Mental Retardation is a pervasive world wide problem. Mental Retardation is an area which still needs exploration, though lots of researches were done so far. Over the years, physicians, educators, psychologists and other professionals have conducted research and have pooled their findings, which have been valuable in contributing to much of the present knowledge of Mental Retardation. The literature on Mental Retardation in relation to family is reviewed here.

Mother is the first and foremost source of development for all children. The researches on the interaction of mothers and the development of their retarded children are discussed here.

I. Studies on the Mothers of the Retarded Children

Hanzlik and Stevenson (1986) made a study on the interaction of mothers with their infants who are mentally retarded, retarded with cerebral palsy, or Non-retarded. Mother infant interaction was observed during 15 minutes of free play in the homes of 40 families with 8 to 36 months old infants from the following groups: (a) mentally retarded (b) both retarded and cerebral palsied (c) non-retarded MA-matched (d) non-retarded CA-matched. One-way, repeated measures analysis of variance followed by Tukey multiple range tests for the paired contrasts indicated that mothers of both groups of developmentally disabled infants were more directive than the mothers of non-retarded infants. Developmentally disabled infants were of more complaint than both groups of non-retarded infants. They also demonstrated an
overall lower level of behaviour and engaged in less verbal interaction than the non-retarded CA-matched infants. Physical contact was more frequent for cerebral palseid infants and their mothers than for all other mother infant groups. The communicative patterns reported for these groups were interpreted according to Bells' (1971) limiting control strategy, which predicts that mothers tolerate infant behaviour within their expectations and actively attempt to keep their infants behaviour within these boundaries.

Bruner (1978) conducted a study on the interaction and development of the child and concluded that mothers simplify their speech and in many ways modulate their behaviours in response to the child's level of functioning. At the same time, mothers help children to perform by structuring the environment, getting the child's attention, breaking difficult tasks into component parts, and in other ways providing what has been called a social "Scaffold" for the developing child.

Pre-linguistic communication is viewed as the onset of a continuum of communicative behaviours that eventually may develop into language (Harding, 1983; Clark, 1978; Bruner, 1982). Within these prelinguistic engagements, both mothers and infants influence each other's behaviour (Bell, 1974). A handicapped infant may produce behaviours, or fail to produce important behaviours, which greatly change the form of mother-infant engagements. For example, mothers may find it difficult to maintain as interaction in the face of frequent infant regulatory behaviours, for example, gaze aversions, crying, or active reflex patterns (Als, 1982).
Yoder and Farran (1986) made a study which focussed on how mothers and infants regulate and influence each others behaviour with respect to initiating, terminating and maintaining their interactive episodes. This study provides an unique opportunity to make across mother and within mother comparisons of mother - infant interactions in two sets of fraternal twins. In each set, one infant was handicapped where as the other was non handicapped. Micro analyses of several aspects of mother - infant free -play sessions showed that handicapped infants emitted fewer object directed behaviours, had fewer instances in which their leads were followed and spent relatively little time in joint attention with mother. The data also suggest that repetitive sequences with an object may be an important context in which coordinated attention is demonstrated.

Miller (1986, 1988) and others (Hunt & Paraskevo polous, 1980); have explored the relations between parental expectations for their child's performance and the child's actual level of performance on "formal" measures of developmental skills (e.g, Stanford Binet Intelligence Scale). Much of the recent interest in this area has grown from the Hunt and Paraskevopolous (1980) study of the relation between a mother's predictions of her pre-school child's performance on specific developmental tasks taken from the Stanford Binet, and the child's actual level of performance on these tasks. Hunt and paraskevo polous found significant positive relations between the accuracy of maternal prediction and the child's overall developmental performance. They suggested that their results point to the importance of the match between a mother's developmental expectations and her child's actual developmental level (i.e., Mothers who have accurate knowledge of their child's developmental level are more
likely to provide developmentally appropriate learning experiences for their children, thereby promoting a higher level of developmental performance.

