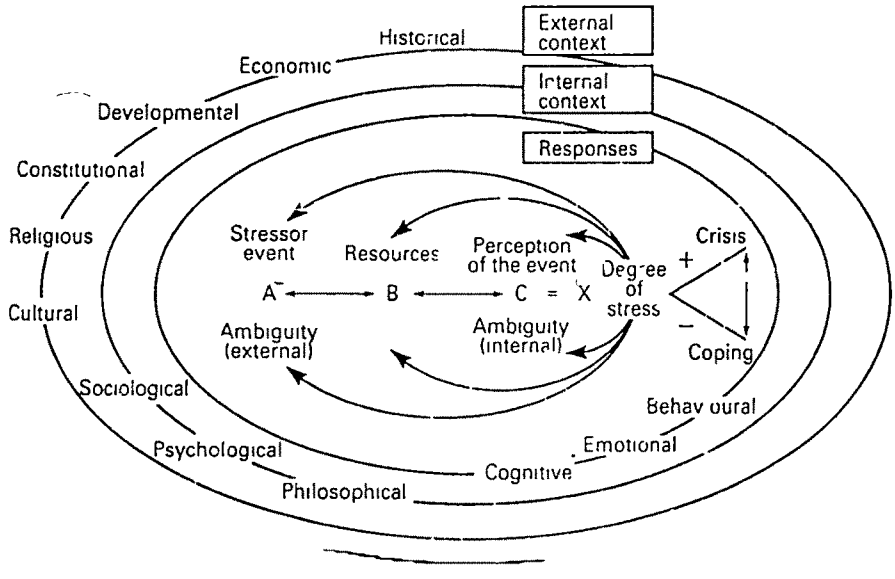
Family stress theory can be applied to critical work events that negatively affect the family, such as job loss, and to chronic work stressors such as job dissatisfaction, instability, shift work, inadequate child, and role overload (Piotrkowski and Kattz 1983) Other sources of family stress are death, divorce, separation, illness, and social dysfunction

In the present study, we are studying the psychological stresses that the parents undergo, when having thalassaemic major children Stress theory (Boss, 1987) studies the phenomenon of family coping, which is the management of stressful event by the family as a group and by each individual in the family "Coping refers to efforts to master conditions of harm, threat or challenge when a routine or automatic response is not readily available" (Monat and Lazarus, 1977, 8)

Figure 10 shows a contextual model of family stress The sequence A-B-C-X at the centre has been termed the ABC-X model, where A is the crisis event,

i.e., the child having thalassaemia major, B the resources available, i.e., the hospitals, C the perception of the event, i.e., the responses of the parents' towards the child and the other personality variables (depression, adjustment, locus of control, and X the degree of manifested stress, i.e , the degree and level of depression and maladjustment, the kind of locus of control adopted by the parent, and the kind of parenting attitudes that the parent exercises on the child. On the basis of all the influences represented in the model, the family mobilizes its resources either into constructive coping or negatively into crises Thus, coping is a process involving the cognitive, emotional, and behavioural responses of the family as a collective. Boss (1987) concludes that the main determinant of why some families cope while others fall into a crisis is the meaning that the event holds for the family and the individuals within it

Figure 10: Shows the contextual model of family stress



5.1 Positive Parenting

It was hypothesized that **the main and interaction effects of Positive Parenting dimensions as a whole would show significant variation in between Mothers and Fathers of Thalassaemic children.**

Results in Table 2 shows that the obtained one-way analysis of variance between mothers and fathers of Thalassaemic children regarding positive parenting dimensions as a whole (F=1 472, df=1), was found to be not significant.

Looking at the individual positive parenting dimensions in Table 2, it was observed that the dimensions of acceptance (F=3 893, df=1) and independence (F=7.285, df=1) were found to be significant at 0 05 and 0 01 levels respectively

As the majority of individual dimensions of positive parenting such as love (F=0.753, df=1), encouragement (F=1 012, df=1), progressivism (F=2.134, df=1), democratism (F=0.373, df=1) and dominance (F=1 962, df=1) were found to be statistically not significant, even positive parenting dimensions as a whole was found to be statistically not significant

Figure no 18 shows the mean values of mothers and fathers of Thalassaemic children regarding positive parenting dimensions as a whole The mothers have got a mean value of 48 77 and fathers have got a mean value of 50 52 This indicates that fathers of Thalassaemic children practice more positive parenting attitudes than mothers, although statistically it was found to be not significant

Figures 11 to 17 shows mean values of mothers and fathers of thalassaemic children on the seven different individual positive parenting dimensions

Figure 11: Graph showing mean scores for Love of Positive Parenting Dimensions

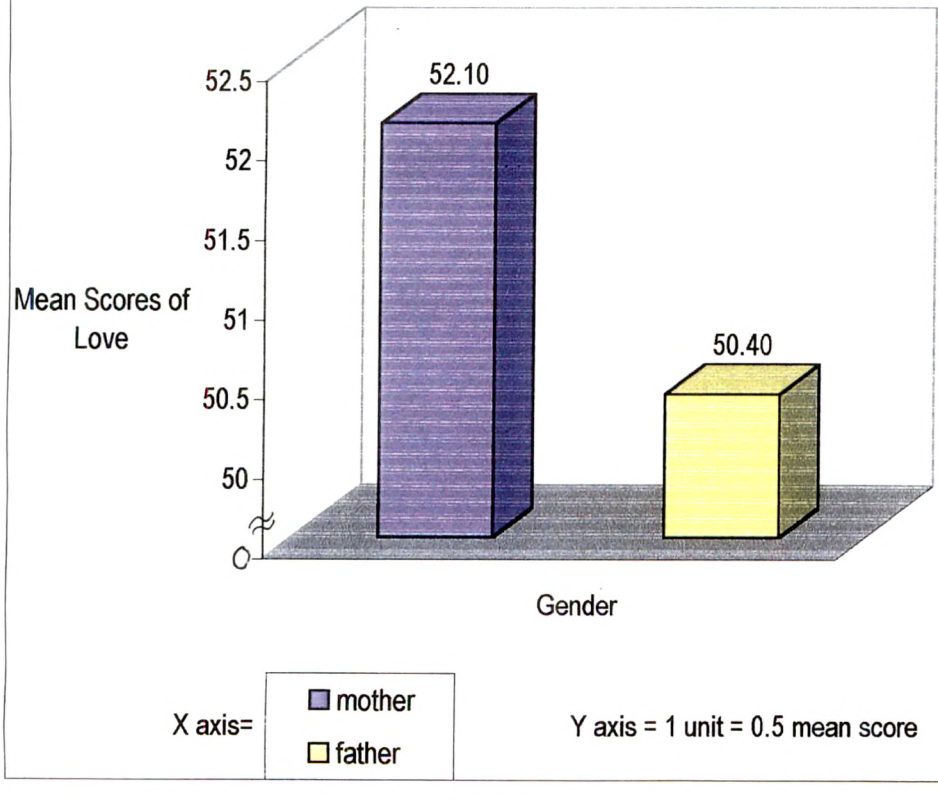


Figure 12: Graph showing mean scores for Encouragement of Positive Parenting Dimensions

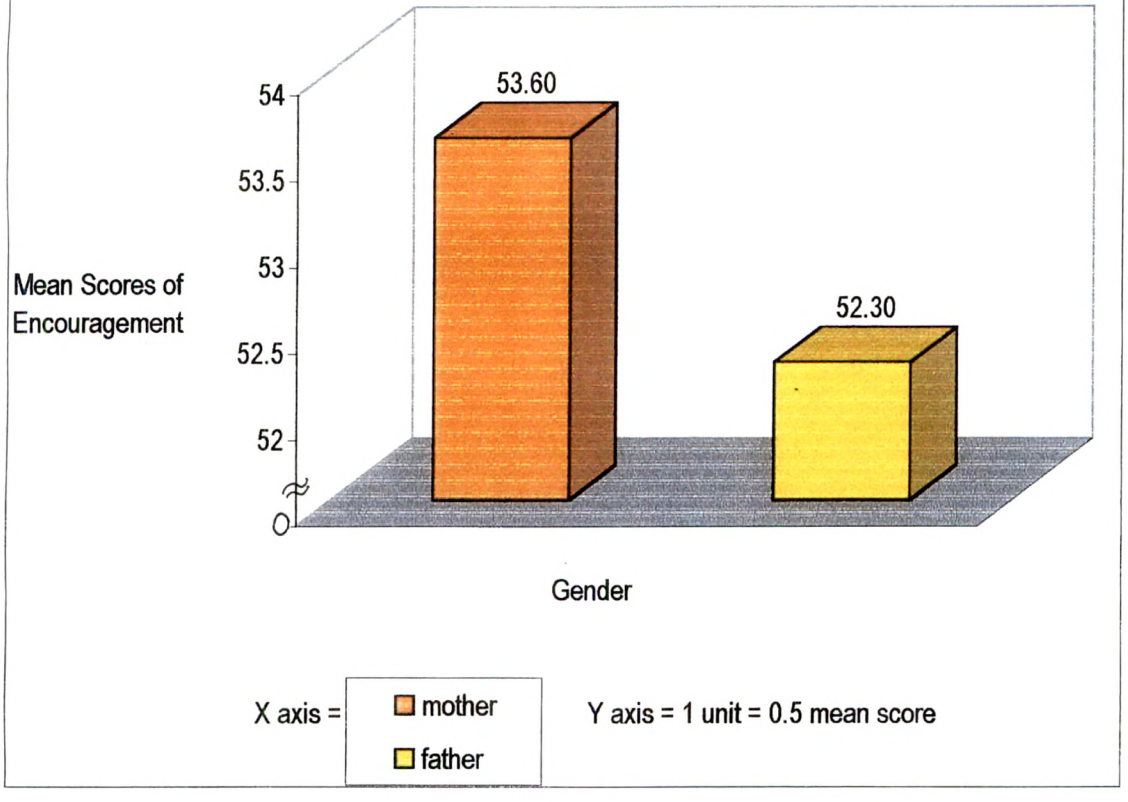


Figure 13: Graph showing mean scores for Acceptance of Positive Parenting Dimensions

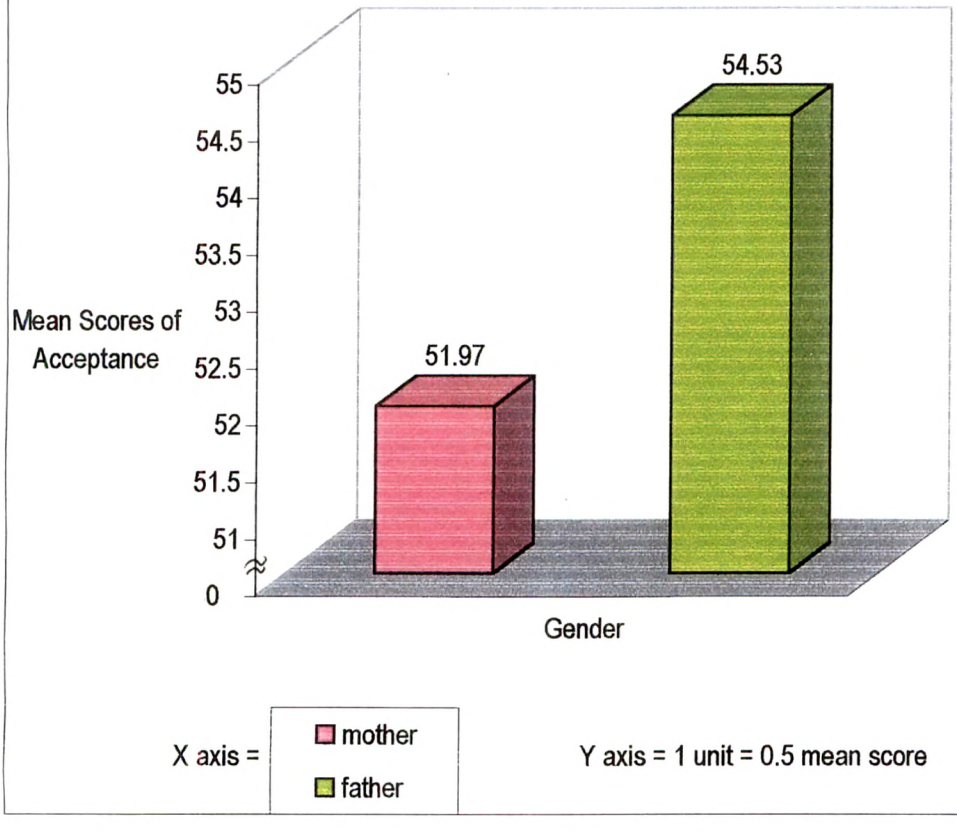


Figure 14: Graph showing mean scores for Progressivism of Positive Parenting Dimensions

