Review Of Related Literature
The review of literature provides an opportunity of gaining insight into the methods, measures and approaches applied by other researchers. Clarke and Clarke (1972) suggested that a survey of the existing literature must be accomplished before data is collected. Research makes constant addition to the vast storehouse of knowledge and makes possible to progress in all areas of human behaviour. Emphasizing the importance of the survey of related literature, Good, Barr and Scates (1992) stated that a survey of related literature enables one to know whether evidence already available shows details relating to the problems adequately without further investigation and thus may save duplication.

Thus, the study of related literature in research is of immense importance, because it stimulates and encourages the investigator to dive deep into the pros and cons of the problem. It helps in paving the way for understanding the potentialities of the problem in hand. Study of pertinent pages of comprehensive books on the subject, going through manuscripts and information related to the problem on the internet and thoughts of great psychologists and educationists is of great help. An extensive review of the available related literature was made by the researcher for getting valuable insight about the research work already carried out in this field. The relevant literature was collected through preliminary survey of previous studies, literature reports of relevant researches, study of published articles from important journals, encyclopedias, periodicals, books, unpublished thesis, educational surveys, dictionaries, articles and psychological abstract and newspapers etc. For this purpose the literature available in the libraries of Panjab University, Chandigarh; A.C. Joshi Library, Library of Department of Education, Library of Government College of Education and Library of Post-Graduate Institute of Medical Education and Research, Chandigarh was consulted.
The mentally handicapped child has his earliest experience with the behavioural and moral standards of the social world. His daily interactions with caregivers, including shared pretend play, humour, negotiation of conflict, enforcement of behavioural standards and conversations with family members provide him with a natural laboratory in which he learns about the social world that enhance his adjustment behaviour.

Alan, Deborah and Jennifer (1998) described significant positive or negative psychotropic effects of Lamotrigine (LTG) observed in epilepsy patients with mental retardation and concluded that in some patients LTG has significant positive or negative effects on behaviour such as frequent screaming, temper tantrums, increased rocking movements, hyperactivity, exacerbation of baseline behaviours including self-injurious activity, temper tantrums and failure to obey simple instructions. Knowledge of the same would be beneficial to parents for handling these patients.

Dickerson (2000) pointed that aggressive behaviour and short attention span were found to be most problematic behaviours among mentally retarded children with disadvantaged backgrounds.

Mehta (2002) while quoting a study carried out by Kahng (2000) reported that non-contingent reinforcement was effective in suppressive behaviour problems. He further quoted Lepre (2000) who reported that using positive reinforcement and creating positive links with mentally challenged subjects causes a positive change in behaviour.

Campbell and Richard (2003) reported a wide variety of disorders in mentally retarded including schizophrenia, depression and conduct disorder. It was found that specific disorders were related to the level of retardation and the treatment given included educational, behavioural and pharmacological interventions but guidelines for safe use of psychotherapeutic drugs were needed.

Kleinman (2004) revealed that 70% of patients with major depressive disorder experienced substantial improvement and 87% showed improvement in symptoms of somatization after receiving the treatment.
Mukherjee, Kaushik, Mukherjee and Kumar (2007) pointed that people with disabilities are excluded from main-stream of society and face a number of barriers due to their behaviour problems. Reassurance can be provided through peer support groups in which disabled persons can learn from each other.

Mental retardation does not occur in isolation. The surrounding ambiance plays a very important role in moulding the intellect and behaviour of a child, be it normal or retarded. Behaviour of retarded child is being recognized more as a social problem, something that affects not only individuals but also their families and communities.

2.2 STUDIES RELATED TO VARIABLES OF STRESS AND COPING STRATEGIES OF MOTHERS OF MENTALLY CHALLENGED CHILDREN

Jain and Satyavathi (1969) found that the presence of a child with mental handicap is a source of continuous stress and burden on family members.

Arya (1970) found that the diagnosis of retardation gives a shock to the child’s parents. Birth of such a shock to the child’s parents and family leads to over attention or negligence of the child. The stress of parents may increase the level of retardation and behaviour problems of the child.

Tredgold (1970) concluded that regarding the behaviour of mentally handicapped children, their mothers are under the grip of pity and sympathy. There is also apparent much felt irritation, resentment, stress and anxiety against fate by them.

Fatheringham, Kelton and Bernard (1971) indicated that the severely retarded child’s presence impede the family development and places significant stress on the family unit.

Gumz and Gubrium (1972) revealed that the influence of mentally retarded children on their parents is of present and future concern. Most mothers were concerned about the strains of caring for mentally handicapped infant and readjustment of family’s daily routine. This increased the stress of mothers about child’s ability to get along well with others and added feeling of insecurity about child’s future.
Fullmer and Bernard (1972) pointed that analyzing the sources and intensity of pressure and stress leads to explanation of the mentally retarded’s pattern of behaviour that also help in the qualitative judgment of the behaviour.

Akhtar and Verma (1972) revealed that the problems of mentally retarded were enormous and the role of their parents is equally important. When the parents become aware of defect in their child they undergo various reactions like shock, denial, anger and insecurity. Because of unrealistic expectation, mothers become over concerned and stressed.

Marshall, Hegrenes and Goldstein (1973) found that the mothers of the retarded children were more stressed, demanding and commanding in their verbal exchange with their children when they face problems to manage their handicapped child’s development.

According to Jones, Read and Patterson (1975) many of the behaviours commonly exhibited by mentally retarded children are perceived by their parents as annoying, noxious and stressful.

Akerley (1975) observed that in spite of high risk of stress some parents of mentally retarded children report that they adapt successfully to the stressors that are chronic and periodically extreme.

According to Ishtiaq and Chandra (1975) lack of motivation to take care of the child and emotional stress of the mother account for strain leading to mental retardation of her child.

Srivastava, Saxena and Saxena (1975) found that the mothers of mentally retarded children had marital conflict and stress. Strictness with children, suppression of aggression and avoidance of communication were also some of the trends observed in parents of retarded children.

Begab and Richardson (1975) observed that strain of having a retarded child presents a serious disruptive force to mother’s life style and lead to stressed feeling.