Diamond and LeFurgy (1992) studied the relation between mother's expectations and the performance of their infants who have developmental handicaps. These mothers predicted their child's performance on developmental measures with accuracy levels comparable to those of parents of pre-school children without disabilities. Children whose mothers were initially the most accurate in their estimates tended to show fewer gains in their statistically adjusted Bayley Mental Development Index scores over the course of the study. Mother's initial accuracy scores were found to account for substantial additional portions of the variance in the children's Bayley Performances 14 and 28 weeks later.

Individuals can restore a sense of control over the future by changing personal causes of past problems (Timko & Janoff-Bulman, 1985); therefore, an important determinant of mother's future child bearing may be the degree to which the present infant's problems could have been prevented.

Ableck and Tennen (1988) studied on the adaptional features of Mother's Risk and prevention appraisals after the birth of high-risk infants. Sixty-seven mothers were interviewed at the time of their child's discharge from a new born intensive care unit and 6 months after hospital discharge. After 6 months, mothers who had done more to prevent adverse pregnancy outcomes, had been more optimistic about the outcomes of their pregnancy, and saw their infant's complications as more avoidable
reported greater concurrent mood disturbance and or more distress ensuing from their child's hospitalization. Mother's risk and prevention appraisals also played a role in their attitudes toward future child bearing, independent of reproductive history, the severity of the infants' medical condition, and the infants' behavioural difficulty at 6 months. The single most important predictor of mothers' expectations of future pregnancies, however was whether the child was first born.

Recent theorists and researchers in the area of early child development have recognized the importance of mother father - child interactions in the family, many of which are reciprocal and circular.

Levy-Shiff (1991) studied the Mother Father - Child Interactions in Families with a mentally retarded young child. The functioning of families with a mentally retarded young child was studied by examining maternal, paternal and child interactions. Forty Israeli families with retarded children and a developmentally matched sample were observed at home - In families with a retarded child, there was less frequent communicative behaviour of the retarded child towards the parents, and more frequent spousal interchanges with regard to the child. Father of retarded children differed less from fathers of non-retarded children than did mothers. Results were discussed in relation to home - based intervention with retarded children.

Children from economically deprived environments with low - IQ mothers are at risk for mental retardation (Heber, Dever & Conry, 1968; Ramey & Smith, 1977), and as they become older, tend to show a progressive decline in IQ (Jensen, 1977;
A number of static variables (e.g., mother's education, occupation of the head of households and family income levels) are predictive of school success (Shipman, 1976), but what is unclear is why these static, molar variables are so predictive (Ramey, Sparling & Wasik, 1981).

Slater (1986) conducted a study to investigate the effect of maternal behaviour on children's cognitive and language functioning. The study was conducted with 40 disadvantaged pre-school children at risk for mental retardation and 20 control children. Intervention was based in part upon sigel's distancing theory, with 20 mothers encouraged to increase inductive, responsive and complex behaviour and the other 20, only inductive and responsive behaviour. Results indicated that both procedures were effective in increasing targeted mental and child behaviour; control measures remained stable over sessions. Post test results suggested that training procedures significantly increased treated children's cognitive skills compared to the control children; the treated children who were encouraged to increase the complexity of behaviour out performed the others. Training generalized to the home environment. Implications of the results for early intervention were discussed.

There is a growing literature linking the cognitive and emotional deficits of mentally retarded parents with child maltreatment (Robinson, 1978; Schilling & Schinke, 1984). Despite the seriousness of this problem and the widespread use of behavioural techniques in parent training, there is a conspicuous absence of carefully evaluated and easily replicated programs designed to teach parenting and general social
Wray, Hall, Goins (1986) made a study to investigate the effectiveness and generality of a parent and social skills training program for 3 mildly retarded mothers identified as child maltreaters. The findings revealed that the game contingencies effectively increased the mother's ability to identify the most effective action to take in common problematic parenting and social situations. Generalization and recidivism data supported the efficacy of treatment gains.

