CHAPTER - 2

REVIEW OF LITERATURE

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2.1 INTRODUCTION

Today’s parents face a world of challenges with everything from keeping themselves healthy and happy by providing their children a safe environment that fosters the physical, emotional and social growth of their children in today’s society. No family is prepared for the presence of a Mentally Retarded child. Having a Mentally Retarded child affects family inter relationships and will also affect the practical aspects of the life.

In recent years researchers and interventionists have become interested in viewing the problems faced by the parents and families of children with Mental Retardation. Much research has been undertaken on various aspects of family and social dynamics of families having Mentally Retarded children. A review of literature related to these aspects has been presented in this chapter in four major dimensions;

I. STUDIES RELATED TO ATTITUDES OF PARENTS OF MENTALLY RETARDED CHILDREN.

II. STUDIES RELATED TO PROBLEMS OF PARENTS OF MENTALLY RETARDED CHILDREN.

III. STUDIES RELATED TO SOCIAL SUPPORT SYSTEMS.

IV. STUDIES RELATED TO PROFESSIONAL SUPPORT.

2.2 STUDIES RELATED TO ATTITUDES OF PARENTS OF MENTALLY RETARDED CHILDREN:

General attitudes of parents towards Mental Retardation and related issues have been studied beyond specific child-rearing attitudes.
Srivastava et al., (1975) assessed the attitudes of mothers of mentally retarded children and found that the mothers fostered dependency in children. Marital conflict, strictness with children, easy irritation with children, suppression of aggression and avoidance of communication were some of the trends observed in families with retarded children.

Vasantha Kumari and Sathyalvathi (1977) studied the maternal attitudes regarding Mentally Retarded children and normal children and found that mothers of Mentally Retarded children held an attitude of ignoring type towards their children while mothers of normal children tended to be more possessive in their attitudes.

Srivastava, (1978) reported that most mothers of Mentally Retarded children have been reported as having authoritarian attitude in child rearing. These parental attitudes might in turn reflect upon the stress experienced.

Margalit M. (1979) studied shame on the parents of Mentally Handicapped children. The attitudes of 23 Western mothers and 26 Eastern mothers towards their moderately and severely retarded children were studied. Significant differences were found, suggesting that the Eastern mothers strongly expressed their shame, whereas the Western mothers ‘felt ashamed’ to express it at all. The Western mothers felt that the social norms that reject feelings of shame and their own personal feelings of embarrassment were in conflict.

Rastogi (1981) found that mothers of the Mentally Retarded children were having negative attitude rather than their fathers.

Girimaji (1985) lays stress on the study of parents with an emphasis on parents’ needs, parents’ perception and attitudes. A small but significant body of research work has emerged reporting different forms of family intervention. Brief inpatient family intervention model developed at NIMHANS in 1985 is worth
mentioning in this context. This model could be considered a great support to parents of children with mental handicap.

The model has been evolved to meet the needs of sub-groups of families who needed intensive intervention for reasons such as presence of high degree of stress and/or poor coping skills in the family following the birth of mentally handicapped child. However, the model seems to offer comprehensive care as it has been tailored to suit the needs of individual child and family.

Mavrin – Cavor L, Levandovski D, Teodorovic B. (1986) compared the attitudes of mothers of non-handicapped children and of Mentally Retarded children towards their relation to the school behaviour of the child. A sample of 357 mothers of non-handicapped children, and 93 mothers of mildly retarded children were interviewed. Results showed that behaviour at school of Mentally Retarded children was strongly related to the attitude of the parent towards the child.

Vidhya Ravindranadan and Raju.S. (2007) studied the level of adjustment and attitudes of parents of children with mental retardation. The sample consists of 50 parents (either mother or father) of children diagnosed as mentally retarded. Parental age group is 25-50 years. The results indicated that parental religion, education and income do not have any significant influence on adjustment variables, but there is change in parental attitude among different religious groups. Locality of parents influences only on the dimensions of social adjustment and parental attitude.