Hannam (1975) pointed in his study that there is no good way of telling parents that their child is mentally handicapped, but emphasized on the ways of not making a bad situation worse and of not adding to the stress.
According to Robinson and Robinson (1976) many additional stresses and strains such as imbalances in the family budget, poor relationship between the siblings and non-acceptance by relatives also lead to feeling of inadequacy causing stress in the parents of mentally retarded children.

McAndrew (1976) reported that mother’s relationships with family friends were adversely affected by the birth of a mentally challenged child. He further indicated that families with mentally handicapped children often coped with their stress by avoidance behaviour and social isolation.

Kumari and Sathyavathi (1977) found negative cognition among mothers of mentally handicapped children as they held an attitude of ignoring their children while mothers of normal children tended to be more possessive.

Dupont, Bernsen, Sturup, and Erickson (1978) reported that most of the parents made use of withdrawl behaviour strategy as they had limited contact with friends while some of them had eliminated contacts with relatives due to a handicapped child in the family.

Miller and Keirn (1978) indicated that coping strategies of mothers of mentally retarded children mostly differed from coping strategies of mothers of emotionally disturbed children.

Sethna (1978) found that parents of mentally retarded children tend to treat their children differently and overprotected them by seeking help of others, whereas, Giband and Wandersman (1978) pointed that parenting of mentally retarded children itself can be generally a stressful life event.

Bradshaw and Lawton (1978) reported that the behaviour problems associated with mental retardation impose extra care taking demands and burden on parents causing stress to them.

Narayan (1978) indicated that mentally retarded children coming from rural and non-nuclear families posed much less problems to their mothers. Sometimes they hindered the social and routine activities of the family. They invariably showed severe health problems and temperamental problems. Mothers of these children were more prone to anxiety and depression.
Bhattacharya (1978) found that the parents of a retarded child very often suffer from diffidence and anxiety over the question of meeting their child’s needs. The parents also felt frustrated as they took the child’s handicap as a blow to their own success as parents. They felt so because of their own unrealistic demands upon the retarded child.

Owens and Birchenall (1979) found that the parents of mentally handicapped children experience problems in particular areas such as their marriage, physical and mental health and socio-economic status. Also the daily problems of routine management make them anxious leading to higher level of stress.

Shulte and Nobach (1979) reported that mothers who dealt with their children in the form of negative attention such as criticism due to increased stress had to face disobedient behaviour of the child.

Wilkin (1979) pointed that mothers of mentally retarded children reported feeling of stress and exhibited physical symptoms of frequent colds, lethargy and a general feeling of being run-down and also more chronic conditions including bronchitis, rheumatism and back pain: 40% of the mothers interviewed had experienced some ill health. In addition 72% of the mothers experienced some form of mental ill-health in terms of nervousness and depression.

Caldwell and Bradley (1979) pointed that the mothers of retarded children who secured highest on measures of child development knowledge scale showed higher levels of parenting skills, giving an example of problem solving strategy where mother has taken active steps to fight out the problem, analyzing and solving it.

Folkman, Schaefer and Lazarus (1979) viewed coping as ‘efforts’, both action-oriented and intra-psychic to manage environmental and internal demands and conflicting among them, which tax or exceed a person’s resources. These coping resources vary across time and also vary in the degree to which persons can utilize them at a given time subject to different coping demands.

They have further outlined broad categories of coping resources as: Health / Energy / Morals, Problem solving skills, Social networks (actual and
perceived social support systems), Utilitarian resources (Socio-Economic Status, money, available community programmes and agencies) and General and specific beliefs (Belief about self efficacy, faith in God, fate or some higher natural order).

Engle, Nagle and Dick (1980) found that retarded subjects can be improved through instruction in use of active information processing strategies to cope with stress used by their mothers.

Rosenbaum (1980) suggested that coping strategies in themselves are not be 'good' or 'bad' but the situation in which they are used make them effective or ineffective such as approach coping cognitive and behaviour patterns of coping, problem focused coping as associated with better psychological well-being whereas avoidance and emotion focused coping with poorer outcomes.

Biswa (1980) pointed out that parents generally felt ashamed of their of mentally challenged offspring because of reaction of others. They withdrew almost completely from the community activities because of the presence of mentally deficit child in the family.

Nihira, Meyers and Mink (1980) indicated that family adjustment and functioning were related not only to the severity of the child's retardation and degree of maladaptive behaviour but to family's demographic characteristics, the psychosocial climate of the home (e.g. family cohesion, expressiveness and harmony) and specific kinds of parental behaviour towards their retarded children. Social adjustment (versus maladaptive behaviour) of the children is related to cohesiveness and harmony (versus disorganization and conflict) at home.

Ishtiag and Kamal (1981) reported that many parents withdrew themselves from the trauma of having retarded child and found 88% of the mentally retarded children were neglected by their parents because they gave stress.

According to Wikler (1981) the retarded child is a chronic stress for the family. This chronic stress gets recycled at each juncture of the life span when a developmental step would normally occur in the affected person.
Srivastava, Seth and Shobha (1981) found that the mothers of mentally retarded children were significantly more reserved, emotionally less stable, humble, suspicious, imaginative, apprehensive and stressed than the mothers of normal children.

Barkley (1981) pointed that mothers of children exhibiting hyperactivity, conduct disorders and other types of handicapping conditions such as cerebral palsy and developmental delay, participate in transactions with their children that are more stressful, or less rewarding and provide considerably less positive feedback than in the case for mothers of normal children.

Volpe and Koenigsberger (1981) indicated that the mothers of mentally retarded children, particularly with those children who are more severely retarded may find few of the joys that compensate for the frustrations and inconveniences leading to stress imposed by the child.

Sharma and Mukherji (1981) reported severe frustration that caused stress, feeling of inferiority complex, guilt and shame in more than 90% of parents of handicapped children.

Beckman and Bell (1981) reported that serious behaviour problems of mentally retarded children contribute to parental stress and rejection. Such problems as aggressive behaviour, stereotypic behaviour patterns and temper tantrums are great sources of stress to parents. They further concluded that when the parents attempt to handle these problems and they take their mentally retarded child to public places they experience greater stress.

According to Karger (1982) families with handicapped children often felt isolated from the main community in which they live. The isolation combined with the physical and emotional strain and stress from constant responsibility for a highly dependent handicapped child leads to exhaustion and breakdown of family life. This created problems in the care of handicapped children and lead to bitterness and resentment against society.