Studies on the Mothers when reviewed indicates the parental expectations, child's performance and the coping are related (Miller, 1986; 1988; Hunt Paraskevopolous, 1980; Yoder & Farian; 1986; Diamond & Lefurgy, 1992;) Mothers simplify their speech and modulate their behaviour in response to the child's level of functioning (Bruner; 1988; Bell, 1974; Als., 1982). Mother's risk and prevention appraisals also played a role in their attitudes toward future child bearing.

Maternal, paternal and child interactions were studied. The communicative behaviour of the retarded child towards the parents were less and frequent spousal interchanges with regard to the child was found (Levy Shiff; 1991)

II. Studies on the family reactions

Families that include children with mental handicap are generally assumed to have more stressful lives. They acquire a new identity. They are immediately thrust
into new roles as they come into contact with medical specialists, mental health professionals, funding agencies, or other parents of handicapped children. Social scientists have generally supported the impression that these mothers and fathers experience enormous changes, including serious symptoms of psychological stress, a terrible sense of loss, a prolonged crisis and a lowering in self-esteem (Farber, Jenne & Toigo, 1960; Fowlie, 1968; Goshen, 1963; McMichael, 1971; Olshansky, 1962; Soltis & Stark, 1961; Tizard & Grand, 1961). On the other hand, a few investigators suggest that these parents are affected only in certain aspects of their lives, such as the amount of stress they experience. In other respects, they are not significantly different from most parents of non-handicapped children. (Barsch, 1988; Cummings, 1976; Cummings, Bayley and Rie, 1966)

Reactions of parents towards the handicapping condition is reviewed here, Waisbren (1984) compared thirty families with a developmentally disabled child less than 1.5 years old to thirty families with a non-handicapped child. Findings indicated that parents with a very young developmentally disabled child see themselves more negatively after the baby's births and they express more negative feelings about their child.

Goldberg et al., (1986) made a study on family responses to developmentally delayed pre-schoolers. Etiology and the father's role. Parents of 59 developmentally delayed pre-schoolers (18 with Down Syndrome, 19 with neurological problems, and with 22 unknown etiologies) responded to questionnaires and structured interviews to assess parental stress and support, locus of control, and self-esteem. There were group
differences in maternal reports of positive experience with the child, self-esteem, reported support, and relations with grandparents. With the exception of self-esteem, all comparisons favoured the Down Syndrome group. Fathers reported fewer distress symptoms, higher self-esteem, more internal locus of control and less support than did mothers. These findings indicate a need to understand individual differences among families of delayed children and illustrate that the effect of a child's handicap on fathers differ from those upon mothers.

Smith and Ryan (1987) made a study on the Chinese-American Families of children with developmental disabilities. Interviews with 59 Chinese parents of children with developmental disabilities uncovered some of the problems that these parents experienced because the service provides did not speak their language. The lack of language-appropriate information concerning the nature of the handicap and the course of intervention actions seriously affects both the parents and the children of every point in service delivery.

Investigators have documented strong family resistance and emotional reactions to the closure of mental retardation institutions and to the concomitant transfer of their relatives with developmental disabilities into community residences or other smaller institutions (Conroy & Latie, 1982; Handesman-Dwyer, 1981). Many families have reported that such transfers present a crisis situation for them (Willer & Intagliata, 1980). The closure of mental retardation is an unprecedented trend of major importance in the field today.
Heller et al., (1988) made a study on family reactions to Institutional closure. They examined the Determinants of families' reactions to their relatives' relocation (from a large developmental disability institution that was closing to smaller institutions). Ninety four families responded to two surveys sent during closure and one year later asking about (a) reactions to closure (b) relative's medical status (c) involvement with their relatives (d) appraisal of the situation, and (e) social support overtime, families reported less stress and dissatisfaction with closure. Family reactions one year later were related to appraisal, involvement with their relative and social support.

Parents generally express negative feelings (Waisbern, 1984). Social scientists have supported that the parents experience enormous changes including serious symptoms of psychological stress, a terrible sense of loss, prolonged crisis and a lowering of self-esteem (Farber, Jenne & Toigo, 1960; Fowle, 1968; Goshen, 1963; McMicheal, 1971; Olshansky, 1962; Solnit & Stark, 1961; Tizard & Grad, 1961). Mothers of the handicapped children experience more distress than the fathers (Goldberg, 1986). Families reported less distress and satisfaction to the institutional closure (Heller et al., 1988).

