CHAPTER - I

INTRODUCTION
Problem

Mental retardation is one of the most prevalent developmental disabilities. Mother is the main source of support for the children with disabilities in any society. Mothers of children with severe to profound mentally retarded had very high level of stress and burden in compare to mothers of normal children.

The nature of stress has been shown to span-over several aspects of mothers life such as daily care demands, emotional distress, interpersonal difficulties, financial and physical problem, role conflict, family stress, social problems and superstitious behaviour in compare to mother of normal children.

Stress also creates conflict in marital adjustment associated with emotional, sexual life. Parent of mentally retarded children are facing more risk in marital life which arises due to the conflict between wife and husband in properly sharing the additional needs for caring the mentally retarded children. Further adding to this they often bear the blame by in laws for one thing or the other. Lack of time, for any sort of recreation that, also result in blaming each other for giving birth to such a child or for fear of giving birth to another such child and so on.

One's self is the way in which one perceives oneself. Mother may express their self doubt as feeling of helplessness. Mothers who feel inferior and inadequate may become overly depended on others, helpless to make even minor decisions about their children. Because of
society’s expectation the reality of the child’s exceptionality parent’s may believe the exceptionality is their fault.

Because some minority parents see education as "a way out" for their children and a way to improve the family’s socio-economic standing they may see their children’s exceptionality as a serious barrier to achieve their goals. As a result their self concept suffers in the face of their child’s inability to better the family’s lot.

So finally we can say that there is a great need of research on comparative study of mothers of mentally retarded children for the cause of managing their stress, marital adjustment and self perception.

State of the Art (review) and Theoretical Concepts

Before the birth of child mothers frequently develop an image of the child which reflects a variety of socio-cultural ideals. Under normal circumstances the expectation of mother does not end when the child is born, but continues to be modified throughout the child’s life reflecting a certain anticipation and preparation for their child’s future.

For an understanding of the behavioral and psychological problems of childhood, it is essential to know the normal patterns of child development. Although no two children are alike, there are general similarities in the mental and physical development of all normal children. A newborn human infant is probably the most helpless of all
mammalian infants and needs much more time to become self dependent.

The normal development of a child can be divided into four major areas-

1. Motor behaviour
2. Adaptive behaviour
3. Language
4. Personal and social behaviour

As normal children cross these milestones or developmental levels at nearly excepted age limit (within a few months range), it is best to describe these developmental changes as milestones. In addition to these milestones there are other developmental parameters like height, weight, activity level and general health which have an important learning on the development of a child. As mentioned earlier slight delay from these milestones dates is not abnormal. Statistically only those values which are beyond two, standard deviation, from mean are abnormal in a normal population.

**Mental Retardation**

Mental retardation, mental deficiency, mental sub-normality and mental handicap are the terms used to refer to the same condition. Psychologists defined mental retardation in different manner.
Accardo and Captue (1996) defined mental retardation as a condition characterized by cognitive limitation due to organic brain dysfunction. Sinclair, Seeta (1981) described mental retardation as a sub-average intellectual function combined with subnormal adaption to a person's surrounding. As observed by Coon (1983) an individual with intellectual abilities significantly below average is termed as mentally retarded. Heber (1959) describes mental retardation as adopted by the American Association of mental deficiency, as sub average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. Wittaker, James O. (1966) point out that the mentally retarded are those individuals who exhibit below average intelligence and accompanied by impairment of one are all of the following "maturation learning and social adjustment". According to the new definition by the American Association of mental Retardation (AMMR, 1992) an individual is considered to have mental retardation based on the following three criteria: intellectual functioning level (IQ is bellow 70-75); significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less) "Significantly sub-average is defined as IQ of 70 or below on standardized measures of intelligence." 'General Intellectual functioning' means that individual has been evaluated by administration of standardized general intelligence tests developed for the purpose and adopted of the region/country.
'Adaptive behaviour is the person's ability to meet the responsibilities of social personal, occupational and interpersonal areas of life according to his or her age and socio-cultural and educational background'. Adaptive behaviour is measured by clinical interview and standardized assessment scales. 'Developmental period' is in this definition as extending from conception to age eighteen.

Irwin G. Sarson. Barbara R. Sarson (2002) told that if a diagnosis of mental retardation is made it is entered on Axis II of D.S.M.-IV (Axis II is also used for the diagnosis of personality disorder). If the person also meets the criteria for a D.S.M.-IV diagnosis of some psychopathology for instance autism bipolar disorder or schizophrenia that diagnosis is made on D.S.M.-IV Axis I. The use of Axis II for mental retardation makes it more likely that both this condition and any Axis I disorder that is present will be included in the diagnosis. Although it was formerly believed that people who were mentally retarded did not have Axis I disorder as well, we now know that the two types of conditions frequently exist together.

**Association with other types of problem**

Mental retardation frequently is associated with other types of problems. In fact "on an average the retarded have \( \frac{3}{2} \) disabilities per individual". For example, a very large percentage of those who are intellectually retarded have significant speech and language problems
which restrict them from engaging in effective communication with others. Other problems which occur with high frequency, among the mentally retarded are (1) perceptual disorders (2) motor weakness (3) difficulties in attending to a task (4) inability to transfer skills or understanding from one task to another and (5) weaknesses in reacting to stimuli quickly. (Rabert Smith, 1971)

**Classification of mental Retardation**

The various classification provide an understanding of the level at which the mentally retarded person function respect to his education, appropriate behavior and the degree of his independence. The characteristic of the mentally retarded persons vary depending upon the level of retardation. The terms currently used to describe the various degrees of mental retardation are mild category certain factors have to be considered. Members belonging to low socio-economic groups and certain cultures may score low on standard tests of intelligence and thus may be termed as mentally retarded. However they will be functioning within normal limits according to their culture's criteria. Therefore, one must be cautious before labeling a person as mentally retarded.

**The effect of child's mental retardation on parents**

A diagnosis of mental retardation is not apt to have an extraordinary impact on the parents are reported typically to express emotions such as shock, confusion, grief, guilt or a host of other complain and unfortunate feeling (Wolfensberger, 1967).
The identification of a mental retarded disability in a child most often comes as shock, changes in home routines, vocational life and relationship with family and professional are typically required. Basic life assumptions are challenged. Mental retardation has posed a great problem throughout the world due to its highly complex social, medical, psychological and educational components, apart from various unanticipated problems.