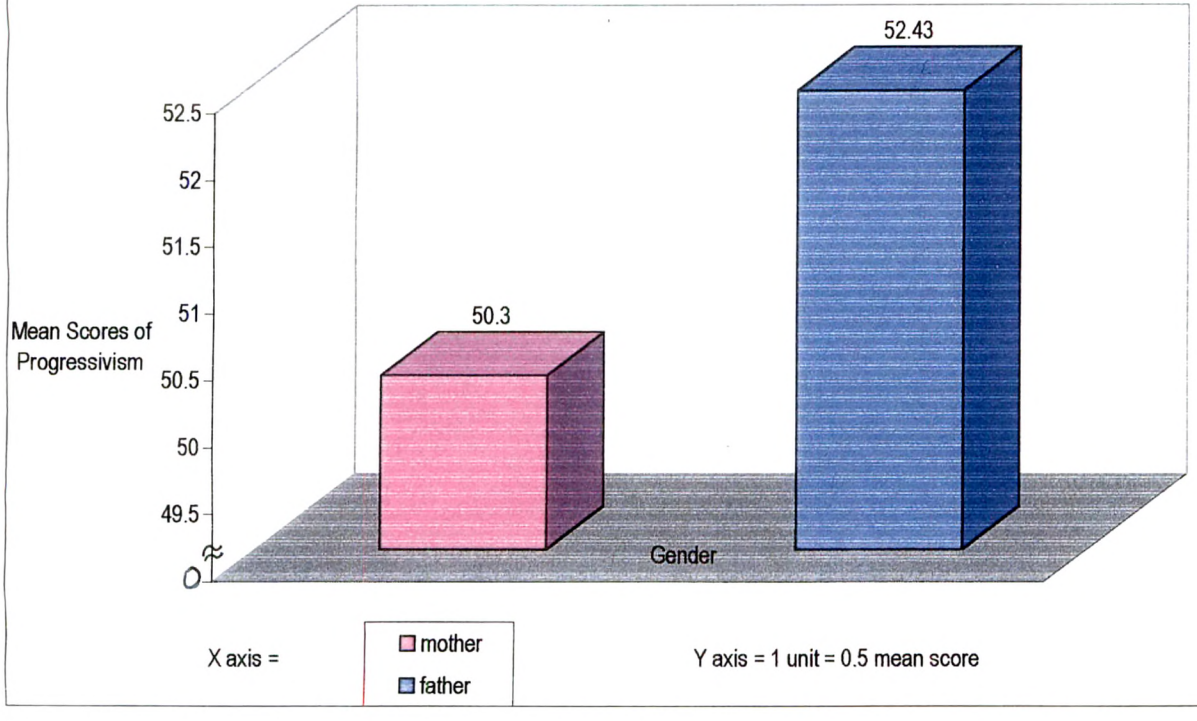


Figure 15: Graph showing mean scores for Democratism of Positive Parenting Dimensions

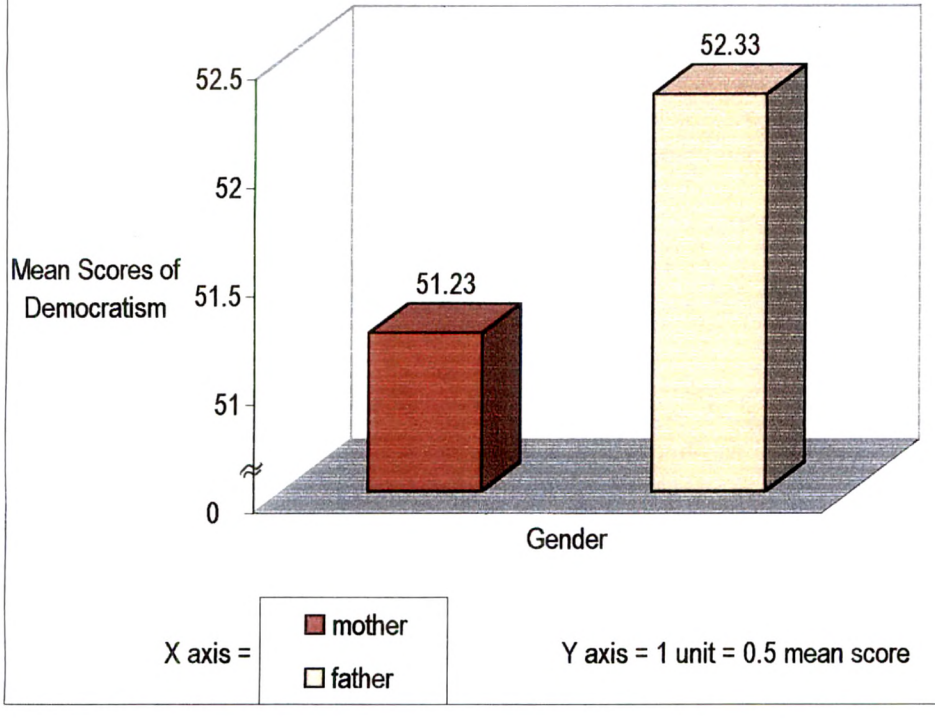


Figure 16: Graph showing mean scores for Independence of Positive Parenting Dimensions

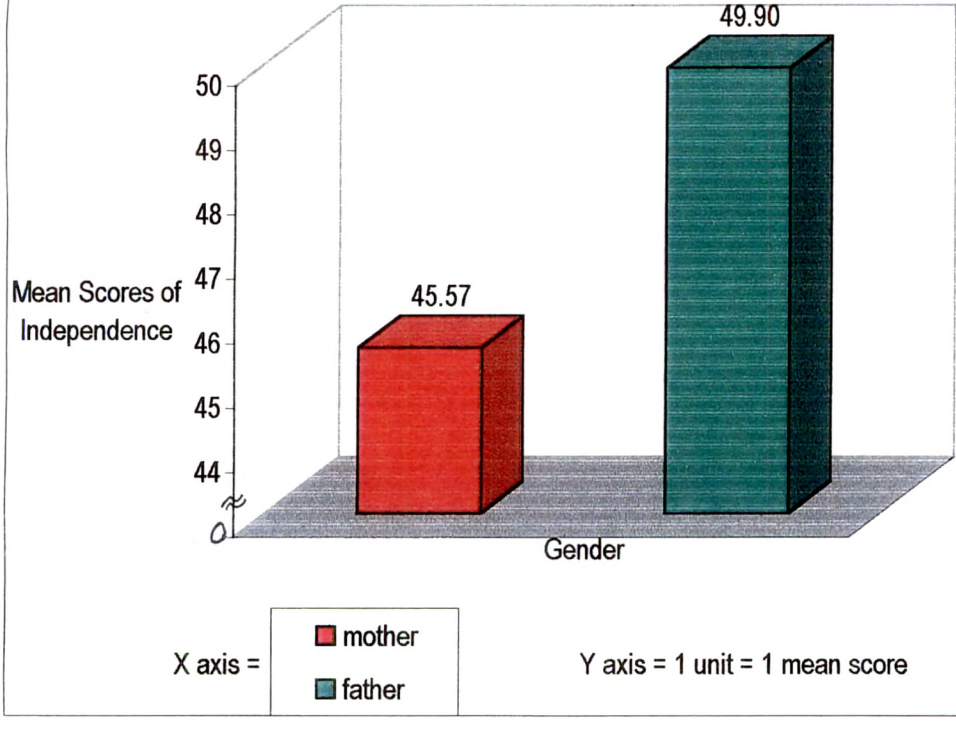


Figure 17: Graph showing mean scores for Dominance of Positive Parenting Dimensions

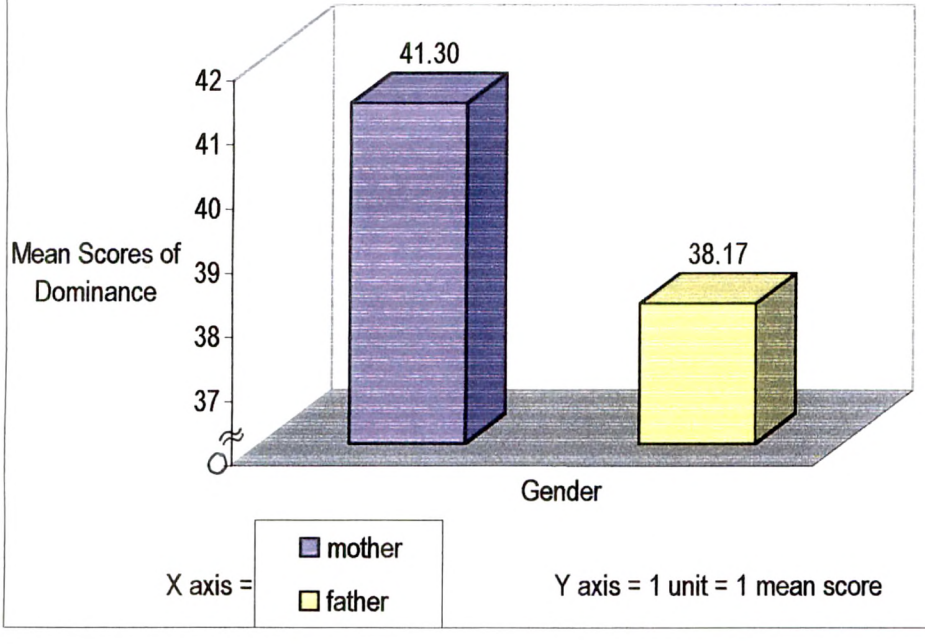
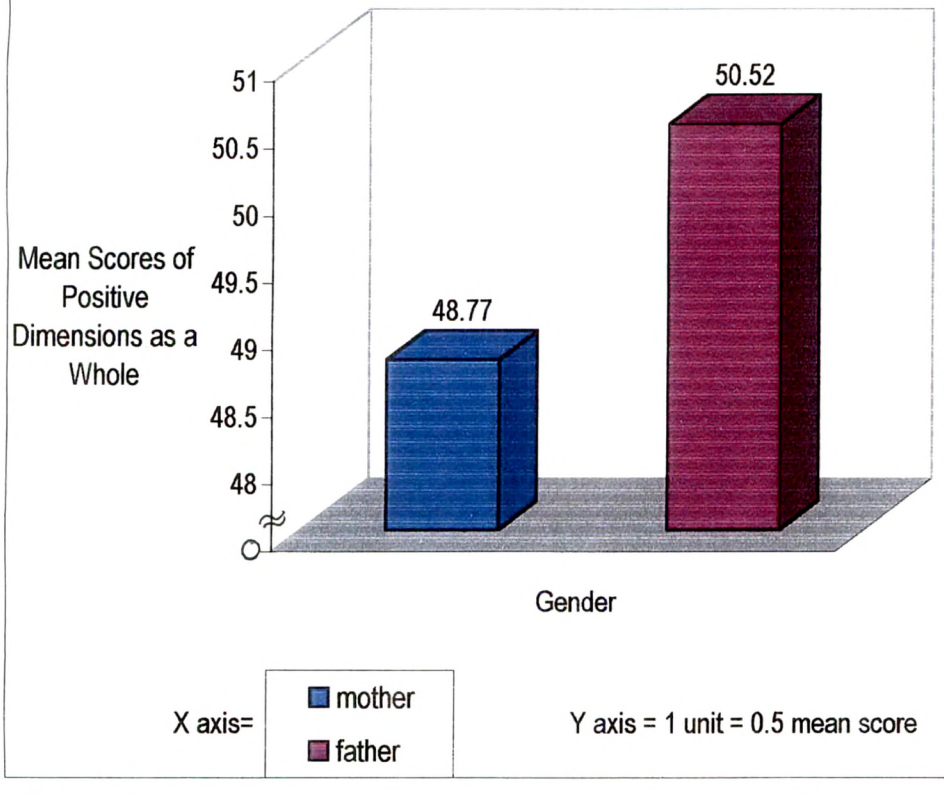


Figure 18: Graph showing mean scores for Positive Parenting Dimensions as a Whole



Only two dimensions have been found to be statistically significant, acceptance and independence. Figure 13 shows the mean values for the dimension of acceptance. Here, mothers got a mean value of 51.97 and fathers got a mean value of 54.53, which means that fathers are more accepting of their children than their mothers. Figure 16 shows the mean values for the dimension of independence. Here, mothers got a mean value of 45.57 and fathers got a mean value of 49.90, which means that fathers give more independence to their children than mothers.