III. Role of Family in Training.

Training and care of mentally handicapped persons in India is a serious challenge for those who are connected in any way for planning, financing or providing services for mentally handicapped persons and families. In the present time, it is estimated that services do not reach more than even 1 percent of the mentally
handicapped persons and their families. Considering the magnitude of the problem in our country that 2% of the general populations who are mentally handicapped require our services and along with the serious shortage of trained personnel, how really are we going to solve the problem?

It is widely assumed that involving parents will effect changes in the child directly (Hornby and Murray 1984, Baker, Heifitz and Singh, 1980) as a result of enhancing parental management skills or indirectly improving family functioning through support and counselling. Yule (1975) discussed the various advantages of training parents in behavioural principles which are equally applicable for any kind of programmes for the mentally handicapped persons and their families.

Parents of children with mental retardation have become increasingly involved in special education, including training programs to facilitate teaching at home. Although some writers have agreed that families accrue generalized psychological benefits of such participation, others have cautioned that the results may be increasing the burden of child-rearing. Baker, et al., (1991) assessed forty-nine families of children with mental retardation before and after parent training program, on a variety of parent, marital and family measures. Parents reported high satisfaction with the program and showed small but statistically significant decreases in reports of symptoms of depression, parent and family problems, overall family stress and dissatisfaction with the family's adaptability. Family characteristics were also predictive of teaching at home one year following training. The families that reported doing the least productive teaching had entered training reporting greater child-related stress and
lower satisfaction with the marriage and the family.

Mahoney and O'Sullivan (1990) made a survey to examine the degree to which early intervention activities currently focus on the family was distributed to service providers for birth to 6 year old children with handicaps from 6 randomly selected states. Most goals selected by providers were child-focused clinical goals, although family intervention goals were cited frequently. Forty percent of the sample reported spending no time with families during a typical week. Published programs or curricula were rarely used as basis for working with families, yet they also encountered several problems, including insufficient time for family services. Comparisons were made between providers working with 0 to 3 year-old children and those working with 3 to 6 year old children.

Parents of the retarded children who attended parents training programs and early intervention program generally reported less distress. (Baker, et al., 1991; Mahoney & O'Sullivan, 1990)

IV. Studies in relation to Home Environment

Historically both scientific and popular literature gave little credence to children as active agents in their family environments. The prevailing view was that children were passive recipients of their parents efforts to educate them and that parents were little influenced by their children. This does not imply that investigators were unaware of the cumulative effects of children, especially the effects of retarded children (Farber, 1959, 1960; Fowler, 1968; Gath, 1973, 1977) on their families at the behavioural level.
Mink and Nihira (1987) examined on the direction of effects between TMR children and their families in three previously determined family types. (a) Cohesive, harmonious; (b) Control - oriented, somewhat unharmonious (c) Child oriented, expressive. Child variables studied were measured of adaptive behaviour, psychosocial adjustment, and self-esteem. Family variables included measures of Cohesion and conflict, provision of cognitive stimulation, parental warmth and affection, quality of the residential environment and openness with the interviewer-cross- lagged panel analysis revealed different directions of effect in the three family types. In cohesive families the family tended to influence the child, whereas in control - oriented and child - oriented families, the child tended to influence the family. Possible reasons for these findings and implications for further research were discussed.

There is increasing evidence suggesting that variations in the quality of early environmental stimulation may be an important factor in the etiology of developmental retardation (Bloom, 1964; Clarke - Stewart, 1973; Ramey and Haskins, 1981). Upto the present, however, there have been few instruments that could be used to assess opportunities for developmental stimulation within the home environment (For a review see Elalde and Bradley, 1981). For children under 3 years of age, the Home Observation for Measurement of the Environment (HOME) is currently one of the most promising research scales designed to assess dimensions of family practices affecting the child's later development.
Adams et al. (1984) assessed the predictive efficiency of Cardwells Home Observation for Measurement of the Environment (HOME) with a sample of infants from low income families at risk for developmental retardation. The home environment of 51 infants were assessed with the HOME at 6 and 18 months. Multiple discriminant functions composed of six HOME sub scale scores predicted whether the child would be low IQ (below 75), low average (75 to 89) or average to superior (90 and above) at age 3. At both 6 and 18 months, the discriminant function of the HOME was found to be moderately sensitive in identifying children in the low IQ group (62% correctly identified) 56% were false positives.