2.3 STUDIES RELATED TO PROBLEMS OF PARENTS OF MENTALLY RETARDED CHILDREN:

The problem associated with rearing Mentally Retarded children is multifold. Problems like disturbance of daily routine, family leisure education, family health, steady dram on time, physical and emotional energy as well as financial resources and over above social interaction of the parents.
Schonell and Watts (1956) reported that the effects of the “subnormal child” on the family were “far reaching and intensely restrictive and destructive in nature”. None of the children concerned attended any school or program, nor did their parents receive any help or guidance.

In a series of studies of approximately 400 families with severely retarded children, Farber (1960, 1968, and 1970) found that social mobility was reduced.

Farber, (1970); Watson & Midlarsky, (1979) reported that families with retarded children operate under the same influences as families with non-retarded children (especially if there is a non-retarded sibling), they are also likely to have greater involvement with schools and teachers, social agencies, and service-delivery professionals as well as more limited social contacts.

DeMyer, (1979), Bristol, Gallagher, & Schopler, (1988) Studied how parents of Mentally Retarded children are able to deal with increased time demands, negative community reaction, the limited support they may have, or how they feel about sacrificing career goals, and so forth, which are important factors to evaluate.

Kotsopovlos S. Matathia P. (1980) reported worries of parents regarding the future of their Mentally Retarded adolescent children. Responding to a questionnaire, a group of parents of Mentally Retarded adolescents, reported several worries regarding the future of their child. Two thirds expected assistance from community services while just over one third admitted of having received some assistance. It is held by the authors that the community has the duty to assist such parents.

Wikler (1981) found that people often feel uncomfortable in the presence of Mentally Retarded people and strive to ignore them, thus increasing the social isolation of the family.
Seligman M. and Meyerson R. (1982) reported that the responsibilities associated with the care of children with exceptionality may impact parents’ psychological, physical and social well-being over time.

Singhi PD, Goyal L, Pershad D, Singhi S, Walia BN, (1990) studied the psychosocial problems faced by parents and other family members in so many families with a Mentally Retarded child and 50 with a healthy child. Families with Mentally Retarded children perceived greater financial stress, frequent disruption of family routine and leisure, poor social interaction, and ill effects on their mental health as compared to families of control children. The overall social burden scores were significantly higher in both the groups with Mentally Retarded children. The marital adjustment scores lower in families with children of Mental Retardation.

Narayan J, Madhavan T, Prakasam BS. (1993) studied the factors influencing the expectations of parents for their Mentally Retarded children. In terms of treatment for cure, education, training and general information, parental expectations for their Mentally Retarded children are influenced by various factors such as the age and sex of the retarded child, the level of Mental Retardation, the education and occupation of the parents, and the socio-economic status and area of living.

Hemant Chandorkar and Brig.P.K Chakroborty (2000) studied psychological problems of parents of mentally retarded children compared to that of parents of normal children. The result of the study proved that the parents of mentally retarded children have a higher prevalence of psychological morbidity than the parents of normal children.

Poston D, et al (2003) investigated the conceptualization of family quality of life. Focus groups and individual interviews were conducted with 187 individuals: family members (e.g., parents, siblings) of children with a disability, individuals with a disability, family of children without a disability, service providers, and
administrators. Data were collected in urban and rural settings to elicit the participants' understanding of family quality of life. Ten domains of family quality of life were identified and described in terms of sub domains, indicators, and key points raised by participants.

As per the study carried out at the Regional Rehabilitation Center (RRHC), 

**G. Gathwala, S. Guptha. Rohtak** (2004) Sixty percent of families were severely burdened in related to the item “Effect on the physical health of other family members” which included physical/psychological illness and members of the family becoming depressed and weepy Forty Five percent of families felt severely burdened regarding family interaction and had almost ceased to interact with friends and neighbors. Forty percent had their family leisure severely affected. They had stopped normal recreation and had frequently abandoned planned leisure with the affected child using up most of their holiday and spare time. The family routine was felt to be severely affected in thirty five percent of cases, leading to neglect of rest of the family. Only 25% of families felt they were severely burdened financially and 20% had postponed planned activity due to financial constraints.

**Shambhu Upadhyay and Anju Singh** (2009) discuses the impact of level of Mental Retardation of children on the perception of psychosocial problems and needs by parents of mentally retarded children in providing care to them. The study was conducted on a purposive sample of 100 parents of mentally retarded children. The result shows that the level of problems faced by the parents of mentally retarded children increases with the level of Mental Retardation of the child.