Agathonos and Vales (1982) found that the mothers of retarded children, who felt lonely, highly depressed and guilty, avoided every outing, fearing comparison of their children with normal children. The mothers, who had
moderate stress and were more realistic, made efforts to adjust to the behaviour problems of their mentally retarded children.

Breiner and Forehand (1982) observed that mothers of retarded children tend to be more active and directive with their children due to over stress. Retarded children were found to be both less responsive and less complaining to their mothers than were non-retarded children.

Saha (1982) found that mentally retarded children become ‘social isolates’ who require greater parental involvement and consequently their parents face social stress related to extra familial aspects as compared to parents of normal children.

Clarke (1982) indicated that the mother is more adversely affected by financial stress due to the treatment of the handicapped child.

Crnic, Friedrich and Greenberg (1983) found that the birth and continuing care of mentally retarded children are often stressful experiences for family members as these children’s difficulties inevitably touch the lives of those around them. The presence of a retarded child represents a significant on-going stressor within the family, precipitating numerous minor and major crises. Familial response of the family members to each stressful situation involves various coping resources.

Booth and Potts (1983) indicated that mentally retarded children created a great deal of extra work and it was mainly the mothers who took on the burden of this extra work which reflected in their personality due to experience of stress.

Seshadri, Verma and Pershad (1983) pointed that the mentally retarded child introduced new responsibilities in the family. In turn, this affected the marital harmony among the parents and the amount of stress experienced. It was also observed that greater the degree of retardation in the child, the greater was the felt burden.

Beckman (1983) indicated that four of the child characteristics, temperaments, responsiveness, repetitive behavioural patterns and care-giving demands were significantly related to the amount of stress reported by the mothers.
McCubbin and Patterson (1983) pointed that a mother’s reaction to stress varied from healthy adaptation to maladaptation. Results also indicated that stress resulted in family distress.

Mash and Johnston (1983) found that mothers’ higher level of stress was associated with child characteristics of distractibility and with their own feelings such as depression, self-blame and social isolation.

McCrae (1983) pointed that coping responses of mothers of mentally retarded children are, in part, a function of their enduring characteristics.

Friedrich, Greenberg and Crnic (1983) revealed that as the families are affected by the presence of handicapped children, so are the children affected by their family members’ (especially parents’) coping strategies.

According to Lazarus and Folkman (1984) stress results due to the transactions going on between the person and his or her environment. The transaction is mediated by the appraisal and coping processes that determine the outcome of the stress process. In primary appraisal, the individual evaluates events as harmful, threatening or challenging and in secondary appraisal, he or she assesses the available resources and options for coping with the situation. They also pointed that coping is stabilizing fact that helped mothers of mentally retarded children to maintain psychosocial adaptation outcomes during stressful periods.

According to McCrae (1984) the coping strategies eliminated or moderated the initial source of the stress reaction (stimulus-directed coping), reduced the magnitude of the stress response (response-directed coping), and changed the way the stressor was perceived (cognitive coping or cognitive reappraisal and restructuring). The coping strategies directed towards the stressor itself in stimulus-directed coping eliminated the cause of the problem.

Chaturvedi and Malhotra (1984) found that most parents of mentally retarded children had unrealistic hope and expectations, feeling of shame; guilt and self-blame were predominant. Rejections, hostility, neglect of child were significantly more often seen in younger parents, urbanites and those with higher education. This is probably arising due to failure of their child to perform as other
children in the modern competitive society. They also felt let down by their retarded child.

According to Turnbull, Summer and Brotherson (1984) the family’s beliefs and perceptions about mental handicap may determine the coping strategies, the families evolve and in turn may be modified in behaviour by the particular strategy used.

Bond and McMohan (1984) indicated that mentally retarded children of maritally distressed mothers showed more deviant behaviour due to stress than children of maritally non-distressed mothers.

Rastogi (1984) found that the parents of mildly retarded children obtained higher score on scale of anxiety, phobia and depression. Analysis of different factors when compared for fathers and mothers together, revealed a higher degree of stress and neurotic traits in mothers.

Sell (1984) observed that the presence of a retarded child or adult in the family increased the level of stress among parents as he posed a serious threat to parents’ relationship and to the cohesion of extended families.

Moudgil, Kumar and Sharma (1985) found that because of the mentally retarded child in the family, parents felt depressed most of the time. It was found that those parents who got maximum social and emotional support from spouse, family members, parents, relatives and friends experienced less stress and problems as compared to those parents who were not getting much social and emotional support.

According to Chamberlain (1985) the caretakers of mentally retarded children, generally the mothers, were exposed to stress which caused more burdens and disappointments that limited their quality of life.

According to Byrne and Cunningham (1985) the stress on family members tend to increase with the presence of behaviour problems in the mentally handicapped children.

Dutta (1985) in a study on adjustment problems revealed that the higher degree of neuroticism among the retarded indicated a higher level of social
isolation, rejection, labeling and stigma and family stress which increased with failures and repeated frustrations.

Friedrich, Greenberg and Crnic (1985) indicated that three of the four categories of coping resources were significant contributors of additional variance beyond that of behavioural and physical problems of the children who had mental retardation. The results of this study clearly indicated the importance of a variety of sources in the coping process.

Mathur and Nalwa (1986) pointed out that most of the parents overestimated the abilities of their retarded children. Parents sometimes set goals and expectations so high, that they are unattainable and lend to disappointment, negative feelings and negative attitude towards their children that increase the level of stress among them. They also believed that the cause of retardation was the result of Karma or an evil spirit and thus believed in coping strategy related to external attribution.

According to Cohen (1986) successful coping used by mothers of mentally retarded children results in the over-generalized use of an effective strategy in an appropriate situation. Foster and Gallagher (1986) pointed that the depressed parents reported increased use of avoidance coping behaviour than the non-depressed parents. They were also significantly more likely to use emotional discharge as a coping technique. The non-depressed parents of mentally retarded children consistently rated all methods of coping as more helpful than did the depressed parents of mentally retarded children regardless of the frequency of use.

Sigel (1986) pointed that parental knowledge about the process of child development influences the way parents understand the behaviour of the children and that leads to anxiety and affects the way they interact with their children.