Now we are going to discuss problem in three areas-

1. Stress
2. Marital Adjustment
3. Self-perception

Stress

Stress is a state of stress in the person caused by overwork aspirations unfulfilled; anxiety etc usually manifests itself through a series of reactions ranging from prolonged fatigue and exhaustion to headaches, gastritis ulcers, etc, and may even cause psychological disorders.

Life would be simple indeed if all of our needs were automatically satisfied. In reality however many obstacles both personal and environment prevent this ideal situation, we may be too short for professional basketball or have less money than we need such obstacles place adjutive demands on us and can lead to stress. The term stress
has typically been used to refer both to the adjustive demands placed on an organism and to the organism's internal biological and psychological responses to such demands (Robert C. Carson James N. Butcher Susan Mineke, 2000).

When person feel stressed and adds even more stress, regulating centers of the brain tend to overreact causing physical exhaustion, crying crisis and potentially depressed. We can define stress as "a condition typically characterized by symptoms of mental and physical tension or strain, as depression or hypertension, which can result from a reaction to a situation in which a person feels threatened, pressured, etc." Synonyms for stress include anxiety nervousness, fearfulness, apprehensiveness, impatience, fear, tenseness or restlessness.

Stress refers to nonspecific response of the body to any demand made upon it (Selye .H, 1974). Morgan, King, Weisz & Schopler (1986) define "stress as an internal state, which can be caused by physical demands on the body (desieased conditions, exercise, extremes of temperature and the like) or by environmental, and social situations which are evaluated as potentially harmful, uncontrollable or exceeding our resources for coping". Stress is many fasted process that occurs in us, response to events that disrupt or threaten to disrupt our physical or psychological functioning (Robert A Baron, 1992)Regardless of how it define, stress almost every person understand how it feels. In today's fast paced society, stress is surprisingly common. Stress is not the
“badge of honor”, some people like to portray it as. If left unchecked, stress can lead to anger, hostility and a decreased overall enjoyment of life. Stress has many different causes, some of which affect certain people more than others. Work is often cited as primary causes of stress, especially among those who believe they are underpaid and underappreciated in their professional lives. Strained family relationships with spouses and children can also lead to stress. However even seemingly in significant problems such as long lines at the grocery store or rush hour traffic jams can increase stress levels in some people.

Unfortunately stress is a common part of life as we begin the new millennium; something few of us can avoid altogether. Partly for this reason and partly because it seems to exert negative effects on both physical health and psychological well being, stress has become an important topic of research in psychology (Robert A. Boron 2001).

Although we normally think of stress as stemming from negative events in our lives, positive events such as getting married or receiving an expected job promotion can also produce stress (Brown & McGill, 1989).

Karasek & Theoreel (1990), Rodin & Salovey, (1989) told that despite the wide range of stimuli that can potentially produce stress it appears that many events, we find stressful, share several characteristics:

1. They are so intense that they produce a state of overload we can no longer adapt to them.
2. They evoke incompatible tendencies in us, such as tendencies both to approach and to avoid some abject or activity.

3. They are uncontrollable beyond our limits of control. Indeed, a great deal of evidence suggests that when people can predict, control, or terminate an event or situation they perceive it to be less stressful than when they feel less in control.

To avoid confusion, we will refer to adjustive demands as stressors to the effects they create within an organism as stress and to effort to deal with stress as coping strategies. Note that separating these constructs is somewhat arbitrary as Neufeld (1990) has pointed out stress is a byproduct of poor or inadequate coping.

All situations positive and negative that require adjustment can be stressful. Thus according to Canadian physiologists Selye H. (1956, 1976) the notion of stress can be broken down further into eustress (positive stress) and distress (negative stress). Both types of stress tax a person's resources and coping skills though distress typically has the potential to do more damage.

**Type of Stress**

Depending on the stressors and the types of changes or events we are dealing with, stress can manifest itself physically, emotionally and psychologically or mentally (www.india.studychannel.com/124september.2005)
Physical
This occurs when the body as a whole starts to suffer as a result of a stressful situation. Symptoms can manifest in a variety of ways and vary in their seriousness. The most common physical symptoms is headaches because stress causes people to unconsciously tense their neck, forehead and shoulder muscles. However long term stress, can lead to digestive problems, including ulcer, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart disease, strokes and even hair loss.

Emotional
These responses are due to stress affecting the mind and include anxiety, anger, depression, irritability, frustration over-reacting to everyday problems, memory loss and a lack of concentration for any task. Anxiety is normally shown as a response to loss, failure, danger or a fear of the unknown. Anger is a common response to frustration or social stress and can become a danger to other individuals if not kept to check. Depression is frequently seen as an emotional response to upsetting situations such as the death of a loved one illness and failure.

Psychological
Long term stress can cause psychological problems in some individuals. Symptoms include with drawls from society, phobias, compulsive behaviors, eating disorders and night terrors.
Theories of Stress

As noted earlier events that are uncontrollable or unpredictable or that challenge our views of ourselves tend to be experienced as stressful. Some people appear more likely than others to appraise events in these ways. There are three basic theories about why some people are prone to appraise events as stressful.

Psychoanalytic Theory

Psychoanalysts distinguish between objective anxiety which is a reasonable response to a harmful situation and neurotic anxiety which is anxiety out of proportion to the actual danger. Freud believed that neurotic anxiety stems from unconscious conflicts between unacceptable impulses and the constraints imposed by reality. Many impulses pose a threat to the individual because they are contradictory to personal or social values. A woman may not consciously acknowledge that she has strong hostile feeling toward her mother because these feelings conflict with her belief that a child should love her parents. If she acknowledged her true feelings she would destroy herself concept as a loving daughter and the risk the loss of her mother’s love and support. When she begins to feel angry toward her mother, the resulting anxiety serves as a signal of potential danger. Thus, this woman may experience even a minor conflict with her mother, such as a disagreement about where the family should go for vocation or what to have for dinner as a major stressor. A
woman who is not so conflicted in her feeling about her mother would experience such a conflict as a less severe stressor.

According to psychoanalytic theory we all have unconscious conflicts. For some people, however, these conflicts are more numerous and severe and as a result these people experience more events stressful.

Behavioral Theory

Although Freud saw unconscious conflicts the internal source of stress responses, behaviorists have focused on ways in which individuals learn to associate stress responses with certain situations. People may also react to specific situations with fear and anxiety because those situations caused them harm or were stressful in the past. Some phobias develop through such classical conditioning.

Sometimes fears are difficult to extinguish if your first reaction is to avoid or escape the anxiety producing situation, you may not be able to determine when the situation is no longer dangerous. A little girl who has been punished for assertive behavior in the past may never learn that it is acceptable for her to express her wishes in new situations because she never tries. People can continue to have fears about particular situation and therefore never challenge their fears.