**Manish Gohel, Sidhhyartha Mukherjee & S.K. Choudhary** (2011) studied the psychosocial impact on the parents of mentally retarded children. A cross sectional study of 100 parents of mentally retarded children was done. The result shows that the parents have enormous emotional problems and suffer from mental worries because
of having mentally retarded child. Family intervention programmes need to be focused on early building and strengthening the natural support systems for the parents.

Mohammadreza Bayat, Mahdieh Salehi, Abbolreza Bozorgnezhad and Akbar Asghari (2011) compared the psychological problems between parents of intellectually disabled children and parents of normal children. For these purpose 100 parents with mentally retarded child were selected and compared with 100 having normal children. The result shows that the parents with intellectually disabled children experienced more psychological problem as compared with those having normal children.

JOB

Lonsdale (1978) found that 27% of the families believed their work performance was affected as a result of the having a child with an exceptionality.

Lonsdale, (1978), reported that variety of disabling condition affects the parents with various factors such as lack of concentration, need to take a lot of time off work, needing to take a less well-paid job affecting their work and so on.

Turnbull et al., (1984), reported that some families are sacrificing careers to care for child or to relocate in a geographic area where appropriate services available.

Booth & Kelly (1999) investigated the impact of disability- and risk-related characteristics of 166 infants on their mothers' employment and child-care characteristics and decisions. Mothers' employment plans and child-care decisions were affected by their children's special needs (chronic health problems; use of adaptive equipment; total risks; diagnosis; and mental, motor, and adaptive functioning).
Marji (2000) studied the influence of employment on parenting stress among mothers of 5-year-old children with developmental disabilities and the influence of parenting demands (i.e., care giving difficulty and behavior problems) and family support on their work quality and absenteeism from work. No significant associations were found between employment status and parenting demands, family support, or stress for the sample as a whole.

Warfield (2001) examined the influence of employment on parenting stress among mothers of 5-year-old children with developmental disabilities and the influence of parenting demands (i.e., care-giving difficulty and behavior problems) and family support on their work quality and absenteeism from work. No significant associations were found between employment status and parenting demands, family support, or stress for the sample as a whole. Among employed mothers, those who rated their jobs as interesting reported significantly less parenting stress when they experienced low or mean levels of parenting demands. Mothers' interest in work did not moderate the negative influence of high levels of parenting demands on stress. Parenting demands increased absenteeism but had no effect on work quality.

Einam M, Cuskelly M (2002) reviewed the employment of mothers and fathers of children with Mental Retardation. Opportunities to engage in employment appear to be reduced for mothers of children with Mental Retardation. Data were collected regarding the employment decisions of parents of a young adult with Mental Retardation and contrasted with those of parents whose children were all developing normally. Twenty-five mothers and 12 fathers of a young adult with Mental Retardation were interviewed, as were 25 comparison mothers and 19 comparison fathers. Mothers and fathers of children with Mental Retardation showed different engagement patterns with the paid workforce from comparison parents. Increased attention needs to be given to the employment opportunities of parents of children
with Mental Retardation since employment appears to play a protective role for mothers, in particular.

*Einam & Cuskelley* (2002) speak about paid employment which is increasingly undertaken by mothers as their children grow. Majority of women are in employment by the time their offspring become adults. Opportunities to engage themselves in employment appear to be reduced for mothers of children with disabilities. Increased attention needs to be given to the employment opportunities of parents of children with disabilities since employment appears to play a protective role for mothers, in particular.

**FINANCIAL**

*Gath.A* (1972) found that wealthier families were more apt to institutionalize their retarded child than the lower income families. Mothers of retarded children were also more likely to work only part time rather than full time (*Watson & Midlarsky*, 1979) and to have greater difficulty in arranging child care (*Sells, West & Reichert*, 1974; *Watson & Midlarsky*, 1979).

*Margalit* (1982) suggested that the costs of providing special educational support for their child can contribute to disruption in family equilibrium.

*Chinn, Drew* and *Logan*, (1984) studied problems of all dimensions affect families whose Mentally Retarded children live at home. The budget may be strained up to provide special medical care, transportation or special educational services.

