12) Transcognitive states is what is achieved by yoga via liberation and realization of it. Depending on the different disposition of the seekers realization takes different forms. These include *jnana yoga* which includes knowledge based approach to meet the thought needs, *bhakti yoga* which is devotion filled approach to deal with one's passionate nature, and *karma yoga* which is action oriented approach for those dominated by the impulse to act. Thus the three distinct routes for realization are *wisdom, worship and work*.

Spirituality, in modern times has come to denote the internal understanding of the individual. Spirituality is also connected with marital functioning, mental health, and parenting, managing substance abuse and coping. Spirituality as suggested also leads to finding meaning and purpose in life.
Chapter-II
Review of Literature
CHAPTER-II
REVIEW OF LITERATURE

Professionals and social sciences research are becoming increasingly interested in understanding how families cope with the birth of a child with a disability. Although the family home has always been the primary location in which children with disabilities have been raised, programs and policies to support the efforts of families have been developed only over the last decades (Krauss, 1986). Positive aspects of parenting a child with disabilities is not that researched topic, although there are studies addressing literature with this angle (Kazak & Marvin, 1984; McHale, Sloan, & Simeonsson, 1986), most of the literature has focused on the negative outcomes for families because of the more difficult and atypical care taking responsibilities.

A review article presented by Knight (2012) on changing perspectives on recent researches on social sciences for families of children with ID. Family resilience, transformation and adaptation are the latest trends which are emphasized, predominantly focusing on mothers and their psychological ability for adjusting into their caring challenges.

A strength based measure, Family Functioning Style Scale is used to describe the qualities of families who are strong enough to withstand the diversity of having a ID child and demonstrated its reliability and validity by Trivette, Dunst, Deal, Hamer & Propst, 1990. There has been several suggestion made for community-based family practitioners regarding treatment and assessment. The authors through regressive review found that there is strength based works are historically very short
because field practice has been primarily deficit oriented. They emphasized that they can be very well utilizes in early intervention. Interpersonal skills, relationship patterns and social and psychological characteristics are the strength which is pointed by authors. Author considered these strengths which help in maintaining a sense of positive family identity, promoting satisfying interaction among members of the members and helps in reducing overall family's stress and deal effectively with it. They reviewed literature on these issues and keyed on 12 qualities of strong family which includes, appreciating small things which members of the family does for each other, pledge to the growth and well-being of family member, perusing formal and informal activities together, sense of equivalence regarding needs and goals, understanding good times and bad times and assessing purpose of it, communication within family emphasizing positive interactions, being capable to see positive in every aspects of life, clear rules, values, and beliefs, varied repertoire of coping strategies, problem-solving strategies that result in meeting needs, even going so far as to consider stressful events as “opportunities for growth, flexible and adaptable roles and balance between internal and external family resources. They were the advocates of strengths-based work. For utilizing these resources clinicians should focus on building positive view in families about these strengths and not just try and fix them. This shifting to strength based model was noted as paradigmatic shift by these authors. With the help of the Family Strengths Scale, Strengths Inventory, the Family Hardiness Index, and the recently developed Family Functioning Style Scale, authors reviewed the relative weaknesses and strength of the families. They also developed scale which assesses comprehensive family qualities. This instrument was used to survey 105 parents; half of them have a child
with a disability. This instrument was considered consistent and predictive in term of family functioning. They concluded by saying that valid assessment tools as well as additional training for treatment was needed for this shift from deficit approach to strengths-based approach. They have provided specific advice for developing such instruments and interviewing techniques. They practiced what they preached.

Children’s behaviour problems influence parental strain levels more than children’s level of cognitive functioning or extent of physical disability (Baker, McIntyre, Blacher, Crnic, Edelbrock & Low, 2003; Blacher & McIntyre, 2006; Emerson, 2003; Eisenhower, Baker & Blacher, 2005; Hastings, 2003; Herring, Gray, Taffe, Tonge, Sweeney Einfeld, 2006; Lecavalier, Leone, & Wiltz, 2006; Lewis, Abbeduto, Murphy, Richmond, Giles, Bruno, et al., 2006; Saloviita, Ita & Leinonen, 2003). Impaired social ability, repetitive behaviour, difficult temperament, communication difficulties, demanding patterns of behaviour and clinging are all child characteristics that have been found to increase parental stress (Hassall, Rose, & McDonald, 2005; Hodapp, Dykens, & Masino, 1997; Most, Fidler, Laforce-Booth & Kelly, 2006; Plant & Sanders, 2007; Wheeler, Hatton, Reichardt, & Bailey, 2007).

Green (2007) found in his study on parents of children with disabilities. They often raise their children within the context of a powerful societal discourse that actually disrespect disabilities and thus they are compelled to feel burdened emotionally. Parents who have positive attitudes toward their child with ID are often considered as being in denial, unrealistic, and failing to accept their tragic circumstances. Since professionals often view acceptance of the child’s ID as the first step in a healing process. But simple terms such as acceptance and denial do not capture parents’ experiences of raising a child with ID (Larson, 1998).
Gavidia & Stoneman (2006) investigated the impact of stressors and daily hassles on the use of problem-focused coping strategies on marital adjustment (satisfaction) among the parents of children with ID. Findings suggested that mothers and fathers viewed their marriages negatively when daily stressors/hassles were higher. Mothers were high on reporting more daily hassles than fathers did. Problem-focused coping remains same irrespective of gender. Fathers higher on reporting daily hassles were less likely to use problem-focused strategies. Both mothers’ and fathers’ reported positive marital adjustment when fathers reported fewer hassles and greater use of problem-focused coping.

Blacher, Neece and Paczkowski (2005) examined the family functioning for families having child with ID. Their primary purpose was to assess the coping or adjustment orientation in context with environment, culture and service delivery (contextual factors). There are many studies conducted over time focusing on parental well being, but still showing the evidences of stress and depression among them. It is however obvious of parental stress when there is a child with specific behaviour problem or syndrome. On the other hand, parental behaviour patterns also contribute to better child behaviour pattern, examined in several studies in this context of parenting and its dynamics. Helps in suggesting intervention focused especially on reduction of parental stress.

Bromley, Hare, Davison & Emerson (2004) reported that parents having autistic child are prone to experience more serious psychological distress than parents of children with other developmental disabilities. For this they undertook interview of 68 mothers with children with ASDs and explored aspects of social
support, satisfaction with services and mental health status and their impact on psychological well-being. Results indicated that half of these mothers had significant psychological distress and this was due to lesser family support and child’s behaviour problem which put up a challenge to bringing him up. This study also investigated areas of unmet needs and areas of useful support, former including care breaks and advice needs.