Cognitive Theory

A modification of the learned helplessness theory proposed by Abramson Seligman & Teasdale (1978) focuses on the attributions or
causal explanations people give for important events. These researches argued that when people attribute negative events to causes that are internal to them ("It is my fault") are stable in time ("It is going to last forever") and are global affecting many areas of their lives they are likely to show a helpless, depressed response to negative events.

Abramson, L Y. Seligman, M.E.P. & Teasdale J. (1978) propose that people have consistent attribution styles or styles of making attributions for the events in their lives and that these styles influence the degree to which people view events as stressful and have helpless depressed reactions to difficult events. Peterson & Bossio (2001) also support this theory.

**Component of Stress**

Frustration

Frustration can be a result of blocking motivated behavior. An individual may react in several different ways. He/She may respond with rational problem solving methods to overcome the barrier. Failing in this, he/she may become frustrated and behave irrationally. Frustration can be particularly difficult for a person to cope with because they often lead to self devaluation making the person feel that he or she has failed in some way or is incompetent. Frustration can be considered a problem response behavior and can have a number of effects depending on the mental health of the individual. Frustrated individual may resort to less
adaptive methods of trying to reach the goal. He/She may for example, attack the barrier physically, verbally or both.

Conflict

Conflict is actual or perceived opposition of needs, values and interests. Conflict can be internal (within oneself) to individuals. In many instances stress results from the simultaneous occurrence of two or more incompatible needs or motives. Conflicts are usually classified in terms of the reward and punishment value the alternatives have for the individual. Thus the conflicts we all meet may be conveniently classified as approach avoidance, double-approach and double avoidance conflicts.

Pressure

Stress may stem not only from frustration and conflict but also from pressures to achieve specific goals or to behave in particular ways. Pressure like frustrations may stem from inner or outer sources. Inner sources typically center around our own aspiration and ego-ideal. Where we have a high level of aspiration in term of standard to be met and goals to be achieved, the pressure may be continuous and severe. In general pressure force us to speed up intensify effort or change the direction of goal oriented behavior. All of us encounter many everyday pressures and we often handle them without undue difficulty. In some instances however pressure seriously tax our coping resource and if they become excessive they may lead to maladaptive behavior.
The specific effects of stress in physical health have been a major topic of research for several years now, and as a result the effects of stress on physical health are well known and accepted in medical and psychological literature (Schneiderman, Ironson & Siegel, 2005 and Dougall & Baum, 2001) such effects have been shown to include reduced immunity (Cohen, Dyle, Skoner, Frank, Rabin & Gwaltney 1998, Cohen, Tyrell & Smith 1991 Cobb & Steptoe, 1996) increased risk of cardiovascular disease (Yusuf, Hawken & Qunplu 2004, Black 2003) and hypertension (Ironson, 1992) in humans increased insulin resistance (Black 2003) and increased livelihood of headaches (De Benediltis, Lorenzetti, 1992) and other forms of chronic pain (Bomholt Harbuz, Blackburn Munro, 2004). Chronic diseases are now a major cause of death and disability in developed countries (World Health Organization, 2005) and many such illnesses are exacerbated by stress (Leserman, Pettito, Golden, Gaynes, Perkins 2000, Lutgendorf, Antoni Ironson, Fletcher, Penedo, Vanriel 1995, Mohr, Hart, Julian, Cox Pelletier 2004).

Living with mentally retarded children may increase stress take a toll on mental and physical health. Many studies have sought primarily to qualify the association between care giving and negative health outcomes. Cadman, Rosenbaum, Boyle and Offered (1991) found parents of children with disabling were more likely to experience depression and distress than parents of children without disability. Dyson (1993) confirmed significantly higher parental stress in parents of children with
disabilities who were also found to have pessimism regarding the future. In addition the parent’s perception of how difficult it was to care for the child was related to feeling of depression. Much of the research has focused primarily on mothers of children with disability. It has been shown that these mothers are more stressed than mothers of children without disability due to the extra daily tasks which take a way time from the mothers to take care of themselves. Dunst, Trivette and Gross (1986) also found that mothers of children with disabilities reported poor emotional and physical health and that they felt that there were greater demands on their time from the child. King,G; King,S;Rosen,B.P;Gaffin,R. (1999) found child behavior problems to be the single most predictor of caregiver psychological well being, children’s temperament has been related to feeling of depression in the care giver and to self rated scores of well being and competence in mothers of children with disabilities. Seshadri M (1983) Wig N. N. Mehtra in Shashi G (1985) Sethi B, Sithaley P (1986) Tunali B, Bower T G (1993) Majumdar M, DaSilva.. PereiaY. Fernandies (2005), Seth (1979), Venkatenson & Das (1994) Magara Sandrea Marie, BrandeusU. (1999), Friedrich and Friedrich (1981) also found, physical stress in mothers of mentally retarded children.

As normal children progress from one developmental stage to the next, their parents observe them with pride, anxiety and alarm. Parents have expectation of them based on social standards. When the children’s
behavior deviates from the established standards mothers/parents crisis may develop. Mental retardation was naturally viewed by primitive nomadic tribes with fear and disgrace largely because of the stigma attached to such conditions by superstition and myths. It is important to study the social relationship of mothers with mentally retarded children because a person's ability to establish and maintain relationships may be impaired by the presence of retarded children or social relationship may serve as a protective function against retarded children in the face of adverse life experience. The lack of social relationships has also been proposed as a causal factor in the development of social stress of retarded children's mothers. Investigators have found that psychologically distressed person have less rewarding social network and social ties. Negative correlation between social support and stress and dysfunction has been demonstrated by Indian researchers too (Kulhara P, Chopra, 1996). Parents with disabled children have lower rates of social participation than parents without disabled children and that they are less likely to have large families. There is a much less research on the reactions of neighbors and extented family members to a retarded child and the subsequent effect on the mother. Bryant and Hirchberh (1961) suggest that if neighbors and relative do reject the child, the family can become isolated and the family may blame the child. The emotional and social stress that parents of retarded children undergo have been described by various investigators in the East and
A mentally retarded child in a family is usually a serious stress factor for the parents. It often requires a reorientation and revaluation of family goals, responsibilities, and relationships. In India the majority of persons with mental retardation have traditionally been cared for by their families. In today modern society this home based care has resulted in many adverse consequences (Majumdar M, DaSilva Pereia Y. Fernandies, 2005) studies of family support the notion that there is considerable stress associated with caring for a mentally retarded children (Tizard & Grand; 1061) How ever burden of care is not merely on extension of the initial crisis of diagnosis. The family stress associated
with the burden of care has been divided by Mercer (1966) into three basic clusters-

1. Interpersonal conflict
2. Family structure stress and
3. Caretaking responsibilities.

Interpersonal conflict using Mercer's break down included problems among siblings and conflict with neighbors. Miller and Cantwell (1976) suggested that while most supportive counseling is focused on retarded persons, the sibling of mentally retarded persons are also at risk for developing emotional and behavioral problems. Ferguson and Watt (1980) found that mothers of handicapped children reported more family problems than did those of normal children.