Figure 11 shows the mean values for the dimension of love. Here, mothers got a mean value of 52.10 and fathers got a mean value of 50.40, which means that mothers express love more than fathers, although it was found to be statistically not significant. Figure 12 shows the mean values for the dimension of encouragement. Here, mothers got a mean value of 53.60 and fathers got a mean value of 52.30, which shows that mothers' proportion of encouragement exceeds to that of the fathers' regarding their children, but was again found to be statistically insignificant. Figure 14 shows the mean values for the dimension of progressivism. Here, mothers got a mean value of 50.30 and fathers got a mean value of 52.43, which indicates that fathers practice more progressivism as a form of parenting than mothers, but were found to be statistically not significant. Figure 15 shows the mean values for the dimension of democratism. Here, mothers got a mean value of 51.23 and fathers got a mean value of 52.33, which means that fathers have a more democratic view towards their children than mothers, although it was found to be statistically not significant. Figure 17 shows the mean values for the dimension of dominance. Here, mothers got a mean value of 41.30 and fathers got a mean value of 38.17, which means that mothers are more allowing for their children to dominate than fathers. but again it was found to be statistically insignificant.

A definite relationship exists between parental attitudes and the way parents behave towards their child. In our present investigation it was found that both parents, i.e. mothers and fathers of thalassaemic children have more or less the same approach towards their children regarding the positive parenting dimensions and attitudes. The parents seem to show a keen interest in and are sympathetic towards their children. They do not "nag" the child just because he/she has thalassaemia. They appreciate that the child is not going to excel in everything, that the child may not participate much in activities that require a lot of physical energy, or that it is a possibility that the child may not do too well in his academic studies due to the illness.

For the dimensions of acceptance and independence, it was indicated that fathers of thalassaemic children were more accepting and were able to giver more independence to their children than the mothers. Here the mothers may seem to have purposefully adopted the plan of not giving their children freedom as a protest against their own strict upbringing (Symonds, 1939). Women in Asian origin countries, and especially here in India, are not given much freedom in their childhood. As women being the target of sex objects, parental attitudes toward a female child differs considerably than that of a male child, who is given more freedom. The female child is usually given rules as what to do and what not to do. They are not allowed to stay much out at nights and even if they do, they have a deadline to be home at.

The lack of acceptance from the side of the mothers towards their thalassaemic child is also observed here. Not accepting the child may result out of the mothers own denial of the child's disease, which in turn is a denial of their own genetic defect passed on to their child. As a mother and the fact that she is the bearer of her child for 9 months in her body, may make her feel guiltier and thus not accepting the child as he or she is. Fathers on the other hand may not feel as guilty as he does not have

to deal with the child as directly as the mothers. Fathers having the breadwinner role (Marsiglio, 1995), may use undoing as a defense mechanism (Freud) to ward off the guilt feelings that they have by passing on the genetic defect to their child. As providers of the family, fathers' do not spend much time with their child as they are out working outside the home for the most part of the day. As they see their child only for a short time, they seem to be more accepting towards their child, which may also be a result of undoing the guilt of not spending enough time with their child.

A more classical developmental conception of fatherhood comes from Erikson (1963). The primary developmental tension of fatherhood, which according to Erikson is learning to care for others, a process he labelled generativity. Generativity, or care, is defined as in interest in establishing and guiding the next generation (Erikson, 1982a). Whatever the source, the necessary virtue that is developed is care, or a widening commitment beyond self to nurture the next generation – one's own child and the environment in which they will grow up. This factor of generativity may have an influence over fathers for developing more positive parenting attitudes.

Although the fathers of thalassaemic children show more positive parenting attitudes than mothers, the overall positive parenting attitudes between mothers and fathers were found to be not significant, thus disproving **hypothesis no. i**.

5.2 Negative Parenting

It was hypothesized that **the main and interaction effects of Negative Parenting dimensions as a whole would show significant variation in between Mothers and Fathers of Thalassaemic children.**

Results in Table 3 shows that the obtained one-way analysis of variance between mothers and fathers of Thalassaemic children regarding negative parenting dimensions as a whole (F=16.359, df=1), was found to be significant at 0.01 level. Figure 26 shows the mean values of mothers and fathers of thalassaemic children regarding negative parenting dimensions as a whole. Mothers got a mean value of 55.27 and fathers got a mean value of 47.97, which means that mothers have more negative attitudes towards their children than fathers.

Looking at the individual negative parenting dimensions in Table 3, it was observed that all of the seven different individual negative parenting dimensions were found to be statistically significant. They are hate (F=3.293, df=1), discouragement (F=16.293, df=1), rejection (F=24.905, df=1), conservatism (F=24.765, df=1), Autocratism, (F=19.111, df=1), dependence (F=14.857, df=1) and submission (F=5.396, df=1).

Figures 19 to 25 shows mean values of mothers and fathers of thalassaemic children on the seven individual negative parenting dimensions, which were all found to be statistically significant.

Figure 19: Graph showing mean scores for Hate of negative Parenting Dimensions

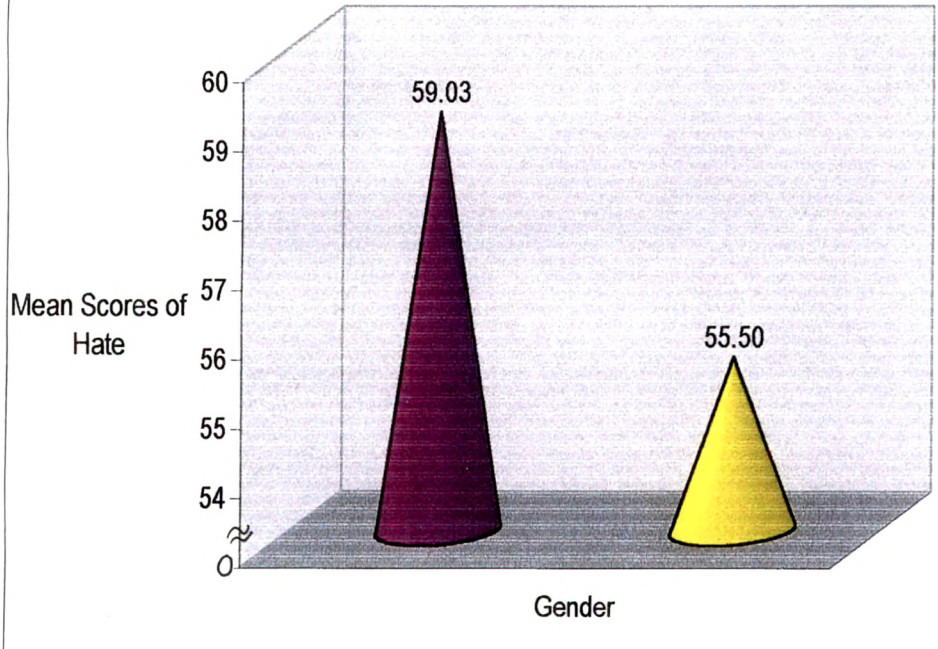


Figure 20: Graph showing mean scores for Discouragement of Negative Parenting Dimensions

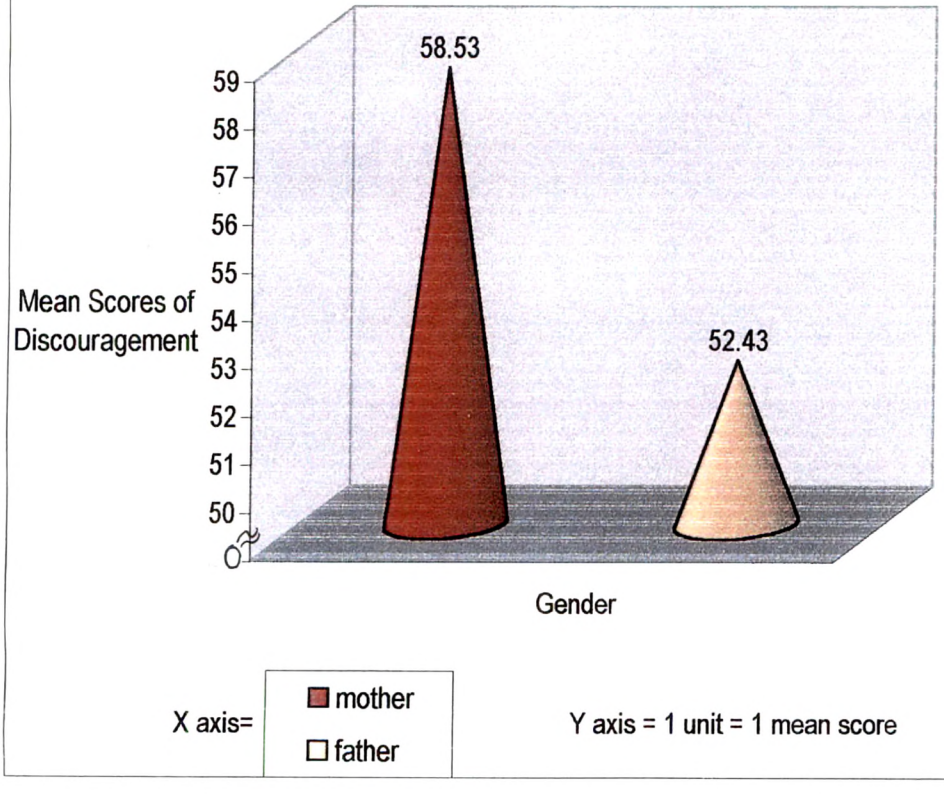


Figure 21: Graph showing mean scores for Rejection of Negative Parenting Dimensions

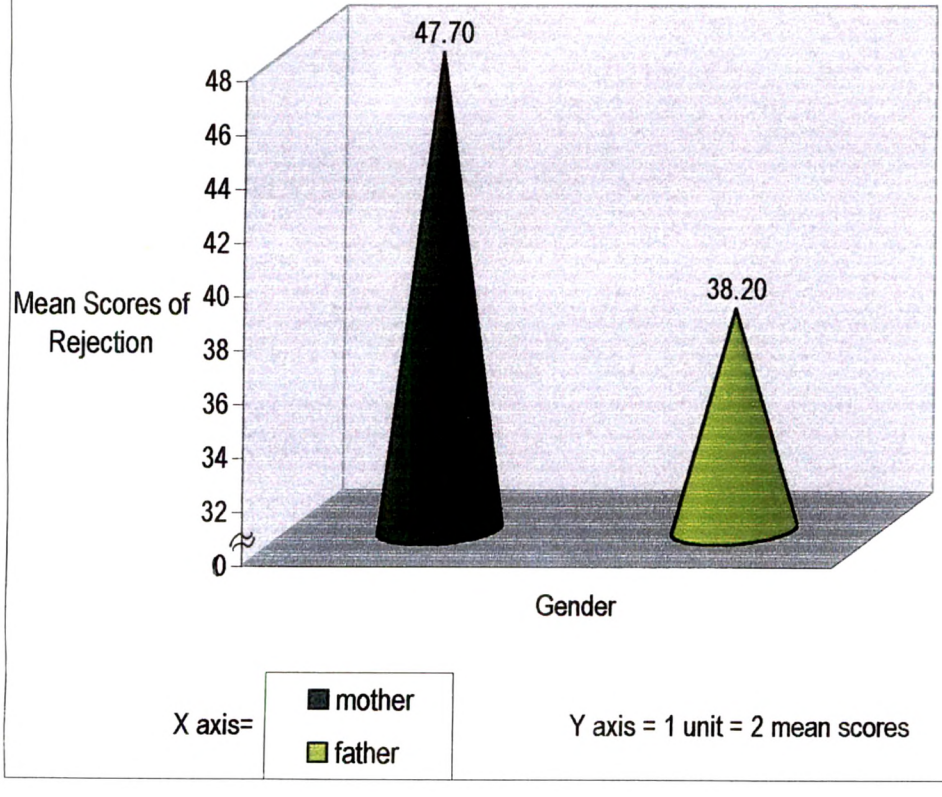


Figure 22: Graph showing mean scores for Conservatism of Negative Parenting Dimensions

