CHAPTER V

SUMMARY AND CONCLUSION

A mentally retarded child in a family is usually a serious stress factor for the parents. It often requires a reorientation and reevaluation of family goals, responsibilities and relationships. In India, majority of persons with mental retardation have traditionally been cared for by their families. In today's modern society this home-based care has resulted in many adverse consequences. Factors such as changes in the social system (e.g. breaking up of joint families) and the economic system (e.g. unemployment, inflation, etc) have contributed to stress for the parents of mentally retarded children.

Being a parent has never been easy. Parenting is the job with no preparations and vacations. Senel and Akkok (1996) reported that children with disabilities have special needs that require more attention, greater vigilance and effort from parents than non-disabled children. Chronic illness in childhood has massive physical, social and psychological effects on families who are expected to raise the social adaptive child with special needs. Psychosocial (how parents and children mentally adapt to social situations) issues of parents and children with disabilities can be very traumatic for most parents. Psychosocial aspects, influences, parents and family factors all contribute to a healthy child with special needs.

When a child is born, family life changes forever. If that child has special needs, the changes can be overwhelming (Naseef, 2001). Raising a child with special needs to achieve his full potential is hard work. Actually, there isn’t an easy way to raise the child with a disability. The parents of the child with disability need to be stronger, adaptive,
and optimistic and have a huge sense of humour. They have to be “special” for the special child. Children with disabilities are often unfairly viewed by society as being unruly children, the result of nothing more than bad parenting or lack of discipline.

The objectives of the research were as follows:

- To identify the level of stress in the selected parents of Mentally Challenged
- To identify the level of Depression in the subjects
- To assess the level of General Well-being in the subjects
- Positive Therapy helps the parents to manage Stress, Depression and Enhance their General Well-being

One hundred parents of mentally challenged were selected by purposive sampling technique to serve as the subjects for the study, from Saanidhya Residential School, M.V. Shetty School, Chetana Special School, Lions Special School and Mangala Jyothi Integrated School, Mangalore, Karnataka.

To begin with, Case Study Schedule, Stress Inventory, Beck’s Depression Inventory and WHO General Well-being Index were administered to 200 parents of mentally challenged. Out of them, 100 parents with ‘High Stress’ and/or ‘High Depression’, ‘Low General Well-Being’ were selected for the action research. They were divided into 5 batches of around 20 subjects in each batch. The subjects in all the 5 batches were given the psychological intervention called, Positive Therapy.

Positive Therapy is a package evolved by Hemalatha (2004) based on the Eastern Techniques of Yoga and Western Techniques of Cognitive Behaviour Therapy. It has 4 strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural
Assignments. Relaxation Therapy involves three steps, Deep Breathing Practice, Relaxation Training and Auto Suggestion. Counselling consists of Rational Emotive Therapy, Thought Stopping, Symptom Stopping, Cognitive Restructuring and Assertiveness Training. In the present study, Rational Emotive Therapy, Thought Stopping and Cognitive Restructuring were used. Exercises include Tension Releasing Exercise, Smile Therapy and Laugh Therapy. Behavioural Assignments were given to have continuity in the therapy. As the subjects of this study were parents, techniques to improve their self-confidence, change their negative thoughts into positive thoughts, to face the life challenges boldly and to solve them successfully and to lead their life happily.

Positive Therapy was given for six sessions for two weeks on alternative days to 20 subjects in Five batches. The duration of each session was one hour. The subjects were asked to practice the same at home.

After six sessions of Positive Therapy, the subjects were reassessed using the Case Study Reassessment Schedule, Stress Inventory, Beck’s Depression Inventory and WHO General Well-being Index. The follow-up was done after six months using the same.

CONCLUSION

- After Positive Therapy, majority of the subject’s stress level came down to ‘Low’/‘Very Low’ levels
- The most important causes of stress were raising a child with disability, controlling their problem behaviour and financial problems
The effects of stress in most of the subjects were Low Self esteem low self worth and lack of interest in activities.

After Positive Therapy, majority of the Subject’s level of depression decreased.

After Positive Therapy, remarkably the level of General well-being had improved.

Stress and Depression was reduced drastically and General Well-being enhanced after the Positive therapy.

Physiological, Emotional, Behavioural and Cognitive Symptoms of Stress among the subjects had reduced drastically after the Positive therapy.

There is correlation between stress and well-being, depression and well-being before therapy.

**RECOMMENDATIONS**

Since Positive Therapy was found to be very effective in reducing stress, depression and enhancing the general well-being among the parents of Mentally Challenged, it can be recommended in the special schools.

A psychologist/counsellor can be appointed in the institutions to facilitate sound physical and mental health for the students and their parents.

Workshops on Positive Therapy to overcome stress, depression and enhancement of general well-being can be conducted for the parents, teachers and caretakers.

Research applying the same variables as well as other psychological variables can be conducted for the parents of mentally challenged.
LIMITATIONS

Any research will have its own merits and limitations. The limitations of the present study are as follows:

-The size of the sample was limited to 100. Probably, the study can be conducted on a larger and random sample

-The intervention was given for six sessions helped most of the sample. If it were given for a longer duration, the entire sample would have benefited

-Other Therapeutic Techniques were not involved to alleviate the problems of the parents of the mentally challenged