Wilton and Renaut (1986) suggested that stress levels are somewhat elevated in families with pre-school children, the tendency being particularly marked in families with intellectually handicapped children.
Shaw and Emery (1987) reported that parental acrimony increased the level of stress among parents of mentally retarded children and it was a significant correlate of children's behaviour problems, even when other family variables were taken into account.

Dunst, Trivette and Deal (1988) stated that to some extent a negative behaviour is predictable and recurring even a serious behaviour problem may become fairly routine and minimally stressful.

Mann (1988) revealed that the working mothers of mentally retarded children were highly stressed as compared to those of non-working mothers.

Donovan (1988) indicated the group differences among maternal reports of family stress. All comparisons of child related stress revealed that mothers with an adolescent who was autistic perceived greater level of family stress than did mothers with an adolescent who had mental retardation. He further revealed that when the demands associated with parenting mentally retarded children exceed the resources of the family, mothers choose to cope by actively seeking support, advice and help outside the family system.

Fagot and Hamilton (1988) pointed that fathers and mothers differ in terms of their choice of coping strategies.

Minnes (1988) indicated that child characteristics and the families' crisis meeting resources were significant predictors of various forms of stress. The varying percentages of variance accounted for by individual predictors in this study highlight the complexity of the processes involved in stress management and coping.

Frey, Greenberg and Fewell (1989) reported that positive self-appraisals of coping skills were related significantly to lower parental stress, better family adjustment and less psychological distress for both parents of young children with disabilities.

Flynt and Wood (1989) pointed that greater utilization of coping strategies centered around intra-family resources and social support. Older mothers reported lower perceived family stress than did young mothers. Further, results showed no significant differences in effects of either interaction on maternal
perception of family stress or coping behaviour. But the multivariate analysis of variance yielded significant main effects from stress and coping scores and maternal age, race, socio-economic status and marital status. Child’s age did not significantly affect the stress and coping scores.

Viekie and McHale (1989) found that child welfare issues and restrictive time demands were the most intense problems reported by the mothers of mentally challenged children and because of this they showed symptoms of stress.

Thressiakutty and Narayan (1990) revealed that due to expectations and behaviour problems of mentally retarded children, parents suffered from stress.

Sequeira, Madhu, Subbakrishna, and Prabhu (1990) in their study found that mothers perceived severely retarded children with larger number of associated problems like behaviour problems, seizures, poor comprehension, drooling of saliva etc. as more disruptive for routine family activities and hence fall under stress. They further indicated that denial, rehearsal of outcome, finding a purpose and seeking emotional support were the commonly utilized coping styles by the mothers of mentally handicapped children.

According to Wood and Flynt (1990) mothers of moderately mentally retarded children, who expressed greater satisfaction with intimate and friendship support, successfully coped with stress.

Purnima (1990) concluded that the problems experienced by mothers of mentally challenged children vary at different stages of the life cycle and this affects their mother’s different ways of coping with their children.

Crnic and Greenberg (1990) found that the cumulative impact of daily parenting hassles and difficulties in dealing with mentally retarded children represent significant stressors that may subsequently affect parent and family functioning. They further reported that mothers usually share their experiences of hassles with children’s behaviour with their friends, these interactions help in reducing the parenting stress.

Dyson (1991) indicated that family stress was related to the care of a child with special needs in middle class families.
Beckman (1991) pointed that mothers reported more stress than did fathers. Parents of children with disabilities reported more care-giving requirements and stress in all domains. Stress was negatively associated with informal support for both the parents and positively associated with increased care giving requirements for mothers.

Orr, Cameron and Day (1991) indicated that children who had developmental delay were strong sources of stress for their mothers. The middle childhood group who had developmental delay reported a significantly greater frequency of behaviour problems than did the adolescent group who had developmental delay. The results further suggested that the behaviour problems appear to be a strong predictor of parenting stress index for both the groups.

Baxter (1992) found that parental stress attributed to care and management of the child with an intellectual disability and was related to the extent of child’s dependence and the extent of child’s behaviour problems. The perceptions of parents when added to dependence and behaviour problems of the child, account for 50 percent of the variance in explaining stress in the case of parents of children with intellectual disabilities.

Sen (1992) pointed the agony of the mentally handicapped including multifarious adjustment problems. No other type of disability causes such personal, family, social and psychological problems as mental handicap. All the members of a family with a handicapped child are affected psychologically, emotionally and socially due to stress. He also indicated that from the time of conception, the mother and child share a very special relationship. This relationship develops, evolves and changes throughout the course of parental development in terms of the mother’s feelings and emotions, and then in a very remarkable way during labour and childbirth. From the moment of birth, all the way fantasies, fears, hopes and aspirations come into play as the imagined baby becomes a reality and a complex interplay begins between the mother and the infant.

Tangri and Verma (1992) said that the burden of childcare falls on the shoulders of the mother. Since the caring of a mentally handicapped child is
more demanding, it is likely to disrupt the routine of the mother and stressful for her and the family as a whole.

Flynt, Wood and Scott (1992) indicated that there were no significant differences in stress scores across the age groups of mothers of mentally retarded children. The perceptions of stress were stable for mothers of preschoolers through young adults.

Rousey, Best and Blacher (1992) commented that stress in families with children who have special needs, which has been the focus of much research interest is usually assessed solely from a maternal perspective.

According to Prasad (1992) mothers high in concern for status of their mentally handicapped child more often reacted emotionally and expressed displeasure, sentiments and anger on instances of discrimination and maltreatment to their child. This often resulted in their protests and revolt against the traditional social norms and taboos that made them highly stressed and placed them in an inferior position.

Koenig (1992) revealed that one out of every five mothers reported that religious thought or activity was the most important strategy used to cope with stressors.

Pestonjee (1992) reported that two people with different levels of stress tolerance are more concerned about protecting their ego than solving their problem. They insulate themselves from surrounding reality because low stress tolerance makes them fail in their initial encounters with stressful life events. The negative feedback generated by unsuccessful coping with stress made them defensive and withdraws from unpleasant reality. This further reduced their ability to cope with stress and led to more failures forcing them to withdraw all the more from reality.