There is a dearth information about how variation in the natural environment of down syndrome infants contributes to the variation in their development. Retarded development in down syndrome children is noticeable from the first months of life, followed by declarative developmental trends (e.g., Gibson, 1978) for reasons not yet known. Explanations ranging from progressive brain events to the cumulative effects of failure of Down Syndrome infants to take the initiative in social interaction have been proposed (e.g., Cunningham & Mittler, 1981; Penrose & Smith, 1966). Contrary to common belief the population of Down syndrome infants is not homogeneous; there is more variability in ages of reaching developmental milestones among Down Syndrome Children than among non-retarded subjects (e.g. Share & French, 1974).

Thirteen Down Syndrome and 19 non-retarded infants participated in a prospective, longitudinal study conducted by Smith and Hagen (1984) to investigate the effect of the home environment on sensorimotor development as assessed by infant
tests and direct observation of behaviour. The age span was from 6.5 to 24 months. The two groups did not differ on measures of the social environment obtained at 6.5 months but differed on such measures at 17 months. At 6.5 months, the amount of tactile stimulation, encouragement of postural control, and level of social stimulation were all related to concurrent test performance in both groups; characteristics of the inanimate environment were of longer term predictive significance among the Down syndrome babies. At 17 months, mothers' referential speech was related to the developmental pattern from 6.5 to 24 months for the Down syndrome children. The Down syndrome children tended to explore objects as solitary activity whereas exploration was done within the interactional situation by the non-retarded subjects. An attempt at multiple prediction demonstrated the usefulness of an interactional approach, showing the joint predictive value of language behaviour and mother's referential speech. Of special concern was how slowness of development among Down Syndrome Children may be a factor producing changes in maternal behaviour.

Mink, Meyers and Nihira (1984) studied on the life-style patterns of a group of families with slow learning children in educably mentally retarded (EMR) and educationally handicapped (EH) programs. A battery of instruments dealing with family social environment and family and child characteristics and behaviour was administered to 218 families with slow-learning children in EMR and educably handicapped programs. Cluster analysis was performed on family environment variables - seven unique family clusters, each with distinctive patterns of characteristics, were identified child oriented, cohesive; learning oriented, high residential quality; low disclosure, unharmonious; disadvantaged, non cohesive;
achievement-oriented, low residential quality, expression oriented with few socio-cultural interests, and outer directed with little achievement-orientation. Comparisons among the clusters and ethnographic/interviewer observations revealed significant differences in other family and child characteristics and behaviour. Development of a classification system for families with retarded children was discussed.

As a mediator between the individual and society, the family is the basic social institution. Society's rule of conduct for its members are interpreted through the family. Yet the term family subsumes a wide range of diversity in structure, function, values and life styles. The services that the family provides for its members, other than affectional, have been transferred to outside agencies with the advent of industrialization and urbanization (Winch, 1971).

Utilization of personal and professional support networks by parents vary over the life cycle of their mentally retarded children. Suelzle and Keenan (1981) made a study on the changes in the family support networks over the life cycle of mentally retarded persons. Data from a mail survey questionnaire completed by 330 parents, were analyzed according to four stages in the life cycle: preschool (birth to 5 years), elementary (6 to 12 years old), teenage (13 to 18 years old) and young adult (19 to 21 years old). In general, parents of younger children utilized more services and support networks and were more supportive of main streaming. Parents of older children were less supported, more isolated and more in need of expanded services.
Home environment has a role in the development of the mentally retarded children. Direction of efforts between retarded children and families when studied was found interesting. Cohesive families tend to influence the child more whereas in control oriented and child-oriented families the child influence the family (Mink & Nihira, 1987).