*A.P. Turnbull et al.*, (1984) studied that the presence of a Mentally Retarded child can create special economic needs by increasing the family’s consumptive demands and decreasing its productive capacity.
Byrne and Cunningham (1985) suggested that it is not the presence of a child with retardation which leads to stress, but rather the unmet service needs of families.

Aday, Aitken, and Weggener (1988) found that 47% of the parents reported that “out-of-pocket” expenses (i.e., those not covered by medical insurance) presented “serious financial problems” for their families during periods when the children were hospitalized. Thirty-eight percent of the parents reported similar financial problems when ventilator care services were provided in the home. Types of expenses included lost income from work, transportation, extra phone costs, lost vacation time, child-care for siblings, meals and motels, accumulating debts medications, and increased utility bills.

Lavin, (2001), p.21 studied that, a family who has a child with a disability will experience many challenges such as “repeated physical and emotional crises, interactive family issues, ruined schedules, and additional expenses which can create financial burdens for a family”. It may be during these times of physical and emotional stress that parents will take out their frustrations on each other, the other children or even the child with the disability or illness. This can lead to marital problems as well as issues of sibling rivalry, parentification, and social dejection.

Datta (2002) studied the negative impact on the parents of the Mentally Retarded children in the form of financial crises. Parents might develop an antagonistic attitude toward their retarded children due to failure in reaching balance in meeting the financial needs of the family in general and specific needs of their retarded children. In the families of Mentally Retarded children problems come in the shape of ‘negative impact on health of caregivers’, ‘social embarrassment of the family members’, ‘relationship problems among the siblings’, etc.
Montes G, Halterman JS. (2008) reported that parents of children with Mentally Retardation have significant out – of – pocket expenditures related to their child’s care. This likely places a significant burden on families in the face of additional out - of – pocket expenditures.

HEALTH

Various researchers (Hooper, Gill Powesland and Ineicher, 1972; Brown, Harris and Peto, 1973) have been able to determine prevalence rates of depression and disorders of the order of 40 percent and 20 percent respectively of the parents of children with Mental Retardation.

Johnson, Sarason, & Siegel, (1978), studied that numerous changes in the lives of family members are likely to occur in relation to the presence of a retarded child than a non-retarded child (e.g. major changes in social activities, recreation, or economic conditions). Such life stress, operationally defined as self-reported life changes, has shown significant relationships with numerous minor and major health changes, the seriousness of chronic illness, and various Keith A. Crnic, William N. Friedrich, and mark T. Greenberg. Psychiatric symptoms including anxiety and depression Rabkin & Streuning, (1976).

There is a growing literature on the confusion, embarrassment, anger, helplessness, and feelings of depression, which may accompany parental reactions to having a Mentally Retarded child (Bristol & Schopler, (1983); DeMyer, (1979); Konstantareas & Homatidis, (1988).

Romans – Clarkson SE, Clarkson JE, Dittmer ID, Flett, R, Linsell C, Mullen PE, Mullin B. (1986) studied the impact of a Mentally Retarded child on mental health of parents. The mothers of the Mentally Retarded children showed
significantly more psychiatric morbidity than the control mothers, but the fathers did not show the same deleterious effect on mental health.

A cross-sectional survey was conducted by Chen et al (2001) to describe the health of mothers of adults with intellectual disability (ID), and the influence of the mother's and her adult child's characteristics on her health. The sample consisted of 108 mothers divided into mid-life and later-life groups. Arthritis was found to influence the physical health of both groups of mothers. Employment was found to influence physical health of the mid-life mothers, while family income was found to influence mental health of the later-life mothers. The characteristics of adults with ID did not influence the mothers' health significantly. Mothers' care-giving for their adult children with ID might not be as detrimental to the mid-life mothers' physical component of health as it might be to the later-life mothers.

Olson & Hwang (2001) assessed the parental depression using the Beck Depression Inventory (BDI) in 216 families with children with autism and/or intellectual disability (ID). Mothers with children with autism had higher depression scores than mothers of children with ID without autism, who in turn, had higher depression than fathers of children with autism. Forty-five per cent of mothers with children with ID without autism and 50% of mothers with children with autism had elevated depression.