Rowitz (1992) pointed that mental retardation is a family affair and what is in the best interests of the family is generally in the welfare of the individual with developmental disabilities attributable to the different coping strategies used by the family members.
Kravetz, Nativitz and Katz (1993) examined how mothers and fathers cope with tensions involved in the day-to-day struggle of raising a child with mental retardation. Although a statistically significant difference was found between mothers’ and fathers’ use of coping strategies, this difference does not seem to be a consequence of the relations between mothers’ and fathers’ coping strategies. Mothers reported more emotion focused coping.

Floyd and Phillipe (1993) indicated that the parents of children with mental retardation were relatively more controlling and less playful with their child. However, they also employed affective behaviour management practices without resorting to coercive control strategies.

Orr (1993) reported that increasing age of mentally retarded children increased the stress of parents.

Kraus (1993) reported on the parenting stress that mothers of disabled children experienced more stress from the personal consequences of parenting. Fathers were also more sensitive to the effects of the family environment, whereas mothers were more affected by their personal support networks.

According to Terry (1994) Coping responses are influenced by generalized control belief. Individuals with internal control beliefs use more problem focused coping and less emotion focused coping than persons with external control beliefs. The type of coping strategies may also vary according to the type of situation. Also the coping reaction may change from moment to moment across the stages of a stressful transaction.

Ramgopal and Rao (1994) revealed that there was a non-significant negative correlation between behaviour disorder and parental coping behaviour of the moderately mentally retarded children. Further, findings showed that anxiety problems were the highest among parents of mentally retarded children.

Beresford (1994) reported that families of mentally challenged children experience high level of stress. However, the research also showed that stress is inevitable, the nature of stress has been shown to span over several aspects of family life such as daily care demands, emotional distress like maternal depression, anxiety and social isolation.
Peshawaria, Venkatesan and Menon (1995) found that more than 10% parents of mentally retarded children reported emotional reaction, mental worries, strained relations, loss of support, social restriction, facing ridicule, problems in career adjustment and extra demands of society that lead to stress among them.

Malhi and Singh (1995) revealed that the parents of children with mental handicaps have unique liabilities, their own concepts, hopes, ambitions, and infestations from their children. But when these dreams get described then they are badly disappointed. This increases the level of stress among them.

Heckhausen and Schulz (1995) gave two general modalities of coping i.e. activities directed to the outer world in order to improve one’s situation and to achieve one’s goals (primary control or assimilative process); and activities directed inward to protect one’s level of motivation and self concept against losses in life (secondary control or accommodative processes).

Koo (1995) revealed that no significant difference in the level of coping was observed between the mothers and fathers of mentally retarded children and mothers and fathers of normal children. By contrast, the fathers revealed significantly greater scores in coping than the mothers in both the groups. He further indicated that the mothers experienced significantly greater level of general stress than the fathers did in both groups of the retarded and of the normal children.

According to Rangaswami (1995) the presence of mentally retarded child has a profound impact on the family. The family members first become aware of the problem, recognize it, seek to find out the cause of the problem, and then search for rectifying it. Though the presence of retarded child need not create family crises, the stigma of mental retardation imposed by the society causes stress and strain to the parents.

Kutty (1996) pointed that low socio-economic status of families of mentally retarded tended to be more susceptible to stress due to treatment issues, disruption of family environment and financial difficulties than the middle and high socio-economic status families. However, high and middle socio-economic status
of families was affected by the stress due to community/social relations and physical and mental health problems in the family.

Blacher, Shapiro, Lopez, Diaz and Fusco (1997) examined the frustration and stress among mothers who have children with mental retardation. Results showed that these mothers reported more family problems, worse health and more negative feelings about parenting their child with mental retardation.

According to Kochanska and Thompson (1997) a history of sensitivity and responsiveness leading to stress on behalf of the parents of a retarded child’s signals of distress, when combined with a history of other shared positive experiences promoted parent’s commitment to the relationship with the child.

Annapurna (1997) while exploring the nature and type of problems experienced by the parents and siblings of mentally retarded children in their day-to-day living observed that mentally retarded individuals coming from rural and non nuclear families posed much less problems to their mothers. Mothers of mentally retarded children were more stressed and maladjusted.

Peshawaria, Menon, Ganguly, Roy, Pillay and Gupta (1998) pointed that better marital satisfaction or support from the husband, is an important facilitator to effective coping by mothers. They also reported that faith in God, working out problems on one’s own and self-determination were more common facilitators used by parents of children with mild or moderate mental retardation. They further revealed that the two most common inhibiting factors affecting coping reported by the parents of the mentally retarded children were behaviour problems in their children and lack of acceptance of their mentally retarded child.

They also revealed that the presence of behaviour problems in mentally retarded children produced greater stress for parents. Managing such problems required more efforts and skills in handling them, and hence such supports were considered as important facilitators.

Barnes, Kroll, Lee, Jones and Stein (1998) mentally retarded children can have a profound impact on family relationships. The amount and nature of communication between parents and children about the illness can play an important role, both positively and negatively, in mediating the outcomes. When
children have a disability, families can be reluctant to communicate with them about family difficulties and it is obvious for them to suffer from trauma and negative feelings of stress and frustration.

Larson (1998) discussed the tension experienced by the parents because of contradictory emotions and beliefs about disability. He pointed that consideration of perceived positive impacts may be of particular relevance to understanding the levels of stress these parents experience.

The findings of Hurtado, Claussen and Scott (1999) supported the proposition that efforts to make the mother stress free and to prevent mild and moderate mental retardation, provision should be made for adequate nutrition to children during early childhood.

Chandran and Peng (1999) found that mothers of children with mental retardation showed significantly higher stress than control group subjects (in both the child related domain and parents related domain). A large proportion of these mothers experienced substantial parenting stress.

Gupta (2000) reported that although many people succumb to loss, yet many cope remarkably well and we, therefore, need to account for such factors as the individual’s previous experience of coping with loss and other meaning he attributes to continued survival.

Folkman and Moskowitz (2000) found that the positive appraisal of the efforts involved in care giving may be especially important in helping people sustain such efforts over long period.

Antoniou, Polychroni and Walters (2000) investigated the specific sources of stress that made the work of mothers and teachers of children with special needs especially demanding and the specific mechanisms that they use to cope with stress.

