CHAPTER-2
REVIEW OF RELATED LITERATURE

Bahman Kord Tamini and Farhad Kahrazei (2010)- “General Health and Life Satisfaction of Students in Polygamy and Monogamy Families”24 at Ph.D. level studied and concluded that Present study aimed at investigating and comparing general health and life satisfaction of students in polygamy and monogamy families. The sample 23 Research article summary (published 29 Jun 2009) 24 Journal of the Indian Academy of Applied Psychology, July 2010, Vol.36, No.2, pp-307-310. - 35 - size of this research consist of 128 students (32 male and 32 female from polygamy families and 32 male and 32 female from monogamy families) were selected at random. To collect the data General Health Questionnaire and Life Satisfaction Scale of Students were applied. The results of the present study showed that there was negative significant correlation between physical symptoms, anxiety, social dysfunction and depression subscales and total scores of GHQ and life satisfaction, and also the results of the ANOVA indicated that there was not any significant difference between the mean scores of four groups on general health scale and subscales. The results did not emerge significant difference between four groups on life satisfaction scale. But results indicated a significance difference between male and female students on physical symptoms, anxiety, depression and total scores of GHQ. The female students scored significantly higher than male students, but there was not any significant difference between two groups of gender on social dysfunction subscale scores and life satisfaction scale.

Mishra, Anindya Jayanta (2009)- Life Satisfaction of Old Age Home Residents in India: A Study of Orissa20 studied at Ph.D. level and concluded that the major reasons for the Indian elderly to shift to old age homes are the interests of the elderly to spend their old age in sacred places, the migration of their children in search of employment opportunities, their maladjustment in family and weak financial condition. The feeling of satisfaction of the old age home residents forms an important dimension of study of elderly. The paper examines the lives of the residents of six old age homes in Orissa (a state in India) and probes the issue of life satisfaction of the residents. The study also attempts to understand the lives of the residents within the framework of two major theories in social gerontology, namely
the disengagement theory and the activity theory. While disengagement theory deals with disengagement from societal and family roles, activity theory contends that engagement in various roles facilitates the elderly to adjust to the later years of their life. The study found that the residents were quite satisfied with the prevailing arrangement at the old age homes. Since a majority of them were very poor and had very low expectations, they were happy and satisfied with whatever they had got. Further, the residents not only believed in disengaging themselves from family roles but also most of them had withdrawn themselves from family responsibilities. At the same time, they re-engaged themselves in various activities in the old age homes which helped many of the residents maintain their physical and mental health.

Darshana Dave & Kunjal Sinha (2009)- “Drivers of Agent Preference and Satisfaction – A Study on Life Insurance insurance company for one to three years. Unit linked plans are the highest sold by the agents, while Unit Linked Endowment and Whole Life policies are least sold by the agents. Gap mean for agents‘ expectation and perception reveals that for variables like motivation by the employee of the company, commission structure of the company and advertisements given by the life insurance companies. Whereas agents‘ perceived that variables like range of policies with the company, claim settlement by the company and network of the company did not meet their expectations. Unlike other Life Insurance Companies, Sahara Life Insurance Company does not provide training to their agents from time. In many ways the entry of private players in the insurance sector has marked tremendous change in the sector. Private players introduced new products, professionalism and new distribution channels in the industry. However agents are still the most fruitful channel of distribution for not only LIC but also for the private insurance companies. This article reveals that unit linked plans are the highest sold by the agents, hence we can say that now-a-days consumers are looking insurance more as an investment tool rather than pure insurance plans. The consumers are satisfying both the objectives at one time by taking a unit linked plan of having the insurance cover and getting higher return on the investment. The article also reveals that the income of the agent affects the preference on commission structure given by the company. Hence if the insurance agent is a full tie insurance agent then he would prefer that company who gives higher commission on the policies sold, while if he is a part time agent who is in free time selling the policies then he may not give more preference on the commission structure of the company. Rather he will be more
interested in the image of the company and the type of policies the company has in its basket. The life insurance company's business depends a lot on the agents. Hence, the companies should try to retain performing agents and also give them time to time training. With this, they will get motivated and will be able to achieve higher business for the company.