Maladaptive child behaviour and parenting stress have been found to have mutually escalating effects on each other reported by Baker et al. (2003). Behaviour problem of child lead to stress in parents, and because of this stress these parents adopt certain parenting behaviours that tend to reinforce the behaviour problems of child (Hastings, 2003; Wheeler et al., 2007). This happens in a process where one leads to others. As behaviour of child has a critical impact on the parenting environment. Children at developmental risk has greater impact on parenting behaviours (Paczkowski & Baker, 2007), so if mothers with children with ID are high on non supportive reactions their children have much higher levels of behaviour problem than those in a non-delayed group (Paczkowski & Baker, 2007).

A longitudinal study by Floyd, Greenberg, Pette & Seltzer (2001) was conducted for comparing midlife attainment and well-being for parents of children with disabilities. Findings suggested that at the age of 18, attainments and well-being were similar for all three groups and after that it diverged. Parents having children with developmental disabilities had larger families, low employment rates and lower level of social participation than parent having normal children, but were similar in marital status, education, physical health and psychological well-being.
Scorgie & Sobsey (2000) investigated significant and positive changes or transformation in the lives of parents with children having disabilities. For the first phase they interviewed 15 parents with children having disabilities about their experiences as parents. Findings were qualitatively analyzed for developing themes. For the second phase of the study, 80 parents were surveyed using an instrument that measuring agreement with the themes stipulated in the first phase. Results suggested that almost all have positive changes in their lives as a result of parenting a child with a disability. These includes personal growth, improved relations with others, and changes in philosophical or spiritual values.

COPING

The majority of parents having a children with ID use a variety of coping behaviours in their efforts to deal with the demands facing them (Beresford, 1996; Reddon, Mcdonald, & Kysela, 1992) and a larger repertoire and more use of coping is related to more positive adaptation (Taanila, Syrjala Kokkonen, & Jarvelin, 2002). The use of problem-focused coping strategies which emphasize efforts to actively solve the problem, seek social support, and maintain a positive outlook on life seems to be noticed more frequently and to have a favorable effect on well being of parents (Dykens & Hodapp, 2001; Glidden, Billings & Jobe, 2006; Judge, 1998; Kim, Greenberg, Seltzer, & Krauss, 2003; Luescher, Dede, Gitten, Fennell & Maria, 1999). Parents of children with ID often use denial and wishful thinking and this has usually been considered as a negative coping strategy. But since the disability is an unchangeable condition, emotion-focused coping is likely to occur regularly.
Parental psychological problem and child behaviour problem in 23 parents with children having MPSIII and 23 parents of children with ID is examined by Grant, Cross, Warth, Jones, Mahan, Lomax, Bigger & Hore (2013). They completed questionnaires posted to them about their child's behaviour and abilities and their psychological functioning. Findings suggested that parents with children having MPSIII reported fewer behavioural difficulties through the process of child developmental period, similar level of perceived social support, coping technique, depression, anxiety and stress level and severe level of intellectual disability than parents having children with ID. Each group scored above the clinical cut off for depression and anxiety. Parents with children suffering from MPS III self-rated as significantly less goal-directed and future-orientated than parents with children suffering from ID.

A Qualitative phenomenological study by Joosten, Molineux & Safe (2013) aimed to explore the daily life experiences of mothers with children having ASD, and the strategies they use to manage their roles, their emotions, and their child's behaviours. Findings revealed that the mothers were challenged by the demands of their multiple roles while dealing with the paradox of accepting their child with his/her disability, and at the same time also wanting their typical growth and development. Mothers also reported at the same time various strategies which help them to manage their roles, their emotions, and their child's behaviours.

A study by McGrail & Rieger (2013) examined the relationship between coping humor and measures family functioning in parents with children having disabilities. 72 parents were randomly selected who are having children primarily
diagnosed with autism spectrum disorders and multiple disabilities. CHS and FACES IV were administered on them. Cohesion and flexibility are the two major dimensions measured by FACES IV. Coping humor in stressful life experiences are measured by CHS. Balanced level of both cohesion and flexibility has a theoretical basis for optimal functioning of the family. Single and hierarchical linear regression was used for analysis of data. Findings suggested that coping humor predicted both balanced cohesion and balanced flexibility and cohesion and flexibility have a significant relationship with education level and number of children in the family.

Raising a child with ASD can be a stressful experience for parents as asserted by Bradshaw, Stuart, & Zablotsky (2013). When they are not managed properly it may leads to high stress levels that can lead to the development of depressive symptomatology, emphasizing the importance of coping supports. The main emphasis of paper was to examine the psychological well being and stress of mothers having child with ASD with the help of a national survey. After all the responsibilities and adjusting to child and family level it was found that mothers with children with ASDs were at greater risk for poor mental health and high stress levels compared to mothers of children without ASDs. Maternal coping strategies, in the form of emotional and neighborhood social supports, as well as their coping skills, reduced these risks between models.

Tsibidaki (2012) focused on how children with mild mental disability represent and experience their family. Specifically, she examined how children having mild mental disability understand the concept of one’s family, how they represent the real and the ideal family, who they feel closer to in their family, the main figures in the family drawing and which person is preferred, or rejected and
finally, the presence of sibling rivalry. The total number of participants was 30 children with ID (12 boys & 18 girls), aged 7 to 11 years old (Mean=8.20, SD=1.495). The measures used were the following: Le dessin de family and structured interview for children. The findings suggest that children with mild mental disability can represent the family concept and that they present positive emotions and views of their family. With these findings it has also been suggested that there is a statistically significant difference among boys and girls in the following dimensions: a) the meaning of ‘family’ concept, b) the presentation of their family, c) the persons they represent as main figures, and d) the persons they undervalue or reject. This study suggests that every child, regardless of age or severity of intellectual disability, should be empowered to communicate his or her wants and needs and to make informed decisions about all aspects of his or her life and family.