Many earlier studies on mentally retarded person also have reported rising financial burden because two reasons, one is additional expenditure in caring for the Mentally Retarded Children and the other is reduced sources of income because the parents had to spend extra time in parenting severely retarded children (MC. Andrew; 1976, Seth; 1979, and Veena; 1985). Seiquira, E.M., Rao, P.M., Subbu Krishna, P.K., & Prabhu G.G. (1990) found that more 50% of mother of mentally retarded children having severe financial burden. Seth (1979) Prabhu (1989) Venkateson & Das (1994) Datta, Russel, Swamidas, Gopalkrishna and

**Marital adjustment**

Marriage is one of the most crucial steps that a person takes during his or her lifetime. For most of the world marriage is not made in heaven. They are sensibly and reasonably contracted to provide a division of labour between two people, a stable home for children and security in old age. Most people are congratulated when they marry. The older generation hope to see them “settle down” and become responsible adults. Any emotional ties result from the involvement of the partners with each other, over the years and the ties that derive from satisfactory sex. The couple feels that they have now “arrived” at an important life goal. If the romantic myth has worked its magic, each of them takes great pride in the marriage. For many people a prime motive for marriage is to have children.

The rest of the romantic tradition requires that love lead to marriage. This picture is the mainstay of movies and television. The couple meets, bell ring they fall hopelessly in love, they become engaged, and they marry. The movie usually stops there, but the assumption is that they settle down in a little cottage, where they raise a lovely family and grow old together always in love, for richer or poorer, in sickness and in health, until death do them part. Then they are buried in adjoining plots.
But in real life we start after this picture. After the marriage we go ahead with new responsibilities which are not easy task. There has not been a single marriage in the history of humankind that has been free of conflict. A successful marriage is one in which both partners accept this and do their best to resolve the various issues between them. Perhaps half of adults suffering from severe stress blame the deteriorating relationship on their spouse. Even if two people agree on what their roles are, making decisions is not always easy, conflicts are sure to arise in these situations.

Some people have great difficulty maintaining a marriage. What happens to turn a loving, romantic relationship into one filled with unhappiness and even hate? Some problems are universal. For example by their very nature, intimate relationships create conflicts in each partner between the desire for independence and desire for closeness, between the need to be open and honest and the need for privacy, between the comfort of predictability and the excitement of the unexpected (Baxter. 1990). It is reasonable to ask, What factors lead to happy and successful marriage.

Factors of lead to marriage failure happy and successful are-

1- **Marriage and Emotional need:** One of reasons for people to get married is to satisfy their emotional needs. Being sexually compatible is not enough, by a long shot; they must be able to
provide each other companionship affection and a good conversation.

2- **Companionship:** When a person spend his or her free time by doing his or her own thing, their marriage is likely to run into trouble. Merely doing the house work or discussing finances is not spending time together. Identify the things that both of people like to do and do them together. Whether it is watching a TV show or going for a walk. Recreational. Companionship is very important for marriage to survive in the long term counselors or of the opinion that it is a key factor in drawing and keeping couples together.

3- **Affection:** Affection is also a prerequisite for sustained sexual fulfillment in a relationship. Kindness, gentleness and consideration are all part of showing affection. The love that they need to nurture for their spouse should be unconditional regardless of his or her defects. It is kind of affection that must be able to endure perhaps over very difficult times, when marriage is endangered by conflict. One of the things that will keep them together is the depth of affection they have for each other.

4- **Conversation:** In the initial months after marriage there is usually a lot to talk about. But once they settle into the routine of everyday life, conversation is not easy as it was before. Right from the beginning, make it a point to talk, to spouse about a
wide variety of things. What he or she did an a particular day. What he or she feel, about something that happened between the two of you things, that is in the news. Common or individual interests and opinions make conversation a habit. It will pay of a great deal in the later years of marriage, keep time for this, do not let anything get in the way, not even television.

Some Common areas of conflict are:

Not spending enough time together:

Companionship is something that all couples need to develop as a lifetime habit. This is the primary purpose of marriage as even children leave the home at some point. There are decades that have to be spending more time together doing thing that each one likes in turn.

Discovering Dissimilarities:

When partners belatedly realize that they are dissimilar in some of their attitudes, values and preferences negative feeling often arise.

Lake of money:

Many marriage reports have found that the most common source of marital problems is lake of money; usually they begin to have children before they are financially solved.

Boredom:

Boredom is a major problem in our lines but it has seldom investigated. For others, it can be unpleasant, and them each attributes
the problem to the other person, which causes marital dissatisfaction (Finchm & Brodbury, 1992-1993)

**Carrier choices:**

When both partners in a marriage go out to work, conflict often arise about household responsibilities and spending time together. It is sometimes unavoidable that one or both partners have spent a lot of time away from the home. This is a difficult situation and has to be handled with care. The home environment must be such that both partners feel like returning to it after a hard day’s work. Otherwise there is the danger of one partner feeling more at home away from the home than in it. This can lead to “work holism” and at times extra marital affairs often at the work place.

**Extramarital affairs:**

The sign of an extra marital affairs or often obvious but sometimes the other partners remain ignored of it until it is too late, Psychologists and counselors stress that spending time together in recreational affairs often happens because couples have ignored persistent problems between themselves and have not expected or tried to resolve them.

**Sexual Problems:**

Sex is an individual and personal thing what is right for one person need not be right for another. Just as in every other aspect of marriage, sex calls for consideration of the other person’s need. There is no
prescription for what is normal, as and it is not right for one partner's need to dominate all the time work out what is the best for both partners in a marriage. Sex should not become overly demanding or exhausting for one of the partners. Pain during sex can be due to a number of problems.