Kurtz, M. E.; Propst, D. B. (1991) - “Relationship between perceived control in leisure and life satisfaction: a study of non-institutionalized older persons” 29 studied at Project level and concluded that numerous research findings suggest that the presence or absence of control has profound effects on people's emotional, cognitive, and physical well-being. Empirical verification of the usefulness and practicality of perceived control in leisure research has been minimal. An exploratory study was designed to (a) establish a baseline measurement of the degree of perceived control in the leisure lives of a sample of non-institutionalized older persons in Michigan, USA, and (b) to relate the measure to life satisfaction. The results indicate that the sample population exhibited relatively high levels of perceived leisure control. Perceived leisure control correlated positively with life satisfaction. The results are consistent with current literature. The importance of enhancing perceived leisure control for older persons is emphasized, and specific applications in the leisure and health care profession are discussed.


Satisfaction with life is defined as a general sense of contentment (Diener & Diener, 1995; Veenhoven, 1996). Research indicates that stress is an effective limiting factor for satisfaction with life. Parents with intellectually disabled children are more pessimistic compared with parents hearing impaired children and perceive their life as more stressful. However, satisfaction with life increases with social support. Research has also indicated that quality of life increases and solitude decreases with increasing social support. Similarly, determined that depression levels of mothers with handicapped children were significantly higher than for mothers without handicapped children. In that study, depression levels for fathers of handicapped children were also found to be higher than for other parents, but the
difference was not significant. Other research has found that satisfaction with life of fathers with handicapped children is significantly lower than for fathers without handicapped children. The purpose of the present study was to investigate the relation between the presence of their own psychiatric symptoms as reported by parents of handicapped children, and their satisfaction with life.

Dunn et al. (2001) examined relationship problems as a potential negative outcome variable in their examination of the relationship between stressors, social support, locus of control, coping styles, and negative outcomes in parents of children diagnosed as having Autism. Data from 39 mothers and 19 fathers was included in this study. Spousal relationship problems were significantly predicted by increased escape-avoidance, less positive appraisal, and decreased social support. The researchers concluded that measured stressors in this study were not direct predictors of negative outcomes, but were moderated by coping styles and social support, such that less use of distancing and decreased social support was related to a greater probability that stressors would correspond to social isolation. Higgins, Bailey, and Pearce (2005) surveyed 52 parents of children diagnosed with Autism Spectrum Disorders (ASD) in Australia to examine the relationship between ASD, family functioning, marital satisfaction, self-esteem, and coping strategies. The 52 parents surveyed represented 58 children with ASD, as some had multiple children with ASD in their families. Fifty-nine percent of the children had been diagnosed with high-functioning ASD (including Asperger syndrome), 29% had been diagnosed as having low-functioning ASD, and information about the severity of Autism was not included for 12% of the children. Marital happiness ratings were compared with a norm group from Norton’s 1983 survey of 407 American couples, and the mean rating (M = 6.1, SD = 2.3) was slightly lower than the comparison group (M = 7.7, SD = 1.8). Forty-one percent of participants reported physical, emotional, financial, or marital relationship stress. The researchers noted the limitations of this study included small sample size, homogeneity of the sample, the fact the parents in this sample were receiving government support, and self-reports desirous of presenting a positive social image of themselves and their families. A recent study by Brobst, Clopton, and Hendrick (2009) compared stressor and relational variables in 25 couples of children diagnosed with Autism Spectrum Disorders (ASD) and 20 couples with normative children in Texas. There were no significant differences between groups based on demographic variables. The researchers analyzed the intensity and number of child
behavioral problems, parenting stress, relationship satisfaction, total and spousal social support, respect for partner, and commitment. Results indicated that parents of children diagnosed with ASD reported significantly lower relationship satisfaction than parents of children without developmental disabilities, and that parent with high levels of support reported significantly higher relationship satisfaction than parents who reported lower levels of support. Parental stress of mothers of children with ASD was significantly negatively correlated with relationship satisfaction, spousal support, and commitment. Parental stress in fathers of children with ASD was significantly negatively correlated to total social support. Finally, the researchers found that respect for partner was a significant predictor of relationship satisfaction for both groups. Researchers noted that their study had several limitations, namely the homogenous, limited sample, reliance on self-report measures, and the fact that certain tests combined partners’ scores.

Malka Margalit et al., (1992) results found that the parents with disabled children showed significantly more avoidant coping, lower sense of coherence, and less emphasis on family members' interrelations and personal growth than did the control parents. Significant discrepancies between mothers and fathers were found in three areas: avoidant coping, sense of coherence, and personal growth. Parents' avoidant coping was predicted negatively by parental education and the sense-of-coherence construct, and positively by active coping and family system maintenance. The results focus attention onto the implications of personal and familial resources for raising a disabled child.