A study by Durban, Rodriguez-Oabayos, Alontaga, Dolorfino-Arreza & Salazar (2012) was done to determine the different coping mechanisms used by parents in dealing with their children with developmentally delays. A research-developed survey questionnaire was used to gather the required data. The study utilized a quantitative approach, using means, test of independent means, t-test & Kruskawallis one way ANOVA in analyzing data. Results reveal that there is a significant difference on the parent’s usage of different coping mechanisms. Similarly, there was a significant association between the age of the parents, number of children, civil status & education of the parents with the kind of coping mechanism employed by the parent/respondent.
Moawad (2012) reported that family having child with special health care need experience life differently than other families. Mothers are especially the primary care giver and carry the larger burden. They need be around their kid always and experience stress related to coping with the heavy load of care giving. This qualitative study was conducted to identify available coping strategies and their relationship between demographic variables of such mothers. Mothers coping strategies was assessed using F-COPES. Result indicated that there is a significant relationship between birth order and helping in mobilizing family to acquire and accept help, as well as between age and both reframing and passive appraisal.

Problem-focused or emotional-focused are frequently classify as coping strategies especially with parents of children with autism. Benson (2010) argued that this dichotomization can lead to oversimplification of coping strategies that are being used by parents to respond to their child's autism. For this purpose a sample of 113 mothers of children with autism were investigated using the Brief COPE (Carver et al., 1989). On the basis of exploratory factor analysis of Brief COPE subscales it has been identified that there are four coping dimensions which can be considered reliable which includes distraction coping, cognitive reframing, engagement coping, and disengagement coping. Multiple regression analysis was been used and in addition to that author examined the relationship of coping strategies to negative and positive maternal outcomes (depression, anger, and well-being). It was found that maternal use of avoidant coping (distraction and disengagement) was related with increased levels of maternal depression and anger and use of cognitive reframing was related with higher levels of maternal well-being. Many cases it was found that child maladaptive characteristics moderated the effect of coping on maternal outcomes.
Sreedevi & Sukumaran (2010) conducted a study for identifying factors which acts as facilitators of coping in mothers with children having MR. For collecting data they used descriptive survey method. General data sheets and inventory are used as per the requirement of the study. Study was conducted on 232 mothers with children having MR studying in 10 special schools of Kerala state. Percentage, arithmetic mean, standard deviation, independent sample t-test, ANOVA and test of significance were used for data analysis. Results reported that among the various factors facilitating coping, miscellaneous factors like cooperation from child in his care and child devoid of behaviour issues and health problems help the mothers to overcome the strain and stress than the other factors. They are source of relief for parents especially for mothers. Spiritual factors also play a significant role in coping of mothers. Economic and social factors play a significant role in the coping ability in mothers having child having MR.

Venkatesh (2008) has asserted that families, who are successful in coping having a child with MR, can easily mobilize their internal and external means of support to deal effectively with the needs of their child. Caring for a MR child is not an easy task. Everyone in the family has to go into variety of changes in their daily living to adapt to the presence of a disabled member. A sample of 62 parents including both father and mother having MR child i.e., 32 fathers and 30 mothers was taken. For assessing significance of difference between genders, educational level on psychological stress and coping strategies, two way ANOVA was used. Results showed that the relationship between psychological stress and coping strategies of the parents of MR children was negative and highly significant.
Upadhyaya & Havalappanawar (2008) conducted a study to assess different coping strategies employed by the parents (n=628) of mentally challenged individual. They are assessed using the Coping Checklist by Rao K, Subbakrishna and Prabhu, which taps 7 coping strategies namely acceptance-redefinition, social support, negative distraction, problem solving, religion-faith, denial-blame and positive distraction. Findings revealed that fathers and mothers differ significantly with regard to use of all the seven strategies. Fathers mostly used problem solving and acceptance-redefinition. Whereas mostly used coping strategies are religion–faith, problem solving, and denial-blame. Problem-focused coping is used more than emotion focused coping by both fathers and mothers. Mothers use emotion-focused coping more often than the fathers and fathers use problem-focused coping more often than the mothers.

Hasting, Kovshoff, Brow, & Espinosa (2005) conducted a study to assess strategies used by parents having child with ASD to cope with stresses in the process of growing up. For this purpose a sample of 89 parents of preschool children and 46 parents of school-age children were taken. Factor analysis was done. Findings revealed four reliable coping dimensions: active avoidance coping, positive coping, religious/denial coping and problem-focused coping. Associations between parental stress and mental health and coping strategies were found. Implications suggested are reducing reliance on avoidance coping and increasing the use of positive coping strategies.

Impact of stressors and daily hassles and the use of problem focused coping strategies on marital satisfaction (adjustment) among mothers and fathers of children
with disabilities was examined by Abbeduto, Seltzer, Shattuck, Krauss, Ormond, & Murphy (2004). Findings suggested that when daily stressors/hassles were on the higher end, both husbands and wives viewed their marriages in negative shade. Mothers are higher on reporting daily hassles than did fathers. Gender was not the basis of Problem-focused coping. Marital adjustment was more positive when fathers reported fewer hassles and greater use of problem-focused coping.

Gupta and Singhal (2004) primarily worked towards understanding the negative attitudes and adverse consequences of having a child with significant disabilities. One of their articles reviewed the available literature in this context. And takes a step further and focuses on cognitive processes which results while experiencing traumatic life event. They moved away from the negative outcomes and emphasized on the process of developing parental positive perception. Their main focus was on developing such coping abilities that generates positive perceptions and they in turn are used as an effective coping strategy.

Fathers and mothers, both rate their children with DS having more positive personality traits and fewer maladaptive behaviours as compared to those with other types of ID (Ricci & Hodapp, 2003). Coping is consistently better in families of children with DS than families with children with other diagnoses (Dykens & Hodapp, 2001) at least especially when the child is young (Most et al., 2006). This DS advantage, although not demonstrated in all samples (Cahill & Glidden, 1996; Glidden & Cahill 1998). Further, children with DS are often perceived to have easy temperaments and agreeable personalities and are sometimes reported as easier to bring up than are children with other ID (Dykens & Hodapp, 2001).
Lustig (2002) conducted a study on families with a child having disability to identify the problem solving and other coping strategies that affect family adjustment. Family's problem solving and coping skills are measured using Family Assessment Device-General Functioning scale measured family adjustment and the F-COPES. Results suggested that higher levels of family adjustment were associated with less use of family passivity and greater use of reframing family problems.