V. Studies on the Care of Mentally handicapped Children:

In recent years much research has been carried out to ascertain what impact children with mental handicap have on their families. Interest in this area has been sparked off as a result of the trend towards community care for such children. Research has shown that the responsibility for caring for the children falls predominantly on the mother (Quine and Paul, 1985; Cook et. al., 1982).

Ruchira Bose evaluated one community care scheme, namely the Canterbury and Thanet Link (1989) Family Scheme, which aims to provide parents with much needed break from the difficulties experienced in caring for their children with mental or physical handicaps. Preliminary findings suggest that the main carers in families that use the scheme experience less stress than those who do not.

Black, Molaison and Smull (1990) conducted a study on families caring for a young adult with mental retardation: Service needs and urgency of community living requests. Service needs of families caring for 571 individuals with mental retardation (ages 20 - 24) during the transition into adulthood was described, with an emphasis on the urgency of requests for community state-supported living services. Results of
a multiple regression analysis suggested that requests for community living were related more to family stressors than to characteristics of the young adult or participation in regular daytime activities. Most families also requested daytime services and at least one type of social support. The services most requested were those representing normalizing activities, and the major reasons for seeking them involved promoting the young adults' independence.

A survey of facilities for children with mental handicap in India was done by Reddy, Jayanthi Narayanan and Menon (1990). The objective was to compile information about the educational facilities for children with mental handicaps in the country. The study revealed that the majority of the educational facilities were managed by voluntary organizations and were found in urban areas. It was observed that there were more facilities in the southern states and fewer in most of the northern and north-eastern regions.

Families who use the care schemes experience less stress (Ruchira Bose, 1989; Black, Molaison & Smull, 1990).

VI. Studies on Family Stress:

Nearly all children produce an element of stress for parents (Brazelton, 1976, 1983) and children with handicaps are certainly no exception (Beckman, 1991).

Beckman (1983) studied the influence of selected child characteristics on stress in families of handicapped children. Parents of 31 handicapped infants were
interviewed to determine the extent to which specific kinds of behaviour and characteristics of the child were related to the stress reported by mothers. Five characteristics were examined; rate of child progress, responsiveness, temperament, repetitive behaviour patterns and the presence of additional or unusual care giving demands. All characteristics except rate of progress were significantly related to the amount of stress reported. The only demographic characteristic associated with the amount of stress reported was the number of parents in the home. Single mothers reported more stress than mothers in intact homes.

Although stress experienced by parents of mentally retarded children has been widely documented (Beckman, 1983; Gallagher, Beckman and Cross, 1983; Holroyd & McArther, 1976) the roles of family resources and family perceptions as mediators of such stress has become topics of concern only recently (Byrne & Cunnigham, 1985; Crnic, Friedrich & Greenberg, 1983).

Minnes (1988) conducted a study on family resources and stress associated with having a mentally retarded child. Concepts drawn from family stress theory and current empirical information on families of handicapped children were integrated to further understand factors influencing parental adjustment to stress associated with such children living at home. Internal and external family resources and characteristics of children were examined. 60 mothers took part in the study. Results indicated that characteristics of the child and the family crisis meeting resources were significant predictors of various forms of stress.
Brinker et al., (1994) examined the relations between maternal stress and development of infants with handicaps in 72 middle SES and 72 low SES families who attended a weekly early intervention program. Measures of maternal stress and development of infants were obtained 10 months apart. Results of the study indicates that children with greater initial developmental delays would show slower development, regardless of maternal stress. However, initial maternal stress was not related to subsequent development in a consistent way across SES levels. The effects of stress on subsequent development would be modulated by SES and attendance at early intervention. Subsequent stress was related to a complex interaction among initial MDI, SES and attention at the early intervention program.

Donovan (1988) studied mothers' perception of family stress and ways of coping with adolescents who were autistic and had mental retardation (ns = 36 for both groups). Group differences were found 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. Marital adjustment did not differ by group. Furthermore, maternal coping styles were consistent across groups, indicating that mothers with adolescents who had a handicap relied heavily on community resources and professional help for coping.