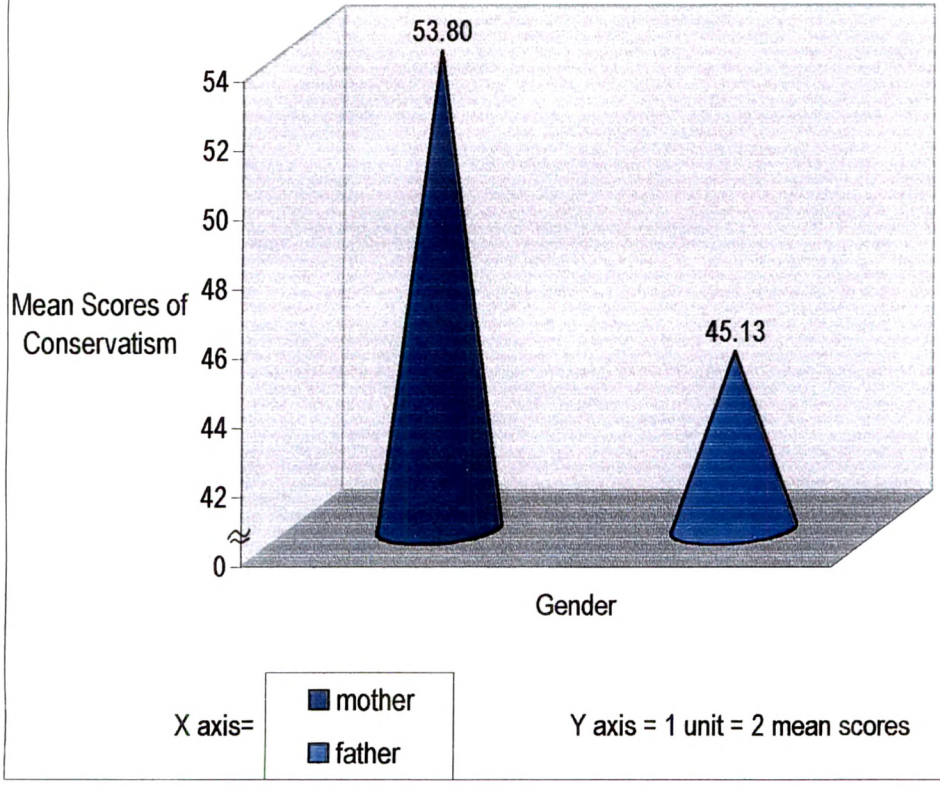


Figure 23: Graph showing mean scores for Autocratism of Negative Parenting Dimensions

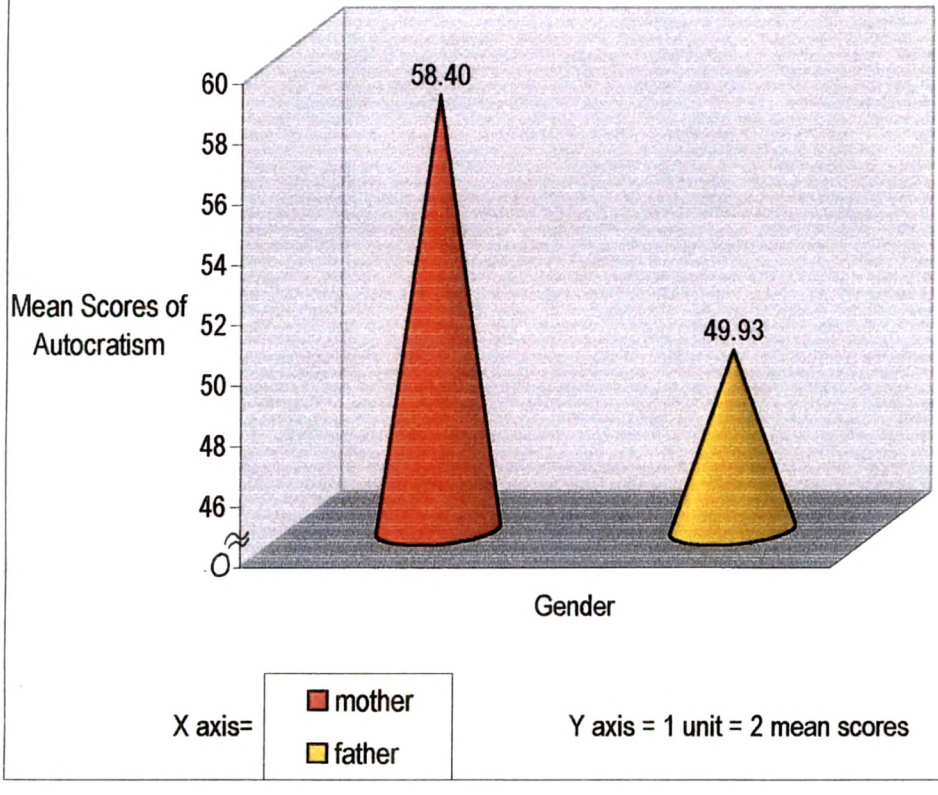


Figure 24: Graph showing mean scores for Dependence of Negative Parenting Dimensions

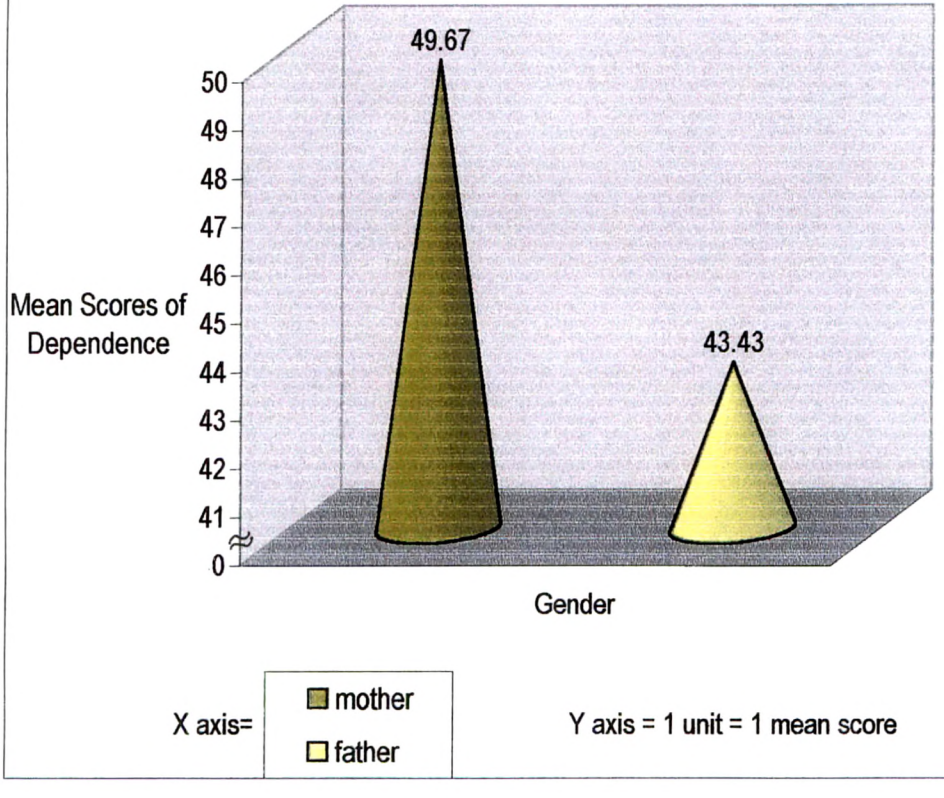


Figure 25: Graph showing mean scores for Submission of Negative Parenting Dimensions

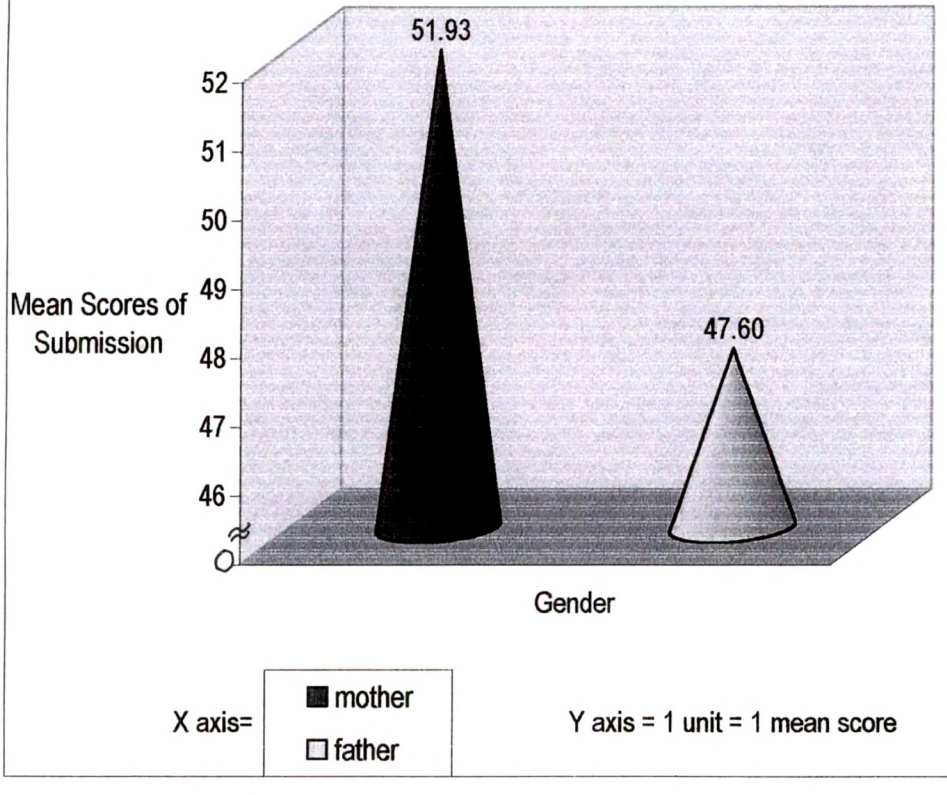


Figure 26: Graph showing mean scores for Negative Parenting Dimensions as a Whole

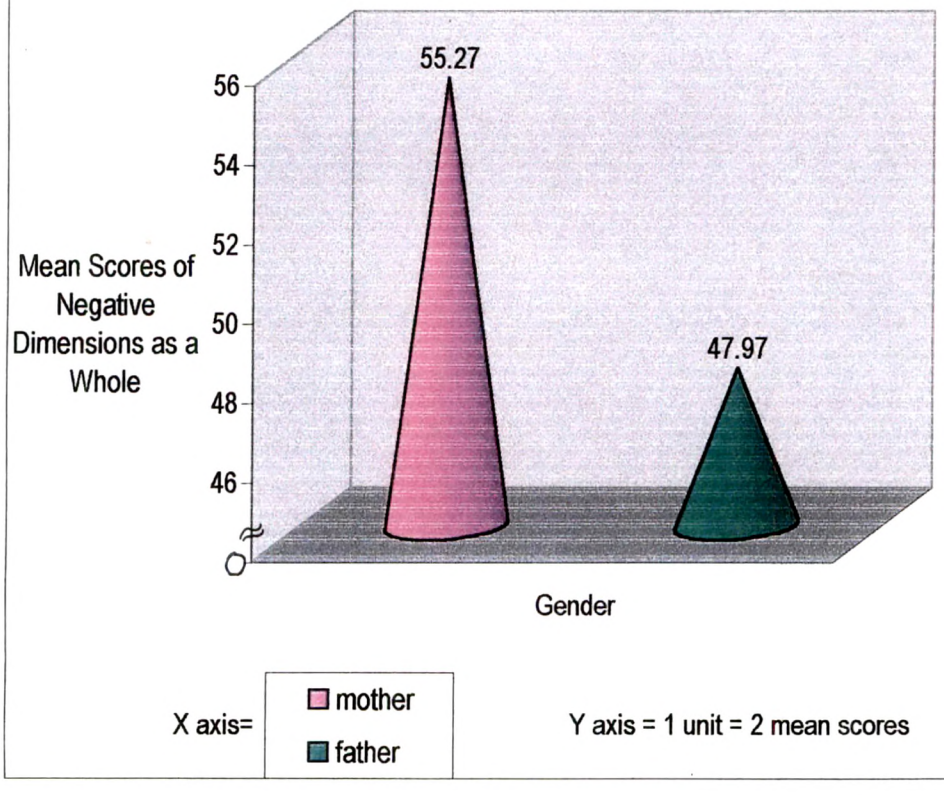


Figure 19 shows the mean values for the dimension of hate. Here mothers got a mean value of 59.03 and fathers got a mean value of 55.50, which indicates that mothers express more hatred towards their children than the fathers. Figure 20 shows the mean values for the dimension of discouragement. Here mothers got a mean value of 58.53 and fathers got a mean value of 52.43, which indicates that mothers are more discouraging of their children's needs than fathers. Figure 21 shows the mean values for the dimension of rejection. Here mothers got a mean value of 47.70 and fathers got a mean value of 38.20, which indicates that mothers are more rejecting of their child than the fathers. Figure 22 shows the mean values for the dimension of conservatism. The mothers got a mean value of 53.80 and fathers got a mean value of 45.13, which indicates that mothers are more conservative towards their children than fathers. Figure 23 shows the mean values for the dimension of autocratism. Here, mothers got a mean value of 58.40 and fathers got a mean value of 49.93, which means that mothers have a more autocratic attitude towards their child than fathers. Figure 24 shows the mean values for the dimension of dependence. Here, mothers got a mean value of 49.67 and fathers got a mean value of 43.43, which shows that mothers do not allow their children to be independent but more dependent than fathers. Figure 25 shows the mean values for the dimension of submission. Here, mothers got a mean value of 51.93 and fathers got a mean value of 47.60, which indicates that mothers make their children submit to them more than fathers.

Belsky concluded that the psychological resources of the parents are particularly important in impoverished settings, where the support context and the child's own condition may be fragile or in a negative state. In the present study, the child's state is of a fragile one, i.e., having thalassaemia major.