Heaman (1995) conducted a study for parents with children having ID or Developmental Disability on their perceived stressors and coping strategies. He also examines differences and similarities in this context among both the parents in their perceptions of stressors and coping. Sample consists of 203 parents of children with developmental disability, aged from 2 to 5. Parent Perception Inventory and the Ways of Coping Questionnaire were used for data collection. Identification of stressors and coping strategies was done. Child's future was the most important stressor reported by the largest number of both parents. Fewer differences were found between mothers and fathers in reporting of stressors than in reporting coping strategies.

SOCIAL SUPPORT

Several studies examined that when mothers of children with ID receive adequate support from their partner and from social networks reported less stress and depression (Gowen, Johnson-Martin, Goldman, & Appelbaum, 1989; Plant & Sanders, 2007; Reddon et al., 1992; Sharpley & Bitsika, 1997; Shin, 2002; Wallander & Venters, 1995; Weiss, 2002). Overall, parents seem to be quite content with the size, availability, and emotional support provided by their social networks
(Baxter et al., 1995; Reddon et al., 1992). Many parents with ID reported that through participation in social outlets and engaging oneself in parenting groups can enhance their quality of life (Mactavish & Schleien, 2004; Poston & Turnbull, 2004).

Boyd (2014) studied the relationship between stress and the paucity of social supports for mothers with autistic children. For this purpose they presented a selective and critical literature review. He published a literature review which shows a link between child challenging characteristics and inclination of mothers for seeking social support. Seeking of social support was more in mothers who reported greater stress. Informal support was a better stress buffer than formal support in these mothers with autistic child. It has been revealed in several studies that optimum social support received by these parents can make them more emotionally mature and minimal social support were associated with depression and anxiety in mothers.

Hsiao (2014) conducted a study on how family demands, family demographics, and social support are related to family functioning as well as their mediating effect on social support in Taiwanese families with children suffering from DS. This was a cross sectional and correlational study. Sample consists of 155 parents (80 mothers and 75 fathers) from 83 families. All of them completed mailed questionnaire. Principal component analysis and mixed linear modelling was used for analysis of data. Findings suggested that higher family income, greater social support, greater parental control and fewer family demands contributed to healthier family functioning especially in families having older children with DS. Social support partially mediated the effects of family demands on family functioning.
Bodla, Saima, & Ammara (2012) examined the association between psychological well-being and social support in parents with children having ID. SPWB, SSS and Demographic sheet was administered on 30 parents (convenient sampling) of children with ID. Correlation and t-test is used. Findings suggested that social support and psychological well-being of male and female parent is affected. It was also found that there is a significant relationship existed between psychological well-being and social support. Psychological wellbeing of female parents was more affected (66.67 %) as compared to male parents (53.33%).

Serrata (2012) asserted that parent's psychological well being was affected because of having child suffering from ASD. Not only their well being but their family and marriage system are also affected. He also studied the psychosocial factors involved in parenting a child with ASD. Review in this field suggests that stress and depression levels are significantly higher in parents of children with ASD than in parents of typically developing children. The literature available also reveals that there is a negative correlation between stress and quality of married life for parents of children with ASD. They also suffer from financial stress. Results revealed that the importance of rehabilitation counselors in judging the social networks and supports of parents of children with ASD, as well as providing them with educational and professional support.

The social ecological context of parents of children with ASD and parents of non-autistic children was compared in a study by Ahmedani & Hock (2012). Family physical and social environment and individual parent characteristics are various variable of interest which can be included in Social ecological perspective. Results
revealed that parents with children having ASD had increased odds of reporting poor neighborhood social capital, more difficulty in coping, lower levels of relationship mental health, greater aggravation and lower satisfaction in life. Social ecological context were found to be associated with parents’ perceptions of their child’s ASD severity. More severity in child’s ASD was associated with aspects of the physical and social environment and individual parent characteristics (parent aggravation and mental health).

Meral & Cavkaytar (2012) examined that does social support can be predicted by social support resources, gender of children with autism, labor status of mother and living area parameters, household SES group and household income per month. Sample consists of 672 parents with children suffering from autism in Turkey. Descriptive statistics, correlation values of the related variables and after that predictor or regression analysis were done. Results suggested that family social support and sub field perception of parents with children suffering from autism is on the average; while the highest perception is in emotional support sub field, and the lowest perception is in care support sub field. It was found that the most important predictors of the social support perception were the social support resources formed by family, friends or significant other as indicated in predictor analysis. Family was among the densest support resources. In yet another result it was found that gender of child with autism, household SES group, labor status of mother and living area are not important predictors of social support perceptions of parents. But household income every month is the secondary predictor of social support perceptions of parents.
Smith, Greenberg & Seltzer (2012) conducted a study on mothers of adults and adolescents with ASD for investigating the impact of available social support on their psychological well-being. Sample consists of 269 mothers. Quantity and valance of support were assessed using a modified version of the "convoy model" developed by Antonucci and Akiyama (1987). Larger social support was related with improved maternal well-being. Negative support were related with decrease in positive affect and increase in depressive symptoms and negative affect. Social support predicted changes in well-being above and beyond the impact of child behaviour problems.

The relationship between strain and social support was assessed by Tsai & Wand (2009). They used cross-section correlational design. Face-to-face interviews and structured questionnaire are used for data collection. Caregiver Strain Index, SSS and three open-ended questions are the instruments employed for this purpose. In total, 127 mothers completed these questionnaires. Findings suggested that mothers having intellectually disable children had a high level of stress and lack of social support. It has also been found that strain and social support has a significant and negative relationship.

The association between the sources and functions of social support and dimensions of stress for mothers (n=63) of young children with mild developmental delays was examined in a longitudinal study by Gurnalick, Hammod, Neville & Connor (2008). They completed assessments of stress and support at two time points. It has been revealed that support (like advice on problems specific to their child and assistance with responsibility of caring for child, irrespective of source)
provided in parenting during the early childhood period consistently predicted dimensions of parent stress assessed during the early elementary years and thus contributed unique variance. Emotional support has less widespread effects on parental stress. Social support as a construct has a multidimensional perspective shares a mediating relationship between support and stress and provided a framework for intervention.

Heiman & Berger (2008) interviewed parents with a child diagnosed with Asperger syndrome (n=33) and parents with a child with learning disability (n=43), which were compared to parents of children without disabilities (n=45) as a control group using FES and SSS questionnaires. Findings revealed that there is a significant difference for expressiveness and family system organization and for social support among the groups. Parents having child with Asperger Syndrome perceived higher family organization and lower family's expressive feelings. Control group in this study reported highest family support. Study highlighted parents with special child needs additional social support and more awareness and interventions programs are to be developed to facilitate parents' coping abilities and their family interaction.