Kausar and Farooq (2001) revealed that mothers of mentally retarded children employed significantly more religious-focused and active practical (Problem-focused) strategies to deal with their child’s mental disability compared to the rest of the strategies.
Ilali and Esmaeeli (2001) found out that the level of stress in mothers of mentally retarded children was more as compared to the fathers of mentally retarded children because mothers are the primary caretakers of their mentally retarded children and they face numerous behaviour problems of their retarded children. These problems varied correspondingly with the degree of retardation, physical disability and the excitement associated with it, interests, values and other external conditions of members.

Smith, Olives and Innocenti (2001) found that when chronic disability of children meets acute anxiety of their parents, latter’s psychological functions change and they feel more stressed and frustrated.

Gosch (2001) concluded that mothers of children with mental retardation, regardless of its etiology, find it more difficult to accept their child than do mothers of non-disabled children. Specific behaviour problems associated with the behavioural phenotype of a syndrome also influence the level of maternal stress.

Mehta (2002) quoted Scheufele (2000) who reported in a study that stress management techniques used by the mothers such as progressive relaxation were more useful for the prevention of stress related symptoms and conditions.

Gupta and Jain (2002) revealed that less educated parents and parents belonging to low-income groups of rural areas had a significantly high proportion of problems and were more stressed as compared to parents of urban areas.

Trute and Murphy (2002) assessed subjective interpretation or primary appraisal of parents regarding the impact of a child with developmental disabilities on the family. They also evaluated positive and negative parent appraisals, with a total discrepancy score that predicted long term parenting stress.

Weiss (2002) observed significant group differences among the mothers of autistic, mentally retarded and typically developing children in ratings of depression, anxiety and somatic complaints.

Diler (2002) evaluated anxiety, depression and general psychological symptoms in the mothers of mentally challenged children in comparison with
these in the mothers of normal children. Studies showed that the mothers of mentally challenged children were reported to be more anxious, stressed, introverted and neurotic with withdrawl behaviour than normal control group.

Paterson, Luntz, Perleszm and Cotton (2002) reported that mothers of mentally challenged children experience high levels of stress.

Baron (2003) reported that mothers tend to react to problematic situations via emotional expressiveness and that fathers more often act on their environment instrumentally through constructive or destructive means. He further added that the coping techniques employed by an individual can be grouped under the following categories as: physiological – learning to reduce tension in our muscles through progressive relaxation or regular vigorous exercises, behavioural – these include a wide array of actions to alleviate or change the source of stress e.g. time management techniques and cognitive – it refers to ways in which an individual employs social psychological mechanisms to deal with stress. For instance, cognitive restructuring.

Pinquart and Silbereisen (2004) while quoting Elder pointed that individuals cope by having equilibrium between claims and resources. If the claims increase and resources decrease then it leads to a sense of loss of control over ones' life situation. This mobilizes efforts to restore control by adjusting claims and resources or developing new ways of behaviour to meet new challenges.

According to Wendelin and Hartman (2005) learning about mental handicap of their child can be wrenching for parents. Mothers of such children often move through the emotional stages of grief: denial, anger, frustration, anxiety, bargaining and depression.

Barlow, Collen-Powell and Cheshire (2006) concluded that levels of maternal stress are higher in the mothers of children with developmental delays and cerebral palsy.

Stoneman, Gavidia and Susana (2006) indicated that when daily stressors increased, the mothers viewed their marriages more negatively. They reported higher marital adjustment when their husbands employed more problem focused
coping strategies.

SemNeith (2007) reported that caregivers of mentally challenged children experienced more financial burdens, more restrictions in social activities, more social isolation, higher parental and marital stress. This heightened the rates of anxiety and depression experienced by them.

Norton (2007) reported that parents, specifically mothers with higher levels of identity ambiguity which included blaming themselves for their child’s mental handicap and holding themselves responsible for their outcomes, reported more symptoms of frustration and feeling of stress and depression.

Appropriate coping strategies used protect the individual from environmental, cognitive and biological factors that otherwise lead to stress. The literature reviewed described that some families found a way of coping and compensating both for the extra demands of the mentally challenged and for the needs of the other family members. Analysis indicated how the stress experienced in the past created important constraints and possibilities for coping in the present situation to reduce the level of stress. For those who used the strongest and the weakest forms of coping, it was possible to identify good and bad coping styles.

2.3 STUDIES RELATED TO EFFECT OF GUIDANCE FOR MANAGEMENT OF BEHAVIOUR PROBLEMS OF MENTALLY CHALLENGED CHILDREN ON STRESS AND COPING STRATEGIES OF THEIR MOTHERS

Spradlin (1963) pointed that guidance and educational programming through television provided an economical and efficient means to individuals with mental defects. It was suggested that when such exposure was properly controlled and verbalizations following such exposure were reinforced, guidance and television became powerful tools for language development and modification of other behaviour problems.

A study by Justice, O’Connor and Warner (1971) indicated that many parents of the mentally retarded children do not receive any support and
guidance from public or private sources, nor are they aware of the additional services needed.

According to Boswell and Wingrove (1974) just after diagnosis mothers may no longer want to meet the other mothers at ordinary welfare clinics and hear them talking of their normal children’s progress. Finding it difficult to share their experiences as parents with other people and deprived of normal social contacts, mothers may find that the problem of sub normality of their mentally retarded children dominates their emotional lives. The parents of mentally challenged children also find few of the joys that compensate for the frustrations and inconveniences imposed by their children.

According to Misra, Kalra and Dayal (1976) Lower socio-economic conditions such as poverty, bad nutrition, insanitary surroundings, poor parental guidance show a higher percentage of mental problems.

Buss (1978) stated that mothers of retarded children, who have negative attitude towards their mentally retarded children as well as towards society demand sympathy and pity from others and may have abnormal behaviour and depression of mood. Thus, they were helped through guidance for their neurotic behaviour.

Bradshaw and Lawton (1978) reported that counseling given to family members, especially mothers for management of daily needs of their retarded children that constituted an all time consuming task, proved to be helpful for these mothers.

Wahler (1980) reported that mothers who did not profit from a parent training approach were characterized by insularity, that is, they lived within sparsely constructed community social networks. These mothers differed in the functional nature of their social contacts as well. The type of support offered to these mothers tended to be directive and instructive, which was apt to be punishing to the insular mother.