Research on the transition to parenthood shows that, despite egalitarian plans of husband and wives for sharing the domestic world, when the child arrives there is a distinct traditionalization of family role behaviour; mothers take on a greater proportion of daily family work, and fathers redirect time and energy to occupational pursuits (C. Cowan & Cowan, 1992; Cowan et al., 1985; P. Cowan & Cowan, 1988; LaRossa & LaRossa, 1981). Faced with the 9-month gestation of a child in her body and then the demand of caring for a newborn infant in the first few postpartum months, a mother is challenged to quickly develop a positive attitude to her dependent infant. Of course, not all mothers develop this positive bonding with the child, and the pace in which it develops varies, but the potential of this transition on women's development has been outlined by feminist scholars (Chodorow, 1978; Dinnerstein, 1976; Miller, 1976; Ruddick, 1984). For fathers, however, the transition to parenthood is usually different. Whereas women's active participation in the daily care for their child is virtually universal, men's involvement is still viewed as optional. As a result, it is not difficult to see how fathers often come to view themselves as relatively inadequate caregivers compared with mothers. By looking at these trends of parenting, it is observed that mothers tend to have more positive parenting attitudes towards their children than fathers. Cashion in 1982 showed that children in female-headed households have good emotional adjustment. Mothers tend to display favourable behaviours towards their children, such as rewarding achievements; giving clear instructions; frequent affectionate physical contact; and consistent, sensitive, and patiently sustained responsiveness to the children's needs (Zeitlin, Ghassemi, and Mansour, 1990).

The Schneewind model (Schneewind, 1989), demonstrated that low socio-economic conditions of the family associates the father with an authoritarian parenting style that produces children with inferiority feelings, but this is not observed in the present investigation, although the similar low socio-economic conditions are present here too. Instead of the

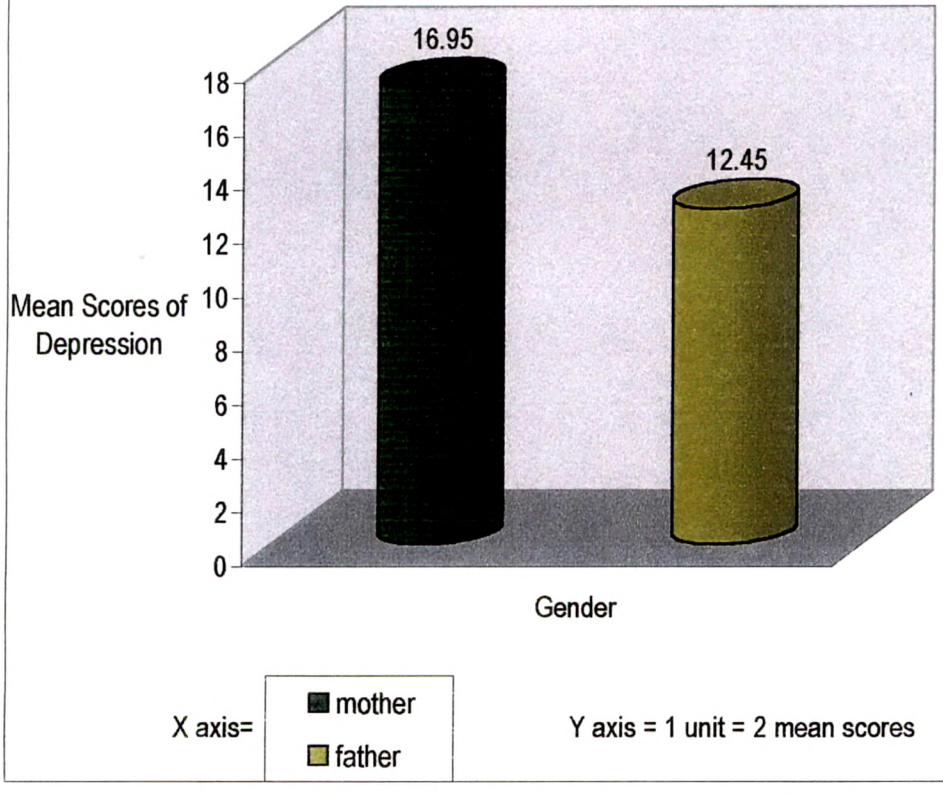
fathers being authoritarian, the mothers have been observed to be authoritative and rejecting. Perhaps due to the genetic disease that the parents have passed on to their children, the mothers seem to be feeling guiltier than the fathers, again by the fact that she was the one who carried the child for 9 months. This can be seen by the mothers projecting the guilt on to the child and then rejecting them for having the disease. As the fathers are not much around the child, the father's guilt and anger gets sublimated in his work and other activities, thereby allowing them to accept their child and giving them more freedom and progressivism. Although our findings do not follow the general trends of parenting but the opposite of it, a significant variation in between mothers and fathers thalassaemic children regarding negative parenting attitudes has been found to be statistically significant. Thus, **hypothesis no. ii** has been proved.

5.3 Depression

It was hypothesized that **the main and interaction effects of Depression between Mothers and Fathers of Thalassaemic children would show significant variation.**

Results in Table 4 shows that the obtained one-way analysis of variance between mothers and fathers of thalassaemic children regarding depression ($F=8.820$, $df=1$), was found to be significant at 0.01 level. Figure 27 shows the mean values of mothers and fathers of thalassaemic children regarding depression. Mothers got a mean value of 16.95 and fathers got a mean value of 12.45, which means that mothers' have a tendency for greater levels of depression than fathers'.

Figure 27: Graph showing mean scores for Depression



Women are typically more vulnerable to depression them men with a ratio of 2:1 (Nolen - Hoeksema, 1987). Feminist researchers have theorized that women's experience to depression is a factor of quality of their intimate relationships. Researchers link social inequality with higher rates of depression in women (Belle, 1982; Mcgrath, Keita, Strickland and Russo, 1990). Gender inequality in the traditional female role dictates that a man's needs are more important than a woman's needs. Gender - specific aspects of socialization practices and of material social power are reflected in the social categories of thought.

Females are more prone to depression than males - this can be explained as a result of the position of females, who due to biological changes experienced during the transition period from childhood to adulthood, experience psychological tension, feelings of anxiety and stress. Thus, the adolescents, especially the females undergoing physiological changes at puberty, becoming the target of sex objects, are unable to adjust to the changes and hence experience depressive symptoms (Coleman, 1981).

Most of the community surveys in India found female preponderance in depressive illness whereas the majority of the reports from the psychiatric clinics indicated relative male preponderance. Hence it is possible that in the community there is a higher frequency of depression amongst females but actually more males seek psychiatric help, possibly because depression in the latte group causes more hardships in the family as they are the prime bread earners (Raju, Kuppuswamy, and Mani, 1980). In an Indian setup, females are not supposed to give free vent to certain emotions like anger, hostility, aggression as much as men do, which can result in a cumulative effect of depression. Added to it, alternative sources of emotional or physical gratification outside the family are scarce for Indian females.

According to the dynamic concept of adult depression, a prepubertal child can experience depression only after his superego has been fully developed and only then he/she can feel guilty and act in a self-punitive way (Rie, 1966). The presence and absence of the feelings of guilt and hostility in depression has been a matter of controversy in the cross-cultural literature. These feelings have been considered playing a significant role in the onset of depressive symptoms (Sethi, Prakash, and Arora, 1980).

Psychoanalytically oriented researches have held that expression of guilt is uncommon in non-western cultures and hence depression is also uncommon. Their feelings of unworthiness, abasement, shame and guilt is handled by the mechanisms of projection (Teja et al, 1971).

Looking at our present investigation, the higher levels of depression found in mothers can be due to the fact that they feel guilty for passing on the trait of thalassaemia onto their child, which then leads to depression that acts as a self- punitive mechanism. Perhaps, the same was not found in fathers, as they do not have the direct physiological connection with the child as the mothers have, by having the child for nine months in their womb. Again, by looking at the higher level of negative parenting attitudes that was found in mothers than fathers, one could see the mechanism of projection of guilt onto the child by the mothers.

Taking into consideration all these findings, a significant difference between mothers and fathers in their levels of depression was expected, which was also found to exist statistically significant, thus proving **hypothesis no. iii**.

5.4 Locus of Control

It was hypothesized that **significant variation in Internal Locus of Control and External Locus of Control would be seen in between Mothers and Fathers of Thalassaemic children.**

Results in Table 5 shows that the obtained one-way analysis of variance between mothers and fathers of thalassaemic children regarding internal locus of control (F=1.993, df=1) and external locus of control (F=1.993, df=1), was found to be not significant. This indicates that mothers and fathers of thalassaemic children do not differ with regard to internal as well as external locus of control.

Figure 28 and 29 shows the mean values of mothers and fathers of thalassaemic children regarding internal and external locus of control respectively. Figure 28 shows mothers having a mean value of 10.52 and fathers having a mean value of 9.75 for internal locus of control. Figure 29 shows mothers having a mean value of 12.48 and fathers having a mean value of 13.25 for external locus of control. Although, the mean values are not statistically significant, it can be observed that mothers seem to be more internally controlled (i.e., lower scores indicate trends towards internal locus of control and higher scores indicate trends towards external locus of control), which means that the factors governing their actions is perceived by them as coming from within, i.e., their own relatively permanent characteristics. Whereas, fathers have been observed to be more externally controlled, which means that the factors governing their actions are perceived by them as coming from external influences, i.e., as a result of luck, fate, or under the control of powerful and unpredictable forces surrounding them.

Figure 28: Graph showing mean scores for Internal Locus of Control

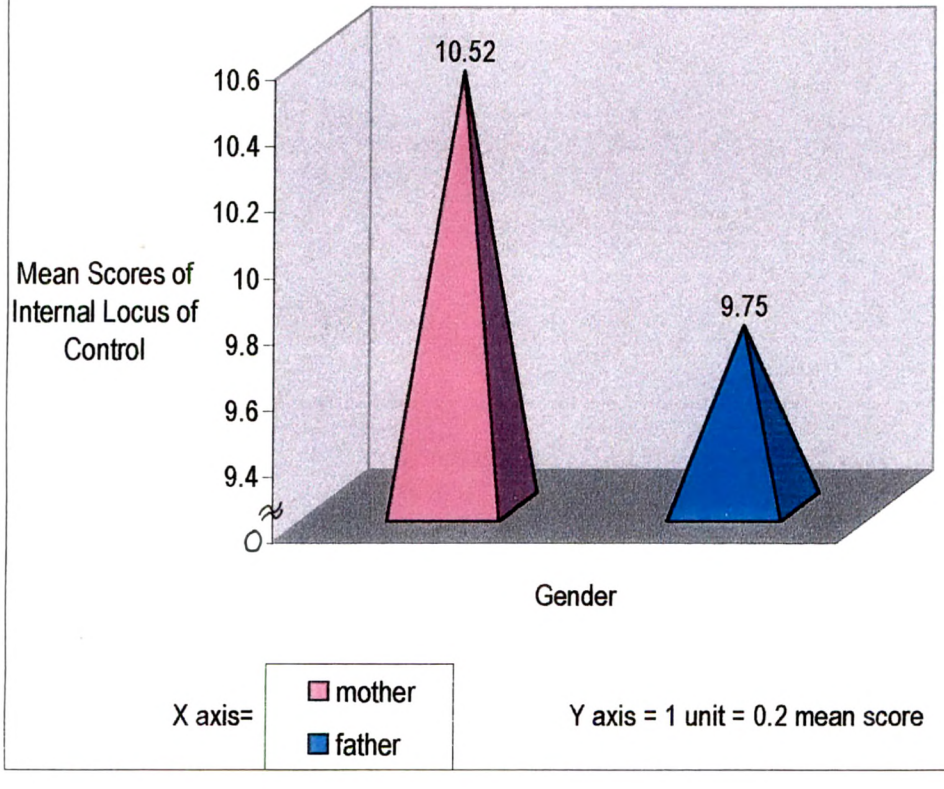
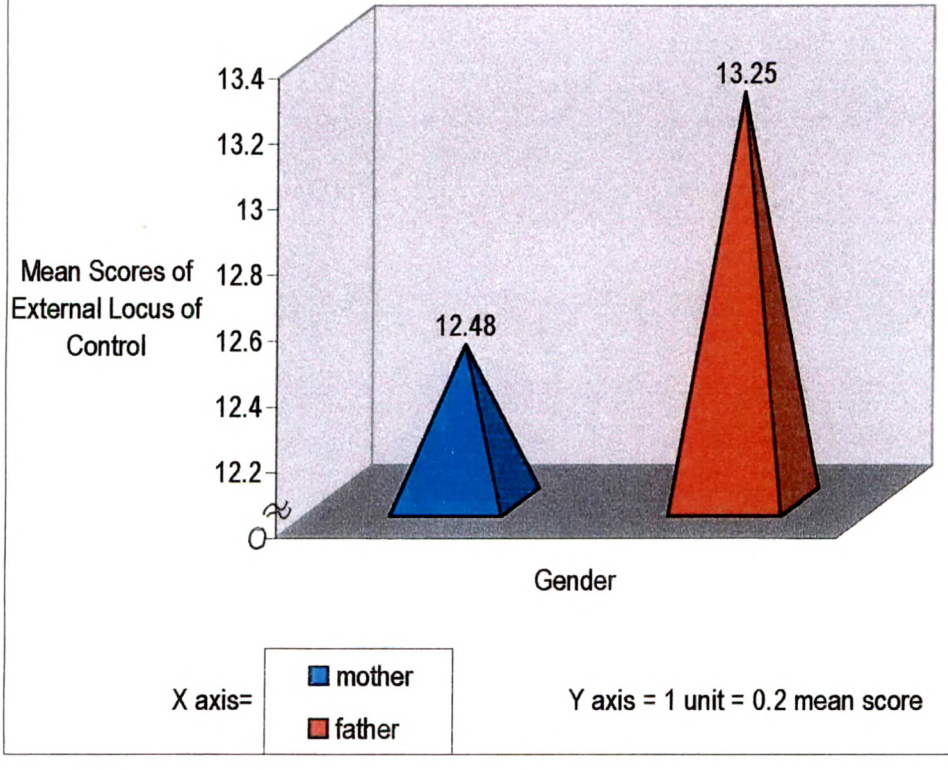


Figure 29: Graph showing mean scores for External Locus of Control



A person's self-structure influences his experience and behaviour. It is the set of beliefs, attitudes and ideals constructed by the person with reference to his/her behaviour and experience. If the individual has a strong ego, his/her self structure would be fairly congruent with his/her real-self and the real-self depends on the flow of spontaneous inner experience. Real-self is manifested by self-disclosure to others.