Gousmett (2006) examined the different factors and their relationship of the family environment and functioning. He explored level of satisfaction and self-concept with the sibling relationship. There was a expectation that when a family received more social support from external environment will tend to function more effectively in their present environment (Bronfenbrenner, 1979; Hornby, 1994). 21 parents and 19 siblings of children having developmental disabilities self
reviewed and took part in this study. Questionnaires administered were about family demographics, their perceptions of the family environment, the level of support received from external sources, level of stress related to child characteristics; and pessimism and family problems on parents participants. Findings suggested that relationship exist between various aspects of the environment and family functioning. When more support received by families they have more positive perceptions of the family environment, and more positive views of the environment have fewer concerns on the resources and stress scale. Families reported that they have sufficient support from professional services, but family and friends support seems to be lacking.

In a study was conducted by White and Hastings (2004) on parents with adolescent children having moderate–profound ID. This study was conducted for assessing their well-being (anxiety, stress, depression and care giving satisfaction), social support (formal and informal sources, and emotional and practical support), and child characteristics (adaptive and problem behaviours). Correlation analysis was computed for this purpose. Findings suggested that parental well-being was associated with the child's autism diagnosis and with the child's adaptive capabilities. Informal sources of support like support from spouse, extended family, friends etc had the most reliable association with parental well being. This research suggested the use of different measures of social support in research with families of children having ID.

Bauman (2004) in a study examined the subjective experiences of families of children with MR, the sources of stress and coping for these families were
specifically examined. For this purpose interviews were conducted with families so that their subjective experiences of coping and stress can be highlighted. Findings suggested that social support and empowerment oriented professional practice have a mediating effect on family stress.

In a study by Weiss (2002) explored the impact of hardiness and social support on stress level in mothers with typical children and developmental disable children. Sample consists of forty mothers with autistic children, forty mothers with mentally retarded children and forty mothers with typically developing children (N=120). Findings suggested significant difference between groups on depression, somatic complaints, anxiety and burnout. Regression analysis result revealed that both hardiness and social support were predictive of successful adaptation.

Kroese, Hussein, Clifford and Ahmed (2002) conducted a study to explore the impact of social support networks on their psychological well being and their parenting view on mothers with children with ID. Semi-structured interview was conducted on 15 mothers, asking about the available help and the source which provide that help to them and how helpful this support had been. Culturally adapted psychological questionnaires were administered on these mothers, measuring assertiveness, self-esteem and affect. Quantitative and qualitative methods were used for data analysis. Results indicated that there is significant relationship between the social contacts reported by these mothers and positive affect, the recency of reported social contacts and self-esteem, and the lack of self-esteem and reported burdens of parenting. Qualitative analysis of responses given by mothers revealed various themes regarding helpful and unhelpful support. It was confirmed by the authors of this study that there is a strong associations between supportive social networks,
psychological well-being and positive parenting experiences.

In a study by Guinea (2001) it was indicated that support for families having children with ID are crucially important, especially the quantity of that support as that play a significant role in family breakdown. He examined the support from parents view point, how it helped in meeting their expectations and whether there was a mismatch of what they receives and what they considered was ideally imparted. In this study it was found that parent were happy with the support received, although they would have liked if more support could be available.

Social isolation is another important aspect of parents with mentally retarded children. McAndrew (1976) described parent's accounts of their deteriorating relationships with families and friends after the birth of a child having MR. Researches had suggested that an individual's satisfaction with each sources, is a better predictor of a network's quality. (Barrera, 1986; Crnic, Greenberg, Ragozin, Robinson & Basham, 1983; Dunst, Trivette, & Cross, 1986).

Social Support and Coping

Clifford & Minnes (2013) collected data from 149 parents with children having ASD. They were asked to complete online questionnaires measuring their beliefs about support groups and ASD, social support, coping style, mood and use of support groups. As reported adaptive coping strategies are mostly used by those who are currently using PSGs than parents who had never used them and parents who had used them in the past. It has been reported by parents who used PSG in past that the groups were not so beneficial but this was not reported by the current users and parents who had never participated in PSGs reported difficulties with the accessibility of PSGs.
Kelly, McConkey & Samadi (2013) conducted a study on parents of children with ASD. They usually experience higher stress levels and therefore report poorer emotional well-being and family functioning compared to parents of children with other disabilities. They usually rely more on emotional focused coping than problem-focused coping strategies. Seven group (37 in each) were offered group-based sessions to two groups of parents of children with ASD in Iran. Additional emphasis was placed on providing information about families sharing their experiences and learning from one another. Parents reported feeling less stress and had better emotional wellbeing and better family functioning, although there were variations across the parents. They also reported more use of problem-focused coping strategies. This is because of increase in the informal supports among the parents and their feelings of empowerment.

Hall (2012) used descriptive, correlational, cross-sectional study on 38 parents of autistic children. Purpose of the study was to find out the behaviour pattern of autistic children, community support for family and family coping, using McCubbin & Patterson (1983) model of family behaviour. Findings suggested that community support and family use of coping strategies was significantly and positively related to each other.

A descriptive, correlational, cross-sectional study by Graff & Hall (2011) was conducted on parents/primary caregivers (N=75) with children suffering from autism. In these study adaptive behaviours of child, family support networks, parenting stress, and coping strategy employed by parents with autistic children were measured using McCubbin & Patterson model (1983) of family behaviour.
Findings suggested that low adaptive functioning and increased parenting stress are related to each other. This situation results in requirement of additional family support and different coping strategies to help the family to deal with the debilitating stress.

Siklos & Kerns (2006) in a study with the help of various studies depicted that support and coping strategies are required for effective adapting. For this purpose they modified FNQ to address the needs for children with developmental disorder. It has been observed that parents with autistic child frequently visit service delivery centers for accessing supports designed to help them to adapt with the challenges of having such a child with a lifelong impairment. Sample (n=32) consisted parents of children suffering from DS. FNQ was administered on these parents. These two groups differed in their support types they considered as important or unmet. But they did not differ significantly on the needs which are unmet.

Canham, Cureton & Luther (2005), in a descriptive study assessing parent's perception of coping strategies and social support using survey method to collect data. Social Support Index and the F-COPE were used for this purpose. Half of the families identify autism as serious stressors. Coping strategy frequently used are acquiring social support and reframing. Nurses at professional setting refer families to local support groups and agencies thus facilitating social support and developing coping strategies.