According to Billing and Moos (1981) the relationship between family supports and functioning for the upbringing of the retarded child was much stronger among the mothers those were seeking counselling.
Dybwad (1982) expressed that physicians, social workers and psychologists were convinced that the mere presence of a mentally handicapped child in a family would prove detrimental to other siblings and constitute an unbearable burden to the parents. The situation seems to be tense primarily because parents were left without guidance services and emotional support of any kind.

Seshadri, Verma and Pershad (1983) pointed that imparting necessary information regarding management of behaviour problems of mentally retarded children to the parents and training to the parents fostered favourable attitude towards their retarded children and lessen the burden felt.

Nelson (1984) investigated that cohesive well organized mothers when oriented towards recreational and religious pursuits through counseling tended to promote mentally retarded child’s peer and scholastic self-concept whereas highly conflicted and controlling mothers did not show any improvement.

Results of the study done by Veena (1985) indicated that the nature and extent of disability of the disabled member affected the problems faced by the family that needed guidance.

Singer, Irwin and Hawkins (1988) discussed that guidance for pool of interventions of stress management had been found to be helpful to parents of children with handicaps.

Walter (1989) pointed an underlying neural mechanism linking iron deficiency and behavioural abnormalities, showing that iron deficiency is a biological plausible cause of impaired development. Long-term deficiency may not respond to iron therapy and may be associated with poorer outcomes. Similar results have been reported when maternal education, social class, birth weight and parental intelligence quotient were controlled. It was also pointed that severe or chronic iron deficiency may be associated with irreversible effects on brain development. Thus the mothers can help only if they are well aware of the facts and hence indicated the need for guidance.

Alvey and Aeschleman (1990) indicated that the parent’s teachings by counsellors’ interactions were influenced and their children’s restaurant skills
were enhanced. The study provided an initial step towards the development of a technology for teaching age appropriate community living skills to developmentally delayed children.

Haldy and Hanzlik (1990) concluded that adequate social support had a positive influence on maternal feelings of competence about their child rearing abilities. Maternal satisfaction with guidance and help received by family members in caring for their children was positively correlated with feelings of competence. Mothers also reported greater satisfaction with advice and services from various professionals when their child fell in milder mental retardation group.

Baker, Landen and Kashina (1991) reported high satisfaction among parents with the parent training programme and showed small but statistically significant decreases in reports of symptoms of depression, family problems, overall family stress and dissatisfaction with the family's adaptability. The results of the study further indicated the eventual success of parent training for management of behaviour problems. Although guidance intervention led to decrease in stress among mothers yet predicted poor long-term outcome.

Peshawaria and Menon (1991) reported the need to strengthen the parents and families of mentally retarded children to be the partners and contributors in carrying out rehabilitation programmes for the benefit of their mentally retarded children.

Verma, Verma and Kapoor (1992) developed home training programme and formed two groups of mothers. The mothers of experimental group were given training, the mothers of control group were not given training and revealed that in the experimental group there was a significant increase in the I.Q. and improvement in the behaviour of the children and significant improvement was also observed in the marital adjustment scores, parental attitude and social burden felt by the mothers of these children as compared to the control group. The results of this study give a ray of hope in reducing the hardships for management of problems faced by the parents of the mentally retarded children with professional training and help.
Miles (1992) had recommended that there are some basic steps to be followed while guiding a family such as re-orienting their attitudes towards their handicapped child. Some simple behavioural techniques also came forth that could help parents to manage difficult behaviour and help the child to learn what is acceptable.

Krishnaswamy (1992) indicated that intervention programmes were helpful for families with mentally handicapped children in alleviating the stressful effects by utilizing the family strengths in providing guidance regarding quality care to mentally handicapped children.

Girimaji (1993) enumerates the advantages of the home-based family care approach to mental retardation. Results revealed positive effects of counseling approaches to such families. Interventions of such approaches included parent education and training, parent counseling, family adaptation and interactive/transactional modules and highlighted the need to device and evaluates comprehensive care modules in mental retardation involving the family members.

The findings of study by Wendy, Lawrence and Sherryl (1994) suggested that to alter attitudes toward behaviour problems, programmes should be tailored to the socio-cultural background of the family of mentally retarded. Studies of quality of life of children with behaviour problems should include appropriate socio-cultural measures.

The results of the study by Pati, Kumar and Mohanty (1996) revealed significant improvement in the behaviour of all the mentally retarded subjects, which partially reversed as a result of the withdrawal of the intervention package, thereby, confirming the functional relationship between intervention package and behaviour.

Parkash and Kalpana (1996) reported findings regarding the differences in attitudes and child rearing practices of mothers of mentally retarded children and those of normal children. The importance of imparting information about parental or more specifically mother’s child rearing attitudes by organizing orientation and counseling programmes for parents of mentally retarded children before they
assume parental responsibility is highlighted for proper handling of problems of mentally retarded children.

Mohapatra and Sahu (1996) discussed behavioural problems in mentally retarded children and their helplessness and inability to express their difficulties due to lack of counseling help. The importance of role of parents, relations, teachers, psychologists, psychiatrists and social workers was emphasized for initiating emergency psychiatric intervention in mentally retarded children.

The results of the study by Reddy, Narayan and Menon (1996) revealed that majority of the educational facilities for mentally handicapped persons were provided by voluntary organizations and were located in urban areas. It was observed that there were more counseling facilities to the families in the southern states and fewer in most of the northern and northeast regions.

Pandey and Mishra (1996) discussed the importance of parents’ counseling to reduce their negative feelings of anxiety and frustration. The significance of positive results of guidance and counseling was shown in terms of parent-child relationship in developing the potential of mentally challenged children and emphasized importance of group guidance and individual counselling.

Ray (1996) highlighted the significance of early diagnosis, early intervention and training in enabling a mentally challenged child to lead a better life. The paper highlights the assessment of different types of social and emotional problems faced by parents of mentally challenged children. Proper guidance, education and training in enabling a mentally challenged child are important to lessen the burden of parents regarding the uncertain future of their mentally challenged children.

Reddy, Narayan, and Suryaparakasam (1997) pointed that guidance needs of parents vary, depending on the age and characteristics of the child and the source that provides information. Parents of mentally retarded individuals receive information from professionals, guidance workers, print and other media. It was found that one third of the parents were not aware of library services. Influence of
age of mentally retarded individuals and the literacy level of the parents was found significant on the informational needs.