The aim of the study by Fırat et al (2002) was to evaluate anxiety, depression, and general psychological symptoms in the mothers of autistic children in comparison with those in the mothers of mentally retarded children. Forty mothers of autistic children and 38 mothers of mentally retarded children were included in the study. Non-depression rates were 27.5% in the mothers of autistic children whereas the rate was 55.3% in the mothers of mentally retarded children. There was no difference.
regarding anxiety between the two groups. The mothers of autistic children experienced more psychological distress than those of mentally retarded children.

The aims of the study by *Shu et al* (2002) were to describe the change in mental health over time in a group of family caregivers with a child with intellectual disability (ID) and to explore the effect of a home care service on the psychological well-being of the caregiver. The findings of this study accredit the effect of home care services and suggest that home care services are necessary for family caregivers.

*Thyen et al* (2003) sought to determine the independent effect of unmet health needs on family burden, in addition to the effects of functional impairment and parental care load, in children and adolescents with disabilities. It was found that lack of medical services, contributed significantly to family burden. Addressing unmet health needs may alleviate the impact of caring for a child with a disability.

*Harden J.* (2005) reviewed the experiences of parents living with a young person with mental health problems. Qualitative interviews were conducted with 25 parents. He reported that the parents tried to make sense of the illness in their lives by reconstructing their past, present and future experiences. The concept ‘responsibility’ was threaded through the parents’ narratives and is discussed in relation to three key dimensions – more responsibility; casual responsibility; and responsibility for self.

*Allik, Larsson JO, Smedje H,* (2006) evaluated the Health-related quality of life in parents of school-age children with Mental Retardation. Parental HRRL was surveyed by the use of the 12 Item Short Form Health Survey (SF-12) which measures physical and mental well-being. The mothers of Mentally Retarded children indicate poorer physical health, and there was a relationship between maternal well-being and child behaviour characteristics.
Gallagher (2008) reported that the parents of children with mental disabilities registered high depression and anxiety scores and the majority met the criteria for possible clinical depression and anxiety.

RELIGION

Studies of religiosity suggest the potentially powerful impact of one specific ecological context, as religious background and beliefs have been found to be significantly related to greater acceptance, more positive adaptation, less stress, and a greater orientation to caring for retarded children at home (Farber, 1959; Levinson, 1976; Zuk, 1959; Zuk, Miller, Bartram, & Kling, 1961).

Friedrich and Greenberg (1983) found that participation in a parent support group and strong personal faith and religious affiliation were important to the adjustment and interaction between the family members.

Greenberg (1983) found that strong personal faith and religious affiliation were important to the adjustment in family having a Mentally Retarded child.

Morris and Maisto (2001) quoted Koehig (1977) states that people who attended religious services regularly enjoy better health and have markedly lower rates of depression than those who do not.

EDUCATION

Kasari C, Freeman SF, Bauminger N, Alkin Mc. (1999) examined the effects of the child’s diagnosis, age, and current educational placement on parental perceptions towards inclusion for their child with Mental Retardation. Results indicated that diagnosis, age, and current placement influenced parental opinion on the ideal educational placement for their child.
Narayan I, Chakravati SN, David J, Kanniappan M. (2005) studied the current educational models and to find out the feasibility for replication. The choice of model depended on the child’s level of functioning and parental aspirations. About 46.8% preferred home-based instruction, while 25.8% were enrolled in special schools and 19.4% were in inclusive schools. Although children improved with home-based instruction, parents expressed stress. About 73% of the parents were eager to send their children to a suitable school, but dissatisfied with the existing facilities.

Kandel I, Merrick J. (2005) identified certain factors which affects placement of Mentally Retarded child, which include child – related parameters, family and parental attitudes, the influence of the social environment, and the external assistance provided to the family.

REST & RELAXATION

Dunlap & Hollingsworth, (1977), Lonsdale, (1978), Dunlap & Hollingsworth, (1977), reported that having a handicapped child can enhance the parent’s ability to rest and recreate.

Tangri & Verma1 (1992) reported that disruption in family leisure and effect on mental health of the mother were reported more often by the mothers of female children, as compared to those of male children. Rest of the categories of burden revealed no significant differences between the mothers of boys and girls. The perceived social burden was felt the maximum in family activities and family interaction.