Researcher (Järvelin, et al., 2002) interviewed (twice) parents of children (n=8) aged between 8-10 yrs with physical or/and intellectual disability in context of
their coping behaviour. Data thus obtained is analyzed qualitatively using grounded
theory method. Results revealed that good family co-operation, information and
acceptance, and social support were frequently related to coping strategies used.
Successful coping was found in almost half of the families, whereas another half had
major problems. Five domains were identified by author in which families differed
on high coping and low-coping, includes parents' initial experiences, personal
characteristics, effects of the child's disability on family life, acting in everyday life;
and social support.

Pritzlaff (2001) surveyed 89 parents with children having cerebral palsy. The
purpose of the study was to identify their coping strategies. For this purpose F-
COPES was used to collect data. In addition an open ended questionnaire was also
administered to add a deep probe in assessing parent’s coping behaviour in response
to problematic situations. For analyzing the data descriptive statistic was used.
Findings revealed that social support and reframing was the most helpful coping
strategies used by parents mainly were female who are married. Passive appraisal
and number of children in the household were found to be statistical significant. It
was also found that annual income and the strategies of seeking spiritual support and
reframing has positive and significant relationship.

In a study by Hayden & Heller (1997) explored the relationship between
service and support utilization, problem solving coping strategies and personal level
burden as felt by older and younger caregivers. It was found that support services
provided to both groups are equal in number. But younger caregiver reported more
unmet service needs and rate emergency need as significantly more critical. Problem
solving skills of both the groups was found to be highly developed. It was also found that older caregivers seek spiritual support, but younger caregivers are more prone to mobilize their families to acquire and accept help. Less personal burden was experienced by older caregivers. Results showed that young caregivers are more prone to seek help from outside and have higher expectation from the service system.

**SPIRITUALITY**

Mothers of children with ID children are often seen as involved in spiritual beliefs. These beliefs influence the family cultural orientation and the embedded values seems to play an important role in their coping strategy and their level of usage with the increased demands associated with raising a child with ID. Parents view point on their child’s disability mainly depends on the cultural/spiritual belief system. The role of family spirituality/religiosity is central to such perceptions. There are cultural variations and different religious traditions view disability and its meaning quite differently (Blacher & McIntyre, 2006; Raghavan, Weisner, & Patel, 1999; Fadiman, 1997).

The article by Barnes, Plotnikoff, & Pedleton (2000) reviews models of child spirituality and theories of child faith development from different disciplinary perspectives. This study provides sources instancing how religion and spirituality effect child's lives and also plays a important part in children's socialization, moral formation, and induction into a sacred world-view. It acts as child inner resources. This study also suggested some negative and positive effects of religious and engaging in spiritual practices. This article also examines the parental aspects of
spirituality and religion in relation to their spiritual identity and the health of the children.

A research was conducted by Abouei & Arian (2013) keeping in mind for developing training capabilities through spiritual practices and religious beliefs in the life quality of mothers with mentally retarded children. They used semi-pilot method with pretest-posttest and control group using 40 mothers with mentally retarded children randomly put in two testing and controlling groups (20 people in testing group and 20 people in controlling group). The sample was taken from Yazd City, and it consists of 300 mothers. Findings suggested that religious empowerment increases the average life quality of mothers with mentally retarded children compared to the control group in the posttest level. Findings also suggested that the religious empowerment affects the increasing scores of family interaction of mothers having mentally retarded children, means of emotional health, means of being a parent, means of physical health, means of cultural-spiritual life, means of disability-related support, means of leisure time and scores of general knowledge of mothers with mentally retarded children in posttest level of testing groups.

Parker, Mandelco, Roper, Freeborn & Dyches (2011) conducted a study to investigate the relationship or differences existing between religiosity, spirituality and marital relationship in parents raising CWD and parents raising typically developing children. For this purpose they investigated parents (n=111) raising a CWD and parents (n=34) raising typically developing children independently. Self report questionnaire were administered on these parents. Findings revealed that parents raising typically developing children score higher on public and private
religiosity and marital satisfaction than parents raising a CWD. On religiosity mothers are higher than fathers. There was a significant relationship between higher ratings of marital satisfaction for both the parents and higher spirituality and raising typically developing children. Results also revealed that spirituality act as a moderator variable between public or private religiosity and marital satisfaction but only for fathers.

The review by Selway and Ashman (2010) collected literature on variety of sources on the realm of disability, religion and health. Their main aim was to illustrate the diversity of the scant research for these variables. An overview of cross cultural, historical, and religious attitudes toward disability throughout the centuries is presented in this article. The potential of religion in the life of family and caregivers with individual having a kind of disability was highlighted in review done on health, religious orientation and well-being. Finally, the authors explored the existential challenges and spiritual lives of people with a disability using dimension of spirituality for gaining better understanding in this field, and for futuresendeavour.

Pendleton, Cavalli, Pargament & Nasr (2002) conducted a study to assess the role of spirituality and religiousness in ability to cope in parents having kids suffering from CF. A convenient sample of 23 patients and their parents who are visiting an ambulatory CF clinic was used for data collection. In depth interview with parents and children, children’s drawings, and self-administered written parental questionnaires was conducted using focused ethnography. Grounded theory was used for analysis of data. Participant’s views on spirituality/religion in coping
with illness were the main outcome measure. 632 quotes organized into 257 codes categorized into 11 themes were included in the data. Findings suggested that parents and children with CF reported a variety of coping strategies with religious/spirituality inclination which they nearly always associated with adaptive health outcome.

Skinner, Correa, Skinner & Bailey (2001) interviewed parents (n=250) with children with ID from Mexican and Puerto in United States. This study was done to determine the role of religion in the lives of such parents. Parents, who considered themselves religious, were affiliated more with formal religion, and increased participation in religious practices as indicated in quantitative results. Both church and faith are considered to be supportive by most of the parents, but faith was shown to provide more support. Repeated measures of analysis of variance found some variation intragroup in religious support and changes in support after learning of the condition of child. The findings of thematic analysis suggested that there are specific religious practices and beliefs parents viewed as supportive, and the results of cultural and content models analyses indicated the religious frameworks by which parents interpreted their child's disability.