**Sex and Parenthood:**

Surveys of married partners consistently indicate the frequency of sexual interaction decrease over time. Udry (1980) reports, for example, that the greatest decline occurs during the first four years of marriage with rates dropping from over 11 acts of intercourse every week to fewer than 7-5. Parenthood is a mixed blessing. Both mothers and fathers say that they enjoy being parents (Feldman & Nash 1984). Even so, their relationship in general and their sexual relationship specifically tend to show stresses and strains in response to parenthood, particularly if real life outcomes fail to match their expectations (Hackel & Ruble, 1992). Having children also changes how parents spend leisure time, especially for men. After becoming fathers men engage in fewer independent activities and in more disliked activities chosen by their wives. (Crawford M. T., & Skowranski J.J. 1998).

Chaudhari, N.P., Patel, H.J. (2009) described that marital adjustment, happiness, satisfaction or a number of variables that attest to the quality of a marriage may be the most frequently study dimension in the marriage and family field. Many of attempts have been made to assess
the quality of marital relationship using such concepts of "marital adjustment", "success", "satisfaction", "stability", "happiness", "consensus", "cohesion", "adoption", "integration", "role strain", and the like sometimes these terms are uses interchangeably. The adjustment of married mates is unlike any other human relationship, it may share many condition of friendship group but the husband and wife relationship differs. Marriage involving two sexes in physical propinquity is public and binding in nature.

Now it is clear that marital adjustment is varied concept that lacks a general consensus of definitions, a general concept is likely to include a relative agreement by husband and wife on issues perceived to be important, sharing similar tasks and activities and showing affection for one another marital success as distinguished from marital adjustment generally refer to the achievement, of one or more goals, permanence. Marital stability as an index of continuity and perpetuation of unclear relations of mutual dependency trust, and friendship remains a measure of prediction of more or less happy marriage (Cattel 1970), Heathy marital relations have a system orientation and a shared belief-system (Kaslow 1982). High marital stability shows low levels of anxiety and neuroticism and more security and self esteem (Osolosky 1985).

Current research has focused on parental dynamics in relation to the presence of a child with mental retardation. According to one view, the presence of a child with special needs causes a crisis in the family.
Most clinical observation show that parents often are portrayed as exhibiting guilt ambivalence, disappointment, frustration, same and sorrow (Schild 1971). Friedrich and Friedrich (1981) studied the differences between parents of mentally handicapped and non handicapped children. The result indicated that parents of handicapped children reported less satisfactory marriage than non handicapped children.

The stress factors accompanying the birth of a normal child are intensified when the child is disabled. The marital relationship may suffer unduly from the added stresses of blame, guilt and anxiety. A child's disability attacks the fabric of marriage in different ways. It excites powerful emotions in both parents. It reshapes the organization of the family. It creates a fertile ground for conflict.

The evidence regarding family break down through separation or divorce, as a function of having a retarded child is quite unclear. More important there is no direct evidence that the stress associated with raising a retarded child leads to separation and subsequent divorce. Stress among parents is not inevitable consequence of having mentally retarded children. A combination of multiple stressors appears to predict the likelihood of the parents experiencing stress and anxiety. Stressor can be defined as those life events that will bring about a change in the family system (Majumdar M.DaSilva Pereia Y.Fernandies, 2005). After enduring at the crisis of diagnosis, the most significant
problem for families is the burden of caring for the retarded child. The stress of raising a child can have an adverse effect on family relations both within the family and between the family and non family members, with respect to the relationship between the parents the research evidence does not support the notion that the stress of raising a retarded child, leads to a greater frequency of separation or divorce. To be sure, raising a retarded child places special stresses on the marital bond, yet most families seen to have adequate personal resources to successfully cope with the problems (Cleveland & Miller, 1977). The economic stress may be multiplied by additional hospital and medical costs. The parents social life may become non extant. They may be fearful of rejection by their friends and relatives. Additional stress is likely to occur in families of disabled infants depending on each family's unique characteristics, like number in the family, presence of other chromic illness, disabilities and so on. However, the psychological impacts experienced by these families are common shock, denial and grief.

Quoting Featherstone (1980) and Drew Clifford et al. (1988) suggested that the advent of a retarded child may attack the very foundation of a marriage by inciting powerful emotions in both parents, including feeling of shared failure. Based on studies by Cleveland D.W.&Miller (1977), and Lamb (1983), Morgan Clifford T. et al. (1989) the father and mother may react differently to the retarded child. The mother may take on the role of physical, protector and guardian of the
child's needs, while the father is more reserved in his role, he may cope by withdrawing, internalizing his feelings. In a study on families with a new born baby with Down Syndrome, Gath (1978) found difference in mental or physical health of the two groups of parents and also differences in their marital relationship. Existing studies indicate that having an infant with a serious health condition or health risk increase the likelihood the parents' divorce or live apart.

Joesch J.M, Smith K.R. (1977) studied how children's health conditions are related to their mother's risk of divorce or separation. They find that mother's prospects for divorce are affected both positively and negatively by their children's health status depending on the type of childhood condition, and in the case of low birth weight children, timing within the marriage. Women whose children have congenital heart disease, cerebral palsy, are being or had low birth weight appear to have higher risk of marital disruption than mothers of healthy children. Richard C., Urbano and Robert M., Hodapp (2007) examined the nature, timing, and correlates of divorce in families of children with down syndrome, other birth defects, and no identified disability. Divorce rates among families of children with Down syndrome were lower than in the other two groups, when divorce did occur in the Down syndrome were much more likely divorce if they were younger, had not graduated from high school and if fathers were less educated, and lived in a rural area. Frank Floyd (2006) told that many studies
report that couples with children who have chronic health condition have more marital dissatisfaction and depressive symptoms than other parents. However, much of the research in cross sectional and uses maternal reports, this study addresses prior limitations in the research by using longitudinal data from both parents. Result indicated that relative decreases in mother’s marital satisfaction were influenced by their perception of the impact of their child’s condition. Also the severity of the condition influenced relative decreases in mother’s marital satisfaction and relative increases in depressive symptoms and relative decreases in marital satisfaction.

satisfaction compared to mothers with healthy children, where as fathers did not differ significantly from test norms and decreased levels of marital satisfaction compared to mothers with healthy children, on report of marital satisfaction (Knafl & Zoeller 2002, Mastroyanmpoulou, stallard, Lewis & Lenton, 1997; Nagy & Ungerer. 1990, Quitltner, Digiralamo, Michel & Eigen: 1992) Stephen M. Johnson & Gretchen K. Lobitz (1974) studied result revealed consistent negative relationships between marital satisfaction and the level of observed ‘negativeness” to the child.