FAMILY INTERACTIN & FUNCTIONING

Family functioning is a dynamic concept relating to the way family members interact and carry out tasks. More specifically it is the process of fulfilling activities which contribute to the social expectation.
Goldman (1962) found that family members whose social function is inadequate or affected will lead to greater family burden. The existence of burden indicates the breakdown of general functioning in the family.

Hewett (1975) noted that the moment of crisis starts as soon as the parents learn that their child is permanently handicapped. Begab and Richardson (1975) observed that trauma of having a Mentally Retarded child presents a serious disruptive force to the family life style. Hannam (1975) reported that the presence of Mentally Retarded child alters the normal chores of the family.

Crnic KA, Friedrich WN, Greenberg MT. (1983) in their study a critical review focused on parents, siblings, parent-child interactions, and family systems was presented. A comprehensive conceptual model was proposed that accounts for (a) the range of possible familial adaptations, both positive and negative, involving the impact of perceived stress with the presence of a retarded child; and (b) the family’s coping resources and ecological environments as interactive systems that serve to mediate the family’s response to stress.

Dyson (1991) investigated the differences between families with children with special needs and those with children without special needs with regard to stress and family functioning. Fifty five (55) families with young children with handicaps were compared with a matched group of families of children without handicaps. Results indicated that parents of children with handicaps scored substantially higher on stress than parents of children without handicaps. The two groups did not differ on any domain of the family social environment. The results provided strong evidence that family stress is related to the care of a child with special needs, in middle class families.

Cullen, Maclead and Williams (1992) investigated variables influencing the functioning of families with Mentally Retarded person. Results demonstrated the
importance of characteristics of fathers to maternal coping skills in two parent families. Single mothers showed strong negative associations with both the number of children in the house and age of the mother. Single parent mothers also appeared to be considerably more dissatisfied with family functioning.

**Brust JD, Leonard BJ, Sielaff BH.** (1992) evaluated the responsibility of parents with Mentally Retarded children. Caring for disabled children has become increasingly the responsibility of parents, even when the medical care is complex. To assess the time commitment required, 133 mothers of Mentally Retarded children were asked to estimate by specific task categories the extra time required to care for the children. Total average daily care time was reported at 12 hours and 6 minutes, with 6 hours and 30 minutes consumed in “Vigilant” tasks.

**Ramey and Keltner** (1996) accomplished a study to explore the family adaptation and meeting with the challenges of the families with Mentally Retarded persons. This study made it evident that both the informal and formal support systems have significant and pervasive effects on parental well-being. Similarly, culture and ethnicity exert influences on families through belief systems and culturally endorsed practices. Studies support that families where parents prior to having a Mentally Retarded child had good marital relationship tend to come even closer to each other to face the situation of having a Mentally Retarded child. Indian parents report that the major things found most useful in coping up with the situation include getting physical help for looking after the child, financial help, early and timely advice by professionals, their empathic attitude, and overall faith in God.

**Dyson** (1997) found that in families with a Mentally Retarded child mothers and fathers experienced heightened child related stress but did not differ in overall family functioning from families with normally developing children.
(Flaherty & Glidden, 2000; Glidden, Valliere, & Herbert, 1988; Helff & Glidden, 1998) research on broader outcome following the paradigm shift from negative impact (family problem) to positive impact (family competence).

The purpose of the study by Rimmerman & Muraver (2001) was to examine the extent to which 160 mothers who care for an adult child with mental retardation differ in respect to undesired daily life events, instrumental functioning, social support and well-being from a comparably matched group of age peers. Findings indicated that caregivers for adult children with mental retardation reported more undesired daily life events in comparison to the matched group. However, no differences were found in respect to their instrumental functioning, social support and well-being.

Mugno D, Ruta L, D’Arrigo VG, Mazzone L. (2007) viewed the impairment of quality of life in parents of children and adolescents with Mental Retardation. They seem to display a higher burden, probably for a combination of environmental and genetic factors.

FATHER

Tallman (1965) stated that the relative lack of involvement of fathers with their disabled children is due to their inability to cope with the situation.

Cummings (1976) studied the impact of a child’s deficiency and found a high level of social stress experienced by fathers of Mentally Retarded children. In addition, he found evidence “that many fathers of Mentally Retarded children undergo long-term personality changes which resemble a pattern of neurotic-like constriction”.