According to Biasini, Grupe, Huffman and Norman (1998) appropriate intervention should be based on the needs of the child as determined by a team of professionals, address the priorities and concerns of the family, and be provided in the least restrictive most inclusive setting i.e., where they have every opportunity to benefit from interacting with nondisabled peers and the community resource persons available.

Peshawaria, Menon, Ganguly, Roy, Pillay and Gupta (1998) suggested that family support programmes need to provide timely physical, financial and emotional support, as they can be quite useful to parents. Programmes which build skills in parents to manage behaviour problems in mentally retarded individuals, will be helpful. Parents will also need to be helped to develop personal skills and internal coping mechanism which may equip them better to deal with situations arising from having a child with mental retardation. They further pointed that there is a need to improve the knowledge and practices of professionals involved in the delivery of services to the families of mentally retarded because they are considered as an important facilitator to coping by parents. Conversely, the professional who is found wanting in knowledge and skills can be an inhibitor.

Larson (1998) and Brinchmann (1999) confirmed the importance of assessing familial stress in situations of childhood developmental disability. They noted that assessment of parenting stress is important not only to assist mothers and fathers with their own psychological distress but also to guide the provision of needed psychosocial, educational and health services that can strengthen family coping and positive adjustment. They suggested that the reduction of parenting stress is important in the enhancement of a child’s family life and in the child’s ultimate integration within society.

Tennen and Affleck (1999) indicated the importance of attending guidance programmes and also found benefits in adapting to challenging circumstances of mentally retarded.
Rajendran (1999) pointed the importance of role of parents in ensuring that their handicapped children lead a normal life and provided guidelines for educational programmes for handicapped children such as training specializations for personal working with handicapped children, flexible time tables of teaching, teaching of co-curricular activities, adaptation of new methods and approaches to teaching. He also emphasized that the education of handicapped should essentially be a part of the general education system.

Results of study by Singh, Jahan and Nizamie (2002) revealed that mothers felt more emotional stress. Parents who were attending the counseling and social service for a longer duration felt significantly less anxiety and feeling of irritability.

Mamta and Punya (2003) indicated that parents had high and moderate knowledge on all aspects except facilities available for their mentally challenged children. Thus need of guidance to the parents was realized. Socio-economic status and residential area made a significant influence on the knowledge of these parents.

Nystul (2003) pointed that guidance and counseling may be viewed as a process by which one person (the counselor) helps another person (the client) more effectively not only with his inner world of feelings but also with the stresses imposed by the impact of other people and his physical environment. Effective guidance is not predicted on guess work or hunches but is and should be based on best scientific knowledge at disposal.

According to Erickson (2004) parents of mentally challenged children managed to seek guidance and help for educational, financial and emotional support systems in addition to help given by a team of medical and therapeutic specialists. They were contacted for possible finding options to seek help and guidance related to mental retardation of their children.

Adams, Edelson, Grandin and Rimland (2004) found that many parents were overwhelmed by fear and grief, for the loss of the future they had hoped for their mentally challenged children, as they did not expect to have a child with a
developmental disability. Further, joining parent support groups and guidance services helped parents to learn about treatments that benefited similar children.

Green, Davis, Karshmer, Marsh, and Straight (2005) have depicted guidance programmes for parents of mentally challenged children to understand their child's condition better and communicate with them in a way they could understand. This reduced their feeling of stress and withdrawal.

Findings of Herring (2005) revealed that guidance helped the parents of mentally challenged children to learn more by being fascinated by their life than they by being frustrated by it.

King, Zwaigenbaum, King, Baxter, Rosenbaum and Bates (2006) observed that guidance programmes could lessen the frustration, which can result from a mentally challenged child being misunderstood due to his mental illness and remove the desperation and helplessness which parents of such children sometime feel.

Kaur, Chavan, Sneh, Kaur and Sophia (2006) upgraded early intervention facilities for developmental delay. The findings also served as a guide mark for establishment of such services in other parts of the country for children who have a delayed mental development. It is further pointed that guidance for dissemination of information and awareness of information regarding behaviour problems due to mental retardation is required to be given to parents. Facilities for welfare of these children have to be provided.

Sapra, Banerjee, Gulati, Kabra and Kalra (2007) identified children with psychosomatic illnesses and managed them with behavioural intervention which included reassurance to the parents and children, relaxation exercises, self hypnosis, repeated sessions of counseling and time management. Forty-nine out of fifty-one children were found to be symptom free on follow up.

According to Kaur (2007) the psychological and physical health, well being, feeling of burnout and frustration of the mothers of mentally challenged children should be met with friendly approach through proper guidance that may reduce their level of stress. Findings revealed a positive effect of guidance for stress management on frustration and burnout in mothers of mentally challenged
children. Mothers who received guidance showed less frustration and burnout than mothers who did not receive guidance.

Chengappa and Oomen (2007) revealed that mothers of children with behaviour problems experienced significantly higher levels of psychological distress. They used fewer authoritative methods and more authoritarian and more permissive parenting methods than mothers of children without behaviour problems. Findings suggested that the quality of parenting contribute to behaviour difficulties and highlighted the need to examine closely the role of parenting behaviour and parental well-being in shaping the course and treatment outcome for children with behaviour problems.

Singh, Devi and Kumar (2007) in a study of parental awareness about concessions and benefits for persons with mental retardation pointed that majority of mothers with intellectually disabled children were not knowing the amenities provided by the government. These mothers reported beneficial results for improvement in behaviour of their children after receiving guidance from psychological rehabilitation service agencies.

A final note, relevant while reviewing the literature related to mentally challenged children and their families, is that a significant gap has been observed by the investigator that led to offer an area for productive investigation. The investigator had tried to update the literature by incorporating the results of other related research studies. It was felt that there was an urgent need to make efforts for research in the exact chosen area i.e. a study on guidance to mothers for management of behaviour problems of mentally challenged children effecting their stress and coping strategies, as this has not been reported directly. Review of the related studies implied locating and reporting evaluated research studies as well as reports of casual observations and opinions that are related to the topic of research. It enabled the investigator to know what others had done and what still remained to be done in an area of research. This contributed valuable information to the investigator in formulating the present research proposal. The hypotheses were framed for the study and have been presented in chapter-1.