Self-Perception

Toward the end of infancy children start constructing a representation of the self as an objective entity. The self is a key construct in several schools of Psychology, referring to either the cognitive and affective representation of one’s identity or the subject of experience. The earliest formulation of the self in modern psychology from the distinction between the self as I the subjective knower, and the self as Me the object that is known(William James. 1890). Current views of the self in psychology position the self as playing an integral part in human motivation, cognition affect and social identity.

Kohut and Wolf (1978) explain “Self objects or objects which we experience as part of our self: the expected control over them is, therefore closer the concept of control which a grown up expects to have
over his own body and mind than to the concept of control which he expects to have over others.

Colley (1902) speculated that the self is actually a "looking glass self", and thus the process of knowing about oneself is actually one in which we come to view ourselves as we believe others view us.

According to Gorden W. Allport (1937) the self becomes the centre of an orderly psychological universe whether the self is regarded as the innermost nucleus of all conscious states, does not greatly matter. In either case the self is the subjective moderator of whatever unity the personality may have. Freud's (1948) concept of Narcissism has found a prominent place. Koffka (1935) postulates as a paramount principle of dynamic psychology "a force which propels the ego upward". Mc Dougall (1933) has found at the heart of every personality the central sentiment of self regard, playing "the most powerful all persuasive role in the higher life of man".

The view of self perception as based in socially shared reality emphasizes the convergence between judgments by self and judgments by others (e.g. Funder & Colvin 1988). Some Psychologist have argued that self perception derive from essentially the same processes as do perceptions of others (e.g. Bern 1972, Cooley 1902, Lewis & Brooks Gunn 1979, Mead 1934).
Mead (1934) was one of the first to emphasize the social origin of the self concept. “The individual experiences himself as such not directly but only indirectly.... from the generalized stand point of the social group as a whole to which he belongs”

According to Bern (1972) Individuals acquire self knowledge by observing their own behavior in much the same way as would an observer particularly when “internal cues are weak ambiguous or uninterpretable.” If self perceptions indeed proceed through the same basic process as perceptions of others, then the way we perceive ourselves should correspond closely with the way we are perceived by others. Paired interpretation of scales, self regard and self acceptance may be considered to reflect the general area of self perception (Agrwall KG. 1991). Self acceptance is defined as affirmation or acceptance of self in spite of weaknesses or deficiencies. Although this term has been often understood in a common sense way, researchers have defined it formally in terms of positive and negative self concept. According to Shepard (1979), self acceptance refers to an individual's satisfaction or happiness with himself, and is thought to be necessary for good mental health. Self acceptance involves self understanding a realistic albeit subjective awareness of one's strengths and weaknesses. It results in an individual's feeling about himself that he is of “unique worth”.

Self regard is a term used in psychology to reflect a person's overall evaluation or appraisal of his or her own worth. Synonyms of self
regard, self include, self esteem, self worth, self respect, self love, self esteem is distinct from self confidence and self efficacy, which involve, belief about ability and future performance. Some common factors lead to self devaluation, failure loser, personal limitation, guilt rejection, avoidance, stigma etc. In our society many of us fail to reach the goals we set for ourselves to live up to our ego ideal often this result from setting our goals unrealistically high, so that even though we do make good progress, we feel that we have failed. In other cases our failure is more than a matter of feeling we have failed. Since our society places such a high premium upon success, failures lead to strong feeling of inferiority and self devaluation.

Closely related to the status of consideration are the more personal factor physical appearances, sex, age, intelligence and special abilities which influence our status in society and are an essential part of our self evaluation. Personal characteristic which are admired by our group are valuable assets in rising our feeling of adequacy and self esteem, conversely characteristic which the group ignores or disapproves of are likely to lead to self devaluation.

Guilt is one of the chief sources of self devaluation and one that operates in all cultureless wrong behavior leads to feeling of guilt and self devaluation which are extremely unpleasant and frustrating. Rejection, avoidance by others has a profound negative effect on self confidence and self esteem.
The birth of a mentally retarded child has destroyed the dream of the ideal infant and with it, the women’s expectation to be a mother was completely lost. For the mother having a disabled child represented the failure to meet her expectation toward maternity. The impact of the child’s disability showed to be a painful and conflicting process for the mother, who sees herself, unprepared to face or deal with this way of being a mother. She shows pain, sadness and angst in her speech. She experiences a time of uncertainty of feeling of angst and fear in face of the threat perceived in the child’s impossibilities questioning herself about the reason why this happened. She still experiences the feeling of guilt for having generated a disabled child and for having the inherent emotion and feelings.

Research studies (Roach & Orsmand, 1999, Sisk 2000, Lai & Machenzie 2002, Ong Chandron & Peny 2005) have indicated that parents of children with disabilities experience a greater level of stress than do parents of children without disabilities physiologically and psychologically they have to devote a great deal of their time, energy and patience to taking care of and training their children in day to day life skills. They have to come into terms with the sense of loss of the expected “normal” child, accept the reality of having a “less-than-perfect” child integrates the child into the family and takes on the lifelong process of rearing a child, who is different. The long term uncertainty of the child’s capabilities future health, growth and ultimate level of
functioning and the family’s ability to meet the child’s need and deal with their behavioral problems are factors which add further to parents, psychological stress and their effect on self perception (Hatice & Dokuz 2006, Raina, Odonnell & Rosenbaum, 2005).

Reaction to stress very considerably from person to person but there are one common pattern loss of self esteem (Roos 1963). A serious defect in one’s child may be interpreted as a defect in one’s self particularly when a parent identifies closely with his/her child. Our society tends to foster the concept that children are extensions of their parents and reflect on their parents. Life goals may be abruptly and radically altered when it becomes obvious that one’s child will be perceived as a “looser” rather than a ‘winner’. The stress of mother of mentally retarded is unique because it causes pain and undermines self confidence. It is the struggle between self esteem of an individual and society. Society seems to have given license so that anyone can intrude comment, criticize and ill treat the parents slowly avoid attending social functions, to avoid embarrassing moments she faces the impact and rejection from people regarding the child’s disability. She notice that society does not accept and does not offer space for the different, the mother adopts the same attitude found and the imposed standards of normality, reinforcing her own feelings of shame of the child’s differences and thus preferring not to expose the child publicly. This is because they see themselves through the eyes of the society and feel
inferior without questioning whether there is any truth in it or not and become desperate and to into depression. The society looks down and they also feel, they are inferior and incapable. They strongly feel they are inferior just because of low self-esteem with regard to parents of mentally retarded.