Gallagher, Beckman and Cross (1983) explained that lack of involvement of father is due to father’s discomfort with the female dominated service systems.
Bristol, Gallagher and Schopler (1988) opined that because of role differentiation between parents, father’s roles do not often include direct child care.

Simerman, Blacher and Baker (2001) assessed the extent of father involvement in the lives of their young children with severe Mentally Retarded, as well as their satisfaction with that involvement. The extent of fathers help was the highest in the areas of playing nurturing, discipline and deciding services. Most mothers were satisfied with the extent of father’s help and this satisfaction was related to indicators of family well being.

MOTHER

Holroyd and Guthrie (1979) found that mothers generally feel burdened and the family members deprived of normal family life because of the presence of a Mentally Retarded child. Cook, (1963) Ricci, (1970) found that mothers of mildly and severely retarded children were found to be rejecting and punitive although mothers of more severely retarded children were also characterized as over protective.

Patterson (1980) in his research reported that mothers may be more seriously affected than fathers because they are additionally called upon to serve as crisis managers.

Beckman (1983) observed that mothers faced reduced degree of stress and burden when both parents were present at home. Gandotra (1985) found more problems in single families.

Konstantareas, 1989, 1990; Shea,(1986). Studied that mothers may be too stressed and overwhelmed and be able to objectively accept the diagnosis of a severe dysfunction in their child.
**McKinney & Peterson** (1992) studied that Mothers of children with Mentally Retarded have been reported to show significantly higher stress levels and report more negative child characteristics than mothers of children without disabilities, and mother of children with autism have reported significantly higher stress levels and lower levels of parenting competency than mothers of children without disabilities (*Rodrigue et al.*).

A study conducted by Marika. V (1999) showed that parents especially mothers of children with disability have significantly more emotional states and also significantly more depressive symptoms.

**Lenhard W, Breitenbach E, Ebert H, Schindelhauer – Deutscher HJ, Zang KD, Henn W** (2007) reported that mothers have feelings of guilt for having a child with Mental Retardation and a stronger feeling of being involuntarily segregated in society. On the other head, they more often experience support and respect from outside, particularly through self-support groups.

**McConkey R, Truesdale-Kennedy M, Chang MY, Jarrah S, Shukri R.** (2008) studied the impact on mothers of bringing up a child with Mental Retardation. The mothers are at increased risk of stress, along with poorer health and weakened family relationships.

⇒ **SIBILINGS**

**Farber** (1960) interviewed the siblings of severely retarded children living at home. Two significant sibling relationship effects emerged: Siblings younger than the retarded child assumed a super ordinate role, and female siblings were frequently encouraged to function as surrogate mothers for the retarded child.
Meuwisson (1971) has suggested that guilt may inhibit expression of negative feelings toward the retarded sibling. Grossman also noted that sibling reactions were related to parental reactions and ability to cope, the same finding noted in an earlier study of teenage sibling reactions to a retarded child (Graliker, Fishler, & Koch 1962).

Miller (1979) found that the non-retarded siblings engaged primarily in instrumental activity with the retarded child and displayed more positive and less negative affect toward retarded siblings than toward non-retarded siblings.

Marcelli D. (1983) studied the consequences of the presence of a Mentally Retarded child on the siblings. The siblings’ outlook depends primarily on the parents’ conscious, but also subconscious, attitude towards the Mentally Retarded child. The relationships between the siblings’ are always profoundly affected; they no longer serve, as they usually do, in the course of the oedipian process or in providing reciprocal support.

Lobato (1983) in reviewing research undertaken on siblings of handicapped children, concluded that “there are few well-designed empirical studies indicating that, as a group, siblings of handicapped children are actually at risk for, or exhibit more problems in psychological adjustment. Rather, it appears that only certain siblings may be vulnerable to adverse emotional experiences, depending on such factors as sibling sex and birth order, family socio-economic status and parental reaction to the handicapped child”.

Kaminynsky & Dewey (2002) studied the relationships between feelings of loneliness, social support and psychosocial adjustment, and the influence of gender and family size on psychological adjustment of siblings of children with Mental Retardation. It was found that large family size appears to facilitate healthy adjustment in siblings of children with Mental Retardation.