Cate Miller et al., (1991) results found that mothers of disabled children reported higher levels of depressive symptoms. Differences in psychological distress and health status approached significance. The second aim was to explore the mediating influences of coping strategies and cognitive appraisals. Emotion-focused coping was related to increased psychological distress in mothers of disabled children whereas problem-focused coping was associated with decreased distress. Both relationships were significant even after controlling for differences in type of parenting stressor.

Fishman et al., (1989) results found that fathers of autistic children experienced significantly higher parenting stress than the other groups, as well as lower marital intimacy but there were no differences amongst fathers on measures of depression. Low scores on subscales of identity and compatibility for mothers
implying low self esteem contributed significantly to the lowered perception of marital intimacy.

**Indian Studies on Children with Disability Vidya Bhushan et al., (2012)** found that female sex of the child was associated with higher stress related to failure of the child to meet parent’s expectations and to satisfy the parents in their parenting role. Parents engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative occupations irrespective of their income. Many parents reported receiving little support from their extended families in taking care of their child. Religion was found to be a common coping resource used by the parents. Higher parenting stress in parents of girls raises the possibility of abuse and neglect. Little support from informal family resources underscores the need for developing formal resources for supporting the parents.

**Marina Joseph & Dubey (2012)** found that report of the parents about their adolescent children having some sort of problems: e.g. aggression, poor academic achievement, lack of assertiveness and confidence, delinquency, low self concept, hyper sensitivity, feelings of inhibition, attention deficit, conduct disorder, oppositional defiant disorder etc. The problem group of subjects was applied psychological intervention techniques including the family therapy. It was concluded that the subjects were benefitted with the intervention program if applied for a longer duration with the positive involvement of the family members.

**Nag et al., (2012)** the results showed significant reduction of caregivers level of stress, change in use of coping strategies and more use of internal locus of control after the psycho educational intervention. Thus it may be assumed that with decline of stress, improvement of using coping strategies within the family and increase in the use of internal locus of control helped to improve the level of functioning of the primary caregivers of the mentally retarded individuals.

**Vinayak & Sekhon (2012)** results revealed that the fathers perceived more positive stress while the mothers perceived more negative stress .The fathers reported a greater use of confronted coping and painful problem solving as their coping styles while mothers were found to be using more of self controlling seeking social support and escape avoidance coping strategies. Correlation analyses revealed interesting relationship between perceived stress and coping strategies used by the parents and of stress perceived and coping strategies used by mothers with perception of maternal attitude by their children.
Indra Bhushan Kumar & Amool R. Singh (2012) results found that significance differences were found between parents of mentally challenged and normal children. It may be concluded that the parents of children with mentally challenged showed that very high anxiety than normal. This may be due to the fact that the children affect the psychological life space of parents.

Abdul Majeed Bhat et al., (2012) examines maternal stress and adaptive behavior of children with mental retardation and attempts to find out relationship among maternal stress in mothers with that of adaptive behavior in children with mental retardation. Participants consisted of a purposively selected 60 mothers and their respective children with mental retardation. The results established a relation between maternal stress and adaptive behavior of the child, maternal stress and this correlation was found statistically significant.

Geeta N. Lagadhir (2012) Results indicated high frustration of parents of mentally retarded (MR) children high frustration of father of MR in comparison to parents having boy MR Children. Thomas

Kishore (2011) found that group differences for disability impact were present in specific domains but not overall. Despite variations in coping pattern, both positive and negative coping strategies were observed in both groups. The impact of intellectual disability is so pervasive that except in certain domains mothers may not perceive the further impact of additional disabilities. Positive coping does not rule out negative coping strategies.

Raj Kumari & Harpreet Kaur (2010) found that most parents of children with intellectual disability experience stress, physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

Krishna Murthy (2009) Results showed that mothers with low education and family income having children with hearing impairment reported significantly high stress on domains such as acceptability about the disabled child, more demanding work, more difficulties with their sense of competence, more efforts put in to relationship with their spouse, isolation, more depression than mothers with high education and family income having children with hearing impairment. Depression was significantly high in lower maternal education and family income group than high maternal education and family income group.
Suman Kumar & Geeta Rao (2008) Results indicate that there is significant difference between the fathers and mothers’ attitudes with the fathers exhibiting more favorable attitudes towards male children. The findings of the study indicate the importance of counseling focused specifically towards developing healthy parental attitudes which would in turn result in acceptance of the child’s disability and facilitate therapeutic progress.