The self-structure comprises of the self-concept, self-ideal and various public selfs. The individual's self-concept and self-ideal are partly shaped by the beliefs and expectations held by significant others with respect to the individual. The continual change in the real-self – its "unfolding" and "becoming", poses a problem for the individual because one's needs, wishes, feelings, values, goals and behaviours, all change with the ego and its experience.

When a person experiences a threat to his/her self-structure due to obstacle and threatening situation in day to day life, one has a limited number of alternative paths to action. Which path one is going to take depends greatly on the strength of the ego.

If the ego is strong, the person will acknowledge the threat and explore the factors responsible for him. On the basis of the reality testing activity, he/she may suppress or repress the unwanted feelings or impulses through conscious choices. To this we call internal locus of control.

When a person perceives threatening feelings as a cause of the environment and instead of modifying it according to his/her inner knowledge and experience, he/she starts to believe in faith and defends and protects his/her present self-structure by blaming the environment. To this we call external locus of control.

Thus in the present study, having thalassaemic children, a mother's response towards her child's illness would be governed by her internal characteristics, i.e., taking the full responsibility that the illness is a result of her own genetic defect. Whereas, a father's response towards his child's illness would be governed by the external forces surrounding him, i.e., by giving it the name of fate, etc.

It is assumed that if the individual experience is greater in a specific situation, he or she will give less importance to the outer environment. There is a reason to think that in females, locus of control may be based more on cognitive experiences than the actual reality. In the present study, as the mothers' experience is greater where the child is concerned, as having to deal with the child at all times, their perceptions and response towards their child tend to be more internally controlled. So, one can expect that mothers of thalassaemic children would be more internally controlled and fathers more externally controlled. Our mean values tally with the above, although it is not statistically significant.

In the present study, we could not find significant variation in locus of control between mothers and fathers of thalassaemic children, which shows that irrespective of the minor mean differences, females and males reveal similar nature in terms of locus of control. The fact that the knowledge about the life threatening disease that their child has, seems to have influenced the mothers and fathers in taking more or less the same perception of their locus of control, thus disproving **hypothesis no. iv**.

5.5 Adjustment

It has been hypothesized that **significant variation in Adjustment would be seen between Mothers and Fathers of Thalassaemic children.**

Results in Table 6 shows that the obtained one-way analysis of variance between mothers and fathers of Thalassaemic children regarding overall adjustment (F=16.789, df=1), was found to be significant at 0.01 level. Figure 34 shows the mean values of mothers and fathers of thalassaemic children regarding overall adjustment. Mothers got a mean value of 41.62 and fathers got a mean value of 28.93, which means that mothers are more maladjusted than fathers, as higher scores indicate more disturbed adjustment.

Looking at the individual adjustment areas in Table 6, it was observed that all of the four areas of adjustment were found to be statistically significant. They are home adjustment (F=7.075, df=1), health adjustment (F=12.254, df=1), social adjustment (F=12.110, df=1), and emotional adjustment (F=14.473, df=1).

Figures 30 to 33 shows mean values of mothers and fathers of thalassaemic children on the four individual adjustment areas, which were all, found to be statistically significant. Figure 30 shows the mean values for the area of home adjustment. Here mothers got a mean value of 8.87 and fathers got a mean value of 6.42, which indicates that in the area of home adjustment, mothers are more disturbed than fathers. Figure 31 shows the mean values for the area of health adjustment. Here mothers got a mean value of 7.85 and fathers got a mean value of 5.40, which indicates that mothers are more disturbed in the area of health adjustment than fathers. Figure 32 shows the mean values for the area of social adjustment. Here mothers got a mean value of 12.90 and fathers got a

mean value of 9.48, which indicates that mothers are more maladjusted in the area of social adjustment than fathers. Figure 33 shows the mean values for the area of emotional adjustment. The mothers got a mean value of 12.00 and fathers got a mean value of 7.63, which indicates that mothers are more disturbed in the area of emotional adjustment than fathers.