Self esteem is a vital component in how we face the challenges of life. It is not difficult to understand why a mother’s self esteem may suffer when she has a disabled child. Women with disabled children are routinely denied acceptance in areas from transportation and schooling to employment.

Effi Argyrakauli Maria Zafiropaulou (2003) assessed the impact that children with intellectual disabilities have on their mothers self esteem. It is also examined the difference in self esteem between mothers of non disabled children. Results indicated significantly lower self esteem between mothers of children with intellectual disabilities and mothers of non disabled children. Moreover the best predictor of maternal self-esteem in the disabled group was the size of the family.

Parents of children with disabilities report experiencing chronic sadness reduced self esteem and an increased level of depression. They are less optimistic and self efficacious and more negative and self blaming (Lai & Mackenzie 2002).
Being the center of stress circles care management challenges for self and her child being in the midst of life and death. Experiencing self devote and self neglect for their care after theirs death. Sonneschien (1981) indicated that parents already suffering from a loss of self esteem may suffer even further self doubt when they need to seek help in coping with their children's problem.

Unfortunately the objects of therapeutic approaches to parents of retarded children are often unrealistic and inappropriate. Two of the most popular but unrealistic objectives are getting parents to “accept” mental retardation and “lifting the depression” that seems to be a common parental reaction. Though parents may fully understand and their child is retarded it is unrealistic to expect them to accept this fact with blandness and equanimity since it affects very fundamental values and existential issues.

Generally, self acceptance as parents of an exceptional child is difficult for most people and parents may feel considerable frustration and self doubt. Parents can however emerge from the crises more mature, stronger, wiser and more compassionate with an enhanced sense of their value to society (Chinn, Winn and Walters 1978).

No matter when parents become aware of their child's exceptionality, they are inevitably shocked (Love 1970) and painfully surprised (Barsch 1968).
They must suddenly adjust to a new role as the parents of an exceptional child and they must adjust their self image to cope with new responsibilities and functions (Meadow and Meadow 1971, Buscaglia 1971). Parents and families of exceptional children suffer from stigmatization society’s reactions to members who are different and do not conform to the usual expectation of society (Darling 1979). Parents and families of exceptional children suffer from “stigma transference” - guilt by association (Darling 1979).

Feelings of self doubt, inferiority or in adequacy are common among parents of exceptional children. Parents may question their worth as people and as parents because they have produced an imperfect child. Ross (1978) among others discussed his feeling of insignificance as the parent of an exceptional child. As human being, searching for meaning through their roles of mother or father, parents may lose out on social reinforcement for their parenting role with the social rewards for parenting their exceptional children, parents may begin to feel insignificant.

Chinn (1979) indicated that because some minority parents see education as “a way out” for their children and a way to improve the family’s socio-economic standing they may see their children’s exceptionality as a serious barrier to achieving their goals. As a result their self concept suffers in the face of their child’s inability to better the family’s lot parent may express their self doubt as feeling of
helplessness. Parents who feel inferior and inadequate may become overly dependent on others, helpless to make even minor decisions about their children.

Developing a positive self image and building self esteem as a process, sometimes the first step is to give her permission to like herself, by developing self compassion, self acceptance and self love. She empower herself to accomplish her goals and improve her relationship with others.

Objectives

The result of the present work will give insight and direction for tackling the problem of the mothers of mentally retarded children. From a more psychological point of view and such ways will be explored to give proper training and program for social uplift and healthy personality development. They are disadvantageous and deprived groups for last many decades and as such the experience of hard life interacting with these myriad deprivation and disadvantageous have made them more stressed, poor marital adjustment and poor self perception. So investigator intends to compare, study the stress, marital adjustment, and self perception of mentally retarded children’s mother with normal children’s mother through the present research work.

The objective of the study is-
1. To study the stress, marital adjustment and self perception of mothers of mentally retarded and normal children.

2. To study the stress, marital adjustment and self perception of mothers of mentally retarded male and female children.

3. To study the stress, marital adjustment and self perception of high and low socio-economic status mothers of mentally retarded and normal children.

Variables

The review demonstrates that all these studies have taken up the variable in different context and manner. The present investigation has tried to combine some new factors and in a different pattern with a definite purpose of solving the problems of mothers of mentally retarded children and find out factors related to their life. This problem can be articulated by identifying the variables as here under-
### Table-1 Variables in the study

<table>
<thead>
<tr>
<th>INDEPENDENT VARIABLE (IV)</th>
<th>MODERATING VARIABLES (MV)</th>
<th>DEPENDENT VARIABLES (DV)</th>
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<tr>
<td>Types of Mothers</td>
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<tr>
<td>(a) Mothers of normal children.</td>
<td>(a) Male</td>
<td>Stress</td>
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<td>(b) Mothers of mentally retarded children</td>
<td>(b) Female</td>
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<td></td>
<td>Socio-economic Status</td>
<td>Self Perception</td>
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<tr>
<td></td>
<td>(a) High socioeconomic status</td>
<td></td>
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<td></td>
<td>(b) Low socio-economic status</td>
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**Independent Variables:**

**(a) Mothers of Normal Children:** - The normal development of a child can be divided into four major areas.

1. Motor behaviour
2. Adaptive behavior
3. Language
4. Personal and Social behavior

As normal children cross these milestones or development levels at nearly expected age limits (within a few months range). It is best to describe these developmental changes as milestones. The mothers of these children are classified in category of mothers of normal children.
Mothers of Mentally Retarded Children:

According to American Association for the mentally deficient (1983), mental retardation refers to a significant sub-average general intellectual functioning existing condition of incomplete development of brain centers connected to the various mental faculties of the child. Accardo, P.M., Capute, A.J. (1996) defined mental retardation as a condition characterized by cognitive limitation due to organic brain dysfunction. The children who have this type of mental deficiencies are called mentally retarded children and their mothers are classified in the category of mothers of mentally retarded children.

Moderating Variables:

In this study sex of child and socio-economic status are identifying as moderating variables. Both are demographic variables and there is no need to give any operational definitions to them. Sex is divided in two categories male and female. Socio-economic status is divided in two groups high and low. This classification is based on the classification of Panchyat Vibhag,(2004).

Dependent Variables:

Stress: Morgan King, Weisz & Schopler (1986) define stress as an internal state which can be caused by physical demands on the body
(diseased conditions, exercise, extremes of temperature and the like) or by environmental and social situations which are evaluated as potentially harmful uncontrollable or exceeding our resources for coping. In Abharani Bisht (1987) described thirteen different types of stress in her battery. We have taken six types of stress from this battery in present study.