A study was done by Tarakeshwar & Pargament (2001) interviewed parents (n=21) about their amount of usage of religious practices. The purpose of the study was to assess the role of religion in coping in families having autistic children. Measures include psychological adjustment for depression and anxiety, stress-related growth and religious outcome. Unique variance was contributed by adjustment and religious coping. Better religious outcome were related with positive religious
coping and stress related growth. Whereas greater depressive affect and lower religious outcome found to be associated with negative religious coping. It has been identified through interview that coping process was affected by religion for these families.

Minnes (1988) interviewed parents (n=56) with developmentally disable children from South Eastern Ontario completed FACE-II, FCOPES, the Questionnaire on Resources and Stress-Short Form and a family information checklist. For assessing the role of resources play in mediating relationship between stress in these parents living in rural communities. Using individual QRS sub-scales as criterion measures stepwise multiple linear regression analysis were conducted. Findings suggested certain predictor variables are cohesion and adaptability values from the FACES-II. Values from the F-COPES sub scales: social support, spiritual resources, mobilizing professional and agency support, re framing and passive appraisal as well as child's age and degree of handicap, parents' marital status and level of education.

**RESILIENCE**

Parents are always apprehensive about their ability of child to function in a less restrictive environment or in less sheltered settings. They are also worried about the child’s future and how he is going to work in this competitive world (Waggoner and Wilgosh, 1990). In all such families children face both the normal pressures and tensions of family life. They need to be more adjusting with this situation as compared to the parents of normal children. For reorganizing their lives toward positive adaptation such families require assistance (Werth and Oseroff, 1987) in spite of the adversities. Being resilient can be attributed to a positive coping strategy
to deal with the daily trauma and adaptation to the situation of having a child with disability. It helps in reframing the positive belief system and eradicating irrational beliefs.

Ellingsen, Baker, Blacher & Crinic (2014) interviewed 232 families of CWD to assess positive parenting as coded from mother-child interactions. For this purpose they used an adapted ABCX model for examining three risk domains: child developmental delay, low family income and child behaviour problem; and three protective factors: mother's education, optimism and health. Findings suggested that positive parenting differed across levels of risk. At age 3 and 5 optimism and education appeared to be protective factors for positive parenting and for age 5, health appeared to be an additional protective factor. At age of 3 there was an interactive relationship between risk and education; mothers with higher education engaged in more positive parenting at higher levels of risk than did mothers with less education. At age of 3 there was also an interaction between risk and optimism; mothers who used positive parenting have scored higher on optimism than did mothers with less optimism. Positive parenting from age 3-5 is not predicted by risk index, but the protective factor of maternal health predicted positive changes.

Rezaie, Nazari, Zahrakar & Far (2013) conducted a research having a purpose to assess the effectiveness of existential psychotherapy in increasing the resiliency of MR children’s mothers. Experimental design was used and the sample comprised 24 mothers having mentally retarded children who were assigned to control and experimental groups. The experimental group underwent 9 sessions of existential psychotherapy. Descriptive statistics, including the analysis of covariance
was used to analyze the data. Findings indicated that existential psychotherapy has proved to be effective in increasing the resiliency of MR children’s mothers. Various treatment approaches are used such as existential approach can enhance and enrich the mental health of mothers of mentally retarded children.

Fenning & Baker (2012) examined mother-child interaction and the promotion of competence in children (n=50) with early developmental delays. Maternal positive sensitivity, maternal technical scaffolding and mother-child dyadic pleasure are considered as three related but distinct aspects of mother child interaction. Based upon performance on developmental assessments and the absence of known genetic syndromes children at age 3 were classified as exhibiting undifferentiated delays. Observational ratings and through naturalistic observation at home are used to assess mother child interaction at age 4. Dual criteria of clinically significant delays in adaptive behaviour and cognitive functioning are used to identify ID at age 5 in these children. It has also been revealed in this study that resilience is primarily important in the area of adaptive behaviour required in betterment of mother child interaction, with dyadic pleasure and scaffolding differentially related with particular sub domains using follow up analysis.

Gerstein, Crnic, […], Baker (2009) examined trajectories on psychological well being of mother and father of child with ID aged across 36-60 months, their marital adjustment and positive parent child association which is impacted by familial risk specific in nature and factors related to resilience. Results suggested that parenting stress of mothers significantly increased over time. Decreases in daily parenting stress trajectory of mothers were associated with well-being of both the
parents (mother and father), positive father child relationship as well as perceived marital adjustment. Resilience was seemed to be predicted by individual parent characteristics and high-quality dyadic relationship in parents of children with ID, parents also affect each other’s resilient adaptations in ways that have not been previously considered.

Pretis and Dimova (2008) examined that does biopsychosocial development of a child is affected by stressors due to the prevalence of mental illness among parents or not. Due to varying inherent resilience factors though not all children are affected. They asserted that to recover from disorder and minimize the adverse effect associated with it, resilience factors plays an important role. Providing information about the disorder and fostering an attachment to a healthy adult are regarded as two important preventive factors.

Riper (2006) conducted a study based on the Resiliency Model of Family Stress, Adaptation and Adjustment. The aim of the study was to describe perception of mother of parental and family adaptation in families with child having DS. Another purpose of the study is to examine the linkages between family demands, family problem solving and coping, family adaptation and family resources in families with children suffering from DS. Questionnaires were mailed to 76 mothers. On 5 point scale where 1= poor and 5= excellent 70% of the mothers rated their overall functioning as either 4 or 5. Most mothers reported in their written comment that their family was doing really well. Problem solving ability of family as whole, family demands, and family resources were found to be significantly related with family adaptation. This study provides the support to the belief that families with
children with DS respond to "a change of plans" with resilience. This means that parents with child with DS thrive, endure and survive in the face challenges and adversity associated with raising such a child with DS.

**Resilience and Coping**

Greef & Vander-Walt (2010) in a study identified the resources and characteristics that are possessed by the families that help them to successfully adapt and endure resilience despite of having an autistic child in family. Self report questionnaires were administered on parents with children having an autistic child going to a special school for autistic learners. They are also asked to fill up a biographical questionnaire and an open-ended question mentioning their experience of adaptation in adverse situations. Findings highlighted that resilience is highly important in adaptation. Higher socioeconomic status, social support, open and predictable patterns of communication, family hardiness, supportive family environment, including internal and external coping strategies, a positive outlook, commitment and flexibility, and family belief systems are considered as the most significant resilience factor.