Sugandhi (2007) Results showed that the level of depression and stress were equal among the all age group of mothers of disabled children, when compared to depression the level of stress was very high among the mothers those who had less than SSLC qualifications than the mothers those who had higher qualifications. Further the mothers showed equal level of depression and stress irrespective of the birth order of the disabled children. The level of depression and stress were very much high among the mothers those who have young disabled children than the older disabled children. Similarly the mothers were showing equal level of depression and stress irrespective of the gender of the disabled children, type of family. Whereas the stress level was very high among the mothers belong to low income group when compared to high income group.

Vidhya Ravindranadan & Raju (2007) emphasized that society plays an important role in the upbringing of mentally retarded child. Some parents may feel ashamed of their children with retardation and consider them as burden. Others may consider it as their duty to take care of such children. Their findings proved that rural parents are having lesser problems when compared to the urban parents.

Mita Majumdar et al., (2005) results showed that the parents of children with severe to moderate mentally retarded had a significantly higher frequency of stressors and level of anxiety as compared to those parents of mild to borderline and normal intelligence and also positive correlation was found between the level of anxiety and stressors.

Singhi, et al., (2000) found that Stress among the families with disabled children perceived greater financial stress, frequent disruption of family routine and leisure, poor social interaction, and ill effects on their physical and mental health as compared to families of control children and showed a significant inverse correlation with the socio-economic and educational status of parents. The neuroticism scores were also significantly higher and the marital adjustment in families with disabled children.
Reeta Peshawaria et al., (1998) found that gender differences in facilitating and inhibiting factors that affect coping in parents of children with intellectual disability in India. Mothers are under more pressure to balance child care leaves and house hold chores. Physical support was a relief to them.

enkatesan, S., and Das, A.K. (1994) results indicated that the presence of a child with mental handicap can indeed become a source of perceived burden for family members even though it does not appear to be significantly influenced by specific variables like child, family characteristics or some characteristics of service delivery. Further the nature or type of perceived burden by family members may range from difficulties in transportation of child to place of service delivery, management of child’s behavior problems, disruption of their daily routine, economic, physical and social burden. Countryman (1994) revealed that the stresses of parents’ lives such as poverty, unemployment, separation, single parenthood, homelessness, lack of transportation, affordable-child-care are creating obstacles for parents to participate in school-based parental activities.

Narayan (1994) found that it was difficult to plan the curriculum uniformly. The programme could be customized to suit individual needs. The academic skills must be function-oriented, in addition to this self-care, communication skills, home-management skills, health, safety and recreational skills could be incorporated which contribute to social competence.

Girimaji (1993) researched the family intervention in mental retardation and said home-based family care approach in mental retardation has gained world-wide recognition and lot of research focused in this area recently. Approaches to such family intervention include 1. Parent education, 2. Parent training, 3. Parent counseling, 4. Family social support networking and 5. Transactional intervention. Based on this research a family intervention model was developed at National Institute of Mental Health and Neuro Sciences in 1985. This model could be considered as great support to parents of children with mental handicap. The model has been evolved to meet the needs of sub-groups of families who needed intensive intervention for reasons such as presence of high degree of stress and/or poor coping skills in the family following the birth of mentally retarded person. However, the model seems to offer comprehensive care as it has been tailored to suit the needs of individual child and family.
Peshwaria & Menon (1998) studied Indian families raising Mentally Retarded children. They felt parents and families are the highest strength in India but there are certain difficulties such as financial burden, no proper support, large size families’ misconceptions regarding mental handicap parental reliance on magical medical cures, and transportation problems in reaching available services.

Ramadevi (1991) in a study regarding the attitudes of rural children towards their mentally handicapped siblings indicated that majority of children favored their retarded sisters to their retarded brothers. This finding is consistent irrespective of the sex, age, ordinal position and educational level of siblings of retarded children.

Puri & Sen (1989) opined that the behavior of mentally handicapped child was disruptive to the smooth functioning of any group whether in the family or in the play-ground or in the class room and could prevent the child’s integration in such groups. The reaction of the group members to such disruption might be one of the rejections, exclusion, punishment or the disorganization of the group itself.