(i) Physical Stress
(ii) Social Stress
(iii) Role Stress
(iv) Family Stress
(v) Financial Stress
(vi) Superstition Stress

(i) Physical Stress:

In a challenging situation the brain prepares the body for defensive action the flight or flight response by releasing stress hormones, namely cortisone and adrenaline. These hormones raise the blood pressure and the body prepares to react to the situation, with a concrete defensive action the stress hormones in the blood get used up, entailing reduced stress effects and symptoms of anxiety. It results in stress related physical symptoms such as tense muscles, unfocused anxiety, dizziness and rapid heartbeats.
(ii) Social Stress:-

Stress with others in the society is social stress. Social stress measures stress in social stressors more for as already diseased individual which may hinder an individual's socialization.

(iii) Role Stress:-

Role stress refers to the social or family conditions that are associated with feelings of role strain, the term "condition" has the advantage of referring to role aspects that are either stressful (i.e. negative) or enhancing (i.e. positive). Role strain is now viewed as one of many potential outcomes of stressful social or family conditions.

(iv) Family Stress:-

When we speak of the family we think of a husband, wife, their children and occasionally an extra relative. When a person feel stress with family members that is a family stress.

(v) Financial Stress:-

Financial stress can be defined as a condition that occurs whenever income is less than expenditure. Financial stress is a common complaint that affects every household to some degree. We can recognize financial stress by the pressure it imposes on our family. We
worry because we can't save any money. We feel social pressure because we can't keep up with the neighbor's life style, we may have family tension leading to arguments between husband and wife, parent and child.

**(vi) Superstition Stress:**

Stress makes more superstitious person, when a person believe in things that he doesn't understand then he superstitious in the way. Superstitions rightly or wrongly can change a variety of human behavior (Stevie Wonder, 1972). Superstitious beliefs not based on reason or knowledge, have existed as early as human history. While some old ones have eventually vanished new ones keep developing, while others persist. Friday, the 13th, black cats and evil eye, among others are factors that many consider in their every day decisions. Feeling of conflict anxiety, pressure, and frustration for a superstitious behavior is superstition stress.

**Marital adjustment:**

Marital adjustment is varied concept that lacks of general consensus of definition a general concept is likely to include a relative agreement by husband and wife on issues perceived to be important sharing similar tasks and activities and showing affection for one another marital success as distinguished from marital adjustment generally refer to the achievement of one or more goals.
Self Perception:

Self as a coherent organized system of behavior from the individual's perception, recognition and evaluation of oneself. Colley (1902) suggested that one perceives himself as he might perceive his image in a mirror and in the fact he described this conception as the "looking-glass self". George Mead (1934) later developed Cooley's early ideas in somewhat greater detail by proposing that one managed this reflexive look at oneself largely by taking the rolled others.

Hypothesis:

A number of hypotheses are derived from the review of literature which has been tested in this study.

Hypothesis Related to Stress –

1. It was assumed that mothers of normal children would have less stress than mothers of mentally retarded children.

2. It was assumed that mothers of male children would have less stress than mothers of female mentally retarded children.

3a. High socio-economic status mothers of normal children would have less stress than high SES mothers of mentally retarded children.

3b. It was assumed that high SES mothers of mentally retarded children would have less stress than low (SES) mothers of mentally retarded children.
3c. It was assumed that low SES mothers of normal children would have less stress than low SES mothers of mentally retarded children.

Hypothesis (1) is based in the study of Beckman J (1983), Burden RL (1980), Majumdar M., DaSilva, Pereia Y. Fernadies (2005) who found that mothers of mentally retarded children had a high level of stress.

Hypothesis (2) is based on the study of Tangari and Verma (1992) who reported higher stress in parents of female mentally retarded children.

Hypothesis (3) is based on the study of Patel V, Kleinman (2003) and Patel V. Krikwood B.R., Pednekar's weiess H. Mobey D (2006) who told that being female is reported to be a risk factor for common mental disorder. Among women in poverty there is support for a significant association between economic hardship and reports of psychological distress due to such issues as being the social childrearing adult in a household, multiple roles, unequal power relations with men and sense of powerlessness.

Hypothesis (3b) is based on a Codman, Rosen Baum, Boyle and Offered (1991) who found parents of with disability were more likely to experience depression and distress than parents of children without disability.

Hypothesis (3c) is based on Mc. Andrew; 1976, Seth; 1979 and Veena; 1085, they told that mentally retarded children also have reported rising financial burden.
Hypothesis Related to Marital Adjustment:

4. Mothers of normal children would have good marital adjustment than mothers of mentally retarded children.

5. Mothers of male mentally retarded children would have better adjustment than mothers of female mentally retarded children.

6a. It was hypothesized that high SES mothers would have good marital adjustment than low SES mothers.

6b. It was hypothesized that high SES mothers of mentally retarded children would have better adjustment than low SES mothers of mentally retarded children.

Hypothesis (4) is based on the study of Friedrich and Friedrich (1981) who studied the difference between parents of mentally handicapped and non handicapped children. The result indicated that parents of handicapped children reported less satisfactory marriage than non handicapped children.

Hypothesis (5) is based on the study of the Adrienne perry, Natalie sarlo-Mc Garvey and David (Factor (1992). Shelly Lundberg (2005) describes parents of girl tend to reported lower marital satisfaction compared the norms.

Hypothesis (6a, b) is based in the study of the family stress model (Conger,R.D.Conger,K.J.,Elder,Jr.Lorenz,F.O.,Simons,R.L.&Whitbeck,L.B.,1992) propose the experience of poverty is one of the more important
factors that can put severe strain on spousal relationships, bring about feelings of depression and increasing family dysfunction.

c. **Hypothesis related to self perception:**

7. Mothers of normal children would have better self perception in comparison to mentally retarded children’s mothers.

8. It was hypothesized that male children’s mother would have positive self perception than female children’s mothers.

9. It was hypothesized that male normal children’s mother could have positive self perception than male mental retarded children’s mothers.

10. High SES mothers would have better self perception than low SES mothers.

Hypothesis (7) is based on the study of Effi Argyrakouli Maria Zafiropoulou (2003) who assessed the impact that children with intellectual disabilities have on their mother’s self esteem. It is also examined the difference in self esteem between mothers of non disabled children. Result indicated significantly lower self-esteem between mothers of children with intellectual disabilities and mothers of non disabled children.

Hypothesis 8 & 9 is based on a general observation though it lacks any direct support from research finding.
Hypothesis 10 is based on a study of Dixit and Moorgani (1981) found that high socio-economic status subjects are more realistic than the low socio-economic status.