Figure 30: Graph showing mean scores for Home Adjustment

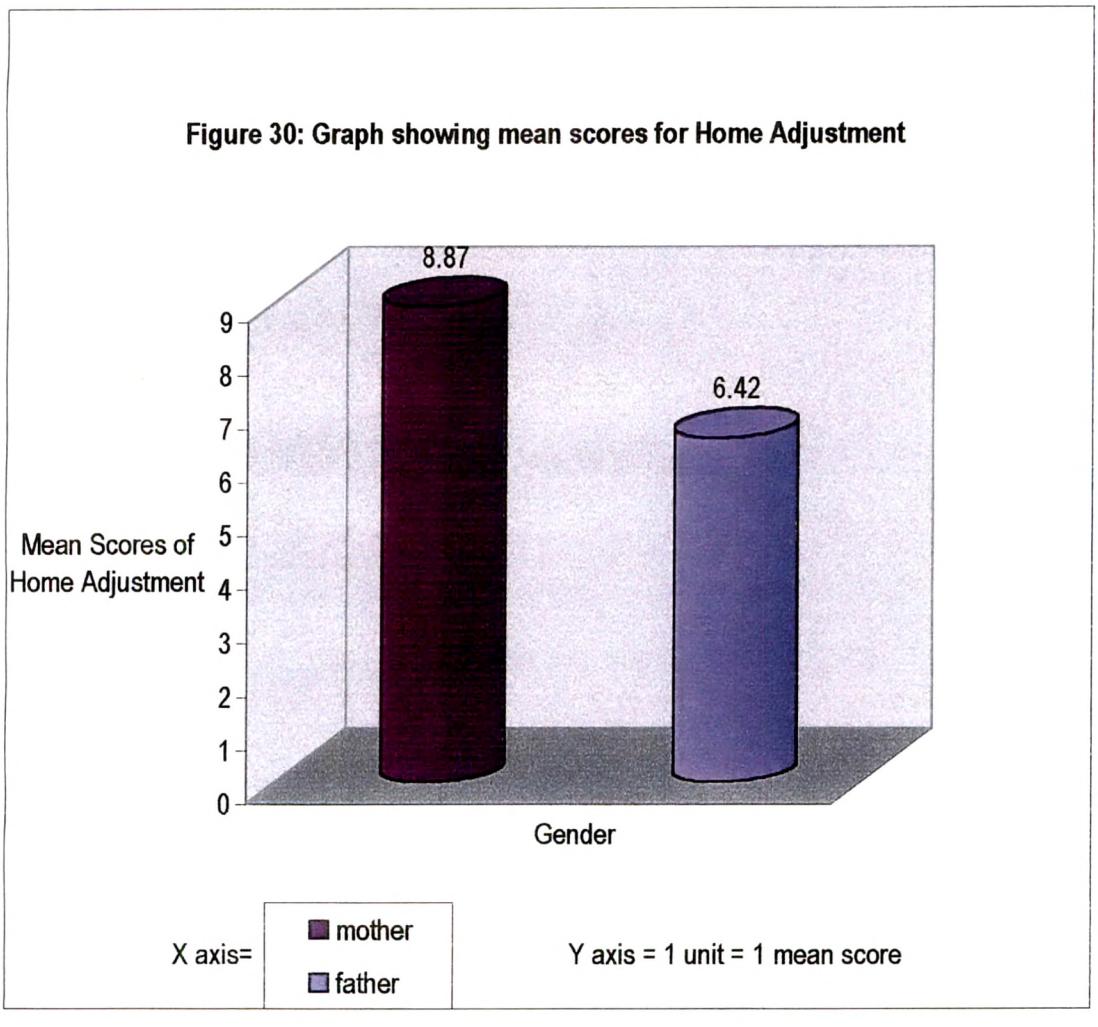


Figure 31: Graph showing mean scores for Heath Adjustment

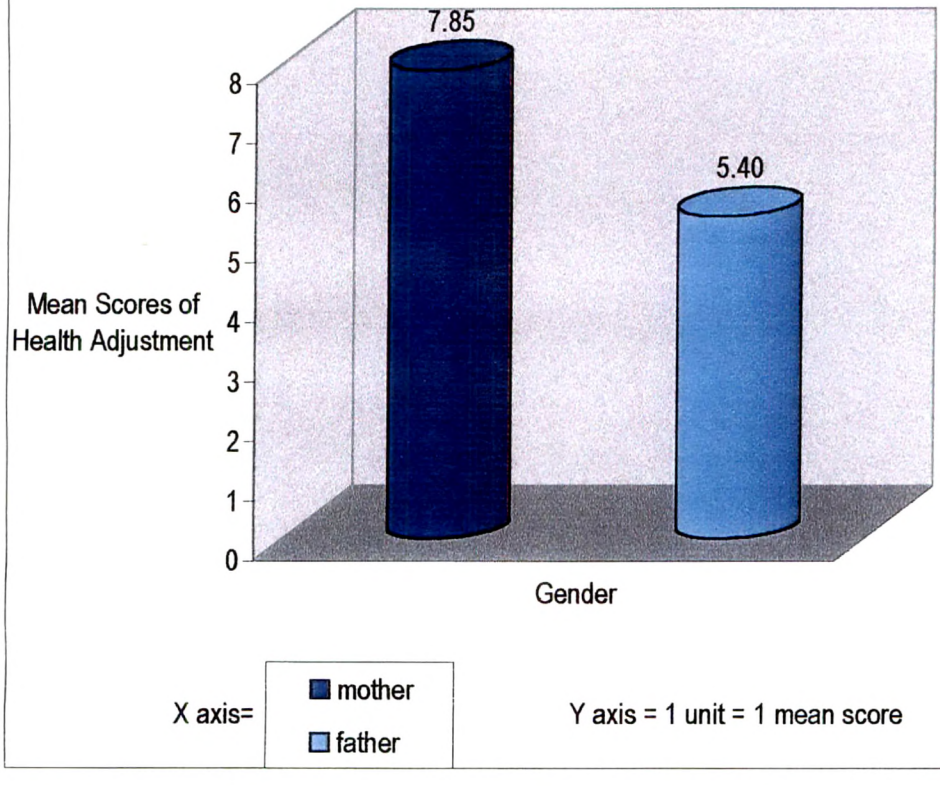


Figure 32: Graph showing mean scores for Social Adjustment

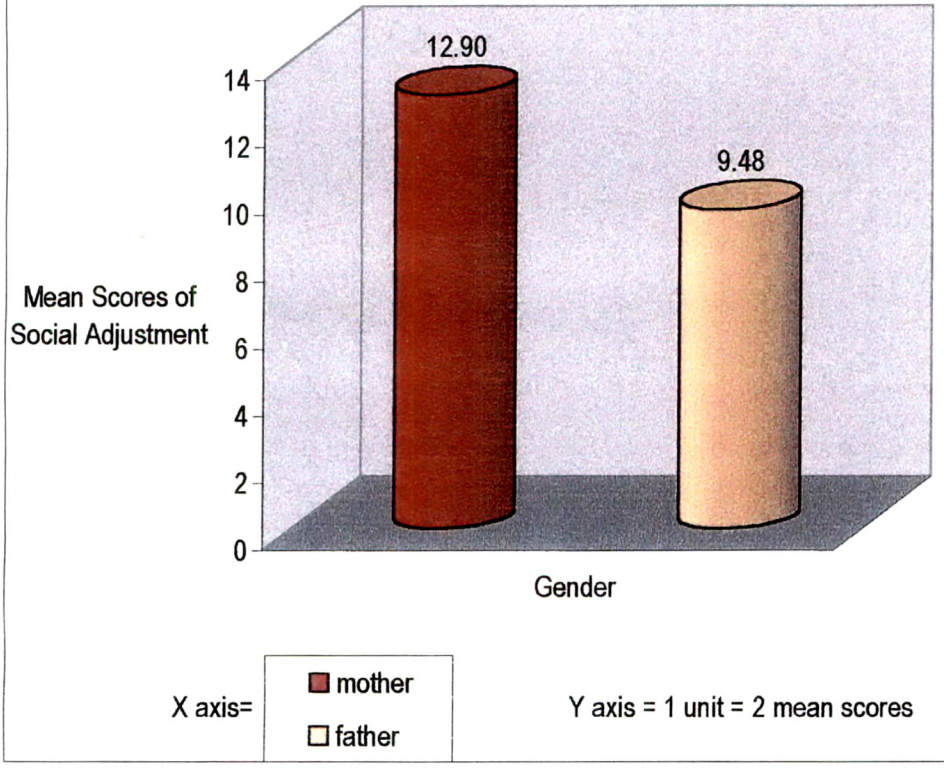


Figure 33: Graph showing mean scores for Emotional Adjustment

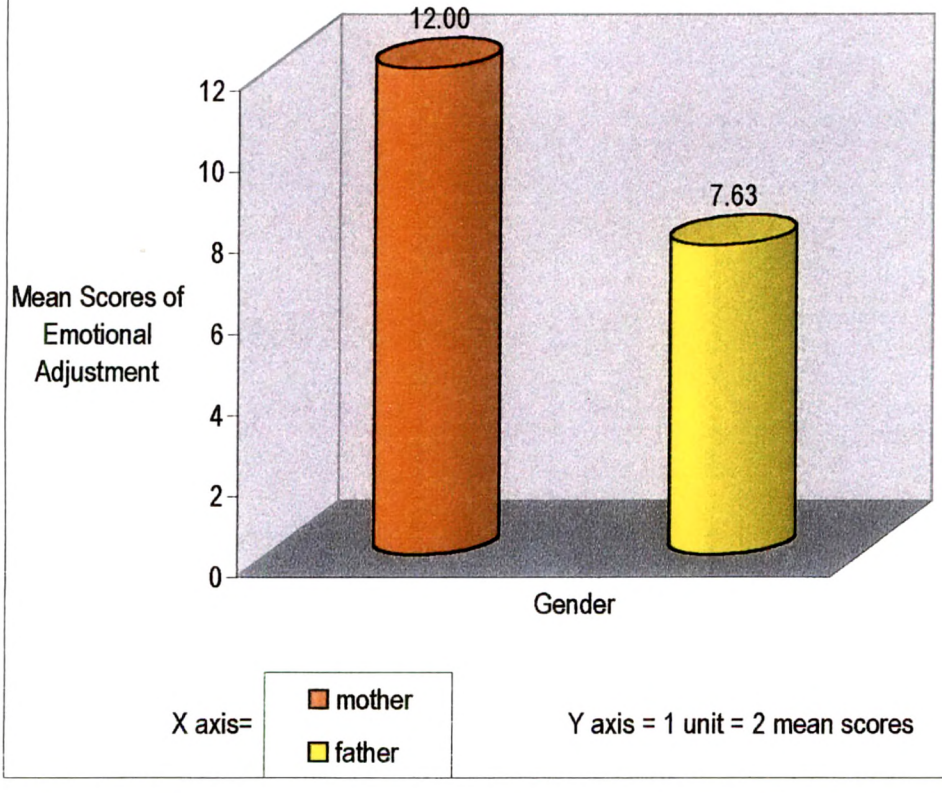
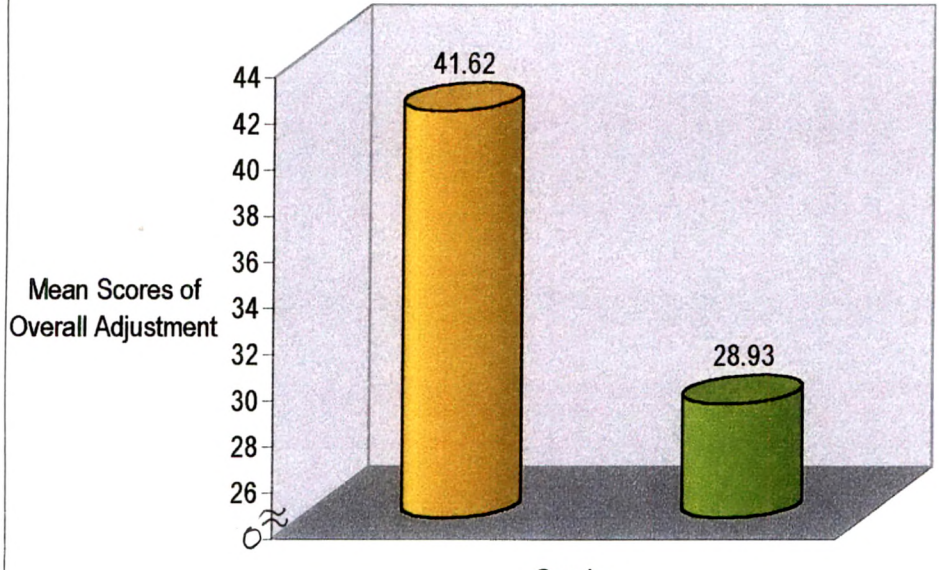


Figure 34: Graph showing mean scores for Overall Adjustment



The study of human adjustment is to prepare for future family responsibilities and the care for children. As mothers and fathers, it is the responsibility for them to rear their own children. Since well-adjusted parents tend to have well-adjusted children and well-adjusted children tend to become well-adjusted adults, understanding oneself and others is of great importance. Parents who know how children grow, and are sympathetic and understanding, are happier in their own family life.

In our society the mother is responsible for the management of the home and child. She is most intimately associated with children and spends more time with them than does any other single individual. She ministers to their needs, talks with them, plays with them, and entertains them. The children work with her and help her in many of her household duties. Her attitudes and actions will have great influence on them.

The father's role as the family provider is clear. Although his contacts with the children are less frequent than those of the mother, they continue over as many years and seem to increase in importance, as the child grows older.

Every person with his/her varied capacities and skills lives in an environment where he/she meets in succession many situations and problems to which he/she must react. Sometimes these problems are relatively simple and are taken in stride; at other times they are so complex that much energy is spent on them. Some problems are single or isolated and are quickly solved or passed by; some continue with him or her for a long time and are never completely met. Thus, the environment is made up of stresses and strains that vary in amount. The personality meets these stresses and strains with varying degrees of success.

Adjustment to stress and strain can be made in a variety of ways. Some persons are able to meet and survive very great amounts of stress

without damage to themselves, while others break in small amounts Where stresses are in proportion to the capacity of the person, adequate adjustment is achieved, if stresses are greater than capacity, adjustment is inadequate If stresses are much too great, the person evolves behaviour which, while it enables him to maintain some sort of equilibrium between what is within and what comes from without, special care is needed and even often psychiatric help

In our present study, it was found that mother of thalassaemic children seem to be less adjusted than the fathers in all of the areas of adjustment It has been observed that the mothers are not able to accept to the situation that their child is thalassaemic and thus not able to face the reality. This leads to more stress and frustrations experienced by he mothers, which is manifested in the form of inadequate adjustment As they are non-working mothers, they have no outlet to release their frustrations They are constantly in close contact with their child and are watching them suffer every day The feelings of guilt about passing on the defective gene onto their child lead to depression, which leads to inadequate adjustment The fathers of thalassaemic children on the other hand, were observed to be less maladjusted in all the areas of adjustment Again it can be seen here that the factor of occupation seems to play a role in helping the fathers to release the frustration that their child has a disease Here sublimation is used to ward off the frustration and stress The father's guilt feelings of passing on the genetic defect are sublimated through his occupational pursuits Not being in close contact with the child on daily basis gives the father more time to adjust to the situation and the child. So that when he is with the child, he is able to adapt and adjust to the child's sufferings as it is only for a short time On the other hand, the mothers don't have this kind of an outlet to give then time to adjust to the situation, and thus they may become more vulnerable to maladjustment These variations in the levels of adjustment between

mothers and fathers were found to be statistically significant, thus proving **hypothesis no. v.**

5.6 Relationship between Positive Parenting Dimensions as a whole and negative Parenting Dimension as a whole of Parents of Thalassaemic children

It was hypothesized that **significant variation in correlation between Positive Parenting dimensions as a whole and Negative Parenting dimensions as a whole would be expected among Parents of Thalassaemic children.**

Results in Table 7 shows that the obtained correlational analysis of positive parenting dimension as a whole and negative parenting dimensions as a whole is r = 0.106, which was found to be not significant. This indicates that no predictive relationship was found between these two variables.

Positive parenting deals with the parents displaying favourable behaviours towards their children, giving love, freedom, acceptance, etc, whereas negative parenting deals with parental attitudes of hatred, dominance, rejection, etc

All of these parental behaviours lie on a continuum from extreme positive attitudes to extreme negative attitudes towards the child By acceptance, love, etc , we mean the child who is wanted by the parents. Both parents express the acceptance by words and, reveal their fondness for and pride in their children directly to them both in the family circle and also to relative and friend outside the home The parents tend to be generous – generous with food, toys, time and attention. By rejection we mean that the child is unwanted by the parents Here, the parents fail to give the child adequate care, protection, or affection, or they may make invidious contrasts with other children ioutside the family In general, the child is

neglected outside the family in one or more ways Sometimes the parent compensates for the guilt which he/she may feel for this rejection by lavishing affection on the child, overprotecting it, etc thus, it is difficult to know if the parent is accepting or rejecting or compensating for the rejection

According to our findings no significant relationship was found between positive and negative parenting attitudes of parents of thalassaemic children This indicates that it is not necessary that if a parent uses negative parenting behaviours, that he/she does not accept or love the child It also is not predictive that if the parent adopts positive parenting attitude that he/she will not be dominating, rejecting at times, or even annoyed by the child Since the children in our study have the life threatening disease of thalassaemia, no prediction could be made in relation to the parental attitudes of the parents. One reason could be that as the parent themselves are carries of thalassaemia, they may shower love and understanding on their child to undo the guilt that they have by giving the disease to their child. On the other hand, the heavy expenses that are incurred due to the medical treatment that the child undergoes may make the parent angry towards the child Thus the relationship between the positive and negative attitudes tends to vary within each parent and not between the two dimensions, thus disproving **hypothesis no. vi.**

5.7 Relationship between Positive Parenting Dimensions as a whole and Depression, Internal Locus of Control, External Locus of Control and Adjustment of Parents of Thalassaemic children

It was hypothesized that **Positive Parenting dimensions as a whole would not be expected to correlate significantly with Depression, Internal Locus of Control, External Locus of Control and Adjustment in Parents of Thalassaemic children.**

Results in Table 7 shows, the obtained correlational analysis between positive parenting dimension as a whole and depression, internal locus of control, external locus of control and adjustment of parents of thalassaemic children The correlational analysis between positive parenting dimension as a whole and depression is r = 0 000, which was found to be not significant statistically The correlational analysis between positive parenting dimension as a whole and internal locus of control is r = -0 024, which was found to be statistically insignificant The correlational analysis between positive parenting dimension as a whole and external locus of control is r = 0.024, which was again found to be not significant statistically Lastly, the correlational analysis between positive parenting dimension as a whole and adjustment is r = -0.083, which was also fond to be statistically insignificant This indicates that no predictive relationship was found between these variables and positive parenting dimensions as a whole

No correlation was found between positive parenting dimensions as a whole and depression This indicates that whether a parent adopts positive parenting behaviours or not, the degree or level of depression is not related to it Since our study is about parents of thalassaemic children, whether or not the parent applies positive attitudes towards their child, their level of depression is not associated with it

Although no significant correlation was found between positive parenting dimensions as a whole and internal locus of control, it is observed that there is a negative relationship even if it is negligible. This means that the more a parent adopts positive parenting attitudes, the less the parents' actions is perceived by them as coming from within, i e , their own relatively permanent characteristics Thus the response towards their child's illness would not be governed by their internal characteristics, i e , not taking the full responsibility that the illness is a result of their own genetic defect Whereas, a positive correlation, had been observed

between positive parenting attitudes and external locus of control, although it was found to be statistically insignificant This indicates that the more the parent adopts positive parenting attitudes, the more a parents' perceptions and responses will be externally controlled, which means that the factors governing their actions will be perceived by them as coming from external influences, i e., as a result of luck, fate, or under the control of powerful and unpredictable forces surrounding them, thus warding off the guilt they have about being the ones who passed on the disease to their children.