The need of families for support in general and respite are in particular has emerged as one of the most important issue to be addressed in the 1980s by policy makers, service providers and researchers in the field of developmental disabilities
(Cohen & Warren, 1985; Salisbury & Intagliata, 1986). The provision of respite services for families of persons with developmental disabilities is reported as important to the prevention of out-of-home placement (Bruinicks, 1979; Intagliata, Gibson & Rinck, 1984; Upshure, 1982) and amelioration of transitional problems that are associated with deinstitutionalization (Willer, Intagliata & Wicks, 1981). There is a consensus among social workers that the most tangible benefit to families receiving respite care is a significant reduction in levels of stress, strain and burnout (Halpern, 1982; Intagliata et al, 1984; Joyce, Singer & Isralowitz, 1983; Wikler & Hanusa, 1980).

Rimmerman (1989) examined the changes in maternal coping resources and stress over time as a consequence of the provision of respite care for their children with developmental disabilities. Users and non-users of home-based respite services were matched and compared. Results showed that services were associated with an immediate significant reduction in maternal stress. Even though there were changes over time in coping resources and stress reported by mothers, the respite care group showed overall consistent benefits as compared to those not receiving services.

The impact of a disability is not restricted to the individual but extents to the family members (Cnue, Friedrich & Greenberg, 1983). Although a range of family response is possible, parents of children with disabilities are at risk for emotional difficulties (Harris & McHale, 1989) and many aspects of family functioning are likely affected (Beckman & Pokorni, 1988).
Dyson (1993) investigated parental stress and family functioning overtime in families of children with disabilities. Comparisons were made between two time periods and with families of children who did not have disabilities: Predictors of parental stress were identified. Results showed a high level of stability in parental stress and a modest degree of consistency over time in family functioning in families of children with disabilities. In these aspects, families of children with disabilities were not different from comparison families. There was also stability in the best predictors of parental stress (presence or absence of disabilities and the quality of family relationship). Of significant concern, families of children with disabilities were distinguished by the exceedingly greater amount of stress at both periods of study.

The effect of having a child with handicaps may be differentially experienced by mothers and fathers. Rousey, Best and Blacher (1992) studied the mother's and father's perceptions of stress and coping with children who have severe disabilities. In this study the short form of the Questionnaire on Resources and Stress (QRS-F, Friedrich, Greenberg & Crinic, 1983) was completed separately by mothers and fathers. Results indicate that fathers and mothers of children with severe disabilities differ little in their perceptions of stress and coping. The few differences found concern marital adjustment and the pessimism subscale. The differences in relation with marital adjustment may be due to the more equal roles in child care assumed by parents of the children with severe disabilities, a situation that may be appreciated by mothers more than by fathers.

Krauss (1993) studied Child-Related and parenting stress. Data concerning similarities and differences in child-related and parenting stress between mothers and
fathers of 121 toddlers were presented. Fathers reported more stress related to their child's temperament and their relationship to their child. Mothers reported more stress from the personal consequences of parenting. Fathers were more sensitive to the effects of the family environment, whereas mothers were more affected by their personal support networks.

Usually parental expectations is enormous towards the expected birth of a child. When a child is born with retardation, the parents and others in the family experience a sudden bereavement. The parents are greatly shocked as their hopes about themselves, the child and the view about the world at large are shaken. This may lead to rejection to varying degrees or accepting the child, overcoming all personal and social reactions. Some may remain in a state of chronic anger and despair. Many parents admit the feelings of rejection, but re-adjust gradually accepting reality. Soon after realising the presence of mental retardation, such feelings are natural but not permanent.

The importance of studying the family climate, family reactions and the child rearing methods adopted should not be neglected. This definitely will have an impact on the development of the retarded child.

In order to give the present day facilities a chance to be effective, the underlying problems of the family must come to light. The present study purports to bring out the underlying problems in the family such as the family climate, child rearing methods, burden and the wide coverage of the problems of the family.