A study by Grant, Ramcharn and Flynn (2007) explored how families having child and adult ID on how to manage and manifest durable capacity over time. Their main emphasis of the study was resilience. This paper consists of review on resilience from different theoretical literature from child developmental psychology, their protection and gerontology. They provide certain evidence which are in support for family resilience. This paper's core aim was to test the empirical evidence about positive experiences of families supporting children and adults with ID against the
available theoretical literature on resilience. Findings of this paper suggested the use of resilience, and the condition under which it can be maintained and produced can be identified through emergent elements of a psycho-social model of resilience in families having children and adult members with ID.

Characteristic of family resilience was explored by Heiman (2002) in parents of children with an intellectual, physical and learning disability. On the basis of past, present and the modes of coping 32 parents were interviewed. The interview includes question related to various aspects of family ecology domains: patterns of adjustment; parents’ feelings and future expectations; parents’ responses to the child’s diagnosis and family support and services used by parents. In spite of reporting stress, dissatisfaction and frustration, many parents try to maintain their daily routine life. Many lead their life with optimism and a positive outlook and a strong belief in the child and his future endeavor. They show a realistic view by accepting their child disability.

Resilience and Social Support

Plumb (2011) in one of his study explored the link between family resilience, perceived social support and parental stress. Sample consists of fifty primary caregivers of children with ASD aged between 6-12 years. For this purpose SSI, FRAS, and the PSI-SF were administered on this sample. Results suggested that increase in family resilience is related with low level of stress. An unexpected result that higher levels of perceived social support were related increased parental stress was also found. Results also revealed that few of the social connections - such as attending religious services and parenting groups - may potentially elevate stress in parents of children with ASD.
HAPPINESS

In the recent times there has been a growing body of researches in the field of disability and happiness. Mental health practitioners and researchers are these days more interested in the field happiness and quality of life. They are more focused on using these variables as outcome of services. They brought a very important question into focus of promoting quality of life through services and support provided by others to the parents with ID. Their main focus of interest is to know whether it is possible to make such parents happier by providing them better living condition and professional assistance. For this purpose they need to know the circumstances in which such parents assess their life as good which make them feel happy. After that they need to find ways to improve these conditions. Though there is a large pool of research available for general population in the context of happiness and quality of life. The question here comes into picture is that does these result or studies can be generalized or are applicable to person having ID and their caregivers. As they have different challenges in their life than the normal population. Additional components need to be taken into consideration while describing happiness in this population of people.

Csikszentmihalyi (1992) argues that "happiness does not depend on outside events, but, rather, on how we interpret them." by saying this he asserts to the fact that having control on one quality of life is the way to stay happy. Everyone should have his/her own personally affiliated interpretation of life for staying happy and having that one should be able to understand the meaning of that happiness. Mothers with children having ID often have weak control on their life. Several researches have suggested that outside life events has very crucial relationship with happiness.
These mothers can also stay happy if they feel that their life is under their control, so that they may adapt well to hardships and negative events. As in studies related to happiness it has been seen that one's interpretation of the quality of living conditions is more important than the actual quality of his conditions of life. Good mental health is usually related to unrealistically positive expectation (Taylor & Brown, 1994). It has been usually noticed that parents with ID has unrealistically positive expectation about their child and sometimes they overestimate their ability to control their environment. Past researches in this field has revealed that happiness is related to experience of control. These studies suggested that only a part of this variance is related to position or status of an individual (Veenhoven, 2005).

In a review presented by Myers and Diener (1995) a basic trend of assessing one's range of being happy is not someone's gender, age, income, ethnic group and race rather than his supportive network of close relationships, whether his culture allow him to infer positive interpretation of his/her life's daily event. His level of engagement in leisure and work and his positive expectation that he may entails to the availability of social support, hope and purpose. Self esteem, optimism, a sense of personal control and extraversion are considered as 4 inner traits which are the sign of happy individual.

Matikka (1996) in the survey on Finnish Population on life quality of people with ID found that happiness is closely associated with positive self-image and idea that other people have a positive view of the person.

A qualitative study by Stainton & Besser (1998) on the positive impacts' of children with ID on their families identified 9 core themes which includes increased
sense of purpose and priorities; source of joy and happiness; expanded personal and social networks and community involvement; personal growth and strength; increased tolerance and understanding; increased spirituality; positive impacts on others/community; source of family unity and closeness. A little achievement by their children makes the participants of the study delighted. These parents also reported sharpening of priorities in their lives and increased sense of purpose. Children had contradicted the views of others on their abilities is often act as a pleasurable incidence in parents lives. This was related not only to issues related to their CWD, but also to broader aspects of their lives.

A study by Greer, Grey & McClean (2006) on mothers (n=36) of children between 5 & 8 years of age with ID on their coping & positive perceptions. They completed five self report questionnaires measuring variables related to emotional & behavioural problems, family support, levels of care and demand, positive perception & coping. Majority of mothers showed their agreement on statement that their children are their happiness resource and they feel fulfill with their presence in their life. They also reported that their child act as a source of personal growth and maturity and a source of strength and family closeness.

Another study by Hastings, Allen, McDermott & Still (2002) on 41 mothers of children with ID for assessing their coping strategies, social support & dimensions of positive perception. They completed a self report questionnaire for this purpose. Basic themes originated in this study were that mothers considered their child as a source of strength, happiness and family closeness, as these variables are positively associated with reframing coping strategies.
Parents' perception of positive impact of a child with MR was examined by Baker and Blacher (2007). They conducted two studies for this purpose. First study involved the mothers (n=282) of young adults with moderate to profound MR and second study involved the parents (n=214) of young children with or without ID. Findings suggest that behaviour problems have inverse relationship with positive impact. Additionally, positive impact acts as a moderator variable between parenting stress and behaviour problem.

Biesinger & Arikawa (2008) investigated the association between religious attitude and happiness. For this purpose 27 couples of children with developmental disabilities participated in the investigation. Religious Orientation Scale and the Depression-Happiness Scale were administered on these couples. Though findings suggested that there were no significant differences found between the mothers and fathers in their levels of happiness or religious attitude. But both fathers and mothers, are motivated by intrinsic religious beliefs was related with greater levels of happiness. Fathers who have extrinsic religious attitude reported less happiness. But for mothers this was not the case.

There is a paucity of review of literature concerned in the field of happiness and mothers with ID with respect to the positive relationship in them. So for the present researcher this fields needs to be taken into consideration by keeping this point of view.