Vickie et al., (1989) studied the problematic situations experienced by mothers of mentally retarded children, and those characteristics of retarded children that may influence family life problems. Mothers described their own psychological well-being, using Beck depression inventory, and self-esteem subscale of the Jackson personality inventory. Seven areas of family life problems were identified, namely – (1) Limited time available to care-givers, (2) Child management difficulties, (3) Concern regarding the disabled child’s well-being, (4) Financial burdens, (5) Dysfunctional family interaction patterns, (6) Inadequacies in the support received from friends and relations, (7) Negative involvement with community services and professionals.

Sethi & Sitholey (1986) reported parental burden in the form of interfaces in their family routine or leisure and recreation, which even resulted in social, marital familial and emotional problems in the home settings of parents of children with mental handicap.

Chinnabasavanna et al., (1985) reported that the degree of mental handicap, socio-economic variables and sex of the child do not influence the attitude of parents towards management of mentally handicapped child but the concept of mental handicap is responsible for the attitude. The parents of mentally handicapped children are likely to have tremendous emotional stress. For the family, this involves coming
to terms with anxieties and uncertainties of the disability including, for many, the fear that the child’s condition is likely to deteriorate.

**Veena (1985)** results indicated that the nature and extent of disability of the disabled member affected the problems faced by the family and the family had to make more efforts to solve the problems as the extent of handicap increased

**Balachandran (1985)** results indicated that parents of children with handicaps scored substantially higher on stress scale than parents of children without handicaps on each of the measures. The two groups did not differ on any domain of the family social environment. The results provided strong evidence that family stress is related to the care of a child with special needs, in middle class families. The authors at the end commented that some of these problems are though common with normal children they are magnified many times throughout many more years when caring for a child with mental retardation. Additional help need to be provided to such families to avoid making families of children with handicaps into “handicapped families”.

**Singh & Dager (1982)** results showed the structure of the family, educational level of parents, employment of mother, and others in the family influence behavior. It has been indicated that parents with low socio economic status, tend to solve their children’s emotional problems, in terms of somatic disturbance they are not conscious of their emotional and mental development as compared with parents of high socio-economic status.

**Chaturvedi & Molhotra (1982)** found that most parents can be helped to express, recognize and eventually modify their attitudes for the mutual benefit of themselves and their children. Wrong parental attitudes do interfere with the child’s learning. Unrealistic and self-defeating attitudes lead on to distorted family interactions which greatly hampers the already slow learning processes of the child and may at times precipitate severe emotional stress in both parties. Parental attitude and stress also determine the treatment seeking pattern of these parents and mainly arise out of the sense of frustration in carrying out the parental role of nurturing.

**Nihira et al., (1980)** results indicated that family adjustment and functioning were related not only to the severity of the child’s retardation and degree of maladaptive behavior, but to family demography characteristics, the psychosocial climate of the home (e.g. family cohesion, expressiveness and harmony) and specific kinds of parental behavior towards their retarded children. In addition the perceived impact was related to marital disharmony, family conflict and maladaptive behavior of the
retarded child. Seth (1979) revealed that mothers of mentally retarded children indicated more severe pathological attitudes than mothers of normal children.

Narayan (1978) found that children with mental retardation from rural and non nuclear families posed much less problems to their mothers and mothers of mentally retarded children. Experienced more anxiety and depression. Further the presence of mentally retarded child is always hindered the social and routine activities of the family. Though the prevalence of mentally retarded children are high in rural areas, the awareness level about mental retardation is very much low.

Prabhu (1977) found that poverty and cultural deprivation are interrelated to a very large extent. Cultural deprivation consists of lack of stimulating environment, lack of verbal communication with adults, poor sensory experience, and other deleterious environmental factors usually associated with poverty. Scientific evidence indicates cultural deprivation induces intellectual sub normality among children. Prabhu also found malnutrition is a major factor in India, the degree of intellectual deficiency in many ways is directly related to the degree of malnutrition.

Jain & Satyavathi (1969) Findings indicated that parental feelings were marked by anxiety about the future. Constant psychological stress, negative effect on the other siblings, misunderstandings within the family, decreased interaction with the neighbors and relatives and economic loss were significant factors associated with families of retarded children.