Finally, an inverse relationship between positive parenting attitudes and adjustment was observed, although not significant statistically. This means that the more the parent exercises positive parenting behaviors, the more adjusted he/she would be (the lesser the score of adjustment, the lesser the maladjustment).

The fact that all of the correlations between positive parenting dimensions and the other variables were found to be insignificant statistically, shows us that again the amount of positive parenting attitudes that a parent adopts does not relate to the amount of depression, adjustment or the kind of locus of control that he/she will have. One can see here that as our sample consisted of parents, who have thalassaemic major children, their adoption of positive parenting behaviours, i.e , the amount of love, understanding, acceptance that they exert, do not seem to relate to depression and locus of control, thus proving **hypothesis no. vii.**

5.8 Relationship between Negative Parenting Dimensions as a whole and Depression, Internal Locus of Control, External Locus of Control and Adjustment of Parents of Thalassaemic children

It was hypothesized that **Negative Parenting dimensions as a whole would be expected to correlate significantly with Depression, Internal**

Locus of Control, External Locus of Control and Adjustment in Parents of Thalassaemic children.

Results in Table 7 shows, the obtained correlational analysis between negative parenting dimension as a whole and depression, internal locus of control, external locus of control and adjustment of parents of thalassaemic children The correlational analysis between negative parenting dimension as a whole and depression is r = 0.175, which was found to be not significant statistically. The correlational analysis between negative parenting dimension as a whole and internal locus of control is r = 0 082, which was found to be statistically insignificant The correlational analysis between negative parenting dimension as a whole and external locus of control is r = -0.082, which was again found to be not significant statistically Lastly, the correlational analysis between negative parenting dimension as a whole and adjustment is r = 0 254**, which was also found to be statistically insignificant at 0 01 level This indicates that no predictive relationship was found between depression, internal locus of control and external locus of control with negative parenting dimensions as a whole but significant positive correlation was found to exist between negative parenting dimensions as a whole and adjustment

Positive correlation was found between negative parenting dimensions as a whole and depression, although statistically not significant This indicates that more the parent adopts negative parenting behaviours, the more the degree or level of depression would be observed. Since our study is about parents of thalassaemic children, the guilt that the parent faces in practicing negative parenting behaviours towards the child, would be related to the result in depression in the parents

Although no significant correlation was found between negative parenting dimensions as a whole and internal locus of control, it is observed that there is a positive relationship even if it is negligible. This means that the

more a parent adopts negative parenting attitudes, the more the parents' actions is perceived by them as coming from within, i.e., their own relatively permanent characteristics Thus the response towards their child's illness would be governed by their internal characteristics, i.e., taking the full responsibility that the illness is a result of their own genetic defect, which is also the result of the family inheritance This may result in a lot of guilt in the parents which gets displaced as anger and the adoption of negative attitudes towards their thalassaemic children. Whereas, a negative correlation, had been observed between negative parenting attitudes and external locus of control, although it was found to be statistically insignificant This indicates that the more the parent adopts negative parenting attitudes, the less a parents' perceptions and responses will be externally controlled, which means that the factors governing their actions will not be perceived by them as coming from external influences, i.e , as a result of luck, fate, or under the control of powerful and unpredictable forces surrounding them

Significant positive correlation had been found to exist between negative parenting attitudes and overall adjustment This means that the more the parent exercises negative parenting behaviours, the more maladjusted he/she would be (the higher the score of adjustment, the higher the maladjustment)

When a person meets a difficulty or is faced with a conflict or an emergency, he/she may, in the course of his or her struggles to meet it, may develop a way of action or a skill that will solve the problem he/she faces and cause his/her tension to disappear If the situation recurs, he/she knows how to meet it. and with practice becomes more skilful, poised and balanced. But in many conflict and emergency situations the outcome is very different The person drives on, his/her efforts fail, and soon he/she reacts not only to the original tension but to the continued blocking as well. This goes in the light of the present study that negative

parenting attitudes lead to inadequate adjustment in the parents of thalassaemic children It seems that the adoption of negative parenting attitudes leads to inadequate adjustment in the parents due to the factor of guilt The internal guilt of the parents who tend to be rejecting, dominating, authoritative, etc , towards their child who has a life threatening disease, does not allow them to adjust adequately in their family life The guilt would make the parents feel more depressed, more asocial, and unable to cope with normal day to day problems of life It seems that the parents have not been able to come to grips with the fact that their child has thalassaemia and that it is because of them.

The organized, self-consistent, and unique quality of human personality, as conceived by Alfred Adler, is reflected in the concept of "style of life" Adler believed that human aims were the same fundamentally and were embedded in the tendency to strive for superiority. Adler's view can be quoted in the present study with contradiction. Parents of thalassaemic children cannot strive for superiority. Therefore, they try to avoid social relations. So, getting such a child seems to have affected all the aspects of their life, and details of their behaviour are organized around the style of life, which is related to negative experiences, and assimilation of variety of problems of life The inability to accept their situation may have led to inadequate adjustment and the adoption of negative parenting behaviours in order to deny the existence of the problem

As, only adjustment has been found to be correlated significantly with negative parenting attitudes, the **hypothesis no. viii** has been only partially proved

5.9 Relationship between Depression and Internal Locus of Control, External Locus of Control and Adjustment of Parents of Thalassaemic children

It was hypothesized that **significant variation in correlation between Depression and Internal/External Locus of Control as well as in between Depression and Adjustment would be expected among Parents of Thalassaemic children.**

Results in Table 7 shows, the obtained correlational analysis between depression and internal locus of control, external locus of control and adjustment of parents of thalassaemic children. The correlational analysis between depression and internal locus of control is r = 0 276**, which was found to be statistically significant at 0 01 level The correlational analysis between depression and external locus of control is r = -0 276**, which was again found to be statistically significant at 0 01 level Lastly, the correlational analysis between depression and adjustment is r = 0.299**, which was also found to be statistically significant at 0 01 level

Positive correlation was found between depression and internal locus of control, which means that more depressed the parents are, more internally controlled they would be, i e , the more the parents, actions is perceived by them as coming from within, i.e , their own relatively permanent characteristics. Thus the response towards their child's illness would be governed by their internal characteristics, i.e., taking the full responsibility that the illness is a result of their own genetic defect This may result in a lot of guilt which then again leads to depression. Whereas, a negative correlation, had been observed between depression and external locus of control This indicates that depressed parents' perceptions and responses will be less externally controlled, which means that the factors governing their actions will not be perceived by them as coming from external influences, i.e., as a result of luck, fate, or under the control of powerful and unpredictable forces surrounding them.

Significant positive correlation had been found to exist between depression and adjustment levels. This means that depressed parents

would be more maladjusted (the higher the score of adjustment, the higher the maladjustment)

A healthy personality will experience anxiety, fear, anger, tenderness, affection, zest, humour, boredom and even depression. Since the individual will have efficient contact with reality, the probability will be high that his/her emotional responses to situations will be appropriate: and since he/she has the capacity to suppress behaviour, feelings would also be revealed appropriately The method of controlling emotion can be called selective suppression and release

In the present study, we wanted to relate depression with internal versus external locus of control as well as depression and adjustment. There is growing evidence to verify the assumption that different emotional expressions like fear, anger, depression and pleasure are mediated by different patterns of neurophysiological functioning In the present study, such verifications have not been done and was not required. Instead the results are more based on other researches

If the person is an internal type, then his/her perception of threat and danger would be based on the casual-effect relationship and he/she would be the controlling factor of the situation. The person with external locus of control would perceive the danger or threats caused by external surroundings which he/she has no control over The individual would depend entirely on circumstances and would suppress or repress the emotions on the basis of environmental factors.

According to the psychoanalytical viewpoint, the ego-strength, stress tolerance, adjustment and adaptability are related to individual ability Externals suppress emotions because of fear of consequences based on generalizations from certain unpleasant occurrences in the past The

upshot may be that the individual may come to suppress his/her feelings without discrimination.

In our study it was found that more depressed the parents of thalassaemic children were, more internally controlled they were The fact that the parents tend to take the responsibility of the disease that their child has, i e their actions and perceptions being internally controlled, they may be more depressed as they blame themselves and not the external forces for the disease The blaming of themselves may lead to guilt feelings and eventually to depression as a self-punishing mechanism

Depression is an "emotional state characterized by extreme dejection, gloomy rumination, feelings of worthlessness, loss of hope and often of apprehension" (Coleman, 1981) There would be paralysis of will, avoidance, escapist attitude, withdrawal, suicidal wishes and increased dependency Thus a person with depression with these feelings would have difficulty adapting to the situation In the present study, depressed parents of thalassaemic children were found to be maladjusted, which may be due to the above characteristics Their loss of interest and motivation due to the fact that they are responsible for their child's illness, leads to disturbances of adjustment in their life

Our results coincide with the interpretation given by Adler that when there is inevitable helplessness to control the circumstance of an individual's life, like getting a child with a disease, the individual becomes angry, guilty and the individual's creative self diminishes In the present study, it was found that the parents were not enthusiastic and creative, but they were helpless, hopeless, lethargic and depressed

Thus, proving **hypothesis no. ix.**

5.10 Relationship between Adjustment and Internal Locus of Control and External Locus of Control.

It was hypothesized that **Parents of Thalassaemic children would show significant variation in correlation between Adjustment and Internal Locus of Control as well as in between Adjustment and External Locus of Control.**

Results in Table 7 shows, the obtained correlational analysis between adjustment and internal locus of control and external locus of control of parents of thalassaemic children The correlational analysis between adjustment and internal locus of control is r = 0 227*, which was found to be statistically significant at 0 05 level. The correlational analysis between adjustment and external locus of control is r = -0.227*, which was again found to be statistically significant at 0 05 level

Significant coefficient of correlation had been observed between adjustment and internal locus of control of parents of thalassaemic children This indicates that the higher the level of maladjustment (higher scores indicated maladjustment), the more internally controlled the person's is The person's actions would be perceived by them as coming from within, i e , their own relatively permanent characteristics Thus the response towards their child's illness would be governed by their internal characteristics, i e , taking the full responsibility that the illness is a result of their own genetic defect. Whereas, a negative correlation, has been observed between adjustment and external locus of control of parents of thalassaemic children This indicates that the more maladjusted a person would be, the less externally controlled the person would be This means, the less a parents' perceptions and responses will be externally controlled, which means that the factors governing their actions will not be perceived by them as coming from external influences, i e., as a result of luck, fate,

or under the control of powerful and unpredictable forces surrounding them

The most widespread regulative principle of human behaviour is a homeostatic one, in which the person alters either himself or his/her external environment when disequilibrium has been produced in order to restore the equilibrium (Canon, 1939). An alternative or supplementary view involves the postulation of growth tendencies within the individual (Rogers, 1931). These lead the individual to seek mastery or control over himself/herself and his/her environment in order t realize his/her highest potential and to produce the most harmonious relationship possible between himself/herself and the environment From either point of view, adjustment refers to the processes of this self or environmental alteration that produce some given state such as equilibrium or self-actualization.

Because the biological and psychological need of an individual, as well as the external pressures to which he/she is exposed, are continually changing, adjustment is always taking place. But if the adjustive capacities are taxed beyond their scope and demands (internal or external), disturbances in adjustment in function arise. These disturbances can include such subjective states and behaviour patterns as psychological misery, somatic malfunctioning (psychosomatic disorders), abnormal forms of thought, socially reprehensible or deviant forms of behaviour, and failure to execute successfully or normally the tasks with the context of the individual's ability. The processes of adjustment are, therefore, important in the present study not only because under normal circumstances of living they determine the actions but also because, when they fail under conditions of unusual demand, i e., parents having thalassaemic children, the welfare is endangered

During the course of their lives, some people are exposed to greater amounts of stress than others, making their task of adjustment more

difficult In addition, the resources they have developed for coping with stress may be too limited to permit them successfully to these excessive demands and failure of adjustment is the consequence These failures of adjustment are most clearly traceable to exaggerated degrees of stress or to inadequate mechanisms developed to cope with stress This could be due to the person's hereditary factors or life experiences, which were too unfavourable for the acquisition of effective techniques of stress mastery In the present study, it was found that the parents' of thalassaemic children whose actions and perceptions were contingent upon their own relatively permanent characteristics or behaviour, the level of maladjustment increased It seems that as they blame themselves for the genetic disease that their child has, they are not able to neither cope with the circumstances nor forgive themselves for the same This would result to the increased level of maladjustment that they are facing in their lives Thus proving **hypothesis no. x**