Kaur (1977) found that that the presence of a child with mental handicap can become a source of continuous stress and burden on family members. Davis (1967) reported that the maternal grandmother usually plays an important role in the life of the new family. Fifty families with retarded children were compared with 30 normal families in order to determine the support given by the maternal grandmother. Support is described as “intimate” if the maternal grandmother lives nearby and visits frequently; as “effective” when she is available on call; as “ineffective” when there is little or no contact and as “unfamiliar” when she is not available. Less than one-half of the families with a retarded child had “effective” support from the maternal grandmother. In contrast, the normal control families received “effective” support, three quarters or more of the time. The reason given for this finding probably lies in the quality of family’s relationships which tended to be strained in those with a retarded child, rather than in geographical factors. In order to find out exact pattern of
support and relationships, it may be necessary to focus the attention on the available support system models.

Study attempted to ascertain the level of adjustment and attitude of parents of children with mental retardation by Ravindranadan and Raju (2007). The sample consisted of 50 parents (either mother or father) of children diagnosed as mentally retarded. Parental age group was 25-50 years. The tools used for the measurement of variables were an Adjustment Inventory, Scale of Parental Attitude towards Mental Retardates and a Personal Data Sheet. Subjects were grouped on the basis of Religion, Education, Locality and Income. The data were analyzed using Analysis of Variance (ANOVA) and t-test. The results indicated that parental religion, income and education do not have any significant influence on adjustment variables, but there was change in parental attitude among different religious groups. Locality of parents influences only on the dimensions of social adjustment and parental attitude.

Ly and Hodapp (2002) examined mothers' attributions of the causality of noncompliance in their children with Down Syndrome (n=37) compared with children with other causes of mental retardation (n=22). Mothers rated two vignettes of simple 68 noncompliance and completed questionnaires about their child's personality and maladaptive behaviours. Instead of attributing causality along the "classical" categories of locus, controllability and stability, mothers in both groups used normalizing-temporary and excuse-making attributions. Higher ratings of normalizing-temporary compared with excuse-making occurred in both groups. There was also an interaction effect such that, compared with mothers in the mixed group, mothers in the Down Syndrome group showed higher normalizing-temporary versus excuse-making attributions. In the Down Syndrome group, normalizing-temporary attribution score related negatively with children's internalizing behaviours and positively with children's personality. Excuse-making attributions correlated with children's externalizing behaviours in the Down Syndrome group and with children's internalizing problems in the mixed group. Results highlighted the importance of understanding parental attributions for noncompliant behaviour among children with different causes of mental retardation.

Emerson, Hatton, Llewellyn, Blacker and Graham (2006) investigated a study on Socio-economic position, household composition, health status and indicators of the well-being of mothers of children with and without intellectual disabilities. Studies reported that mothers of children with Intellectual Disabilities
(IDs) were more likely to show signs of psychological distress and had lower well-being than mothers of "typically developing" children. The study involved secondary analysis of happiness, self-esteem and self-efficacy variables in a nationally representative sample of 6954 British mothers with dependent children under the age of 17 years, 514 of whom were supporting a child with an ID. Results indicated that, Mothers of children with IDs reported lower levels of happiness, self-esteem and self-efficacy than mothers of children without IDs. Statistically controlling for differences in socio-economic position, household composition and maternal characteristics fully accounted for the between-group differences in maternal happiness and accounted for over 50% of the elevated risk for poorer self-esteem and self-efficacy. A socially and statistically significant proportion of the increased risk of poorer wellbeing among mothers of children with IDs may be attributed to their increased risk of socio-economic disadvantage.

The role of coping in maintaining the psychological well-being of mothers of adults with intellectual disability and mental illness study was done by Kim, Greenberg, Seltzer and Krauss (2003) investigated on Mothers with Intellectual Disability (ID) child or mental illness face a lifetime of care giving responsibilities and challenges. A sample of 246 ageing mothers of adults with ID and 74 mothers of adults with mental illness was drawn from two parallel longitudinal studies of later-life caregiving. Results showed there was considerable variability at the individual level in the degree to which mothers changed over time in their use of problem-focused and emotion-focused coping strategies. For both groups, an increase in their use of emotion-focused coping led to declining levels of well-being. For the parents of adults with ID, an increase in their use of problem-focused coping resulted in a reduction in distress and an improvement in the quality of the relationship with their adult child. For the parents of adults with mental illness, an increase in the use of problem-focused coping had no effect on levels of distress, but led to an improved relationship with their adult child.